For)	1					L	OMB No. 1545-0047
	January 20			Organization Exe					2019
Dee		• T		527, or 4947(a)(1) of the International Security numbers on t			tions)	15.94	Open to Public
_	artment of th nal Revenue			ter social security numbers on t .irs.gov/Form990 for instruct					Inspection
			r year, or tax year begin	ning	, 2019, and ending				2. 2- 11 min
В	Check if app					D	• •		fication number
	H		QUEST		~ 4	_		823	
	- 10 C	In;	ALLAS, TX 75217	LL ROAD, BUILDING	34		Telepho		
	Initial I	etuin					972-	-412	-1099
	H	urn/terminated						a .	
	H	led return					Gross re		
	Applica	ation pending	Name and address of principa	officer: LILI KELLOGO	5	H(a) is this a gi			
<u> </u>	T		AME AS C ABOVE			H(b) Are all sub If "No," all	ach a list.	(see ins	1? Ves No
<u>1</u>			501(c)(3) 501(c) () (insert no.)	1947(a)(1) or 527				
<u> </u>	Websit		EQUEST.ORG		200.000	H(c) Group exe			
K Pa			Corporation Trust	Association Other	L Year of formation	m: 1981	MIS	tate of le	egat domicile: TX
L C		Summary	the organization's missi	ion or most significant acti	UNANTO ENTRACT			7 00	1100 000
		HILDREN A	ND ADULTS WITH	DIVERSE NEEDS BY	PARTNERING W	TTH HOR	SES T	$\frac{1}{10}$ BF	TING HOPE AND
Activities & Governance	Ĥ	CALING TH	ROUGH EOUINE AS	SSISTED ACTIVITIE	S AND THERAPI	ES.	<u></u> _	<u>× 51</u>	
E									
B AC	2 Ch	eck this box	If the organizatio	n discontinued its operatio	ins or disposed of mo	re than 25%	of its i	net as	sets.
ğ	3 Nu	mber of votin	g members of the gover	rning body (Part VI, line 1a	a)			3	16
ഷ് ഗ	4 Nu	mber of inder	pendent voting members	s of the governing body (P	art VI, line 1b)			4	16
itie	5 Tot	al number of	individuals employed in	calendar year 2019 (Part	V, line 2a)			5	32
St:				necessary)				6	400
Ā				Part VIII, column (C), line				7a	0.
	DINE	t unrelated bi	usiness taxable income	from Form 990-T, line 39.		1		7b	0.
	8 Co:	atributions or	d grapte (Part VIII - ling	1h)			or Year		Current Year
9				: 2g)			928,4		1,918,468.
Revenue				A), lines 3, 4, and 7d)			<u>203,1</u>		199,424.
Be				nes 5, 6d, 8c, 9c, 10c, and			- <u>56,5</u> 163,9		<u> </u>
				(must equal Part VIII, colu		·	911,1		2,106,559.
				X, column (A), lines 1-3)		1 - 7 -	/11,1	55.	2,100,333.
				(, column (A), line 4).					
				e benefits (Part IX, column			198,8	52	1,217,471.
900				column (A), line 11e)					
penses						910-WERNING	17,1	00.	15,643.
ă			g expenses (Part IX, col		258,447.	北京学校支持设计	(中) 和 得入	2236	111-1111111111111111111111111111111111
_				nes 11a-11d, 11f-24e)			<u>628,2</u>		677,776.
				equal Part IX, column (A),	2000 CC 000 CC 000 CC 000 CC 000	1,1	844,2		<u>1,910,890.</u>
		venue less ex	penses. Subtract line 1	8 from line 12	· · · · · · · · · · · · · · · · · · ·		66,9		195,669.
Net Assets or Fund Balances	00 T-4		and Market 10			Beginning o			End of Year
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 Tot	ACC 02.000 - 1					<u>313,5</u>		3,525,723.
2 E	21 Tot	-					151,1		70,462.
-				ne 21 from line 20		3,	162,4	24.	3,455,261.
-		Signature I	· · · · · · · · · · · · · · · · · · ·						
Unde	er penalties (plete, Declar	of perjury, I declar ation of preparer	e that I have examined this retu (other than officer) is based on a	rn, including accompanying schedu all information of which preparer ha	iles and statements, and to the same statements and to the statements and the statements are statements and the statements are statements ar	he best of my ki	nowledge	and beli	ef, it is true, correct, and
	62		111		,			~ ~	10000
¢:.		Signature o	(officer	↓		Date	-1	40	
Sig He		TTTT					-		
			KELLOGG nt name and title			CEO			
		Print/Type prep		Preparer's signature	Date		unak		
D - 1							ieck] " [
Pai		AMY MIC		CADY ITP		se	If-employe	a I	P00956657
	eparer e Only	Firm's name	SUTTON FROST						
42	o oniy	Firm's address	600 SIX FLAGS				m's EIN		-2593210
			ARLINGTON, T				ione no.	(817) 649-8083
-				shown above? (see instru				- 32(5)	X Yes No
BA/	A For Pa	perwork Red	uction Act Notice, see t	he separate instructions.	TEE	A0101L 01/21/2	20		Form 990 (2019)

		(2019)	EQUEST	75-182370)1 Page 2
Par	tIII		tement of Program Service Accomplishments		
			ck if Schedule O contains a response or note to any line in this Part III .		Х
1		-	cribe the organization's mission:		
			NCE THE QUALITY OF LIFE FOR CHILDREN AND ADUI		
	PAF	RTNER	RING WITH HORSES TO BRING HOPE AND HEALING THE	ROUGH_EQUINE_ASSISTED_AC	TIVITIES
	ANI	<u>) THE</u>	RAPIES.		
2			nization undertake any significant program services during the year which we		
			r 990-EZ?		Yes X No
			scribe these new services on Schedule O.		
3		-	anization cease conducting, or make significant changes in how it condu scribe these changes on Schedule O.	ucts, any program services?	Yes X No
4	Desc Sect and	ribe the ion 501 revenue	e organization's program service accomplishments for each of its three I(c)(3) and 501(c)(4) organizations are required to report the amount of e, if any, for each program service reported.	largest program services, as measure grants and allocations to others, the	ed by expenses. total expenses,
4 a	(Cod	le:) (Expenses \$ 1,443,752. including grants of \$) (Revenue \$	199,424.)
	<u>see</u>	<u>SCH</u>		·	

41	(Cod	le:) (Expenses \$ including grants of \$) (Revenue 💲)
Allower.					
40	: (Cod	le:) (Expenses \$ including grants of \$) (Revenue \$))
	-				
4 0	Othe	er progr	ram services (Describe on Schedule O.)		
		enses	· · · · · · · · · · · · · · · · · · ·) (Revenue \$)
4 6	e Tota	l progra	am service expenses 1,443,752.		
BAA			TEEA0102L 07/31/19		Form 990 (2019)

Form 990 (2019) EQUEST

Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	\square	Yes	No
	Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2	Х	
3	for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	х	
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI.	11 a	х	
I	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		x
(c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		x
(d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
12;	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
I	b Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes, and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12Ь		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
I	b Did the organization have aggregate revenues or 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		16		X
17		17	x	
18		18	x	
1 9		19	x	
20:	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		x
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	206		
		200		
21	domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		X

Form 990 (2019) EQUEST
Part IV Checklist of Required Schedules (continued)

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Page	۵
r aye	_

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	Yes	No 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? If 'Yes,' complete Schedule J.	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		x
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,' complete Schedule L, Part I.	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i> .	26		x
27		27		x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		x
- 1	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
•	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		x
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 L.	33	x	
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		x
35 :	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	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? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	t V 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	<u> </u>
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			3769
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			and the second
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	

Form 990 (2019)

Form 990 (2019) EOUEST 75-1823701 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 X 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3Ь 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a 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 Accounts (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... 5 b c If 'Yes," to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 h 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? X 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х Form 8282? 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year..... 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... 7 f Х g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412..... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state?..... 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?..... X 1**4** a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N. Х 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If 'Yes,' complete Form 4720, Schedule O. BAA

Form	1 990 (2019) EQUEST 75-1823701		P	age 6
Par	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	ges c	n	_
Sac	Check if Schedule O contains a response or note to any line in this Part VI			- 1
Sec	tion A. Governing Body and management		Vaa	Na
1 a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	Enter the number of voting members included on line 1a, above, who are independent 1b 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
3	officer, director, trustee, or key employee?	2		x
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7 a	Did the organization have members or stockholders?	6 7a		X X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Х	
Ŀ	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 cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q.	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	veni	ie Ci	ode.)
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	1000	RO. STO	18323
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
đ	The organization's CEO, Executive Director, or top management official. SEE, SCHEDULE. 0.	15a	X	
Ŀ	Other officers or key employees of the organization SEE SCHEDULE. O	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	12270	1997.22	13.27
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
ł	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?	16 b		
Sec	tion C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	3)s or	nly)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. SEE SCHEDULE O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► MARTHA JOHNSON 811 PEMBERTON HILL ROAD, BUILDING 4 DALLAS TX 75217 (972) 4	12-1	099	

BAA

Form 990 (2019) EQUEST	75-1823701	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Higher Independent Contractors	st Compensated Employed	es, and
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 Compens	sated Employees	
a Complete this table for all persons required to be listed. Report compensation for the calendar year endir organization's tax year.	ng with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organiz compensation, Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	ations), regardless of amount of	

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

				(C))					
(A) Name and title	(B) Average hours per	thar	n one t s both	box, an o	unles ifficer /truste		n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LILI KELLOGG CEO	$-\frac{40}{0}$			x				122,329.	0.	15,629.
(2) LANE CATES	1									
CHAIRMAN	0	X		x				0.	0.	0.
(3) PHILIP WHITCOMB	1									
BOARD MEMBER	0	X						0.	0.	0.
(4) KRISTIN REED	1									
BOARD MEMBER	0	X						0.	0.	0.
(5) MARGARET_HENRY	1_1_									
BOARD MEMBER	0	X						0.	0.	0.
(6) JAMES THOMAS	1									
BOARD MEMBER	0	X				\square	_	0.	0.	0.
(7) JEFF_HENSLEY		I						_		_
BOARD MEMBER	0	X		_		┨		0.	0.	0.
(8) CARA FINCH		ł						•		
BOARD MEMBER	0	X			<u> </u>		_	0.	0.	0.
(9) KELLIE MORRISON	1	I.,						•		
TREASURER	0	X	$\left \right $	X		$\left \right $		0.	0.	0.
(10) NANCY NATINSKY BOARD MEMBER	$-\frac{1}{0}$	x						0.	ο.	
(11) TERRI ROHAN	1		$\left \right $	_	-	$\left \right $		0.	0.	0.
BOARD MEMBER		x						0.	0.	0.
(12) FRANK CARTER	1		$\left \right $			$\left \right $		0.	0.	<u> </u>
BOARD MEMBER	<u>-</u>	x						0.	0.	0.
(13) HOLLY TIGHE	1		\vdash					0.	0.	0.
SECRETARY		x		x				0.	0.	0.
(14) THERESA FISHMAN	1	<u> </u>	$ \uparrow $				_			<u> </u>
BOARD MEMBER	0	X						0.	0.	0.
BAA	TEEAO		07/31	1/19						Form 990 (2019)

Form 990 (2019) EQUEST Part VII Section A. Officers, Directors, Tru	uctooc	Kov	Em	Jan		00		l Highart Com	75-182370	Page 8
Part VII Section A. Onicers, Directors, Tr	(B)	ney	EII	ipic (0		es, a	ang	a nignest com		oyees (continued)
(A) Name and title	Average hours per week	box offic	, unle cer ar	Pos heck ss pe	more erson	than of the than of the	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(list any hours for related organiza tions below dotted line)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1099-MISC)	compensation from the organization and related organizations
(15) CAROLYN ANDERSON BOARD MEMBER		x						0.	0.	0.
(16) PIA ACKERMAN BOARD MEMBER	$-\frac{1}{0}-$	x		х				0.	0.	0.
(17) LINDSAY KIRTON BOARD MEMBER	$-\frac{1}{0}-$	x		х				0.	0.	0.
(18)										
(19)		-								
(20)										
(21)										
(22)										
(23)		-								
(24)										
(25)										
1 b Subtotal							►	122,329.	0.	15,629.
c Total from continuation sheets to Part VII, Secti							•	0.	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited							ved	122, 329. more than \$100,00	0. 00 of reportable comp	15,629.
from the organization b 1										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for successful and the schedule of the sch	tor, truste h individu	ee, ko <i>ial</i>	ey e	mpl	oyee	e, or	hig	hest compensated	l employee	. З Х
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual	f reportab er than \$1	le co 50,0	mpe 00?	ensa /f ')	res,	and <i>con</i>	oth nple	er compensation te Schedule J for	from	4 X
 5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Ye: 	e comper	nsatio	on fr	om	any		late	ed organization or	îndîvidual	5 X
Section B. Independent Contractors									· ·	
Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	epen the c	iden alen	t co dar	ntra year	ctors endi	thang v	at received more t with or within the or	han \$100,000 of ganization's tax year	
(A) Name and business add	ress							(B) Description) of services	(C) Compensation
2 Total number of independent contractors (including	but not lim	ited t	o the	ose	liste	d abo	ve)	who received more	than	
\$100,000 of compensation from the organization	► 0									

Page 9

Form 990 (2019) EQUEST
Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
	Federated campaigns						
	Membership dues						· 是 我们一下下了。"
	: Fundraising events			A CARA STA			
	Government grants (contributions			San	a series and a series of a		1
	All other contributions, gifts, gran		59,407.				
	similar amounts not included abo		958,732.	State State			
9	Noncash contributions included in lines 1a-1f.	1g					
h	Total. Add lines 1a-1f			1,918,468.	a ser a s		All and the first
_			Business Code	SSEE SHERE	and the second se		an the statements of
	RIDER FEES & SPECIAL	<u>SERV</u>	900099	199,424.	199,424.		
b							
c d						· · · · · · · · · · · · · · · · · · ·	
0							
f	All other program service	revenue					
	Total. Add lines 2a-2f		1	199,424.			Dancersen
3	Investment income (includin						
	other similar amounts)			33,664.			33,664
4	Income from investment o		· · ·				
5	Royalties	(i) Real	(iii) Personal	The second state of the second state of the			
6.2	Gross rents	(i) regain	(ii) Personai		Carlo Martin State		
	Less: rental expenses 6b			Second Second			
	Rental income or (loss) 6c						Section Section
	Net rental income or (loss)	•••••••				
	Gross amount from	(i) Securities	(ii) Other	State State	And a state of the	and the second has	Baller Clarker
7.4	sales of assets						
b	Less: cost or other basis				and the second		Martin State
	and sales expenses 7b						
	: Gain or (loss)						
_		F	•••••				
8a	Gross income from fundraising ev (not including \$90(of contributions reported on line),249.					1.1.1
	See Part IV, line 18		3a 89,899.				
	Less: direct expenses		36 245,230.				a se
C	: Net income or (loss) from	fundraising	events.	-155,331.			-155,331
9 a	Gross income from gaming activity See Part IV, line 19	ties.	a 51,859				
F	Less: direct expenses	107-1	a 51,859.				
	: Net income or (loss) from	L.,		51,859.			51,859
		F		51,037.			51,039
IUa	Gross sales of inventory, less returns and allowances	·· 14	0a				
t	Less: cost of goods sold		0Ь				1. Contraction
0	Net income or (loss) from	sales of inv	entory				
			Business Code				P. C. Star
11 a	OTHER_INCOME		900099	58,475.	58,475.		
Ľ	·		-				
							<u> </u>
C	All address second at						
	All other revenue			58,475.		Contraction in second second	

Form 990 (2019) EQUEST Part IX Statement of Functional Expenses

	Check if Schedule O contains a re				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			Constant of the state	
5	Compensation of current officers, directors, trustees, and key employees	137,959.	102,427.	12,902.	22,630
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7		858,075.	637,082.	80,248.	140,745
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,900.	5,648.	501.	751
9	Other employee benefits	133,547.	99,153.	12,489.	21,905
10	Payroll taxes	80,990.	60,132.	7,574.	13,284
11	Fees for services (nonemployees):				
a	Management				
Ŀ	Legal				
¢	: Accounting	13,200.		13,200.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	15,643.	(eend traditional)		15,643
	Investment management fees	2,396.		2,396.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.).	96,825.	53,072.	43,753.	
12	Advertising and promotion	34,585.	4,234.		30,351
13	Office expenses	37,599.	28,013.	8,030.	1,556
14	Information technology	49,579.	44,621.	2,479.	2,479
15	Royalties				
16	Occupancy	59,313.	59,313.		
17	Travel	12,828.	12,828.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
1 9	Conferences, conventions, and meetings				
	Interest				
21					
22		50,376.	40,301.	4,030.	6,045
23	Other expenses. Itemize expenses not	61,146.	55,031.	3,057.	3,058
24	covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
á	HORSE_MAINTENANCE	148,275.	148,275.		and a strength many strength of the strength of
	OTHER_EXPENSES	70,742.	70,742.		
	SPECIAL PROGRAM SERVICES	19,775.	19,775.		
	BANK & SERVICE FEES	18,032.		18,032.	
•	All other expenses	3,105.	3,105.		
25	Total functional expenses. Add lines 1 through 24e	1,910,890.	1,443,752.	208,691.	258,447
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).				

Form 990 (2019) EQUEST

Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	278,675.	1	417,659
2	Savings and temporary cash investments	1,866,071.	2	885,602
3	Pledges and grants receivable, net	236,623.	3	156,677
4	Accounts receivable, net	25,897.	4	18,353
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disgualified persons (as defined under			and the second second
	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net.		7	
8	Inventories for sale or use		8	
8 9	Prepaid expenses and deferred charges	21,704.	9	20,000
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
t	Less: accumulated depreciation	286, 322.	10 c	1,348,964
11	Investments - publicly traded securities.	598,274.	11	678,468
12	Investments – other securities. See Part IV, line 11.		12	<u>^</u>
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 33)	3,313,566.	16	3,525,723
17	Accounts payable and accrued expenses	133,428.	17	56,328
18	Grants payable	,	18	
19	Deferred revenue	17,714.	19	14,134
20	Tax-exempt bond liabilities		20	
2 21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
21 22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties.		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D,		25	
26	Total liabilities. Add lines 17 through 25	151,142.	26	70,462
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,002,213.	27	1,060,241
28	Net assets with donor restrictions	2,160,211.	28	2,395,020
27 28 29 30 31 32 33	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds.		31	
32	Total net assets or fund balances	3,162,424.	32	3,455,261
33	Total liabilities and net assets/fund balances.	3,313,566.	33	3,525,723

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TEEA0111L 07/31/19

Form 990 (2019)

Forn	n 990 (2019) EQUEST 75-:	1823701		Pa	age 12
Pa	t XI Reconciliation of Net Assets				<u> </u>
	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			559.
2	Total expenses (must equal Part IX, column (A), line 25).	2			890.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>669</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4			424.
5	Net unrealized gains (losses) on investments	5			168.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,4	55,2	261.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				23/29
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
E	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	if 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	te			
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	******	3 a		х
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3 b		
BAA	TEEA0112L 01/21/20		Form	990	(2019)

SCHEDULE A (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.

Open to Public Inspection

OMB No. 1545-0047

2019

Department of the Treasur Internal Revenue Service

•	Go to www.irs.gov/Form990 for instructions and the latest information.	
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Name	of the organization	1 - 100				Employer identifica	ition number	
EQU	JEST					75-182370		
Par	t Reason for Public Cha	rity Status (All o	rganizations must o	comple	ete this	part.) See instruct	tions.	
The o	organization is not a private found		· · ·		-	· ·		
1	A church, convention of church					i).		
2	A school described in section 1							
3	A hospital or a cooperative h							
4	A medical research organizat	tion operated in conj	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's	
5	name, city, and state:	the benefit of a colle	ege or university owned	or oper	ated by	a governmental unit de	scribed in	
6	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7								
	in section 170(b)(1)(A)(vi). (Complete Part II.)		-	ental un	it or from the general put	olic described	
8	A community trust described	in section 170(b)(1)((A)(vi). (Complete Part I	II.)				
9	An agricultural research organiz or university or a non-land-gran university:	t college of agriculture	e (see instructions). Enter	the nan	onjunctione, city,	on with a land-grant colle and state of the college of	ege or	
10	An organization that normally ru from activities related to its e investment income and unrel June 30, 1975. See section 5	eceives: (1) more than exempt functions—sul ated business taxabl	n 33-1/3% of its support fr bject to certain exception le income (less section	om cont	(2) no i	more than 33-1/3% of i	ts support from aross	
11	An organization organized an	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).		
12	An organization organized an or more publicly supported or lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) o	or sectio	n 509(a)(2). See section 509(a)	ut the purposes of one)(3). Check the box in	
а		on operated, supervise gularly appoint or elect	d or controlled by its sur	norted c	rnanizat	ion(s) typically by giving	the supported on. You must	
Ь	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or ion(s). You	
с	Type III functionally integrated.	A supporting organizations). You must com	tion operated in connection plete Part IV, Sections	n with, ai A, D, an	nd functio d E.	onally integrated with, its	supported	
d	Type III non-functionally integrated. The o instructionally integrated. The o instructions). You must complexity of the structure of the st	ated. A supporting org rganization generally plete Part IV, Section	panization operated in cor y must satisfy a distribu is A and D, and Part V.	nnection tion req	with its s uiremen	supported organization(s) t and an attentiveness) that is not requirement (see	
е		ation received a writt	en determination from t	the IRS				
f	Enter the number of supported of							
	Provide the following information	about the supporte	d organization(s).					
	(1) Name of supported organization	(1) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
							· · · · · · · · · · · · · · · · · · ·	
(A)								
(B)								
(C)								
			<u> </u>					
(D)								
<u>(E)</u>					1.00			
Total	1				- 二字			

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.)

Section A. Public Support

Cale begi	ndar year (or fiscal year inning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants").	2,051,019.	1,440,406.	1.581.959	1.928.433	1,918,468.	8,920,285.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.			1,001,0001	1,520,433.	1, 510, 400.	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_
4	Total. Add lines 1 through 3	2,051,019.	1,440,406.	1,581,959.	1,928,433	1.918.468	<u> </u>
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)					1, 10, 100.	127,058.
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	1,1000		100 million - 10			8,793,227.
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,051,019.	1,440,406.	1,581,959.	1,928,433.	1,918,468.	8,920,285.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,296.	14,633.	18,509.	23,165.	33,664.	105,267.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.			20/0031	20,100.		0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI	130,106.	<u>3</u> 8,530.	22,700.	48,173.	58,475.	297,984.
11	Total support. Add lines 7 through 10						9,323,536.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	1,113,350.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20)19 (line 6, colum	n (f) divided by lin	ne 11; column (f))		14	94.31 %
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14				81.30 %
16a	33-1/3% support test-2019. If the and stop here. The organization	he organization di qualifies as a put	d not check the b blicly supported of	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test-2018. If the and stop here. The organization	e organization did qualifies as a pu	l not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, c	healt this have
	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	and-circumstanc	es' test. The orga	nization qualifies	box and stop her as a publicly sup	e. Explain in Part ported organizatio	VI how n►
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	d-circumstances	test. The organiza	s test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization.	VI how the
BAA					· · · · ·		0 or 990-F7) 2019
					acr	ICULIE ALFORD M	N DZ 999062717019

Schedule A (Form 990 or 990-EZ) 2019

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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.) Section A. Public Support

Sec	Luon A. Public Support						
Calen 1	Idar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, 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 organization's benefit and either paid to or expended on its behalf					2	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.					10	
	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.						
С	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)				and the start		
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
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 i organization, check this box and	s for the organiz	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	
Sec	tion C. Computation of Pub	lic Support F	Percentage				
	Public support percentage for 201			ne 13. column (f)		15	
16	Public support percentage from 2	018 Schedule A	Part III, line 15.			16	
Sec	tion D. Computation of Inve	stment Incor	me Percentage			10	
	Investment income percentage for				umn (f))	17	8
18	Investment income percentage fr	om 2018 Schedu	le A, Part III, line	17	101.,., 10000400-0em	18	
19a	33-1/3% support tests-2019. If this not more than 33-1/3%, check	ne organization o	fid not check the h	ox on line 14 an	d line 15 is more	han 22 1/29/ and	line 17
b	33-1/3% support tests-2018. If the	ne organization d	lid not check a hoy	on line 14 or lin	a 19a and line 16	is more then 22.1	(29) and
20	line 18 is not more than 33-1/3%, Private foundation. If the organiz	ation did not che	anu stop nere. The sck a box on line 1	 organization qui 4 19a or 19b o 	annes as a publici	y supported organi:	zation
BAA			TEEA0403			see instructions	

75-1823701

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BA.

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

			Yes	No
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.	1		
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).	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.	3a	1990	
ł	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c	100	
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		in an
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If 'Yes</i> ,' <i>complete Part I of Schedule L (Form 990 or 990-EZ)</i> .	7		
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).	8	0.345	
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 .	9a		
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 .	9b	nidear	0393
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 .	9c		
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.	10a		
	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.)	10b		
BAA	TEEA0404L 07/03/19 Schedule A (Form 99	0 or 99	0-F7)	2019

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	(Form 990 or 990-EZ) 2019	EQUEST
Part IV	Supporting Organizat	tions (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Section	istern.	72.52
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	200	200	100
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

Section B. Type I Supporting Organizations

- 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 organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in **Part VI** the role the organization's supported organizations played in this regard.

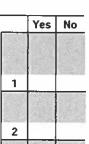
Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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.
- 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 of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

	Yes	No
		134
1		and set of

1

2



Yes

2a

2b

3a

3b

No

3

Page 5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		<u> </u>
2	Recoveries of prior-year distributions	2		<u> </u>
3	Other gross income (see instructions)	3	· ·	<u> </u>
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5	· · · ·	
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		
ec	tion B — Minimum Asset Amount		(A) Prior Year	(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	D	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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.	3		
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		
Sec	tion C — Distributable Amount	and the second se		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, 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 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the crappization's first as a part functionally inte		T	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2019

Sche	edule A (Form 990 or 990-EZ) 2019 EQUEST		75-182	23701 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	\$,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
	Excess distributions carryover, if any, to 2019	or a distance of the second		
	a From 2014			
	• From 2015			
	C From 2016			
	f From 2017	and the second second		
	e From 2018			The series and the series and
	f Total of lines 3a through e		Hendra and Market	言語の語言語を見ていた。
	g Applied to underdistributions of prior years	The providence of State		The state of the state of the
	h Applied to 2019 distributable amount		A State State of	
	i Carryover from 2014 not applied (see instructions)		CAPA COMPARING THE STREET	
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			and the second second
	a Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	c Remainder. Subtract lines 4a and 4b from 4.			STATE TO AN AND A DECK
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			The second state
	Excess from 2015.		Constant and the second	
-	Excess from 2016			
	Excess from 2017		The second second	
	Excess from 2018			
	Excess from 2019.			
-		•		

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Schedule A (Form 990 or 990-EZ) 2019

Part VI

Page 8 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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2019	2018	2017	2016	2015
OTHER INCOME TOTAL	L <u>\$ 58,475.</u> L <u>\$ 58,475.</u>	\$ 48,173. \$ 48,173.	<u>\$22,700.</u> <u>\$22,700.</u>	<u>\$ 38,530.</u> <u>\$ 38,530.</u> <u>\$</u>	<u>130,106.</u> 130,106.

BAA

Schedule B

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

Department	of the	Treasury
Internal Rev	enue	Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No 1545-0047

201	19

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

	Employer identification number
	75-1823701
Section:	
X 501(c)(3) (enter number) organization	
4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
527 political organization	
501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation	
501(c)(3) taxable private foundation	
	 Section: X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a 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 General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions,

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations X under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater 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 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor. during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(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).

Name of org EQUEST			r identification number 823701
Part I			623701
	Contributors (see instructions). Use duplicate copies of Part I if additional sp	1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>50,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$253,786.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	 	\$ <u>100,000.</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
	1		1

1

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)		1 1	Page 3
Name of organization	E	mployer identification	n number
EQUEST	7	5-1823701	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is need	led.
--	------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
(a) No		\$	
(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
(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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	

	B (Form 990, 990-EZ, or 990-PF) (2019)			1	1	Page 4
Name of organ	lization				entification nu	Imper
EQUEST	The second s			75-182	3701	
Partill	Exclusively religious, charitable, e	tc., contributions to organ	nizations d	escribed in section	1 501(c)(7), (8) ,
	or (10) that total more than \$1,000 for the following line entry. For organizations of	ine year from any one contrib	utor. Complet	e columns (a) through (e) a	ind	
	contributions of \$1,000 or less for the year.	(Enter this information once. Se	a of exclusive	ely religious, charitable,	etc.,	
	Use duplicate copies of Part III if additional	space is needed.	se maduction.	•)		N/A
(a) No. from				(d)		
No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of h	ow gift is h	ield
rarti						
	N/A					
			l			
		(e) Transfer of gift				
	Transferee's name, addres		Relat	tionship of transferor to	o transfere	e
		· +				
(a) No. from	(b)	(c) Use of gift	Т	(d)		
No. from Part I	Purpose of gift	Use of gift		Description of he	ow gift is h	eld
		· · · ·				
		(e) Transfer of gift				
	Transferee's name, addres	I ranster of gift and $7IP + 4$	Polat	tionship of transferor to		
	transieree 5 name, addres		Relat		transiere	e
		·				·
(a) No. from	(b)	(c)	T	(d)		
No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of he	w gift is h	eld
raiti				·		
			- – – – – +			
			+			
			·			
	· · · · · · · · · · · · · · · · · · ·	(e)	I			
		(e) Transfer of gift				
	Transferee's name, addres	is, and ZIP + 4	Relat	tionship of transferor to	transfere	e
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of ho		
Part I	Purpose or gift	Use of gift		Description of ho	w gift is h	eld
			+			
			+			
			·+			
	Transforme's same address		lanakta streme to st			
	Transferee's name, addres	s, anu zir + 4	Relat	ionship of transferor to	transfere	e
BAA	· · · · · · · · · · · · · · · · · · ·		Sched	lule B (Form 990, 990-EZ	or 990-PF	(2019)

SCHEDULE D (Form 990) Supplemental Financial Statements 20 Pepartment of the Treasury Internal Revenue Service > 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. 20 Name of the organization > For organization 0pen Inspective Inspective Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. 75-1823701	number
Department of the Treasury Internal Revenue Service Attach to Form 990. Open Inspe Name of the organization Employer identification EQUEST 75-1823701 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	ction number
Name of the organization Employer identification EQUEST 75-1823701 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	number
Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	ounts
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	ounts
Complete if the organization answered 'Yes' on Form 990. Part IV. line 6.	ounts
	ounts
(a) Donor advised funds (b) Funds and other acc	· · · · · · · · · · · · · · · · · · ·
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year).	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	No
Part II Conservation Easements.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically important lan	id area
Protection of natural habitat Preservation of a certified historic structure	e
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
Held at the End of the	ie Tax Year
a Total number of conservation easements.	
b Total acreage restricted by conservation easements.	
 d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 	
tax year >	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the yestimation and the second s	ear
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's according conservation easements.	e sheet, and unting for
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	
1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet work historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, p Part XIII the text of the footnote to its financial statements that describes these items.	s of art, provide in
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	f art, e
(i) Revenue included on Form 990, Part VIII, line 1►\$	
(ii) Assets included in Form 990, Part X►\$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	
b Assets included in Form 990, Part X. ►\$ BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 8/22/19 Schedule D (Fo	0001 0010

Schedule D (Form 990) 2019 EQUES		tions of Art. Histe	orical	Treasures, or C	75-182 Ther Similar Ass	<u>3701</u>	ontini	Page 2
3 Using the organization's acquisition.		1000						
items (check all that apply): a Public exhibition		al 🗖 Loop	or ovol					
b Scholarly research		e Other		hange program				
c Preservation for future genera	ations							
 Provide a description of the organization of the orga		ins and explain how the	y furthe	r the organization's e	xempt purpose in			
 5 During the year, did the organizat to be sold to raise funds rather th 	tion solicit or i	receive donations of a	rt, histo	orical treasures, or or ation's collection?	other similar assets	Yes	. [No
Part IV Escrow and Custodial								
line 9, or reported an a	amount on	Form 990, Part X,	line 2	21.				
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodiar	or other intermediary	for co	ntributions or other	assets not included	Yes	. [No
b If 'Yes,' explain the arrangement	in Part XIII ar	nd complete the follow	ing tab	le:				
e Regipping balance						Amoun	t	
c Beginning balance d Additions during the year								
e Distributions during the year								
f Ending balance.					1e 1f			
2a Did the organization include an a								
b If 'Yes,' explain the arrangement						Yes	L	No
Bit i tes, explain the arrangement		neek nere it the expla	nation	has been provided (« L	_
Part V Endowment Funds. Co	omplete if t	he organization ar	nswer	ed 'Yes' on Forn	n 990, Part IV, lir	ne 10.		
	(a) Current y			(c) Two years back	(d) Three years back		Four year	rs back
1 a Beginning of year balance.	606,	032. 678,9	957.	636,232.	663,933.		716,	,230.
b Contributions						1		
c Net investment earnings, gains, and losses	115,	42430,1	124.	72,215.	15,408.		-7	,291.
d Grants or scholarships					· · · · · · · · · · · · · · · · · · ·			
e Other expenditures for facilities						-		
and programs		474. 39,4		25,609.	34,588.			,037.
f Administrative expenses			340.	3,881.	8,521.			<u>,969.</u>
g End of year balance	686,			678,957.	636,232.		663,	<u>,933.</u>
2 Provide the estimated percentage		t year end balance (lir	ne 1g, (column (a)) held as	•			
a Board designated or quasi-endowme		×						
b Permanent endowment	100.00 %							
c Term endowment		100%						
The percentages on lines 2a, 2b, an								
3 a Are there endowment funds not in the organization by:	ne possession (of the organization that	are helo	and administered fo	r the	ſ	Vee	
(i) Unrelated organizations						2-0	Yes	No
(ii) Related organizations						3a(i)		X
b If 'Yes' on line 3a(ii), are the rela						3a(ii)		X
4 Describe in Part XIII the intended						3b		<u> </u>
Part VI Land, Buildings, and E			ont run	US. JED FARI	<u></u>			
Complete if the organiz			m 990), Part IV, line 1	1a. See Form 99	0. Par	t X. li	ne 10.
Description of property		a) Cost or other basis (investment)	(b)	Cost or other asis (other)	(c) Accumulated depreciation		Book va	
1 a Land								
b Buildings				115,443.	5,005.		110	,438.
c Leasehold improvements								
d Equipment				469,658.	376,381.		93	,277.
e Other				1,194,175.	48,926.	1		,249.
Total. Add lines 1a through 1e. (Column	n (d) must equ	ual Form 990, Part X,	column	(B), line 10c.)			-	,964.
BAA					Sched	ule D (F	orm 99	0) 2019

Byellor		/5-1823/01 Page s
Part VII Investments – Other Securities. Complete if the organization answered	'Yes' on Form 99	N/A 0, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		

EQUEST

Schedule D (Form 990) 2019

(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
(1)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).	
Part VIII Investments – Program Related.	N/A

Part VIII I Investments - Program Related

Part VIII investments - Program Related.		N/A
Complete if the organization answere	d 'Yes' on Form 99	0, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)	· · · ·	
(9)		
(10)		
	· · · · · · · · · · · · · · · · · · ·	

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		<u> </u>
(6)		
(7)		
(8)		
(9)		· · · · · · · · · · · · · · · · · · ·
(10)		<u> </u>
Total.	(Column (b) must equal Form 990, Part X, column (B) line 15.).	
-		

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total, (Column (b) must equal Form 990, Part X, colum	n (R) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII.

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Page 3

Schedule D (Form 990) 2019 EQUEST 7	5-1823701	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,201,331.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	and a second	1,201,001.
a Net unrealized gains (losses) on investments	1.1.1	
b Donated services and use of facilities		
c Recoveries of prior year grants	S. Form	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	97,168.
3 Subtract line 2e from line 1		2,104,163.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		.,104,105.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	-	
c Add lines 4a and 4b	4c	2,396.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		2,390.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	.,100,339.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	ive currit.	
1 Total expenses and losses per audited financial statements		000 404
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	190528	L,908,494.
a Donated services and use of facilities		
b Prior year adjustments.	-	
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3 1	<u>1,908,494.</u>
b Other (Describe in Part XIII.)	-	
c Add lines 4a and 4b.	4c	2,396.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		2,390.
Part XIII Supplemental Information.		1910/090.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TO BENEFIT THE FUNDING OF PROGRAMS AT EQUEST FOR THE BENEFIT OF THE INDIVIDUALS

PARTICIPATING IN THE PROGRAM AND/OR CARE OF THE HORSES USED IN THE PROGRAM.

PART X - FASB ASC 740 FOOTNOTE

EQUEST IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME

TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS NOT PRIVATE A

FOUNDATION AS DEFINED IN THE IRC. INCOME GENERATED FROM ACTIVITIES UNRELATED TO

EQUEST'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. EQUEST DID NOT HAVE BAA Schedule D (Form 990) 2019

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2019. THEREFORE, NO TAX PROVISION OR LIABILITY HAS BEEN REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. EQUEST HAD NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2019.

Supplem	ental Informa	ation Reg	jarding F	undraising or Gami	ng Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	ete if the organizat organizatio	ion answere n entered m	d 'Yes' on Fo ore than \$15	orm 990, Part IV, line 17, 18 ,000 on Form 990-EZ, line 6;	, or 19, or if the	2019
Department of the Treasury Internal Revenue Service	·	 Attach i 	to Form 990	or Form 990-EZ. ructions and the latest		Open to Public Inspection
Name of the organization					Employer identific	
EQUEST Fundraising Activities. Completion	ete if the organiza	ation answ	ered 'Yes' (n Form 990. Part IV line	75-182370	1
Form 990-EZ filers are not re	equired to comp	lete this p	art.	0.0		
 Indicate whether the organization a X Mail solicitations 	raised funds the	rough any		<u> </u>		
a X Mail solicitations b X Internet and email solicitation	c			X Solicitation of non- X Solicitation of gove		
c X Phone solicitations	3			X Special fundraising	•	
d X In-person solicitations			9		,	
 2a Did the organization have a written of employees listed in Form 990, Pa b If 'Yes,' list the 10 highest paid in 	rt VII) or entity	in connect	tion with p	rofessional fundraising	services?	XYes No
compensated at least \$5,000 by t	he organization.		aisers) pu	a suant to agreements i	under which the fundra	iser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
DOYON CONSULTING LLC		Yes	No			
1 PO BOX 12821	GRANT					
DALLAS TX 75225	WRITER	+	Х		15,643.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					15 640	
S List all states in which the organizat or licensing. <u>TX</u>				ontributions or has been	15,643. notified it is exempt from	0.

Schedule G (Form 990 or 990-EZ) 2019 EQUEST

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Part II 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.

		List events with gross receipts gr	eater than \$5,000.	-	,	
RE			(a) Event #1 GALA (event type)	(b) Event #2 WAUX_LUNCHEON (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	499,813.	311,490.	178,845.	990,148.
Ĕ	2	Less: Contributions	449,126.	289,188.	161,935.	900,249.
	3	Gross income (line 1 minus line 2)	50,687.	22,302.	16,910.	89,899
	4	Cash prizes				
	5	Noncash prizes			1,011.	1,011.
DIRECT	6	Rent/facility costs	14,792.		50.	14,842
	7	Food and beverages	38,110.	32,226.	766.	71,102.
EXP	8	Entertainment	23,381.	23,683.	12,540.	59,604.
EXPERSES	9	Other direct expenses	45,667.	32,881.	20,123.	98,671.
S	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr	ough 9 in column (d) . om line 3, column (d)			245,230.
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Ye	s' on Form 990, Pa	rt IV, line 19, or rep	-155,331
REVENUE		·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ē	1	Gross revenue			51,859.	51,859.
F	2	Cash prizes.				
P	3	Noncash prizes				
EXPENSES	4	Rent/facility costs				
	5	Other direct expenses.			18-	
		27-39	Yes 0 % X No	Yes 08 X No	Yes8 ∑No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d) .		•	
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d).	₽	51,859.
a b 10 a	Is th If 'N EQ RE Wer	er the state(s) in which the organization co ne organization licensed to conduct gaming lo,' explain: <u>UEST MEETS THE ATTORNEY GEN</u> <u>GISTERING WITH THE STATE OF</u> e any of the organization's gaming license (es,' explain:	activities in each of the second seco	MENTS TO CONDU	CT A RAFFLE WIT	Yes XNo
2	-			·		
AA			TEEA3702L 0	8/19/19	Schedule G (Form	n 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 EQUEST	75-1823701	Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity fo administer charitable gaming?	rmed to	X No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility		a)o
b An outside facility	13b 1	100.0%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	l records:	
Name MARTHA JOHNSON		
Address • 811 PEMBERTON HILL RD, BUILDING 4, DALLAS, TX 75217		
 15a Does the organization have a contract with a third party from whom the organization receives gaming b If 'Yes,' enter the amount of gaming revenue received by the organization [▶] \$ of gaming revenue retained by the third party [▶] \$ c If 'Yes,' enter name and address of the third party: 	g revenue? Yes and the amount	XNo
Name		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation \$		
Description of services provided		
Director/officer		
17 Mandatory distributions:		
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s organization's own exempt activities during the tax year 		XNo
Part IV Supplemental Information. Provide the explanations required by Part I, line and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provinformation. See instructions.	2b, columns (iii) and ide any additional	(v);

SCHEDULE O (Form 990 or 990-EZ)

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.

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



Department of the Treasury Internal Revenue Service Name of the organization

EOUEST

Employer identification number 75-1823701

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

EQUEST PROVIDES EQUINE ASSISTED ACTIVITIES AND THERAPIES TO CHILDREN AND ADULTS WITH PHYSICAL, COGNITIVE AND EMOTIONAL DISABILITIES, AS WELL AS VETERANS IN NORTH TEXAS. EQUEST SERVED OVER 2000 UNDUPLICATED CLIENTS AND DELIVERED OVER 4,000 SERVICE HOURS IN 2019. ON AVERAGE, 86% OF ALL PROGRAM EXPENSES FOR THE GENERAL CLIENT POPULATION ARE UNDERWRITTEN EXCEPT FOR OUR VETERAN PROGRAM. 100% OF ALL VETERAN FEES ARE COVERED BY EQUEST.

PROGRAM BY SIZE:

•EQUEST'S EQUINE FACILITATED LEARNING AND COMMUNITY EDUCATION: 1400 CLIENTS AND OVER 4,000 SERVICE HOURS

•THERAPEUTIC HORSEMANSHIP: 457 CLIENTS

•EQUEST'S VETERAN PROGRAM (HOOVES FOR HEROES) 342 CLIENTS WITH 3,500 SERVICE HOURS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED BY A CPA FROM INFORMATION RECEIVED DURING THE ANNUAL AUDIT AND ADDITIONAL INFORMATION PROVIDED BY MANAGEMENT. THE FORM 990 IS REVIEWED BY THE ACCOUNTANT, CEO AND AUDIT COMMITTEE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS CONFLICT OF INTEREST POLICIES ARE REVIEWED BY THE CEO AND BOARD CHAIR AND MAINTAINED IN INDIVIDUAL'S FILE. FURTHERMORE, THE OFFICERS SIGN A CONFLICT OF INTEREST VERIFICATION FORM.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT COMPENSATION FOR THE CEO IS DETERMINED BY RESEARCH AND REVIEW OF INDUSTRY COMPARISONS. THE EXECUTIVE SUPPORT AND ASSESSMENT TEAM OF THE BOARD REVIEWS THE CEO'S PERFORMANCE AND COMPENSATION. THE FINANCE COMMITTEE APPROVES THE CEO'S SALARY.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
EQUEST	75-1823701

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES COMPENSATION FOR EMPLOYEES IS DETERMINED BY RESEARCHING THE SALARY RANGE IN OUR MARKET AS WELL AS IN OUR INDUSTRIES. THE CEO SETS EMPLOYEE SALARIES AND OBTAINS BUDGET APPROVAL FROM BOARD.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART VIII INCOME FROM FUNDRAISING EVENTS

THE NET ECONOMIC BENEFIT FROM OUR FUNDRAISING EVENTS IS CALCULATED AS FOLLOWS: CONTRIBUTIONS FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 1C \$ 900,249 GROSS INCOME FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 8A 89,899 GROSS INCOME FROM GAMING ACTIVITIES REPORTED ON PART VIII, LINE 9A 51,859 LESS: DIRECT COSTS OF EVENTS REPORTED ON PART VIII, LINE 8B (245,230) NET ECONOMIC BENEFIT OF FUNDRAISING EVENTS \$ 796,777

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R	Related Organizations and Unrelated Partnerships					
(Form 990)	 Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 35, or 37. Attach to Form 990. 					
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection				
Name of the organization EOU	EST	ver identification number				
		1823701				

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
() EQUEST AT TEXAS HORSE PARK, LLC 911 PEMBERTON HILL RD., BLDG 4 DALLAS, TX 75217 75-1823701	EOUINE THERAPY	тх	0	0	EQUEST
		443		V.	
(3)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512 controlle	(b)(13) d entity?
						Yes	No
<u>(1)</u>							
(2)							
(3)							8
(4)							
		1		1			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA5001L 06/27/19

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.																
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	cile controlling e or entity gn		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income		(g) Share of end-of-year assets		(h) Dispropor- tionate allocations		20 of Schedule K-1 (Form	partner?		(k) Percentage ownership
(1)		country)			312-314	,					Yes	No	1065)	Yes	No	
<u>(1)</u>						- 1										
			:													
(2)																
(3)				\neg												
Part IV Identification of line 34, because	of Related Organ	izations	Taxable a	is a C	orporatio	on or 1	Trust. Co	omplete	if the c	organiza	tion a	Inswei	red 'Yes' on	Form 9	90, Pa	urt IV,
	Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.															
Name, address, and EIN (of related organization	on Prim	ary activity	(state	al domicile e or foreign country)	con	hirect htrolling entity	(C corp.	f entity , S corp, rust)	Share total in	e of come	Sh	(g) are of end-of- year assets	Percentag ownership	contr	(i) 512(b)(13) olted entity?
<u>(1)</u>												-			Ye	s No
		_]														ĺ
(2)									_			<u> </u>				
(3)			_													
BAA	1.00 (100)			1	TEEA	5002L 0	6/27/19	!					S	chedule R	(Form	990) 2019

Schedule R (Form 990) 2019 EQUEST

75-1823701 Page 2

1

Schedule R (Form 990) 2019 EQUEST		75-18	32370	1	Page 3
Part V Transactions With Related Organizations. Complete if the organization answered	d 'Yes' on Form 990, Part IV	, line 34, 35b, or 3	36.	100	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related org	ganizations listed in Parts II-IV?		1	1000	121
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			21132	1a	X
b Gift. grant, or capital contribution to related organization(s)				1b	X
c Gift, grant, or capital contribution from related organization(s)				1c	X
d Loans or loan guarantees to or for related organization(s)				1 d	X
e Loans or loan guarantees by related organization(s).				18	X
f Dividends from related organization(s)				11	X
g Sale of assets to related organization(s)				1g	X
h Purchase of assets from related organization(s)				1h	X
i Exchange of assets with related organization(s)		******		11	X
j Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k Lease of facilities, equipment, or other assets from related organization(s)				1k	X
Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m Performance of services or membership or fundraising solicitations by related organization(s)	CC 000 101 00105 2000 101 0446 00 3 447144	and the second second second second		1 m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				In	X
o Sharing of paid employees with related organization(s)				10	X
p Reimbursement paid to related organization(s) for expenses				1p	x
g Reimbursement paid by related organization(s) for expenses.				19	X
					approx Sector
r Other transfer of cash or property to related organization(s)				11	X
s Other transfer of cash or property from related organization(s)				15	X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, in					1 1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Metho	b) bd of d) etermining nvolved
(1)					
(2)		*			
(3)					
(4)					
(5)					
(6)					
BAA TEEA5003, 06/27/19		Sche	edule R	(Form	990) 2019

Provide the following information for ea revenue) that was not a related organia	ich entity taxed as a tation. See instruction	a partnership through ons regarding exclus	which the organi	zation c estment	onducte partne	d more than five p ships.	ercent of its activit	ies (me	asured	by total assets or g	gross								
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all j sec 501(organiz	tion c)(3)	(f) Share of total income	(9) Share of end-of-year assets	tion	h) opor- iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	box managin Jule partner?		() General or managing partner?		() General or managing partner?		() General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	\square						
(1)																			
(2)																			
(3)				-															
(4)																			
(5)									!										
<u>(6)</u>																			
<u></u>										2									
(8)							16												

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Schedule R (Form 990) 2019 EQUEST

 Schedule R (Form 990) 2019 EQUEST
 75-182370

 Part VII
 Supplemental Information
 Provide additional information for responses to questions on Schedule R. See instructions.

Form C	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.

Open to Public

OMB No. 1545-0047 2020

Depa Inter	artment of t nal Revenu	the Treasury le Service	▶	Do not e Go to www	nter social secu v.irs.gov/Form9	rity numbers (90 for instru	on this form as ctions and t	it may be ma he latest i	ade public. nformatior	ı.		Inspectio		
A	For the	2020 calen	dar year, or tax	year begii	ning		, 2020,	and endir	ng		,	20		
В	Check if a	pplicable:	С		-				-	D Employ	er identi	ification number		
	Addre	ess change	EQUEST							75-	1823	701		
	Name	e change	811 PEMBE	RTON HI	ILL ROAD,	BUILDI	NG 4			E Telephone number				
		return	DALLAS, I	'X 75217	7					972-412-1099				
	Final re	eturn/terminated												
		nded return								G Gross r	eceipts	\$ 2,230	,208.	
	Applie	cation pending	F Name and add	ress of principa	al officer: TTT	T KEIIO	rr		H(a) Is this			=/===	57	
	Application pending F Name and address of principal officer: LILI KELLOGG H(a) Is this a group return for su SAME AS C ABOVE H(b) Are all subordinates include If "No," attach a list. See in									included				
ī	I Tax-exempt status: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527										tructions			
J	Webs	•	W.EQUEST.		/ (H(c) Group	exemption n	ımber 🕨	•		
ĸ		organization:	X Corporation	Trust	Association	Other ►	L	Year of forma	tion: 198			egal domicile: T	x	
		Summar		indot	/ locolation	othor	=	i our or formu	10111 1) (: 1	
	1 Br	riefly descri	be the organiza	ation's miss	sion or most s	significant a	ctivities:TO	ENHANC	E THE	OUALTT	Y OF	LIFE FOR	2	
~			AND ADUL											
ЪС П			THROUGH E											
Governance	_													
ove		heck this bo			on discontinue						net as	sets.		
ۍ س			ting members								3		19	
ŝ			dependent voti								4		19	
viti			of individuals of volunteers								5 6		32	
Activities &			ed business rev								0 7a		<u>670</u> 0.	
ч			l business taxa								7ŭ 7b		0.	
						- ,	, -			rior Year		Current Y		
Revenue	8 Co	ontributions	and grants (Pa	art VIII, line	e 1h)				1	,918,4	68.),702.	
			vice revenue (P							199,4		139,383.		
	10 In	vestment ir	ncome (Part VII	I, column (A), lines 3, 4	, and 7d)				33,6			9,428.	
ď										-44,997.			516,592.	
			e – add lines 8	-						2,106,5	59.	2,186	5,105.	
			imilar amounts		-	-	-							
	14 Be	enefits paid	to or for mem	bers (Part I	X, column (A	.), line 4)								
s	15 Sa	alaries, oth	er compensatio	n, employe	e benefits (P	art IX, colu	mn (A), lines	5-10)	1	,217,4	71.	1,192	2,668.	
Expenses	16a Pr	rofessional	fundraising fee	s (Part IX,	column (A), l	ine 11e)				15,6	643.	7,228.		
bei	b To	otal fundrais	sing expenses	(Part IX, co	lumn (D), line	e 25) ►	21	2,016.						
ñ	17 O	ther expens	ses (Part IX, co	lumn (A), l	ines 11a-11d,	11f-24e)		1	-	677,7	76.	573	3,000.	
	18 To	otal expens	es. Add lines 1	3-17 (must	equal Part IX	, column (A	A), line 25)		1	,910,8			2,896.	
		-	expenses. Su	-						195,6			3,209.	
2 80			· ·						Beginnir	ng of Currer		End of Y		
Assets (Balanc		otal assets	(Part X, line 16)						3,525,7		4,222	2,026.	
Ass	21 To	otal liabilitie	es (Part X, line	26)						70,4	62.		3,121.	
Fund	22 Ne	et assets or	fund balances	. Subtract I	ine 21 from li	ine 20			3	8,455,2	61.	3,933	3,905.	
Pa	rt II	Signatur	e Block							, ,		,		
Unde	er penalties	s of perjury, I de	eclare that I have ex arer (other than offic	amined this ret	urn, including acc	companying sch	edules and stater	ments, and to	the best of m	ıy knowledge	and beli	ef, it is true, correc	ct, and	
com	plete. Decla	aration of prepa	arer (other than offic	er) is based on	all information of	f which prepare	r has any knowle	dge.						
Siq	jn	r Signatu	re of officer						Da	te				
He	re		I KELLOGG						CEO					
			print name and title	9	1_			1						
			oreparer's name		Preparer's sign	nature		Date		Check		PTIN		
Pa		AMY M				_				self-employ	ed	P0095665	1	
Pre	eparer	Firm's name			CARY LL						_			
US	e Only	Firm's addr				UITE 60	0					-2593210		
			ARLIN		X 76011					Phone no.	(817			
Ma	y the IRS	3 discuss th	nis return with t	he prepare	r shown abov	e? See inst	ructions					X Yes	No	

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

Form	n 990 (202	20) EQI	JEST				75-1	82370)1	Page 2
Par	-		nt of Program Se							
	CI	heck if So	chedule O contains a	a response or note t	o any line in this P	art III				
1	Briefly de	escribe th	e organization's mis	sion:						
	TO EN	HANCE	THE QUALITY	<u> DF LIFE FOR (</u>	CHILDREN AND	ADULTS WI	TH DIVERSE NE	EDS E	<u> 3Y </u>	
	PARTN	<u>ERING</u>	WITH HORSES '	TO BRING HOPE	E AND HEALING	<u>G_THROUGH</u>	EQUINE ASSIST	ED AC	<u>CTIVIT</u>	IES
	AND T	<u>HERAPI</u>	ES							
2		-	n undertake any signi	ficant program service	es during the year wh	hich were not list	ed on the prior		-	-
	Form 990								Yes	K No
	,		nese new services on						E	-
3					nt changes in how i	t conducts, any	program services?	· · ·	Yes	K No
			nese changes on Sch							
4	Describe Section	the organ	nization's program s and 501(c)(4) organ	ervice accomplishm	ents for each of its d to report the amo	s three largest p	rogram services, as nd allocations to othe	measure ers the	ed by exp total exp	enses.
	and reve	nue, if ar	ny, for each program	service reported.				.15, 110		011505,
4 a	(Code:) (Expenses \$	1,357,309. i	ncluding grants of	\$) (Revenue	\$	139,	383.)
	EOUES	T PROV	IDES EQUINE				TO CHILDREN A	ND AI		
							S VETERANS IN			
							9 SERVICE HOU			
							NT POPULATION			
							VETERAN FEES		COVER	ED BY
	EQUES									
4 b	(Code:) (Expenses \$	i	ncluding grants of	\$) (Revenue	\$)
	_									
4 c	: (Code:) (Expenses \$	i	ncluding grants of	\$) (Revenue	\$)
										
				_		_				
								_		
4 c		-	rvices (Describe on							
	(Expense	es \$		including grants	of \$) (F	Revenue \$)	
4 e	Total pro	ogram ser	vice expenses 🕨	1,357,3	309.					00 (2020)

 Form 990 (2020)
 EQUEST

 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 See instructions?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	Х	
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ł	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ł	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	b Did the organization have aggregate revenues or 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		Х
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		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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,' complete Schedule G, Part III.	19		Х
20a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b) If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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

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Form 990 (2020)

Form 990 (2020) EQUEST

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19-1029101	

Page 4

Pa	rt IV	Checklist of Required Schedules (continued)			
~~	D ¹ I II			Yes	No
	colun	he organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, nn (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	and for	ne organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete</i> adule J.	23		Х
24 a	a Did th the la	ne organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of ast day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and plete Schedule K. If 'No, 'go to line 25a	24a		х
I		he organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		ne organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds?	24c		
(2	he organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Secti trans	ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit saction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	that t	e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete adule L, Part I	25b		Х
26	forme	he organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or er officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity mily member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	empl mem	he organization provide a grant or other assistance to any current or former officer, director, trustee, key loyee, creator or founder, substantial contributor or employee thereof, a grant selection committee liber, or to a 35% controlled entity (including an employee thereof) or family member of any of these ons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was t instru	the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV actions, for applicable filing thresholds, conditions, and exceptions):			
i	a A cur 'Yes,	rrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		Х
I	b A fan	nily member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	c A 35 Yes,	% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If ' complete Schedule L, Part IV	28c		Х
29	Did tl	he organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did tl contr	he organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ributions? If 'Yes,' complete Schedule M	30		Х
31	Did tl	he organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did th <i>Sche</i>	ne organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete edule N, Part II.	32		Х
33	Did th 301.7	ne organization own 100% of an entity disregarded as separate from the organization under Regulations sections 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	Х	
34	Was and I	the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Part V, line 1	34		Х
35 a		he organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	b If 'Ye entity	es' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled y within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Secti orgar	ion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related nization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did th treate	ne organization conduct more than 5% of its activities through an entity that is not a related organization and that is ed as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did th Note :	ne organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? : All Form 990 filers are required to complete Schedule O	38	Х	
Pa		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
		r the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19			
		r the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
•	c Did th (gam	he organization comply with backup withholding rules for reportable payments to vendors and reportable gaming bling) winnings to prize winners?	1 c	Х	

	m 990 (2020) EQUEST 75-18	23701	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2-	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
20	ments, filed for the calendar year ending with or within the year covered by this return 2a	32		
t	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
ł	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b)	
4 a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
t	b If 'Yes,' enter the name of the foreign country►	_		
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.0		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	\mathbf{c} If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			Л
	-			
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	n 6a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	0a		21
Ľ	not tax deductible?	6b	,	
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
c	services provided to the payor?	7 a	Х	
k	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			V
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h	I	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?			
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders 11 a	_		
t	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
k	b 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			
	c Enter the amount of reserves on hand			37
	a Did the organization receive any payments for indoor tanning services during the tax year?			Х
ł	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14b	1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		X
	If 'Yes,' see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O.			

Form	n 990 (2020) EQUEST 75-1823701		Ρ	age 6
Par	t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	low, ges d	and on	for
	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Sec	tion A. Governing Body and Management			
			Yes	No
1 8	a Enter the number of voting members of the governing body at the end of the tax year 1 a 19 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 on Schedule O. 1 a 19			
ł	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 was filed?SEE_SCH_0	4	Х	
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X X
-	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			x
ł	• Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	a The governing body?	8 a	Х	
ł	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
t	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
ł	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	: Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE . Q	12 c	Х	
	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O.	15a	X X	
Ľ	• Other officers or key employees of the organizationSEE .SCHEDULE .O	15b	Λ	
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
ł	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	Tou		
	organization's exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)) (c) (3)s on	ly)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa the public during the tax year. SEE SCHEDULE O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	LUCY DESHAZO PO BOX 171779 DALLAS TX 75217 (972) 412-1099			

Form 990 (2020) EQUEST	75-1823701	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, High Independent Contractors	est Compensated Employee	s, and
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 Comper	sated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year encorganization's tax year.	5	
 List all of the organization's current officers, directors, trustees (whether individuals or organ 	izations), regardless of amount of	

rya s), reg compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

			(C)						
(A) Name and title	(B) Average hours	Pos thar is	s both ar	not c x, unle n office or/trus	heck mo ess perso er and a stee)		(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) LILI_KELLOGG	40								
CEO	0		Х	<u> </u>			122,548.	0.	15,685.
(2) LANE CATES	1								
CHAIRMAN	0	Х	Х	<u> </u>			0.	0.	0.
(3) TIM GAVIN	1								
BOARD MEMBER	0	Х					0.	0.	0.
(4) KRISTIN REED	1								
BOARD MEMBER	0	Х					0.	0.	0.
(5) CLINT HAGGERTY	1								
BOARD MEMBER	0	Х					0.	0.	0.
(6) JAMES THOMAS	1								
BOARD MEMBER	0	Х					0.	0.	0.
(7) JEFF HENSLEY	1								
BOARD MEMBER	0	Х					0.	0.	0.
(8) CHRIS HAMPTON	1								
BOARD MEMBER	0	Х					0.	0.	0.
(9) KELLIE MORRISON	1								
TREASURER	0	Х	Х	<u> </u>			0.	0.	0.
(10) NANCY NATINSKY	1								
BOARD MEMBER	0	Х					0.	0.	0.
(11) TERRI ROHAN	1								
BOARD MEMBER	0	Х					0.	0.	0.
(12) FRANK CARTER	1								
BOARD MEMBER	0	Х					0.	0.	0.
(13) JULIE SHERMAN	1								
SECRETARY	0	Х	Х	2			0.	0.	0.
(14) TERESA FISHMAN	1								
BOARD MEMBER	0	Х					0.	0.	0.
ВАА	TEEA0	107L	10/07/2	0					Form 990 (2020)

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Part VII	Section A. Officers, Directors, Tru	istees,	Key	Em	plo	bye	es, a	anc	d Highest Com	pensated Emp	loyees (continued)
		(B)			(0	•						
	(A) Name and title	Average hours per	box,	, unle	ss pe	erson	than is both pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F Estimated	d amount
		veek (list any hours for	Individual trustee or director	Institu	Officer	Key e	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of of compensa the orga and re	ition from nization
		related organiza	dual .	Institutional trustee	ę	Key employee	st cor iyee	ler			organiz	
		- tions below dotted	truste	l trus		yee	npen					
		line)	ŏ	tee			sated					
(15) CAD	OLYN ANDERSON	1										
	RD MEMBER	0	Х						0.	0.		0.
	A LAUGHLIN	1										
BOA	RD MEMBER	0	Х						0.	0.		0.
	ACKERMAN	1										
	RD MEMBER	0	Х						0.	0.		0.
	<u>DSAY_KIRTON</u> E_CHAIR		х		Х				0.	0.		0.
	LY TIGHE	1	Λ		Λ				0.	0.		0.
BOA	RD MEMBER	0	Х						0.	0.		0.
	HERINE WYKER	1										
	RD MEMBER	0	Х						0.	0.		0.
(21)			•									
(22)												
(23)												
(24)			•									
(25)												
1 b Subt	otal							►	122,548.	0.	1	5,685.
c Total	from continuation sheets to Part VII, Section	on A						•	0.	0.		0.
	(add lines 1b and 1c)							► .	122,548.	0.		5,685.
	number of individuals (including but not limited the organization b 1	to those I	isted	abov	ve) v	who	recen	ved	more than \$100,00	0 of reportable comp	ensation	
ITOITI											Y	es No
3 Did th	ne organization list any former officer, direc	tor truste	e ke	v er	mnla	over	or	hiat	est compensated	employee		
on lir	he 1a? If 'Yes,' complete Schedule J for suc	h individu	al								. 3	Х
4 Fora	ny individual listed on line 1a, is the sum of rganization and related organizations greate	reportab	le coi	mpe	ensa	tion	and	oţh	er compensation	from		
the o <i>such</i>	rganization and related organizations greate	er than \$1	50,00		<i>It 'Υ</i>	'es,' 		iplei	te Schedule J for		. 4	Х
5 Did a	ny person listed on line 1a receive or accrue ervices rendered to the organization? If 'Yes	e comper	isatio	n fro	om	anv	unre	late	d organization or	individual	. 5	X
	B. Independent Contractors							,				
	olete this table for your five highest compense ensation from the organization. Report compen											
	(A) Name and business addi				<u> </u>	<i></i>			(B) Description of	<u> </u>	(C) Compens	ation
MI. GRAY	PARTNERSHIP LLC 1811 GREENVILLE AV	E. SUIT	E 15	0 0	AT.T.	AS.	ͲХ	75	CONSTRUCTION		93	1,479.
		, _ , _ , _ ,				- /		-				,
					_							
2 Total	number of independent contractors (including b	ut not lim	ited tr	h tho		istor	laho	ر ۱	who received more	than		
	named of macpendent contractors (including t		nou il	, uiu	1 JC	13100	1 000	10)	mio received mole	unun i		

BAA

Form 990 (2020) EQUEST Part VIII Statement of Revenue

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Total revenue Chymap Company Company <thcompany< th=""></thcompany<>	Par	t V	III Statement of Revenue Check if Schedule O contains a respons	e or note to an	y line in this Part VI	11		
Be Verthership des. The c Fundating events. Tc 63,706. d Related organizations Td 294,335. d Related organizations Td 294,335. d Monte continuous, spin schub, and fundation Td 1,422,661. g Norship continuous, spin schub, and fundation Tg 1,480,702. d Related organizations Tg 1,480,702. d Related organizations Tg 1,480,702. d CHERT FEES & SPECTAL SEV. 900099 139,383. 139,383. d CHERT FEES & SPECTAL SEV. 900099 139,383. 900099 d Intermet income (including dividents, interest, and other program service revenue. 139,383. 9000. d Income from investment of tax-sempt bond proceeds 9000. 19,080. 19,080. d Income from investment of tax-sempt bond proceeds 90. 90.000 90.000 90.000 d Base ment from investment of tax-sempt bond proceeds 90.000 90.000 90.000 90.000 d Income from investment of tax-sempt bond proceeds 90.000 90.000 90.000 90.000 90.000						(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
But the set of the se	, Gifts, Grants nilar Amounts		b Membership dues1 bc Fundraising events1 cd Related organizations1 d					
But the set of the se	Contributions and Other Sin	f	f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f	<u>,122,661.</u> 16,422.	1,480,702.			
3 Investment income (including dividends, interest; and other similar amounts). 19,080. 4 Income from investment of tax-exempt bond proceeds 19,080. 5 Royalties 19,080. 6a Gross rents 6a 6b 6a Bross rents 6a 6b 7 Gross amount from services 6c 7 Gross amount from services 19,080. 7a Gross amount from services 19,080. 19,080. 8a Gross income from fundraising events (or (loss). 12,030.348. 30,348. 9a Gross income from from fundraising events (or ford bias if and services. 10,30,348. 30,348. 9a Gross income from gaming activitites. 479,762. 479,762. 9a Gross income from gaming activitites. 10a 10a 10a 9a Gross income or (loss) from gaming activitites. 10a 10a 10a 9a Gross income from gaming activitites. 10a 10a 10a 10a Gross sales of inve				Business Code				
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Ga Gross rents Ga Ga b Less: rental income or (loss) Gc Gc c Rental income or (loss) Gc Gc 7a Gross amount from sales of assets other than inventory and sales expenses (0) Securities (0) Other 7a Gross amount from sales of assets other than inventory and sales expenses (0) Securities (0) Other 7a Gross amount from sales of other than inventory and sales expenses (0) Securities (0) Other 7a Gross income from from fundraising events (ort including \$\$ (0) Come (0) Other 7a Gross income from from fundraising events (ort including \$\$ (0) Come (0) Other 8a Gross income from from fundraising events (0) Other (0) Other 8a Gross income from gaming activities (0) Other (0) Other 9a Gross income from gaming activities (0) Other (0) Other 9a Gross income from gaming activities (0) Other (0) Other 9a Gross income from gaming activities (0) Other (0) Other 9a Gross income from gaming activities (0) Other (0) Other		5						
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d Net rental income or (loss)								
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a Net gain or (loss) 30,348. 30,348. a Gross income from fundraising events (not including \$ 63,706. of contributions reported on line 1c). See Part IV, line 18. 8a 514,589. Bb 34,827. 8a 514,589. Bb 34,827. b Less: direct expenses. 8b 34,827. 479,762. c Net income or (loss) from fundraising events. 479,762. ga Gross income from gaming activities. See Part IV, line 19. 9a b Less: direct expenses. 9b c Net income or (loss) from gaming activities. 9a ga Gross sales of inventory, less. 10a c Net income or (loss) from sales of inventory. 0a turns and allowances. 10a gampaor 900099 36,830. 36,830. d All other revenue 36,830.		ł	b Less: cost or other basis and sales expenses 7b	9,276.				
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Image: Contribution reported on line 1c). See Part IV, line 18		0		••••••	30,348.			30,348.
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9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances 0 a b Less: cost of goods sold c Net income or (loss) from sales of inventory. a Gross sales of inventory. b Less: cost of goods sold c Net income or (loss) from sales of inventory. b Less: cost of goods sold c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Output c Output <td>Be</td> <td></td> <td>. ,</td> <td>514.589</td> <td></td> <td></td> <td></td> <td></td>	Be		. ,	514.589				
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold c Net income or (loss) from sales of inventory. b Less: cost of goods sold c Net income or (loss) from sales of inventory. b Less: cost of goods sold c Net income or (loss) from sales of inventory. <td>ler</td> <td>ł</td> <td>b Less: direct expenses 8b</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ler	ł	b Less: direct expenses 8b					
See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c All other revenue e Total. Add lines 11a-11d	₹	(c Net income or (loss) from fundraising ever		479,762.			479,762.
c Net income or (loss) from gaming activities			See Part IV, line 19					
10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11a OTHER_INCOME 900099 36,830. a d All other revenue e Total. Add lines 11a-11d								
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11a OTHER_INCOME 900099 36,830. 36,830. b 6				S ►				
c Net income or (loss) from sales of inventory▶ Business Code 11a OTHER_INCOME 900099 36,830. 36,830. b								
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11a OTHER INCOME 900099 36,830. 36,830. b		(-				
	Suc -	11 :			36 030	36 030		
	and Due	1		0033	50,050.	50,050.		
	ella		c					
	Sc		d All other revenue					
	Σ		e Total. Add lines 11a-11d		36,830.			
	_	12	Total revenue. See instructions	>		176,213.	0.	529,190.

Cont	t IX Statement of Functional Expense				
Seci	ion 501(c)(3) and 501(c)(4) organizations must com	-	-		
	Check if Schedule O contains a re				
Dor Sb, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	138,234.	104,400.	14,599.	19,235
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	(
7	Other salaries and wages	836,254.	630,555.	88,710.	116,989
8	Pension plan accruals and contributions	00072041			110,000
0	(include section 401(k) and 403(b) employer contributions)	13,441.	10,280.	1,370.	1,791
9	Other employee benefits	125,364.	95,878.	12,780.	16,706
10	Payroll taxes	79,375.	59,851.	8,420.	11,104
	Fees for services (nonemployees):				
	Management				
b	Legal				
C	Accounting	43,063.		43,063.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	7,228.			7,228
f	Investment management fees	3,333.		3,333.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	72,433.	47,048.	3,385.	22,000
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	11,751.	4,701.	5,505.	7,050
13	Office expenses	34,397.	30,957.	1,720.	1,720
14	Information technology	38,184.	34,366.	1,909.	· · ·
15	Royalties	30,104.	54,500.	1,909.	1,909
	Occupancy	EE 002	EE 002		
	Travel	55,983.	55,983.		
	Payments of travel or entertainment expenses for any federal, state, or local	11,517.	11,517.		
•••	public officials				
	Conferences, conventions, and meetings				
20 21	Interest				
21	Payments to affiliates.	49 910		2 570	0 557
22 22	Depreciation, depletion, and amortization	47,713.	40,557.	3,578.	3,578
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	54,115.	48,703.	2,706.	2,700
а	HORSE MAINTENANCE	151,561.	151,561.		
	OTHER EXPENSES	20,167.	20,167.		
	BANK & SERVICE FEES	14,038.	20,107.	14,038.	
	SPECIAL PROGRAM SERVICES	10,170.	10,170.	14,030.	
	All other expenses	4,575.	615.	3,960.	
	Total functional expenses. Add lines 1 through 24e	1,772,896.	1,357,309.	203,571.	212,010
	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)	1,,,2,050.	1,001,000.	200,011.	212,010

Form 990 (2020) EQUEST Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	417,659.	1	379,283		
	2	Savings and temporary cash investments			885,602.	2	663,733
	3	Pledges and grants receivable, net	156,677.	3	24,202		
	4	Accounts receivable, net		18,353.	4	11,698	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	, director, tor, or 35%		5		
	6	Loans and other receivables from other disqualified p					
		section 4958(f)(1)), and persons described in section		6			
	7	Notes and loans receivable, net		-		7	
2	8	Inventories for sale or use		-		8	
AUDUCIU	9	Prepaid expenses and deferred charges			20,000.	9	417
I		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		2,865,420.			
	b	Less: accumulated depreciation	10 b	434,446.	1,348,964.	10 c	2,430,974
	11	Investments – publicly traded securities			678,468.	11	711,719
	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	33)		3,525,723.	16	4,222,026
	17	Accounts payable and accrued expenses		56,328.	17	122,050	
	18	Grants payable				18	
	19	Deferred revenue		_	14,134.	19	16,171
~	20	Tax-exempt bond liabilities		-		20	
ě	21	Escrow or custodial account liability. Complete Part I				21	
	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, dire utor, or 3 rsons	sctor, trustee, 5%		22	
-	23	Secured mortgages and notes payable to unrelated th	nird partie			23	
	24	Unsecured notes and loans payable to unrelated third	parties.	-		24	149,900
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relat plete Par	ted third parties, 't X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			70,462.	26	288,121
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	L	X			
	27	Net assets without donor restrictions			1,060,241.	27	1,133,494
ŏ	28	Net assets with donor restrictions		· · · · · · · · · · · · · · · · · · ·	2,395,020.	28	2,800,411
Net Assets of Fund Dalances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here •				
5	29	Capital stock or trust principal, or current funds				29	
2	30	Paid-in or capital surplus, or land, building, or equipm				30	
й С	31	Retained earnings, endowment, accumulated income,				31	
	32	Total net assets or fund balances			3,455,261.	32	3,933,905
		Total liabilities and net assets/fund balances			3,525,723.	33	4,222,026

Form	n 990	0 (2020)	EQUEST 75-	-1823701		Pa	age 12
Par	t XI	I Reco	nciliation of Net Assets				
		Check	if Schedule O contains a response or note to any line in this Part XI				
1	Tot	tal revenue	e (must equal Part VIII, column (A), line 12)	1	2,1	86,3	105.
2	Tot	tal expense	es (must equal Part IX, column (A), line 25)	2			396.
3	Re	venue less	expenses. Subtract line 2 from line 1	3			209.
4	Net	t assets or	fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,4	55,2	261.
5	Net	t unrealize	d gains (losses) on investments	5		65,4	435.
6	Do	nated serv	ices and use of facilities	6			
7	Inv	vestment e	xpenses	7			
8	Pri	ior period a	adjustments	8			
9	Oth	her change	es in net assets or fund balances (explain on Schedule O)	9			0.
10	Net col	t assets or lumn (B)) .	fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	3.9	33.	905.
Par			icial Statements and Reporting	<u> </u>	0/0		
	-		if Schedule O contains a response or note to any line in this Part XII				. П
						Yes	No
1	Aco	counting m	nethod used to prepare the Form 990: Cash X Accrual Other				
		he organiz Schedule (ation changed its method of accounting from a prior year or checked 'Other,' explain).				
2 a	We	ere the org	anization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
		parate bas	k a box below to indicate whether the financial statements for the year were compiled or review is, consolidated basis, or both: te basis Consolidated basis Both consolidated and separate basis	ed on a			
ŀ	We	re the ora	anization's financial statements audited by an independent accountant?		2 b	Х	
	lf '`	Yes,' chec sis, consol	k a box below to indicate whether the financial statements for the year were audited on a separ idated basis, or both: te basis Consolidated basis Both consolidated and separate basis		25		
C	<u></u> ا ۱f '۱	Yes' to line	2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audii mpilation of its financial statements and selection of an independent accountant?	,	2 c	Х	
	on	Schedule					
32			a federal award, was the organization required to undergo an audit or audits as set forth in the Single I OMB Circular A-133?		3 a		Х
k			e organization undergo the required audit or audits? If the organization did not undergo the required au plain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			TEEA0112L 10/19/20		Form	990	(2020)

SCHEDULE A (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.

	Adden to Form 5		
► Go to www.irs.	gov/Form990 for in	structions and the	e latest information.

2	02	2()	

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization					Employer identifi	cation number			
EOU	5					75-18237				
~ ~	Reason for Public Cha	rity Status (All o	organizations must	compl	ete thi					
	rganization is not a private found									
1	A church, convention of church				-	,				
2	A school described in section					(1)-				
3	A hospital or a cooperative h									
4	A medical research organiza						Entar the beenitel's			
4	name, city, and state:						Enter the nospitals			
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
6	 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 									
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community trust described		(A)(vi). (Complete Part	l.)						
9	An agricultural research organi or university or a non-land-gra									
	university:	0 0	· /							
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11										
12										
а	Type I. A supporting organization(s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elec								
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organization	y having control or ation(s). You			
С	Type III functionally integrated organization(s) (see instruction		tion operated in connectio	n with, a	nd functio	onally integrated with, its	s supported			
d	Type III non-functionally integ	rated. A supporting or	ganization operated in cor v must satisfv a distribu	nnection	with its s	supported organization('s) that is not			
e	instructions). You must com Check this box if the organiz	plete Part IV, Section ation received a writ	hs A and D, and Part V. ten determination from	the IRS						
f	integrated, or Type III non-fu Enter the number of supported									
	Provide the following informatio									
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your o	ls the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
<u>(E)</u>										
Total										

Sec	Section A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,440,406.	1,581,959.	1,928,433.	1,918,468.	1,480,702.	8,349,968.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	Total. Add lines 1 through 3	1,440,406.	1,581,959.	1,928,433.	1,918,468.	1,480,702.	8,349,968.		
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)						146,908.		
6	Public support. Subtract line 5 from line 4						8,203,060.		
Sec	tion B. Total Support				ſ				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	1,440,406.	1,581,959.	1,928,433.	1,918,468.	1,480,702.	8,349,968.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,633.	18,509.	23,165.	33,664.	19,080.	109,051.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	38,530.	22,700.	48,173.	58,475.	36,830.	204,708.		
11	Total support. Add lines 7 through 10						8,663,727.		
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	1,070,099.		
13	First 5 years. If the Form 990 is organization, check this box and						►□		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
	Public support percentage for 20 Public support percentage from						94.68 % 94.31 %		
	33-1/3% support test–2020. If t and stop here. The organization	he organization di	id not check the b	ox on line 13, an	d line 14 is 33-1/3	3% or more, check	this box		
b	33-1/3% support test–2019. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box		
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test. check this I	box and stop here	. Explain in Part \	√I how		
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances	nd-circumstances test. The organization	test, check this lation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization	√I how the		
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►		
BAA					Scl	nedule A (Form 99	0 or 990-EZ) 2020		

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Page 2

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	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, 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 organization'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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				•		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	►
-	tion C. Computation of Pu			10 1 (0	、		0
	Public support percentage for 20	•					00
-	Public support percentage from					16	0/0
	tion D. Computation of Inv					I I	
17	Investment income percentage f						00
18	Investment income percentage f						00
	33-1/3% support tests—2020. If is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organization	▶
	33-1/3% support tests - 2019. If i line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported organ	nization 🕨 🔄
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, c	check this box and	I see instructions	••••••

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 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 2 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 lines 3b and 3c below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **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** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a **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.* 9b 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.* 9c 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 line 10b below. 10a **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.). 10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If 'No,' describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of 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 majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

		Yes	110
1 Did the organization provide to each of its supported organizations, by the la organization's tax year, (i) a written notice describing the type and amount or year, (ii) a copy of the Form 990 that was most recently filed as of the date of t	of support provided during the prior tax		
organization's governing documents in effect on the date of notification, to the			
2 Were any of the organization's officers, directors, or trustees either (i) appoint organization(s) or (ii) serving on the governing body of a supported organization	nted or elected by the supported tion? If 'No.' explain in Part VI how		
the organization maintained a close and continuous working relationship with	h the supported organization(s).		
By reason of the relationship described in line 2, above, did the organization's sup voice in the organization's investment policies and in directing the use of the all times during the tax year? If 'Yes,' describe in Part VI the role the organization's investment policies and in directing the use of the all times during the tax year? If 'Yes,' describe in Part VI the role the organization's investment policies and in directing the use of the all times during the tax year? If 'Yes,' describe in Part VI the role the organization's investment policies and in directing the use of the all times during the tax year?	organization's income or assets at		
in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below*.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

Yes

1

2

No

No

75-1823701

Part V

1 Check here if the organization satisfied the Integral Part Test as a qualifying tr instructions. All other Type III non-functionally integrated supporting organiza	rust on No tions mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
Section 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		
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)	5 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for sho tax year or assets held for part of year):	ort		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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.	3		
4 Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, 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 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA

Schedule A (Form 990 or 990-EZ) 2020

_	edule A (Form 990 or 990-EZ) 2020 EQUEST				3701 Page 7
-	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt put			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	a From 2015				
-	• From 2016				
-	C From 2017				
	J From 2018				
	e From 2019				
	f Total of lines 3a through 3e				
	g Applied to underdistributions of prior years				
	n Applied to 2020 distributable amount				
	i Carryover from 2015 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
i	a Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	c Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
i	Excess from 2016				
	• Excess from 2017				
(Excess from 2018				
(Excess from 2019				
	e Excess from 2020				
-					

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Page 8

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2020	2019	2018	2017	2016
OTHER INCOME TOTAL	\$ <u>36,830.</u> \$ <u>36,830.</u>	<u>\$ 58,475.</u> <u>\$ 58,475.</u>	\$ 48,173. \$ 48,173. \$	<u>22,700.</u> 22,700.	\$38,530. \$38,530.

Schedule E

(Form 990, 990-EZ,

01	330-F I	•		
De	partment	of	the	Treasury

Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization		Employer identification number
EQUEST		75-1823701
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundati	on
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	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 General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater 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 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(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).

BAA 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) (2020)	1	2	Page 2
Name of organization	Employer identification num	ber	
EQUEST	75-1823701		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	bace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>35,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$43,831.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3_</u>		\$ <u>55,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>58,308.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	 	\$44,846.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$150,000.	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	2	2	Page 2
Name of organization	Employer identification number	er	
EQUEST	75-1823701		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$75,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8_</u> _		\$ <u>50,000</u> .	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	1	1	Page 3		
Name of organization		Employer identification number			
EQUEST	75-182	23701			

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received N/A (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 (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) Part I (See instructions.) (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

BAA

	B (Form 990, 990-EZ, or 990-PF) (2020)		1	1 Page 4				
Name of organ	nization		Employer ident 75-1823	tification number 701				
Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribut ompleting Part III, enter the total of (Enter this information once. See	cations described in section or. Complete columns (a) through (e) and f exclusively religious, charitable, et	501(c)(7), (8), ^d				
(a) No. from Part I		(c) Use of gift	(d) Description of h	now gift is held				
	N/A							
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to t	transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of h	ow gift is held				
Part I								
	(e) Transfer of gift							
	Transferee's name, addres	Relationship of transferor to tra	Insferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of h	now gift is held				
			+					
	Transferee's name, addres	Relationship of transferor to t	transferee					
	L		- 					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of h	now gift is held				
	(e) Transfer of gift							
	Transferee's name, addres	Relationship of transferor to t	transferee					
RΔΔ			Schedule B (Form 990, 990-FZ, d	or 99(1-PF) (2020)				

SCHEDULE D (Form 990)

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

OMB No. 1545-0047 2020

Open to Public Inspection

Departmen Internal Re	t of the Treasury evenue Service	► Go to www.irs	.gov/Form990 for instruc		the latest info	rmation.		Open t Inspec	o Public tion
	ne organization						Employer ide		
EQUES							75-1823	701	
Part I	Organization	s Maintaining Donc	or Advised Funds or	Other S	Similar Fund	ls or Ac	counts.		
	Complete if th	ne organization ans	wered 'Yes' on Form		-				
			(a) Donor adv	vised funds	S	(b) F	Funds and ot	her acco	unts
		of year							
-		ions to (during year)							
-		Id of year							
5 Di	d the organization ir	nform all donors and dor	nor advisors in writing that	at the asse	ets held in don	or advised	l funds	Vee	
	-		organization's exclusive	-				Yes	No
6 Die for	d the organization ir charitable purpose:	form all grantees, dono s and not for the benefit	rs, and donor advisors in of the donor or donor ac	writing th lvisor. or f	iat grant funds for anv other p	can be us urpose co	sed only nferring		
im	permissible private	benefit?						Yes	No
Part II									
			wered 'Yes' on Form						
1 Pu			y the organization (check						
			ole, recreation or education	l)	Preservation				
_	Protection of nature			L	Preservation	n of a certi	ified historic	structure	
	Preservation of op	•							_
2 Co las	st day of the tax yea	ign 20 if the organization f ar.	neld a qualified conservatio	n contribut	ion in the form	of a conser	rvation easem	ient on th	e
							Held at the E	nd of the	e Tax Year
a To	tal number of conse	ervation easements				. 2a			
b To	tal acreage restricte	ed by conservation ease	ments			. 2b			
c Ni	umber of conservation	on easements on a certi	fied historic structure incl	uded in (a	a)	2 c			
d Nu str	umber of conservation ructure listed in the line line line line line line line lin	on easements included i National Register.	n (c) acquired after 7/25/	06, and no	ot on a historic	2 d			
	mber of conservation ∢ year ►	easements modified, trar	nsferred, released, extinguis	shed, or tei	rminated by the	organizati	on during the		
			ervation easement is locate						
5 Do an	bes the organization id enforcement of th	have a written policy re le conservation easemen	garding the periodic mon	itoring, ins	spection, hand	ling of vio	lations,	Yes	No
6 Sta ►	aff and volunteer hour	rs devoted to monitoring,	inspecting, handling of viola	ations, and	l enforcing cons	ervation ea	asements duri	ng the ye	ar
7 An ►		curred in monitoring, inspe	ecting, handling of violation	s, and enfo	orcing conserva	tion easem	ents during th	ne year	
8 Do an	bes each conservation d section 170(h)(4)(on easement reported or (B)(ii)?	n line 2(d) above satisfy t	he require	ements of sect	ion 170(h)	(4)(B)(i)	Yes	No
ind	Part XIII, describe h clude, if applicable, nservation easemer	the text of the footnote	ports conservation easem to the organization's finar	ents in its ncial state	revenue and ements that des	expense st scribes the	tatement and e organization	l balance n's accou	e sheet, and Inting for
Part II	Organization	s Maintaining Colle	ctions of Art, Histor wered 'Yes' on Form	ical Trea 990, Pa	asures, or C art IV, line 8	Other Sir	nilar Asse	ts.	
his	storical treasures, or	r other similar assets he	r FASB ASC 958, not to r Id for public exhibition, e Il statements that describ	ducation, o	or research in	ement and furtherand	d balance sh e of public s	eet works ervice, p	s of art, rovide in
his	storical treasures, or c	cted, as permitted unde other similar assets held fo ating to these items:	r FASB ASC 958, to repo or public exhibition, educati	rt in its re on, or rese	venue stateme earch in furthera	ent and ba ince of pub	lance sheet v lic service, pr	works of ovide the	art,
(i)	Revenue included	on Form 990, Part VIII,	line 1						
(ii)	Assets included in	Form 990, Part X					►\$		
2 If t an	the organization recein nounts required to b	ved or held works of art, h e reported under FASB	nistorical treasures, or other ASC 958 relating to these	r similar as e items:	ssets for financi	al gain, pro		wing	
		, , ,	1						
								-	
BAA Fo	or Paperwork Reduc	ction Act Notice, see the	Instructions for Form 99	90.	TEEA3301L 0	8/18/20	Schedu	le D (For	m 990) 2020

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 EQUEST 75–1823701 P. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued	age 2 √)
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection	<i></i>
items (check all that apply):	
a Public exhibition d Loan or exchange program	
b Scholarly research e Other	
 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in 	
Part XIII.	
to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part I line 9, or reported an amount on Form 990, Part X, line 21.	V,
1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No
b If 'Yes,' explain the arrangement in Part XIII and complete the following table:	
Amount	
c Beginning balance 1 c	
d Additions during the year 1 d	
e Distributions during the year	
f Ending balance	
	No
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	
1 a Beginning of year balance 686,586. 606,032. 678,957. 636,232. 663,93	33.
b Contributions	
c Net investment earnings, gains, and losses	08.
d Grants or scholarships	
e Other expenditures for facilities 33,116. 32,474. 39,461. 25,609. 34,5	88
f Administrative expenses 3,333. 2,396. 3,340. 3,881. 8,55	
g End of year balance 730,902. 686,586. 606,032. 678,957. 636,2	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ► %	
b Permanent endowment ► 100.00 %	
c Term endowment ► %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	No
(i) Unrelated organizations	X
(ii) Related organizations	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 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	e
1a Land. 115,442 0,015 106,02	0.0
b Buildings	28.
c Leasehold improvements	71
d Equipment	
e Other	15
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	

	D (Form 990) 2020 EQUEST			75-1823701	Page 3
Part VII	Investments – Other Securities. Complete if the organization answered	l 'Yes' on Form 99	N/A 0, Part IV, line 11b	. See Form 990, Part >	X, line 12
(a) Des	cription of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market v	value
	cial derivatives				
	ly held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(E)					
<u>(F)</u> (G)					
<u>(H)</u>					
(l)					
	ımn (b) must equal Form 990, Part X, column (B) line 12.) ►				
	Investments – Program Related.		N/A		
	Complete if the organization answered				
	(a) Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end-of-year man	rket value
(1)					
(2)					
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	ımn (b) must equal Form 990, Part X, column (B) line 13.) 🕨				
Part IX	Other Assets. Complete if the organization answered	N/A	A NO Part IV/ lipa 11d	Soo Form 000 Part	V lina 15
		scription		(b) Boo	
(1)	(4)			(1)	
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
	olumn (b) must equal Form 990, Part X, column (B) line 15.)		••••••	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990 Part IV line 1	110 or 11f Soo Form 000	Part V lina 25	
1.		ription of liability		, rait A, illie 25. (b) Book	k value
	eral income taxes			(-)	
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
(11)					
	ımn (b) must equal Form 990, Part X, column (B) line 25.)				
2. Liability f	for uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization's f	financial statements that report	ts the organization's liability for uno	certain

BAA

Schedule D (Form 990) 2020 EQUEST	75-182370)1 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	^r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,451,512.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	5.	
b Donated services and use of facilities)5.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	2e	268,740.
3 Subtract line 2e from line 1	3	2,182,772.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 3, 33	3.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	3,333.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,186,105.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,972,868.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>
a Donated services and use of facilities	5.	
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	203,305.
3 Subtract line 2e from line 1	3	1,769,563.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 3, 33	3.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		3,333.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,772,896.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TO BENEFIT THE FUNDING OF PROGRAMS AT EOUEST FOR THE BENEFIT OF THE INDIVIDUALS

PARTICIPATING IN THE PROGRAM AND/OR CARE OF THE HORSES USED IN THE PROGRAM.

PART X - FASB ASC 740 FOOTNOTE

EOUEST IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME

TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS NOT PRIVATE A

FOUNDATION AS DEFINED IN THE IRC. INCOME GENERATED FROM ACTIVITIES UNRELATED TO

EQUEST'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. EQUEST DID NOT HAVE BAA Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2020. THEREFORE, NO TAX PROVISION OR LIABILITY HAS BEEN REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. EQUEST HAD NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2020.

	Suppleme	ental Informa	ition Reg	jarding F	undraising or Gami	ng Act	ivities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	Comple	te if the organizat organization	ion answere n entered m	d 'Yes' on Fo ore than \$15	orm 990, Part IV, line 17, 18, ,000 on Form 990-EZ, line 6a	, or 19, or a.	f if the	2020
Department of the Treasury Internal Revenue Service	► G	Open to Public Inspection						
Name of the organization							Employer identification	
EQUEST	Activities Comple	to if the evenesies	tion onour			. 17	75-182370	1
Form 990-E	Z filers are not re	quired to comp	lete this p	art.	on Form 990, Part IV, line	e I/.		
_	0	raised funds thi	rough any	of the foll	owing activities. Check		11.5	
a Mail solicitati				e		-	-	
	email solicitations	5		f	Solicitation of gove		-	
c Phone solicita d In-person sol				g	Special fundraising	events		
		r oral agreement	t with any i	ndividual (i	including officers, directo	rs truste	es or kev	
employees listed	in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services	s?	
b If 'Yes,' list the 1 compensated at I	0 highest paid inc east \$5,000 by th	lividuals or enti le organization.	ties (fund	raisers) pı	ursuant to agreements u	under w	hich the fundrai	ser is to be
(i) Name and addres or entity (fund		(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or i fundra	nount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		Ŭ		
1								
2								
-								
3								
-								
4								
_								
5								
6								
7								
/								
8								
9								
5								
10								
Total								0.
3 List all states in wh	nich the organization	on is registered o	or licensed	to solicit c	ontributions or has been	notified	it is exempt from	
or licensing.								

Schedule	G	(Form	990	or	990-EZ)	2020	EQUEST
----------	---	-------	-----	----	---------	------	--------

75-1823701

Page 2

Part II 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.

		List events with gross receipts gre				
e			(a) Event #1 WAUX LUNCHEON (event type)	(b) Event #2 GALA (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	214,945.	193,483.	169,867.	578,295.
Re	2	Less: Contributions			63,706.	63,706.
	3		214,945.	193,483.	106,161.	514,589
	4		2117510.	1907100.	1007101.	511,005
	5	Noncash prizes			785.	785
ses	6	Rent/facility costs				
xpen	7	Food and beverages			252.	252
Direct Expenses	8	Entertainment			1,250.	1,250
DIL	9	Other direct expenses	6,164.	11,306.	15,070.	32,540
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro	om line 3, column (d).			479,762
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Par	t IV, line 19, or rep	ported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes [%] No	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum		F	
а	Enta Is th	er the state(s) in which the organization co he organization licensed to conduct gaming lo,' explain:	nducts gaming activitie	es:		. Yes No

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 EQUEST 75	-1823701	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Ye	es No
12 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?	Ye	es 🗌 No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility.	13a	010
b An outside facility.	13b	olo
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ►		
Address ►		
 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party: 	e?	Yes No
Name ►		
Address ►		;
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	· · · · · · · · · · · · · · · · · · ·	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
organization's own exempt activities during the tax year ► \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.		nd (v);

SCHEDULE O (Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EOUEST

Employer identification number 75-1823701

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE BYLAWS WERE AMENDED EFFECTIVE NOVEMBER 17, 2020 TO INCREASE THE MAXIMUM NUMBER OF VOTING BOARD MEMBERS FROM 19 TO 23.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED BY A CPA FROM INFORMATION RECEIVED DURING THE ANNUAL AUDIT AND ADDITIONAL INFORMATION PROVIDED BY MANAGEMENT. THE FORM 990 IS REVIEWED BY THE ACCOUNTANT, CEO AND AUDIT COMMITTEE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST POLICIES ARE REVIEWED BY THE CEO AND BOARD CHAIR AND MAINTAINED IN INDIVIDUAL'S FILE. FURTHERMORE, THE OFFICERS SIGN A CONFLICT OF INTEREST VERIFICATION FORM.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT COMPENSATION FOR THE CEO IS DETERMINED BY RESEARCH AND REVIEW OF INDUSTRY COMPARISONS. THE EXECUTIVE SUPPORT AND ASSESSMENT TEAM OF THE BOARD REVIEWS THE CEO'S PERFORMANCE AND COMPENSATION. THE FINANCE COMMITTEE APPROVES THE CEO'S SALARY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES COMPENSATION FOR EMPLOYEES IS DETERMINED BY RESEARCHING THE SALARY RANGE IN OUR MARKET AS WELL AS IN OUR INDUSTRIES. THE CEO SETS EMPLOYEE SALARIES AND OBTAINS BUDGET APPROVAL FROM BOARD.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART VIII INCOME FROM FUNDRAISING EVENTS

THE NET ECONOMIC BENEFIT FROM OUR FUNDRAISING EVENTS IS CALCULATED AS FOLLOWS: CONTRIBUTIONS FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 1C \$ 63,706 GROSS INCOME FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 8A 514,589

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

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

OMB No. 1545-0047

2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization EQUEST

Employer identification number 75-1823701

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity				
(1) EQUEST AT TEXAS HORSE PARK, LLC 811 PEMBERTON HILL RD., BLDG 4 DALLAS, TX 75217	 EOUINE THERAPY	TX	0.	0.	EQUEST				
<u>(2)</u>	 								
<u>(3)</u>	 								
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.									

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512 controlle	J) (b)(13) d entity?
						Yes	No
(1)							
(2)							
(3)							<u> </u>
(4)							<u> </u>

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020 EQUEST

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered 'Yes' on Form 990, Part IV, line 34,
	because it had one or more related organizations treated as a par	tnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispi tior	h) ropor- nate ntions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form	Gene mana	i) ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
(2)												
(3)												
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.												

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512 controlled) (b)(13) d entity?
		country)	Childy	01 (1031)				Yes	No
(1)									
	Ī								
	Ī								
(2)									
	Ī								
	Ī								
	Ī								
(3)									
	Ī								
	Ī								
	Ī								
ВАА		TEEA	5002L 07/15/20	•	-		Schedule R (I	orm 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any antity is listed in Dayte II. III. as IV of this schedule				Vee	Na
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	ctod in Ports II IV/2			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations li			1.		v
 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) 					X X
c Gift, grant, or capital contribution from related organization(s).					X
d Loans or loan guarantees to or for related organization(s).			-		X
e Loans or loan guarantees by related organization(s)			. 1e		X
f Dividende from related eventimation (a)			16		v
f Dividends from related organization(s) g Sale of assets to related organization(s)					X X
h Purchase of assets from related organization(s)					X
i Exchange of assets with related organization(s).					X
j Lease of facilities, equipment, or other assets to related organization(s)			. 1j		Х
L Loose of facilities, any investigation of the second from validad experimetics (a)			11.		
k Lease of facilities, equipment, or other assets from related organization(s).					X
Performance of services or membership or fundraising solicitations for related organization(s)					X
m Performance of services or membership or fundraising solicitations by related organization(s)					Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					Х
o Sharing of paid employees with related organization(s)			. 10		Х
			-		
p Reimbursement paid to related organization(s) for expenses					Х
q Reimbursement paid by related organization(s) for expenses.			. 1q		Х
r Other transfer of cash or property to related organization(s)					Х
s Other transfer of cash or property from related organization(s)			. 1s		Х
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover					
(a) Name of related organization	(b) Transaction	(c) Amount involved	ethod of	d) detern	ninina
	type (a-s)		amount	involv	/ed
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
BAA TEEA5003L 07/15/20		Schedule	R (Forr	n 990)) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unre- lated, excluded	Are all sec 501(organiz	e) partners tion c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	tior	n) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti) ral or aging her?	(k) Percentag ownership
			from tax under sections 512-514)	Yes	No			Yes	No		Yes	No	Ţ
(1)													
	-												
(2)	-												
	-												
	-												
(3)													
	-												
	-												
(4)													
	-												
	-												
(5)													
	-												
	-												
(6)													
	-												
	-												
<u>(7)</u>	1												
	-												
	-												
(8)													
	4												
	4												
DAA													

BAA

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Name of exchipt organization of other mer, see instructions.	Taxpayer Identification Humber (Tity)
Type or print	EQUEST	75-1823701
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	·
due date for filing your	811 PEMBERTON HILL ROAD, BUILDING 4	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	DALLAS, TX 75217	

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

 The books are in the care of ► 	LUCY DESHAZO
--	--------------

Telephone No.	►	(972)	412-1099	

Fax No. ►

)	If the organization does not have an office or place of business in the United States, check this box	
	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is for the whole group,
	check this box ► If it is for part of the group, check this box ► . and attach a list with the	names and TINs of all members
	the extension is for.	

1	I request an automatic 6-month extension of time until	11/15	, 20 <u>21</u>	, to file the exempt organization return
	for the organization named above. The extension is t	for the organiza	tion's return	for:

X calendar year 20 20 or

	tax year beginning	, 20	_, and ending	, 20		
2	If the tax year entered in line 1 is for Change in accounting period	less than 12 mc	onths, check reason:	Initial return	Final return	

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

SUTTON FROST CARY LLP 600 SIX FLAGS DR., SUITE 600 ARLINGTON, TX 76011 (817) 649-8083

October 27, 2021

EQUEST 811 Pemberton Hill Road, Building 4 Dallas, TX 75217

Dear Lili:

Your 2020 Form 990 has been electronically filed with the IRS. Please sign and retain a copy for your files. If applicable, we have also included a public disclosure copy that removes the names of large donors. Also, please sign and retain in your files a copy of the Form 8879-EO included herewith. This is support for the return being e-filed. No tax is payable with the filing of this return.

Please feel free to contact us if you have any questions.

Sincerely,

Amy Michie

FEDERAL WORKSHEETS

EQUEST

PAGE 1

CLIENT EQU50

2020

75-1823701

09:51AM

SPECIAL EVENTS WORKSHEET

SPECIAL EVENTS	NORRSHELT		LESS		LESS	NET
SPECIAL EVENT		GROSS CONTRI- GROS RECEIPTS BUTIONS REVEN			DIRECT EXPENSES	INCOME OR LOSS
WAUX LUNCHEON GALA		\$ 214,945. 193,483.	\$	\$ 214,945. 193,483.	\$ 6,164. 11,306.	\$ 208,781. 182,177.
	SUBTOTAL	\$ 408,428.	\$0.	\$ 408,428.		\$ 390,958.
BOOTS/SALUTES RIDEFEST	_	106,161. 63,706.	0. 63,706.	106,161.	10,428. 6,929.	95,733. -6,929.
	*SUBTOTAL S	\$ 169,867.	\$ 63,706.	\$ 106,161.	\$ 17,357.	\$ 88,804.
	TOTAL S	\$ 578,295.	\$ 63,706.	\$ 514,589.	\$ 34,827.	\$ 479,762.

*EVENTS COMBINED ON THE RETURN AS THE THIRD EVENT.

FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

TOTAL EXPENSES GRANTS REVENUE	PROGRAM SERVICES TOTAL 1,357,309 139,383	<u>FORM</u> 9. 1,35 0. 3. 13	7,309. PART I 0. PART I	SOURCE X, LINE 25, CC X, LINES 1-3, III, LINE 2, C	DL. B COL. B COL. A
FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES					
		(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OTHER CONSULTING PAYROLL PROCESSING FEES	TOTAL <u>\$</u>	69,048. 3,385. 72,433.	47,048. \$ 47,048.	3,385. \$3,385.	22,000. <u>\$22,000.</u>
FORM 990, PART IX, LINE 24E OTHER EXPENSES					
		(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
MEMBERSHIP AND DUES	TOTAL \$	4,575. 4,575.	615. \$ 615.	3,960.	

FEDERAL WORKSHEETS

CLIENT EQU50		EQUEST				75-1823701
10/27/21						09:51AM
EXCESS CONTRIBUTIONS SCHEDULE A, PART II, LINE 5						
<u>2016</u> <u>2017</u>	2018	2019	2020	TOTAL	2% AMT	EXCESS
BERT HEADDEN 60,000 8,000	42,600	5,000	35,000	150,600	0	0
WAL-DOT FOUNDATION 50,000 65,000	65,000	50,000	15,000	245,000	173,275	71,725
WILLIAM AND LINDA BLAKE 1 10,000 0	III O	0	0	10,000	0	0
RICHARD AND NANCY ROGERS 0 0	0	0	0	0	0	0
AL G. HILL, JR. 0 50,522	0	0	0	50,522	0	0
DOLORES K. NEUSTADT 20,000 0	0	0	5,000	25,000	0	0
JACK NOVAK 35,000 0	0	0	0	35,000	0	0
LOUISE AND GUY GRIFFETH 70,000 45,000	23,425	5,000	58,308	201,733	173,275	28,458
MOLLY SWEENEY 15,000 0	0	0	0	15,000	0	0
THE EUGENE MCDERMOTT FOU 117,938 0	NDATION 0	0	0	117,938	0	0
THE RUTH & CHARLES SHARP 150,000 0	FOUNDATION 0	0	0	150,000	0	0
SUSAN SCHWARTZ FAMILY FO 27,500 0	UNDATION 21,800	0	55,000	104,300	0	0
BLANCHE MARY TAXIS FOUND 0 0	ATION 210,000	10,000	0	220,000	173,275	46,725
MARK FOUNDATION IM 0 0	0	0	150,000	150,000	0	0
ROBYN AND DON CONLON 0 0	0	0	75,000	75,000	0	0
THE PAT & GILL CLEMENTS I 0 0	FOUNDATION 0	0	50,000	50,000	0	0
BILLIE & GILLIS THOMAS FA	AMILY FOUND 0	0	50,000	50,000	0	0
555,438 168,522	362,825	70,000	493,308	1,650,093	519,825	146,908

12/31/20 2020 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE PAGE 1

IEN	T EQU50			EQUEST					7	5-1823701
27/21										09:51AN
<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE.	CURRENT DEPR.
FORN	1 990/990-PF									
AU	TO / TRANSPORT EQUIPMENT									
1	MEADOWBROOK CARRIAGE	3/31/96		1,500			1,500	S/L	5	0
2	TRACTOR W. LOADER	2/03/00	6/25/20	14,900			14,900	S/L	7	0
3	2 HORSE TRAILERS	1/01/05	0, 20, 20	200			200	S/L	3	C
4	KAUTA TRACTOR W/ SUN SHAD	7/13/06		18,215			18,215	S/L	5	C
23	TRAILER DONATED DFWESSA	4/13/10		2,500			2,500	S/L	5	0
24	DUALLY NEW TRUCK DODGE	5/14/10		37,050			37,050	S/L	5	0
25	FLATBED TRAILER	8/03/10		2,090			2,090	S/L	5	0
41	DODGE RAM 1500	11/28/12		11,000			11,000	S/L	5	0
42	SCISSOR LIFT	12/31/12		14,050			14,050	S/L	5	0
53	THE PADDOCKS - TRAILER	7/21/14		7,500			7,500	S/L	5	0
59	BIG TEX TRAILERS - DUMP T	10/09/14		3,730			3,730	S/L	5	C
71	HARDCORE CARTS	10/16/14		8,800			8,800	S/L	5	C
72	HARDCORE CARTS	10/21/14		450			450	S/L	5	0
76	CARRIAGE	2/12/15		3,200			3,147	S/L	5	53
79	CIRCLE B - TRAILER	4/25/15		10,550			9,847	S/L	5	703
80	NORTH TEXAS TRUCK STOP	5/19/15		40,624			37,239	S/L	5	3,385
108	DEAN KUBOTA	12/18/18		14,343			2,049	S/L	7	2,049
	TOTAL AUTO / TRANSPORT EQUI			190,702		0	174,267			6,190
BU	ILDINGS									
118	GUTIERREZ'S HOUSE	5/28/19		73,346			1,556	S/L	27.5	2,667
	TOTAL BUILDINGS			73,346		0	1,556			2,667
FU	RNITURE AND FIXTURES									
81	KELLOGG OFFICE FURNITURE	1/15/15		1,210			865	S/L	7	173
82	FOLDING TABLES	1/15/15		240			170	S/L	7	34
83	ROCKING CHAIRS	4/20/15		352			234	S/L	7	50
84	IKEA OFFICE CHAIR	5/28/15		22			14	S/L	7	3
85	STAPLES OFFICE CHAIRS	6/26/15		433			279	S/L	7	62
86	STAPLES OFFICE CHAIRS	7/28/15		1,350			852	S/L	7	193
114	COMMON BLINDS	12/31/18		2,792			399	S/L	7	399
	TOTAL FURNITURE AND FIXTURE			6,399		0	2,813			914

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	NT EQU50			EQUEST	I.				7	/ 5-1823701
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<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE.	CURRENT DEPR.
IM	IPROVEMENTS									
52	CYBERNUT-CABLING ETC	9/24/14		1,060			557	S/L		106
112		10/05/18		17,547			2,194	S/L	10	1,755
113	KACE WIND SCREENS	12/07/18		2,035			221	S/L	10	204
115	SEDALCO	12/31/18		7,940			794	S/L	10	794
116	BARN FLOOR-CONCRETE	1/17/19		5,193			476	S/L	10	519
117	AQUA FLOW-GUTTER ON BARN	1/18/19		8,323			763	S/L	10	832
	TOTAL IMPROVEMENTS			42,098		0	5,005			4,210
M	ACHINERY AND EQUIPMENT									
5	WHEELCHAIR DRIVING CART	7/08/05		2,000			2,000	S/L	5	0
6	AMIGOS WESTERN SHOW SADDL	1/01/05		1,500			1,350	S/L	5	0
7	SADDLE	2/15/07		1,198			1,189	S/L	5	0
8	SADDLE REINS	3/28/07		1,853			1,853	S/L	5	0
9	SADDLE	3/29/07		511			511	S/L	5	0
10	THOR CARR INC DEP CART	10/18/07		3,880			3,848	S/L	5	0
11	THOS CARR INC CART ACCESS	11/20/07		395			395	S/L	5	0
12	3 LATERIAL FILE CABINETS	8/26/08		675			675	S/L	5	0
13		10/30/08		1,690			1,690	S/L	5	0
14		5/05/09		600			600	S/L	7	0
15	DONATED OFFICE FURNITURE	12/10/09		300			300	S/L	3	0
22	LAKEVIEW POWER EQUIPMENT	4/27/10		8,024			8,024	S/L	5	0
26		10/18/11		14,494			14,494	S/L	5	0
27		11/03/11		840			840	S/L	5	0
28	WD 4TB MY BOOK STUDIO	12/29/11		350			350	S/L		0
32	WIRE HEADSET MICROPHONE	1/31/12		849			849	S/L		0
33	OUTDOOR MIC SYSTEM	2/28/12		859			859	S/L		0
34		5/11/12		600			600	S/L		0
35		5/11/12		465			465	S/L		0
36		5/11/12		440			440	S/L		0
37		9/30/12		1,050			1,050	S/L		0
38		2/24/12		18,795			18,795	S/L		0
39		2/29/12		8,750			8,750	S/L		0
40		12/31/12		799			799	S/L		0
43		4/30/13		950			950	S/L		0
44		1/09/13		599			599	S/L		0
45		1/28/13		308 308			308 308	S/L		0
		17 207 15		500			500	07 L	0	0

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<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE.	CURRENT DEPR.
46	CYBERNUT WORKSTATION	1/31/13		758			758	S/L	3	0
47	HP LAPTOP	3/26/13		919			919	S/L	3	0
48	INTEL WORKSTATIONS	8/08/13		1,390			1,390	S/L	3	0
54	JAMES POLK - PHONES	7/28/14		280			280	S/L	5	0
55	JAMES POLK - PHONES	8/08/14		345			345	S/L	5	0
56	JAMES POLK - PHONES	9/05/14		2,240			2,240	S/L	5	0
57	AG POWER - JOHN DEERE	9/22/14		4,800			4,800	S/L	5	0
58	AG POWER - JOHN DEERE	9/22/14	4/08/20	18,900			18,900	S/L	5	0
60	GREG CULTER - SHRED CUTTE	10/10/14		1,542			1,542	S/L	5	0
61	ABI - ARENA DRAG FOR THP	10/15/14		2,800			2,800	S/L	5	0
62	CYBERNUT SOLUTIONS LENOVO	1/27/14		988			988	S/L	3	0
63	CYBERNUT SOLUTIONS LENOVO	3/11/14		1,306			1,306	S/L	3	0
64	CYBERNUT - SERVER BACKUP	10/01/14		2,194			2,194	S/L	3	0
65	CYBERNUT - LAPTOP	10/16/14		937			937	S/L	3	0
66	CYBERNUT-LAPTOP HARDWARE	10/26/14		2,495			2,495	S/L	3	0
67	SAMSUNG PRINTER	11/25/14		300			300	S/L	3	0
68	CYBERNUT SOLUTIONS LENOVO	12/01/14		1,847			1,847	S/L	3	0
73	OFFICE FURNITURE	1/24/14		1,200			1,200	S/L	5	0
74	TEXAS HORSE PARK FURNITUR	9/16/14		25,235			25,235	S/L	5	0
75	TEXAS HORSE PARK FURNITUR	11/03/14		2,006			2,006	S/L	5	0
77	LAKEVIEW POWER EQUIPMENT	2/26/15		252			242	S/L	5	10
78	TRACTOR SUPPLY - MOWER	4/20/15		5,000			4,667	S/L	5	333
87	EQUIPMENT	4/09/15		700			665	S/L	5	35
88	EQUIPMENT	4/09/15		700			665	S/L	5	35
89	BRAZOS VALLEY EQUIPMENT	5/11/15		11,295			10,542	S/L	5	753
90	WASHER AND DRYER	4/27/15		2,124			990	S/L	10	212
91	LAWNMOWER	6/26/15		399			360	S/L	5	39
92	ANDERSSEN SECURITY SYSTEM	9/15/15		77,711			33,674	S/L	10	7,771
93	CYBERNUT LAPTOP	3/01/15		918			889	S/L	5	29
94	CYBERNUT LAPTOP	3/01/15		918			889	S/L	5	29
95	LENOVO THINKPAD	4/15/15		1,250			1,188	S/L	5	62
96	FLEX NOTEBOOK	5/04/15		699			653	S/L	5	46
97	TOWER WORKSTATION	5/04/15		2,545			2,375	S/L	5	170
98	LAPTOP	5/15/15		1,129			1,055	S/L	5	74
	ANDERSSEN SECURITY SYSTEM	4/08/16		2,600			975	S/L	10	260
109	AKIN FLY SYSTEM	12/20/18		4,516			903	S/L	5	903
110	ELITE CUSTOM SADDLES	5/11/18		2,500			833	S/L	5	500
111	CHARLOTTE'S SADDLERY	3/06/18		2,595			952	S/L	5	519
119	MANURE SPREADER	7/24/19		9,450			563	S/L	7	1,350

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LIEN	IT EQU50			EQUEST					7	5-1823701
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<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE.	CURRENT DEPR.
129	EQUICIZER-WOODEN HORSE CORP	3/13/20		4,525				S/L	5	754
130	SNODGRASS-ARENA DRAG	12/04/20		4,679				S/L	5	78
	TOTAL MACHINERY AND EQUIPME			281,761		0	208,145			13,962
MI	SCELLANEOUS									
		1 (01 (05		500			500	C /I	2	0
	AMIGO	1/01/05		500			500	S/L	3	0
17	SUZY 2	1/01/05 9/06/07		500			500 8 000	S/L S/L	3	0
18 19	NUGGET ZEUS FJORD	9/08/07 8/07/08		8,000 6,250			8,000 6,250	37L S/L	3 3	0 0
20	PETERBILT	12/18/08		6,250 950			950	S/L	3	0
20	HENRY	3/24/09		500 500			500	37L S/L	3	0
29	BRYN	2/01/11		500			500	S/L S/L	3	0
30	HAMPTON	9/01/11		500			500	S/L S/L	3	0
31	CODY	5/03/11		3,500			2,020	S/L	15	233
49	ARTIE	11/01/13		4,500			4,500	S/L	3	0
50	CISCO MINI	7/01/13		600			600	S/L	3	0 0
51	DARE MINI	7/01/13		600			600	S/L	3	0 0
69	PATRON	6/01/14		500			500	S/L	3	0 0
70	REY	6/01/14		500			500	S/L	3	0
99	HICKORY	4/01/15		4,500			4,500	S/L	3	0
101	SMARTY	1/01/16	10/02/20	500			500	S/L	3	0
102	TACO	1/01/16		500			500	S/L	3	0
103	TEDDY	1/01/16		500			500	S/L	3	0
104	TEZ	1/01/16		500			500	S/L	3	0
105	VEGAS	1/01/16		500			500	S/L	3	0
	CAMANCHE	9/08/17	10/22/20	4,000			3,110	S/L	3	890
107	HAMBRE	8/04/15		500			264	S/L	3	0
120	THORIN	6/25/19		6,895			1,149	S/L	3	2,298
121	BANDIT	11/27/19		5,795			161	S/L	3	1,932
122	PINTO	11/27/19	11/03/20	15,193			422	S/L	3	4,220
123	RANGER MINI	12/31/19		500				S/L	3	167
124	SWEETIE	12/31/19		500				S/L	3	167
125	MISHA	12/31/19		500				S/L	3	167
126	DOTTIE	2/01/20		28,506				S/L	3	8,710
127	WHISKEY	5/01/20		4,000				S/L	3	889
128	VERTI	5/16/20		500				S/L	3	97
	TOTAL MISCELLANEOUS			101,789		0	38,526		-	19,770

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CLIEN	T EQU50			EQUEST					7	75-1823701
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<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE.	CURRENT DEPR.
	TOTAL DEPRECIATION			696,095		0	430,312			47,713
	GRAND TOTAL DEPRECIATION			696,095		0	430,312			47,713
	DEPRECIATION ASSETS SOLD			53,493		0	37,832			5,110
	DEPR REMAINING ASSETS			642,602		0	392,480			42,603

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ENT EQU50														75-1823
7/21														09:5
NO DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRE DEPR
FORM 990/990-PF														
AUTO / TRANSPORT EQUIPMENT														
1 MEADOWBROOK CARRIAGE	3/31/96		1,500							1,500	1,500	S/L	5	
2 TRACTOR W. LOADER	2/03/00	6/25/20	14,900							14,900	14,900	S/L	7	
3 2 HORSE TRAILERS	1/01/05		200							200	200	S/L	3	
4 KAUTA TRACTOR W/ SUN SHAD	7/13/06		18,215							18,215	18,215	S/L	5	
23 TRAILER DONATED DFWESSA	4/13/10		2,500							2,500	2,500	S/L	5	
24 DUALLY NEW TRUCK DODGE	5/14/10		37,050							37,050	37,050	S/L	5	
25 FLATBED TRAILER	8/03/10		2,090							2,090	2,090	S/L	5	
41 DODGE RAM 1500	11/28/12		11,000							11,000	11,000	S/L	5	
42 SCISSOR LIFT	12/31/12		14,050							14,050	14,050	S/L	5	
53 THE PADDOCKS - TRAILER	7/21/14		7,500							7,500	7,500	S/L	5	
59 BIG TEX TRAILERS - DUMP T	10/09/14		3,730							3,730	3,730	S/L	5	
71 HARDCORE CARTS	10/16/14		8,800							8,800	8,800	S/L	5	
72 HARDCORE CARTS	10/21/14		450							450	450	S/L	5	
76 CARRIAGE	2/12/15		3,200							3,200	3,147	S/L	5	
79 CIRCLE B - TRAILER	4/25/15		10,550							10,550	9,847	S/L	5	
80 NORTH TEXAS TRUCK STOP	5/19/15		40,624							40,624	37,239	S/L	5	
108 DEAN KUBOTA	12/18/18		14,343							14,343	2,049	S/L	7	
TOTAL AUTO / TRANSPORT EQUIP			190,702		0	0	(0 0	0	190,702	174,267			
BUILDINGS														
118 GUTIERREZ'S HOUSE	5/28/19		73,346					<u> </u>		73,346	1,556	S/L	27.5	
TOTAL BUILDINGS			73,346		0	0	() (0	73,346	1,556			

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EQUEST 75-1823701 CLIENT EQU50 10/27/21 09:51AM PRIOR CUR SPECIAL 179/ PRIOR SALVAG DATE SOLD DATE COST/ BASIS BUS. PCT. 179 DEPR. BONUS/ DEC. BAL /BASIS DEPR. PRIOR CURRENT DESCRIPTION ACQUIRED DEPR. REDUCT BASIS DEPR. BONUS ALLOW. SP. DEPR. DFPR. METHOD LIFE RATE NO. FURNITURE AND FIXTURES 81 KELLOGG OFFICE FURNITURE 1/15/15 1,210 1,210 865 S/L 7 173 240 34 82 FOLDING TABLES 1/15/15 240 170 S/L 7 4/20/15 352 352 7 50 83 ROCKING CHAIRS 234 S/L 84 IKEA OFFICE CHAIR 5/28/15 22 22 S/L 3 14 7 85 STAPLES OFFICE CHAIRS 6/26/15 433 433 279 7 62 S/L 86 STAPLES OFFICE CHAIRS 7/28/15 1,350 1,350 852 S/L 7 193 114 COMMON BLINDS 12/31/18 2,792 2,792 399 S/L 7 399 TOTAL FURNITURE AND FIXTURE 6.399 0 0 0 6,399 2,813 914 0 0 IMPROVEMENTS 557 52 CYBERNUT-CABLING ETC 9/24/14 1.060 1,060 S/L 10 106 112 KACE WIND SCREENS 10/05/18 17,547 17,547 10 1,755 2,194 S/L 113 KACE WIND SCREENS 12/07/18 2.035 2,035 221 S/L 10 204 115 SEDALCO 12/31/18 7.940 7.940 794 S/L 10 794 116 BARN FLOOR-CONCRETE 1/17/19 5,193 5,193 10 519 476 S/L 8,323 117 AQUA FLOW-GUTTER ON BARN 1/18/19 8,323 763 S/L 10 832 TOTAL IMPROVEMENTS 42.098 0 0 0 0 0 42.098 5,005 4,210 MACHINERY AND EQUIPMENT 5 WHEELCHAIR DRIVING CART 7/08/05 2,000 2,000 2,000 S/L 5 0 6 AMIGOS WESTERN SHOW SADDL 1/01/05 1,500 1,500 1,350 S/L 5 0 2/15/07 7 SADDLE 1.198 1.198 S/L 1.189 5 0 8 SADDLE REINS 3/28/07 1.853 1.853 1.853 S/L 5 0 9 SADDLE 3/29/07 511 511 511 S/L 5 0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE C SOLD E	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS _REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
10	THOR CARR INC DEP CART	10/18/07		3,880							3,880	3,848	S/L	5	C
11	THOS CARR INC CART ACCESS	11/20/07		395							395	395	S/L	5	(
12	3 LATERIAL FILE CABINETS	8/26/08		675							675	675	S/L	5	(
13	FURNTRE DONATED 4 ED OFFI	10/30/08		1,690							1,690	1,690	S/L	5	C
14	MANURE SPREADER	5/05/09		600							600	600	S/L	7	C
15	DONATED OFFICE FURNITURE	12/10/09		300							300	300	S/L	3	C
22	LAKEVIEW POWER EQUIPMENT	4/27/10		8,024							8,024	8,024	S/L	5	C
26	16 COMPUTERS 2 SERVERS	10/18/11		14,494							14,494	14,494	S/L	5	C
27	LAPTOP AND PERIPHERALS	11/03/11		840							840	840	S/L	5	C
28	WD 4TB MY BOOK STUDIO	12/29/11		350							350	350	S/L	5	C
32	WIRE HEADSET MICROPHONE	1/31/12		849							849	849	S/L	5	(
33	OUTDOOR MIC SYSTEM	2/28/12		859							859	859	S/L	5	C
34	MINNIE HARNESS	5/11/12		600							600	600	S/L	5	C
35	FRONTIER MINI CART	5/11/12		465							465	465	S/L	5	(
36	BLACK MINI CART	5/11/12		440							440	440	S/L	5	(
37	SPEAKER SYSTEM	9/30/12		1,050							1,050	1,050	S/L	5	C
38	COMPUTER EQUIPMENT	2/24/12		18,795							18,795	18,795	S/L	5	(
39	MIGRATION PROJECT	2/29/12		8,750							8,750	8,750	S/L	5	(
40	TOSHIBA LAPTOP	12/31/12		799							799	799	S/L	5	(
43	PRESSURE WASHER	4/30/13		950							950	950	S/L	3	(
44	DELL WORKSTATION	1/09/13		599							599	599	S/L	3	(
45	MICRO CENTER PRINTER	1/28/13		308							308	308	S/L	3	(
46	CYBERNUT WORKSTATION	1/31/13		758							758	758	S/L	3	(
47	HP LAPTOP	3/26/13		919							919	919	S/L	3	(
48	INTEL WORKSTATIONS	8/08/13		1,390							1,390	1,390	S/L	3	(
54	JAMES POLK - PHONES	7/28/14		280							280	280	S/L	5	C
55	JAMES POLK - PHONES	8/08/14		345							345	345	S/L	5	C

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<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _RATE	CURRENT DEPR.
56	JAMES POLK - PHONES	9/05/14		2,240							2,240	2,240	S/L	5	0
57	AG POWER - JOHN DEERE	9/22/14		4,800							4,800	4,800	S/L	5	0
58	AG POWER - JOHN DEERE	9/22/14	4/08/20	18,900							18,900	18,900	S/L	5	0
60	GREG CULTER - SHRED CUTTE	10/10/14		1,542							1,542	1,542	S/L	5	0
61	ABI - ARENA DRAG FOR THP	10/15/14		2,800							2,800	2,800	S/L	5	0
62	CYBERNUT SOLUTIONS LENOVO	1/27/14		988							988	988	S/L	3	0
63	CYBERNUT SOLUTIONS LENOVO	3/11/14		1,306							1,306	1,306	S/L	3	0
64	CYBERNUT - SERVER BACKUP	10/01/14		2,194							2,194	2,194	S/L	3	0
65	CYBERNUT - LAPTOP	10/16/14		937							937	937	S/L	3	0
66	CYBERNUT-LAPTOP HARDWARE	10/26/14		2,495							2,495	2,495	S/L	3	0
67	SAMSUNG PRINTER	11/25/14		300							300	300	S/L	3	0
68	CYBERNUT SOLUTIONS LENOVO	12/01/14		1,847							1,847	1,847	S/L	3	0
73	OFFICE FURNITURE	1/24/14		1,200							1,200	1,200	S/L	5	0
74	TEXAS HORSE PARK FURNITUR	9/16/14		25,235							25,235	25,235	S/L	5	0
75	TEXAS HORSE PARK FURNITUR	11/03/14		2,006							2,006	2,006	S/L	5	0
77	LAKEVIEW POWER EQUIPMENT	2/26/15		252							252	242	S/L	5	10
78	TRACTOR SUPPLY - MOWER	4/20/15		5,000							5,000	4,667	S/L	5	333
87	EQUIPMENT	4/09/15		700							700	665	S/L	5	35
88	EQUIPMENT	4/09/15		700							700	665	S/L	5	35
89	BRAZOS VALLEY EQUIPMENT	5/11/15		11,295							11,295	10,542	S/L	5	753
90	WASHER AND DRYER	4/27/15		2,124							2,124	990	S/L	10	212
91	LAWNMOWER	6/26/15		399							399	360	S/L	5	39
92	ANDERSSEN SECURITY SYSTEM	9/15/15		77,711							77,711	33,674	S/L	10	7,771
93	CYBERNUT LAPTOP	3/01/15		918							918	889	S/L	5	29
94	CYBERNUT LAPTOP	3/01/15		918							918	889	S/L	5	29
95	LENOVO THINKPAD	4/15/15		1,250							1,250	1,188	S/L	5	62
96	FLEX NOTEBOOK	5/04/15		699							699	653	S/L	5	46

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10/27/2	1														09:51AM
<u>_NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /basis <u>reduct</u>	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
97	TOWER WORKSTATION	5/04/15		2,545							2,545	2,375	S/L	5	170
98	LAPTOP	5/15/15		1,129							1,129	1,055	S/L	5	74
100	ANDERSSEN SECURITY SYSTEM	4/08/16		2,600							2,600	975	S/L	10	260
109	AKIN FLY SYSTEM	12/20/18		4,516							4,516	903	S/L	5	903
110	ELITE CUSTOM SADDLES	5/11/18		2,500							2,500	833	S/L	5	500
111	CHARLOTTE'S SADDLERY	3/06/18		2,595							2,595	952	S/L	5	519
119	MANURE SPREADER	7/24/19		9,450							9,450	563	S/L	7	1,350
129	EQUICIZER-WOODEN HORSE CORP	3/13/20		4,525							4,525		S/L	5	754
130	SNODGRASS-ARENA DRAG	12/04/20		4,679							4,679		S/L	5	78
	TOTAL MACHINERY AND EQUIPME		-	281,761		0	0	C) ()) 0	281,761	208,145			13,962
				201,701		Ŭ	Ű	ŭ	, .	, 0	201,701	200,140			10,002
	SCELLANEOUS														
16	AMIGO	1/01/05		500							500	500	S/L	3	0
17	SUZY 2	1/01/05		500							500	500	S/L	3	0
18	NUGGET	9/06/07		8,000							8,000	8,000	S/L	3	0
19	ZEUS FJORD	8/07/08		6,250							6,250	6,250	S/L	3	0
20	PETERBILT	12/18/08		950							950	950	S/L	3	0
21	HENRY	3/24/09		500							500	500	S/L	3	0
29	BRYN	2/01/11		500							500	500	S/L	3	0
30	HAMPTON	9/01/11		500							500	500	S/L	3	0
31	CODY	5/03/11		3,500							3,500	2,020	S/L	15	233
49	ARTIE	11/01/13		4,500							4,500	4,500	S/L	3	0
	CISCO MINI	7/01/13		600							600	600	S/L	3	0
51	DARE MINI	7/01/13		600							600	600	S/L	3	0
69	PATRON	6/01/14		500							500	500	S/L	3	0
70	REY	6/01/14		500							500	500	S/L	3	0
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CLIENT EQU50

10/27/2															09:51AM
<u>NO.</u>	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	Prior 179/ Bonus/ SP. Depr.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE <u>RATE</u>	CURRENT DEPR.
99	HICKORY	4/01/15		4,500							4,500	4,500	S/L	3	0
101	SMARTY	1/01/16	10/02/20	500							500	500	S/L	3	0
102	TACO	1/01/16		500							500	500	S/L	3	0
103	TEDDY	1/01/16		500							500	500	S/L	3	0
104	TEZ	1/01/16		500							500	500	S/L	3	0
105	VEGAS	1/01/16		500							500	500	S/L	3	0
106	CAMANCHE	9/08/17	10/22/20	4,000							4,000	3,110	S/L	3	890
107	HAMBRE	8/04/15		500							500	264	S/L	3	0
120	THORIN	6/25/19		6,895							6,895	1,149	S/L	3	2,298
121	BANDIT	11/27/19		5,795							5,795	161	S/L	3	1,932
122	PINTO	11/27/19	11/03/20	15,193							15,193	422	S/L	3	4,220
123	RANGER MINI	12/31/19		500							500		S/L	3	167
124	SWEETIE	12/31/19		500							500		S/L	3	167
125	MISHA	12/31/19		500							500		S/L	3	167
126	DOTTIE	2/01/20		28,506							28,506		S/L	3	8,710
127	WHISKEY	5/01/20		4,000							4,000		S/L	3	889
128	VERTI	5/16/20		500							500		S/L	3	97
	TOTAL MISCELLANEOUS			101,789		0	0	C) () 0	101,789	38,526			19,770
	TOTAL DEPRECIATION		•	696,095		0	0	C	0 0	0	696,095	430,312			47,713
	GRAND TOTAL DEPRECIATION		•	696,095		0	0	C	00	0	696,095	430,312			47,713
	DEPRECIATION ASSETS SOLD			53,493		0	0	C) () 0	53,493	37,832			5,110
	DEPR REMAINING ASSETS		-	642,602		0	0	0	<u> </u>	0	642,602	392,480			42,603

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NODESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	Prior 179/ Bonus/ <u>SP. Depr.</u>	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURREI DEPR
ORM 990/990-PF													
AUTO / TRANSPORT EQUIPMENT													
1 MEADOWBROOK CARRIAGE	- 3/31/96	1,50	10						1,500	1,500	S/L	5	
3 2 HORSE TRAILERS	1/01/05	20	,0						200	200	S/L	3	
4 KAUTA TRACTOR W/ SUN SHAD	7/13/06	18,21	5						18,215	18,215	S/L	5	
23 TRAILER DONATED DFWESSA	4/13/10	2,50	,0						2,500	2,500	S/L	5	
24 DUALLY NEW TRUCK DODGE	5/14/10	37,05	,0						37,050	37,050	S/L	5	
25 FLATBED TRAILER	8/03/10	2,09	0						2,090	2,090	S/L	5	
41 DODGE RAM 1500	11/28/12	11,00	,0						11,000	11,000	S/L	5	
42 SCISSOR LIFT	12/31/12	14,05	,0						14,050	14,050	S/L	5	
53 THE PADDOCKS - TRAILER	7/21/14	7,50	,0						7,500	7,500	S/L	5	
59 BIG TEX TRAILERS - DUMP T	10/09/14	3,73	0						3,730	3,730	S/L	5	
71 HARDCORE CARTS	10/16/14	8,80	,0						8,800	8,800	S/L	5	
72 HARDCORE CARTS	10/21/14	45	0,						450	450	S/L	5	
76 CARRIAGE	2/12/15	3,20	0.						3,200	3,200	S/L	5	
79 CIRCLE B - TRAILER	4/25/15	10,55	0,						10,550	10,550	S/L	5	
80 NORTH TEXAS TRUCK STOP	5/19/15	40,62	.4						40,624	40,624	S/L	5	
108 DEAN KUBOTA	12/18/18	14,34	3						14,343	4,098	S/L	7	
TOTAL AUTO / TRANSPORT EQUI	Р	175,80	2	0	0	J	0 0	0 0	175,802	165,557			
BUILDINGS													
118 GUTIERREZ'S HOUSE	5/28/19	73,34	6						73,346	4,223	S/L	27.5	
TOTAL BUILDINGS		73,34	<i>,</i> 6	0	0	J	0 0	0 0	73,346	4,223			

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EQUEST 75-1823701 CLIENT EQU50 10/27/21 09:51AM PRIOR CUR SPECIAL 179/ PRIOR SALVAG DATE SOLD DATE COST/ BASIS BUS. PCT. 179 DEPR. BONUS/ DEC. BAL /BASIS DEPR. PRIOR CURRENT DESCRIPTION ACQUIRED DEPR. REDUCT BASIS DEPR. BONUS ALLOW. SP. DEPR. DFPR. METHOD LIFE RATE NO. FURNITURE AND FIXTURES 81 KELLOGG OFFICE FURNITURE 1/15/15 1,210 1,210 1.038 S/L 7 172 240 82 FOLDING TABLES 1/15/15 240 204 S/L 7 36 4/20/15 352 7 50 83 ROCKING CHAIRS 352 284 S/L 84 IKEA OFFICE CHAIR 5/28/15 22 22 S/L 17 7 85 STAPLES OFFICE CHAIRS 6/26/15 433 433 341 7 62 S/L 86 STAPLES OFFICE CHAIRS 7/28/15 1,350 1,350 1.045 S/L 7 193 114 COMMON BLINDS 12/31/18 2,792 2,792 798 S/L 7 399 TOTAL FURNITURE AND FIXTURE 6.399 0 0 0 6,399 915 0 0 3,727 IMPROVEMENTS 52 CYBERNUT-CABLING ETC 9/24/14 1.060 1,060 663 S/L 10 106 112 KACE WIND SCREENS 10/05/18 17,547 17,547 10 1,755 3,949 S/L 113 KACE WIND SCREENS 12/07/18 2.035 2,035 425 S/L 10 204 115 SEDALCO 12/31/18 7.940 7.940 1.588 S/L 10 794 116 BARN FLOOR-CONCRETE 1/17/19 5,193 5,193 995 10 519 S/L 8,323 117 AQUA FLOW-GUTTER ON BARN 1/18/19 8,323 1,595 S/L 10 832 TOTAL IMPROVEMENTS 42.098 0 0 0 0 0 42.098 9.215 4,210 MACHINERY AND EQUIPMENT 5 WHEELCHAIR DRIVING CART 7/08/05 2,000 2,000 2,000 S/L 5 6 AMIGOS WESTERN SHOW SADDL 1/01/05 1,500 1,500 1,350 S/L 5 2/15/07 7 SADDLE 1,198 1.198 S/L 1.189 5 8 SADDLE REINS 3/28/07 1.853 1.853 1.853 S/L 5 9 SADDLE 3/29/07 511 511 511 S/L 5

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD		DATE	CURRENT DEPR.
	THOR CARR INC DEP CART		SULD			DUNUS	ALLUW.	JF. DEFR.	ULFR.							
		10/18/07		3,88							3,880	3,848	S/L	5		0
	THOS CARR INC CART ACCESS	11/20/07		39							395	395	S/L	5		0
	3 LATERIAL FILE CABINETS	8/26/08		67							675	675	S/L	5		0
	FURNTRE DONATED 4 ED OFFI	10/30/08		1,69							1,690	1,690	S/L	5		0
	MANURE SPREADER	5/05/09		60							600	600	S/L	7		0
		12/10/09		30							300	300	S/L	3		0
	LAKEVIEW POWER EQUIPMENT	4/27/10		8,02							8,024	8,024	S/L	5		0
	16 COMPUTERS 2 SERVERS	10/18/11		14,49							14,494	14,494	S/L	5		0
	LAPTOP AND PERIPHERALS	11/03/11		84							840	840	S/L	5		0
	WD 4TB MY BOOK STUDIO	12/29/11		35							350	350	S/L	5		0
	WIRE HEADSET MICROPHONE	1/31/12		84							849	849	S/L	5		0
	OUTDOOR MIC SYSTEM	2/28/12		85	9						859	859	S/L	5		0
34	MINNIE HARNESS	5/11/12		60	0						600	600	S/L	5		0
35	FRONTIER MINI CART	5/11/12		46	5						465	465	S/L	5		0
36	BLACK MINI CART	5/11/12		44	0						440	440	S/L	5		0
37	SPEAKER SYSTEM	9/30/12		1,05	0						1,050	1,050	S/L	5		0
38	COMPUTER EQUIPMENT	2/24/12		18,79	5						18,795	18,795	S/L	5		0
39	MIGRATION PROJECT	2/29/12		8,75	0						8,750	8,750	S/L	5		0
40	TOSHIBA LAPTOP	12/31/12		79	9						799	799	S/L	5		0
43	PRESSURE WASHER	4/30/13		95	0						950	950	S/L	3		0
44	DELL WORKSTATION	1/09/13		59	9						599	599	S/L	3		0
45	MICRO CENTER PRINTER	1/28/13		30	8						308	308	S/L	3		0
46	CYBERNUT WORKSTATION	1/31/13		75	8						758	758	S/L	3		0
47	HP LAPTOP	3/26/13		91	9						919	919	S/L	3		0
48	INTEL WORKSTATIONS	8/08/13		1,39	0						1,390	1,390	S/L	3		0
54	JAMES POLK - PHONES	7/28/14		28	0						280	280	S/L	5		0
55	JAMES POLK - PHONES	8/08/14		34	5						345	345	S/L	5		0

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<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST SOLD BASIS		SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS _REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
56	JAMES POLK - PHONES	9/05/14		.240					2,240	2,240	S/L	5	0
57	AG POWER - JOHN DEERE	9/22/14	2	,800					4,800	4,800	S/L	5	0
60	GREG CULTER - SHRED CUTTE	10/10/14	1	,542					1,542	1,542	S/L	5	0
61	ABI - ARENA DRAG FOR THP	10/15/14		,800					2,800	2,800	S/L	5	0
62	CYBERNUT SOLUTIONS LENOVO	1/27/14		988					988	988	S/L	3	0
63	CYBERNUT SOLUTIONS LENOVO	3/11/14	1	,306					1,306	1,306	S/L	3	0
64	CYBERNUT - SERVER BACKUP	10/01/14	2	,194					2,194	2,194	S/L	3	0
65	CYBERNUT - LAPTOP	10/16/14		937					937	937	S/L	3	0
66	CYBERNUT-LAPTOP HARDWARE	10/26/14		,495					2,495	2,495	S/L	3	0
67	SAMSUNG PRINTER	11/25/14		300					300	300	S/L	3	0
68	CYBERNUT SOLUTIONS LENOVO	12/01/14	1	,847					1,847	1,847	S/L	3	0
73	OFFICE FURNITURE	1/24/14	1	,200					1,200	1,200	S/L	5	0
74	TEXAS HORSE PARK FURNITUR	9/16/14	25	,235					25,235	25,235	S/L	5	0
75	TEXAS HORSE PARK FURNITUR	11/03/14	2	,006					2,006	2,006	S/L	5	0
77	LAKEVIEW POWER EQUIPMENT	2/26/15		252					252	252	S/L	5	0
78	TRACTOR SUPPLY - MOWER	4/20/15	Į	,000					5,000	5,000	S/L	5	0
87	EQUIPMENT	4/09/15		700					700	700	S/L	5	0
88	EQUIPMENT	4/09/15		700					700	700	S/L	5	0
89	BRAZOS VALLEY EQUIPMENT	5/11/15	11	,295					11,295	11,295	S/L	5	0
90	WASHER AND DRYER	4/27/15		,124					2,124	1,202	S/L	10	212
91	LAWNMOWER	6/26/15		399					399	399	S/L	5	0
92	ANDERSSEN SECURITY SYSTEM	9/15/15	77	,711					77,711	41,445	S/L	10	7,771
93	CYBERNUT LAPTOP	3/01/15		918					918	918	S/L	5	0
94	CYBERNUT LAPTOP	3/01/15		918					918	918	S/L	5	0
95	LENOVO THINKPAD	4/15/15	1	,250					1,250	1,250	S/L	5	0
96	FLEX NOTEBOOK	5/04/15		699					699	699	S/L	5	0
97	TOWER WORKSTATION	5/04/15	2	,545					2,545	2,545	S/L	5	0

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<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	Prior 179/ Bonus/ Sp. depr.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _RA	CURRENT TE
98	LAPTOP	5/15/15		1,129							1,129	1,129	S/L	5	0
100	ANDERSSEN SECURITY SYSTEM	4/08/16		2,600							2,600	1,235	S/L	10	260
109	AKIN FLY SYSTEM	12/20/18		4,516							4,516	1,806	S/L	5	903
110	ELITE CUSTOM SADDLES	5/11/18		2,500							2,500	1,333	S/L	5	500
111	CHARLOTTE'S SADDLERY	3/06/18		2,595							2,595	1,471	S/L	5	519
119	MANURE SPREADER	7/24/19		9,450							9,450	1,913	S/L	7	1,350
129	EQUICIZER-WOODEN HORSE CORP	3/13/20		4,525							4,525	754	S/L	5	905
130	SNODGRASS-ARENA DRAG	12/04/20		4,679							4,679	78	S/L	5	936
	TOTAL MACHINERY AND EQUIPME			262,861		0	0	() 0) 0	262,861	203,207			13,356
MI	SCELLANEOUS														
16	AMIGO	1/01/05		500							500	500	S/L	3	0
17	SUZY 2	1/01/05		500							500	500	S/L	3	0
18	NUGGET	9/06/07		8,000							8,000	8,000	S/L	3	0
19	ZEUS FJORD	8/07/08		6,250							6,250	6,250	S/L	3	0
20	PETERBILT	12/18/08		950							950	950	S/L	3	0
21	HENRY	3/24/09		500							500	500	S/L	3	0
29	BRYN	2/01/11		500							500	500	S/L	3	0
30	HAMPTON	9/01/11		500							500	500	S/L	3	0
31	CODY	5/03/11		3,500							3,500	2,253	S/L	15	233
49	ARTIE	11/01/13		4,500							4,500	4,500	S/L	3	0
50	CISCO MINI	7/01/13		600							600	600	S/L	3	0
51	DARE MINI	7/01/13		600							600	600	S/L	3	0
69	PATRON	6/01/14		500							500	500	S/L	3	0
70	REY	6/01/14		500							500	500	S/L	3	0
99	HICKORY	4/01/15		4,500							4,500	4,500	S/L	3	0

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<u>_NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE COST/ SOLD BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE.	RATE	CURRENT DEPR.
102	TACO	1/01/16	50	0						500	500	S/L	3		0
103	TEDDY	1/01/16	50	0						500	500	S/L	3		0
104	TEZ	1/01/16	50	0						500	500	S/L	3		0
105	VEGAS	1/01/16	50	0						500	500	S/L	3		0
107	HAMBRE	8/04/15	50	0						500	264	S/L	3		0
120	THORIN	6/25/19	6,89	5						6,895	3,447	S/L	3		2,298
121	BANDIT	11/27/19	5,79	5						5,795	2,093	S/L	3		1,932
123	RANGER MINI	12/31/19	50	0						500	167	S/L	3		167
124	SWEETIE	12/31/19	50	0						500	167	S/L	3		167
125	MISHA	12/31/19	50	0						500	167	S/L	3		167
126	DOTTIE	2/01/20	28,50	6						28,506	8,710	S/L	3		9,502
127	WHISKEY	5/01/20	4,00	0						4,000	889	S/L	3		1,333
128	VERTI	5/16/20	50	0						500	97	S/L	3		167
	TOTAL MISCELLANEOUS		82,09	6	0	0	(0 0	0	82,096	49,154				15,966
	TOTAL DEPRECIATION		642,60	2	0	0	(<u> </u>	0	642,602	435,083				39,163
	GRAND TOTAL DEPRECIATION		642,60	2	0	0	(00	0	642,602	435,083				39,163

2020

PREPARER E-FILE INSTRUCTIONS - FEDERAL

PAGE 1

CLIENT EQU50

EQUEST

75-1823701

09:51AM

10/27/21

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

2020

PREPARER E-FILE INSTRUCTIONS - FEDERAL

PAGE 2

CLIENT EQU50

EQUEST

75-1823701

09:51AM

10/27/21

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WITH FORM 8868.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For calendar year 2020, or fiscal year beginning, 2020, and ending, 20, 20 ► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.	2020
Name of exempt organization or perso	on subject to tax Taxpa	yer identification number
EQUEST Name and title of officer or person sul		1823701
LILI KELLOGG Part I Type of Return	CEO n and Return Information (Whole Dollars Only)	
Check the box for the return check the box on line 1a, 2a leave line 1b, 2b, 3b, 4b, 5b	for which you are using this Form 8879-EO and enter the applicable amount, if any, , 3a , 4a , 5a , 6a , or 7a below, and the amount on that line for the return being filed wi , 6b , or 7b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- o o not complete more than one line in Part I.	th this form was blank, then
1 a Form 990 check here .	··· ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 2,186,105
2 a Form 990-EZ check he		
3 a Form 1120-POL check	here b Total tax (Form 1120-POL, line 22)	. 3b
4 a Form 990-PF check he	re ▶ 🗍 b Tax based on investment income (Form 990-PF, Part VI, line 5)	. 4b
5 a Form 8868 check here	··· ► b Balance due (Form 8868, line 3c)	. 5b
6 a Form 990-T check here	e ► 🚺 b Total tax (Form 990-T, Part III, line 4)	. 6 b
7 a Form 4720 check here	··· ► b Total tax (Form 4720, Part III, line 1)	. 7b
Part II Declaration ar	d Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I de		
electronic return. I consent t IRS and to receive from the processing the return or refund initiate an electronic funds with of the federal taxes owed or U.S. Treasury Financial Age financial institutions involved inquiries and resolve issues return and, if applicable, the PIN: check one box only X I authorize <u>SUTTON</u> on the tax year 2020 elect (ies) regulating charities disclosure consent scree	ERO firm name conically filed return. If I have indicated within this return that a copy of the return is being f as part of the IRS Fed/State program, I also authorize the aforementioned ERO to e en. subject to tax with respect to the organization, I will enter my PIN as my signature or	(ERO) to send the return to the ted Financial Agent to a payment, I must contact the date. I also authorize the tion necessary to answer y signature for the electronic 7150 e numbers, but ner all zeros iled with a state agency nter my PIN on the return's a the tax year 2020
charities as part of the II Signature of officer or person subject	n. If I have indicated within this return that a copy of the return is being filed with a st RS Fed/State program, I will enter my PIN on the return's disclosure consent screen. to tax ► Date ►	ale agency(les) regulating
Part III Certification a	to tax ► Date ►	
	six-digit electronic filing identification	
ERO's EFIN/PIN. Enter your	six-digit electronic filing identification /our five-digit self-selected PIN	75914020202 Do not enter all zeros
ERO's EFIN/PIN. Enter your number (EFIN) followed by y	your five-digit self-selected PIN c entry is my PIN, which is my signature on the 2020 electronically filed return indicated ab ccordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Author	Do not enter all zeros

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.

Open to Public

OMB No. 1545-0047 2021

Depa Inter	artment of th nal Revenue	e Treasury Service		,				s on this form as ructions and t			n.		Inspectio		
A	For the 2	2021 calend	dar y						and endir			,	, 20		
В	Check if ap	plicable:	С			-				-	D Employ	/er identi	ification number		
	Addres	s change	EOI	JEST							75-	1823	701		
	Name				ERTON H	ILL ROAD,	BUILD	ING 4			E Telepho		-		
	Initial	-	DA1	LAS, 7	FX 7521	.7					972	-412	-1099		
	Final ret	urn/terminated									572	110	1000		
		led return									G Gross r	eceipts	\$ 2 613	2,165.	
		ation pending	F۱	lame and ad	dress of princi	pal officer: ELI		VELLOCC		H(a) Is this	a group retur		= -	1 32	
	, the second	ation pontaing	SAN	NE AS (C ABOVE	- <u>E</u> L1	LADEIN	VETTOGG		H(b) Are all	subordinates attach a list	s included			
ī	Tax-exer	npt status:		501(c)(3)	501(c)		nsert no.)	4947(a)(1) or	527	If "No,"	" attach a list	. See ins	structions.		
J	Websit		_	QUEST.				4047 (u)(1) 01	0L1	H(a) Group	exemption n	umber 🕨	•		
ĸ		organization:		Corporation	Trust	Association	Other ►		Voor of formo	tion: 198			egal domicile: T	v	
Pa		Summar	_	orporation	Trust	Association	Other	L I	rear or iorna	uon: 190		State of I	egal domicile: 1	Λ	
га					ation's mis	sion or most	significant	activities:TO	FNUANC	יר דטר	ריזעד די	V OF	TIEF FO	D	
								BY PARTN							
JCe								TIES AND			<u></u>				
nai			<u></u>		<u>goind</u>		<u>11011111</u>		<u></u>	<u></u>					
Governance	2 Ch	eck this bo	x ►	if the	e organizat	ion discontinu	ed its oper	ations or disp	osed of m	ore than 2	5% of its	net as	sets.		
g	3 Nu	mber of vo	ting					e 1a)				3		21	
Activities &	4 Nu	mber of ind	depe	ndent vot	ing membe	ers of the gove	erning bod	y (Part VI, line	e 1b)			4		21	
itie:								Part V, line 2a				5		33	
tivi												6		400	
Ac								ine 12				7a		0.	
	b Ne	t unrelated	bus	iness taxa	able incom	e from Form 9	90-1, Part	I, line 11				7b		0.	
	• •										rior Year		Current		
e											,480,7			4,240.	
enu											139,3		<u> </u>		
Revenue											49,4				
ш								and 11e) column (A), li			516,5			3,702.	
					-			-3)			2,186,1	105.	۷,25	4,623.	
							-	-		-					
											100 (0	1 20	0 0 1	
es	15 Sa					-		umn (A), lines	-		.,192,6			8,621.	
Expenses	16a Pro			-					•••••		7,2	228.		8,913.	
xpe	b To	tal fundrais	sing	expenses	(Part IX, c	olumn (D), lin	e 25) 🕨 _	25	59,797.	_					
ш	17 Ot	ner expens	es (F	Part IX, co	olumn (A),	lines 11a-11d	, 11f-24e).				573,0	000.	69	1,698.	
	18 To	tal expense	es. A	dd lines 1	13-17 (mus	t equal Part I	K, column	(A), line 25)		1	,772,8	396.	2,02	9,232.	
	19 Re	venue less	exp	enses. Su	ubtract line	18 from line	12				413,2	209.	22	5,391.	
or										Beginnir	ng of Currer	nt Year	End of `	í ear	
Net Assets or Fund Balances	20 To										1,222,0)26.	4,64	1,981.	
: Ase d Ba	21 To	tal liabilitie	s (Pa	art X, line	26)						288,1	L21.	40	0,695.	
Pun	22 Ne	t assets or	fund	d balances	s. Subtract	line 21 from l	line 20			3	3,933,9	905.	4,24	1,286.	
Pa	rt II	Signatur	e B	ock							, , -		,		
Unde					xamined this r	eturn, including ac	companying s	chedules and stater rer has any knowle	ments, and to	the best of m	ny knowledge	and beli	ief, it is true, corre	ect, and	
comp	olete. Decla	ation of prepa	rer (of	her than offic	cer) is based o	on all information o	f which prepa	rer has any knowle	dge.						
Sig	ın	Signatur	re of c	fficer						Da	ate				
He	re	ELIZ	ZAB	ETH KE	LLOGG					CEO					
·		Type or	print	name and titl	e										
		Print/Type p	repare	er's name		Preparer's sign	nature		Date		Check	if	PTIN		
Pai	id	AMY MI	CH	(E							self-employ	ed	P0095665	7	
Pre	eparer	Firm's name		SUTTC	N FROS	T CARY LL	P							_	
Us	e Only	Firm's addre					UITE 6	00			Firm's EIN	▶ 75.	-2593210		
						TX 76011					Phone no.	(817		083	
May	/ the IRS	discuss th	is re				/e? See in	structions						No	

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

Form 990 (2021) EQUEST		75-1823701	Page 2
	Service Accomplishments		X
1 Briefly describe the organization's m TO ENHANCE THE QUALITY		ILTS WITH DIVERSE NEEDS BY	<u>_</u>
Form 990 or 990-EZ? If "Yes," describe these new services o		······································	es X No
If "Yes," describe these changes on Sc			′es <u>X</u> No
Section 501(c)(3) and 501(c)(4) orga and revenue, if any, for each progra	·	f grants and allocations to others, the to	by expenses. al expenses,
4a (Code:) (Expenses \$ SEE_SCHEDULE_0	1,573,944. including grants of \$) (Revenue \$	174,557.)
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$	
,(=====,=======			, ,
4c (Code:) (Expenses \$)	including grants of \$) (Revenue \$)
4d Other program services (Describe or (Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ►	1,573,944.		orm 000 (2021)

 Form 990 (2021)
 EQUEST

 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? See instructions	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
Ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	• Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	Did the organization have aggregate revenues or 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		Х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
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		Х
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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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,' complete Schedule G, Part III.	19		Х
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

BAA

Form 990 (2021)

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Page	4
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			EQUE															75-182	23701	L	P	Page 4
Par	rt IV	Chec	cklist c	of Ree	quire	d Sch	edule	e s (co	ontin	nued)												
	B ¹ I I																	– – – – – – – – – – – – – – – – – – –	. –		Yes	No
22	Colum	e orgar n (A), l	nization line 2?	repor If 'Yes	t more ; <i>' com</i>	than \$ plete S	5,000 o chedule	of grar le I, Pa	nts or arts I a	other and III	assis 	tance t	to or fo	or dome	estic		iuals o	n Part IX	., 	22		Х
23	and for	rmer off	ization a ficers, d	irectors	s, truste	ees, key	employ	yees, a	and hi	ighest c	compe	ensated	l emplo	yees? It	f 'Ye	s,' com	plete	current		23	Х	
24 a	the las	st day o	ization h of the y hedule	ear, th	lat was	sissued	l after 🛛	Decerr	nber 3	31,200)2? If	'Yes,'	answe	er lines .	24b	throug	ıh 24d	s of <i>and</i>		24a		х
ł	Did the	e orgar	nization	inves	t any p	proceed	s of tax	x-exer	mpt bo	onds b	eyon	d a ten	nporar	y perioc	d ex	ceptior	1?			24b		
C	Did the any ta	e organi x-exen	ization r npt bon	naintai ds?	n an es	scrow ac	ccount c	other th	han a	refundi	ing es	scrow a	t any ti	me durii	ng th	ne year	to defe	ase		24c		
c	d Did the	e orgar	nization	act as	s an 'o	n behal	lf of' iss	suer fo	or bor	nds out	tstand	ding at	any ti	me duri	ing t	he yea	ar?			24d		
25 a	a Sectio transa	on 501(ction w	(c)(3), 5(with a di	01(c)(4 isquali), and fied pe	501(c)(erson du	29) org uring th	ganiza ne yea	tions. ar? <i>If</i> '	. Did th 'Yes,' a	ne org <i>comp</i>	janizat lete Sc	ion en chedule	gage in e <i>L, Par</i>	an rt I.	excess	benet	it 		25a		Х
ł	that the	e transa	ation aw action ha <i>Part I</i>	as not	been re	eported	on any	of the	organ	nization	n's prid	or Form	ıs 9'90 i	or 990-E	Z?	f 'Yes.'	compl	, and ete		25b		Х
26	former	r office	nization er, direct ember of	tor. tru	istee. k	kev em	plovee.	. creat	for or	founde	er. su	bstanti	al con	tributor.	. or	35% со	ontrolle	rrent or ed entity		26		Х
27	emplo memb	yee, cr er, or t	nization reator o to a 359 'Yes,' co	r found % cont	der, su rolled	bstantia entity (i	al contr includir	ributor ng an	r or er emplo	mploye oyee th	ee the hereo	ereof, a f) or fa	a grant amily n	: selecti nember	on of a	commit any of t	tee these	-		27		Х
28	Was th	ie orgar ctions f	nization for appl	a party icable	/ to a b filing t	usiness hreshol	transad lds, cor	ction w ndition	vith on ns, and	ne of th d exce	e follo	owing p s):	arties	(see the	Sch	edule L	., Part	IV,				
a			former ete Sch																[28a		Х
ł	b A fam	ily men	mber of	any ir	ndividu	al desci	ribed in	n line 2	28a?	lf 'Yes	s,' cor	nplete	Sched	lule L, F	Part	<i>IV</i>				28b		Х
C			olled en															es,'	Ī	28c		x
29	,			,																29	Х	
30	Did the	e organ	nization	receiv	/e cont	ributior	ns of ar	rt. hist	torical	l treasi	ures.	or othe	er simi	lar asse	ets.	or qua	lified c	onservati	on			
31	contrit	outions	s? If 'Ye	es,' cor	nplete	Schedu	ule M											, Part I		30 31		X X
32			ization s Part II																	32		Х
33	Did the 301.77	e organi 701-2 a	ization c and 301.	own 10 .7701-:		an entity <i>'es,' co</i>				parate f R <i>, Part</i>	from t <i>t l</i>	he orga	anizatio	on under	r Reg	gulatior	is secti	ons	[33	Х	
	and P	art V, I	line 1															II, or IV,		34	_	Х
35 a	a Did the	e orgar	nization	have	a cont	rolled e	entity wi	ithin tl	he me	eaning	of se	ection 5	512(b)	(13)?					[35a		Х
ł	lf 'Yes entity	' to line within	e 35a, o the mea	did the aning (organ of sect	ization ion 512	receive 2(b)(13)	e any)? <i>If</i> '}	paym Yes,' d	ient fro comple	om or ete Sc	engag chedule	e in ai <i>R, Pa</i>	ny trans art V, lir	sacti ne 2	on with	n a cor	ntrolled		35b		
36	Sectio organi	n 501(zation?	(c)(3) or ? If 'Yes	ganiza s,' con	ntions.	Did the Schedu	e organi Ile R, P	nizatior P <i>art V,</i>	n mak , <i>line 2</i>	ke any 2	trans	fers to	an ex	empt no	on-c	haritat	ole rela	ited		36		Х
37	Did the treated	e organi d as a	ization o partner	conduct ship fo	t more or fede	than 5% ral inco	of its a me tax	activitie k purpo	es thro oses?	ough ar ' <i>If 'Ye</i>	n entit s,' co	ty that i mplete	is not a Sche	a related <i>dule R,</i>	l org <i>Par</i>	anizatio t VI	on and	that is		37		Х
	Note:	All For		filers a	are req	uired to	compl	lete So	chedu	ile O					lines	s 11b ai	nd 19?			38	Х	
Pa			1ents Schedu																			. 🔲
																			_		Yes	No
ł	9 Enter	the nur	mber re mber of	f Form	s W-20	G includ	led on I	line 1a	a. Ent	ter -0-	if not	t applic	able		[1 b			16 0			
(Did the (gamb	e organi oling) w	iization o vinnings	comply s to pri	with ba ze win	ackup w ners?	ithholdir	ing rule	es for I	reporta	able pa	ayment	s to ve	ndors ar	nd re	eportab	le gam	ing		1 c	Х	

	n 990 (2		L	F	Page 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
				Yes	No
2 a	Enter t ments.	the number of employees reported on Form W-3, Transmittal of Wage and Tax State- filed for the calendar year ending with or within the year covered by this return 2a 33			
		ast one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
		the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 a		e organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
		has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3b		
4 a	At any	time during the calendar year, did the organization have an interest in, or a signature or other authority over, a al account in a foreign country (such as a bank account, securities account, or other financial account)?			х
		, enter the name of the foreign country ►	4a		
	See ins	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was th	e organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
Ł	Did an	y taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c	If 'Yes	,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does t	he organization have annual gross receipts that are normally greater than \$100,000, and did the organization any contributions that were not tax deductible as charitable contributions?	6 a		Х
	If 'Yes,	did the organization include with every solicitation an express statement that such contributions or gifts were deductible?	6 b		
7		zations that may receive deductible contributions under section 170(c).			
	Did the	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and es provided to the payor?	7a	Х	
ŀ		did the organization notify the donor of the value of the goods or services provided?	7 a 7 b	X	
		organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0	21	
	Form 8	3282?	7 c		Х
		, indicate the number of Forms 8282 filed during the year	7.		X
		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the o	rganization received a contribution of qualified intellectual property, did the organization file Form 8899			Λ
		uired?	7 g		
•	Form 1	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 098-C?	7 h		
8		bring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	0		
~		zation have excess business holdings at any time during the year?	8		
9	•	oring organizations maintaining donor advised funds.	0.0		
		e sponsoring organization make any taxable distributions under section 4966?	9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
		n 501(c)(7) organizations. Enter: on fees and capital contributions included on Part VIII, line 12			
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
		n 501(c)(12) organizations. Enter: income from members or shareholders			
	agains	ncome from other sources. (Do not net amounts due or paid to other sources t amounts due or received from them.)			
		n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		, enter the amount of tax-exempt interest received or accrued during the year 12b			
		n 501(c)(29) qualified nonprofit health insurance issuers.	4.0		
a		organization licensed to issue qualified health plans in more than one state?	13a		
		See the instructions for additional information the organization must report on Schedule O.			
	which	he amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans			
		he amount of reserves on hand			L
		e organization receive any payments for indoor tanning services during the tax year?	14a		Х
		, has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	excess	organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or parachute payment(s) during the year?	15		Х
16		' see the instructions and file Form 4720, Schedule N. organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If 'Yes	complete Form 4720, Schedule O.			
17	activiti	n 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any es that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

BAA

Forn	n 990 (2021) EQUEST 75-1823701		Ρ	age 6
Pa	t VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b ber a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	es o	n	
Sec	tion A. Governing Body and Management			. 11
			Yes	No
	a Enter the number of voting members of the governing body at the end of the tax year 1 a 21 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 on Schedule O. 1 a 21			
	• Enter the number of voting members included on line 1a, above, who are independent 1b 21 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? 1	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents	3		Х
_	since the prior Form 990 was filed?	4 5	Х	X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		X
78	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	0 7 a		X
ł	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0	V	
	a The governing body? Deach committee with authority to act on behalf of the governing body?	8 a 8 b	X X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	Λ	
5	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enu	e Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
		10 b		
		11 a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	12.	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12a 12b	X	
		12c	Х	
13	5	13	Х	
14		14	Х	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		V	
		15a 15b	X X	
I	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.	150	Λ	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16 a		Х
ł	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?	16 b		
Sec	tion C. Disclosure	100		L
-	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply.	1(c)(3	s on	ly)
19	X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availab	le to		
	the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	LUCY DESHAZO PO BOX 171779 DALLAS TX 75217 (972) 412-1099			

Form 990 (2021) EQUEST	75-1823701	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	npensated Employe	es, and
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 E	Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with o organization's tax year.		

ctors, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

			(C)									
	(A) Name and title	(B) Average hours	age is b rs		ge is both an officer and a director/trustee)				and a e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations		
(1)	ELIZABETH KELLOGG	$-\frac{40}{0}$			x			128,771.	0.	26,000.		
(2)	LINDSAY KIRTON	1		4	^			120,771.	0.	20,000.		
	CHAIRMAN	0	Х	2	X			0.	0.	0.		
(3)	TIM_GAVIN BOARD_MEMBER	1	Х					0.	0.	0.		
(4)	CLINT HAGGERTY BOARD MEMBER	$-\frac{1}{0}$	Х					0.	0.	0.		
(5)	JAMES THOMAS BOARD MEMBER	$-\frac{1}{0}-$	х					0.	0.	0.		
(6)	JEFF HENSLEY BOARD MEMBER	$-\frac{1}{0}$	Х					0.	0.	0.		
(7)	KELLIE MORRISON BOARD MEMBER	1	Х					0.	0.	0.		
(8)	GREG_ENDO TREASURER	$\frac{1}{0}$	х	2	x			0.	0.	0.		
(9)	NANCY NATINSKY BOARD MEMBER	1	Х					0.	0.	0.		
(10)	TERRI ROHAN BOARD MEMBER	$-\frac{1}{0}$	Х					0.	0.	0.		
(11)	FRANK CARTER BOARD MEMBER	$-\frac{1}{0}$	х					0.	0.	0.		
(12)	JULIE SHERMAN SECRETARY	$\frac{1}{0}$	X		x			0.	0.	0.		
(13)	TERESA FISHMAN BOARD MEMBER	$\frac{1}{0}$	X					0.	0.	0.		
(14)	CAROLYN ANDERSON	1										
BAA	BOARD MEMBER	0 TEEA0	X 107L	09/22/2	21			0.	0.	0 . Form 990 (2021)		
			-									

Form 990 (2021) EQUEST		/							75-182370		Pag	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont (B) (C)											(contin	ued)
(A) Name and title	(B) Average hours per week	box	, unle cer an	Pos heck ss pe id a c	sition more erson direct	e than is both or/trust	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	C	(F) ated amou	
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	nsation fr rganizatic d related anizations	on
(15) LISA LAUGHLIN BOARD MEMBER	10	х						0.	0.			0.
(16) PIA ACKERMAN	1											
BOARD MEMBER (17) CHRIS HAMPTON	0	Х						0.	0.			0.
VICE CHAIR (18) HOLLY TIGHE	0	Х		Х				0.	0.			0.
BOARD MEMBER	0	Х						0.	0.			0.
(19) KATHERINE WYKER BOARD MEMBER	10	Х						0.	0.			0.
(20) LANE CATES BOARD MEMBER	1	Х						0.	0.			
(21) KATIE COX	1							0.	0.			0.
BOARD MEMBER (22) BOBBI SHAW	0	Х						0.	0.			0.
BOARD MEMBER	0	Х						0.	0.			0.
<u>(23)</u>												
		-										
(25)												
1 b Subtotal								128,771.	0.		26,0	
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								0. 128,771.	0.		26,0	0.
2 Total number of individuals (including but not limited							ved					00.
from the organization 1											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for succession.										. 3		Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate <i>such individual</i> .	er than \$1	50,00	20'?	lf 'Y	′es,	' com	ple	te Schedule J for		. 4	X	
5 Did any person listed on line 1a receive or accruit for services rendered to the organization? If 'Yes	e compen <i>,' comple</i>	satic te So	n fro ched	om a lule	any <i>J fo</i>	unre r suc	late h p	ed organization or erson	individual	. 5		Х
Section B. Independent Contractors									¢100.000 (
1 Complete this table for your five highest compen- compensation from the organization. Report compen	sated inde	epen the c	dent alen	cor dar <u>y</u>	ntrao year	ctors endir	tha ng v	t received more the vith or within the or	nan \$100,000 of ganization's tax year			
(A) Name and business addi	ress							(B) Description of		() Compe	C) Insation	١
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ted to	o tho	se l	isteo	d abov	ve)	who received more	than			

Form 990 (2021) EQUEST Part VIII Statement of Revenue

Page 9

Par	t V	Statement of		a raci	oonse or note to an	/ line in this Part \/l	11		П
		Greek in Schedun	e o contains			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts		 a Federated campaig b Membership dues c Fundraising events. d Related organizatio a Government grants (contributed contributed con	ns	1 a 1 b 1 c 1 d 1 e	707,018.				
Contributions and Other Si	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f			1 f 1 g	1,055,060. 26,238.	1 004 040			
	' r	TOTAL AUD INTES TA-	•		Business Code	1,994,240.			
Program Service Revenue	-	a <u>CLIENT FEES & S</u> D	SPECIAL SRV		900099	174,557.	174,557.		
m Servic		d							
rogra		All other program s Total. Add lines 2a-				174 557			
<u> </u>	3	Investment income (i other similar amour	including divide	ends,	interest, and ·····►	174,557. 17,381.			17,381.
	 Income from investment of tax-exempt Royalties 								
	ł	b Less: rental expenses	6a 6b						
		c Rental income or (loss) d Net rental income c			►				
	7 a Gross amount from (i) Securities ((ii) Other						
	ł	b Less: cost or other basis	7a 7b		<u>11,517.</u> 6,774.				
		• •	7c		4,743.				
d)		d Net gain or (loss) a Gross income from fundr		 Г	▶	4,743.			4,743.
Other Revenue		(not including \$ of contributions reported	707,018 on line 1c).	_					
ler F	ł	See Part IV, line 18 b Less: direct expens			a 340,760. b 341,845.				
ŧ	0	c Net income or (loss	s) from fundra	ising		-1,085.			-1,085.
		a Gross income from gamin See Part IV, line 19 b Less: direct expens			a				
		Net income or (loss		-					
	10a Gross sales of inventory, less 10a 8,464. 10a 8,464.								
		Net income or (loss			0,525.	-459.	-459.		
S	11				Business Code	65.010			
Miscellaneous Revenue	11 a 	a <u>OTHER INCOME</u> D	<u></u>		900099	65,246.	65,246.		
scellaneo Revenue		°							
Misc		d All other revenue e Total. Add lines 11a			•				
<u> </u>	•	Total revenue. See				<u>65,246.</u> 2,254,623.	239,344.	0.	21,039.
						L/LJI/0LJ.	257,544.	υ.	21,000

_	1 990 (2021) EQUEST			75-1823	8701 Page 10
	t IX Statement of Functional Expens			unalista asluman (A)	
Sec	tion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a re	(A)	(B)	(C)	(D)
Do I 6b,	not include amounts reported on lines 7b, 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 organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	trustees, and key employees	154,771.	112,095.	18,001.	24,675.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described				
	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	953,518.	689,317.	111,383.	152,818.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,531.	6,966.	1,085.	1,480.
9	Other employee benefits	121,014.	88,453.	13,770.	18,791.
10	Payroll taxes	89,787.	64,909.	10,488.	14,390.
11	Fees for services (nonemployees):				
	Management				
	Legal	5.		5.	
	Accounting	83.		83.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	8,913.		0.700	8,913.
	Investment management fees	3,796.		3,796.	
	(A), amount, list line 11g expenses on Schedule 0.)	69,484.	51,858.	1,505.	16,121.
	Advertising and promotion.	10,898.	4,359.		6,539.
13	Office expenses	46,013.	41,412.	2,301.	2,300.
14	Information technology	50,017.	45,015.	2,501.	2,501.
15 16	Royalties	80,820.	80,820.		
	Travel	15,399.	15,399.		
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	13,355.	13,355.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	114,024.	96,920.	8,552.	8,552.
23 24	Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	54,331.	48,897.	2,717.	2,717.
a	HORSE_MAINTENANCE	197,719.	197,719.		
	P OTHER EXPENSES	17,210.	17,210.		
	BANK & SERVICE FEES	13,347.	_ , 3 (13,347.	
	SPECIAL PROGRAM SERVICES	9,941.	9,941.		
e	All other expenses.	8,611.	2,654.	5,957.	
25	Total functional expenses. Add lines 1 through 24e	2,029,232.	1,573,944.	195,491.	259,797.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Form 990 (2021) EQUEST Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			379,283.	1	783,102
	2	Savings and temporary cash investments			663,733.	2	509,770
	3	Pledges and grants receivable, net			24,202.	3	
	4	Accounts receivable, net		11,698.	4	97,108	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer contribu rsons	, director, tor, or 35%		5	
	6	Loans and other receivables from other disqualified p					
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		-		7	
2	8	Inventories for sale or use		-		8	
2000	9	Prepaid expenses and deferred charges			417.	9	3,805
I.	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	3,002,721.			
	b	Less: accumulated depreciation	10 b	536,258.	2,430,974.	10 c	2,466,463
	11	Investments – publicly traded securities			711,719.	11	781,733
	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	33)		4,222,026.	16	4,641,981
	17	Accounts payable and accrued expenses		122,050.	17	43,170	
	18	Grants payable				18	
	19	Deferred revenue		-	16,171.	19	7,726
	20	Tax-exempt bond liabilities				20	
ě	21	Escrow or custodial account liability. Complete Part I				21	
Labilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, dire itor, or 3 rsons	ctor, trustee, 5%		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third	•		149,900.	24	349,799
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		110,000.	25	0107700
	26	Total liabilities. Add lines 17 through 25			288,121.	26	400,695
Ices		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			·
a	27	Net assets without donor restrictions			1,133,494.	27	3,318,720
ă	28	Net assets with donor restrictions		· · · · · · · · · · · · · · · · · · ·	2,800,411.	28	922,566
Net Assets of Fund Dalances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds		l		29	
2	30	Paid-in or capital surplus, or land, building, or equipm				30	
2	31	Retained earnings, endowment, accumulated income,				31	
Ĩ	32	Total net assets or fund balances			3,933,905.	32	4,241,286
	22				4,222,026.	33	4,641,981

Forn	n 990 (2021)	EQUEST 75-	1823701		Pa	age 12
Pa	rt XI Reco	nciliation of Net Assets				
	Check	if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue	e (must equal Part VIII, column (A), line 12)	1	2,2	54,6	523.
2	Total expens	es (must equal Part IX, column (A), line 25)	2			232.
3	Revenue less	s expenses. Subtract line 2 from line 1	3	2	25,3	391.
4	Net assets or	r fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,9	33,9	905.
5	Net unrealize	ed gains (losses) on investments	5			990.
6	Donated serv	vices and use of facilities	6			
7		xpenses	7			
8	Prior period a	adjustments	8			
9	Other change	es in net assets or fund balances (explain on Schedule O)	9			0.
10		fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	4.2	41.2	286.
Pa		ncial Statements and Reporting		1/2	/-	100.
		if Schedule O contains a response or note to any line in this Part XII				
					Yes	No
1	Accounting n	nethod used to prepare the Form 990: Cash X Accrual Other				
	If the organiz on Schedule	zation changed its method of accounting from a prior year or checked 'Other,' explain O.				
2 a	a Were the org	anization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	separate bas	k a box below to indicate whether the financial statements for the year were compiled or reviews is, consolidated basis, or both: te basis Consolidated basis Both consolidated and separate basis	ed on a			
ł	Were the org	anization's financial statements audited by an independent accountant?		2b	Х	
	basis, consol	k a box below to indicate whether the financial statements for the year were audited on a separa lidated basis, or both: te basis Consolidated basis Both consolidated and separate basis	ate			
(c If 'Yes' to line review, or co	2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit mpilation of its financial statements and selection of an independent accountant?		2 c	Х	
-	on Schedule					
38	As a result of Audit Act and	a federal award, was the organization required to undergo an audit or audits as set forth in the Single d OMB Circular A-133?		3a		Х
ŀ		e organization undergo the required audit or audits? If the organization did not undergo the required auc plain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	L Contraction of the second seco	TEEA0112L 09/22/21		Form	99 0	(2021)

SCHEDULE A (Form 990)

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.

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

20	21

OMB No. 1545-0047

Open to Public Inspection

Name	lame of the organization Employer identification number									
EQU	ES	Г					75-18237	01		
Par	:1	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instr	uctions.		
1 2 3	rga	nization is not a private found A church, convention of church A school described in sectio A hospital or a cooperative h	nes, or association of ch n 170(b)(1)(A)(ii). (Att nospital service organi	nurches described in sec ach Schedule E (Form ization described in sec	tion 170(990).) ction 170	Ь)(1)(А)()(Ь)(1)(А	i). A)(iii).	Enter the heapitel's		
4		A medical research organiza name, city, and state:						Enter the hospital s		
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned				described in		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Х	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organization organized an	nd operated exclusive	ly to test for public safe	ety. See	sectior	n 509(a)(4).			
12 a	or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
u		organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	a majority of the directo	rs or trus	tees of t	the supporting organiza	ation. You must		
b		Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), b the supported organiz	y having control or ation(s). You		
с		Type III functionally integrated organization(s) (see instructi	A supporting organizat	ion operated in connectio	n with, a	nd functio	onally integrated with, i	ts supported		
d		Type III non-functionally integrated. The cinstructionally integrated. The cinstructions). You must com	rated. A supporting org	anization operated in cor must satisfy a distribu	nection	with its s	supported organization	(s) that is not		
e		Check this box if the organiz	ation received a writte	en determination from t	ı.		51 51 5			
f	Er	ter the number of supported ovide the following information	organizations							
g	Pr	ovide the following informatio	n about the supported	d organization(s).	1					
	I) INa	ime of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	in your g	s the ion listed overning nent?	support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
<u>(E)</u>										
Total										

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) and 170(b)(1)(A)(v)) Complete only fly outcoded be box on line 5, or a 60 Part II of the organization fails to quality under Part III. If the organization fails to quality under Part III. Section A Fublic Support Calendary set for fical year beginning in the tests listed below, plassa complete Part III. Calendary set for fical year beginning in the tests listed below, plassa complete Part III. Calendary set for fical year beginning in the status listed below, plassa complete Part III. 1 diffs, grafts, contributions, and the fits of the organization status of the statu	Sche	dule A (Form 990) 2021	EQUEST				75-1823701	Page 2
organization fails to qualify under the tests listed below, please complète Part III.) Section A. Public Support Calendar year of riscal year memberships, provided and invasial grants, and memberships, sensewit (0) on the organization without charge	Par							(vi)
Section A. Public Support Calendary ser (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (c) 2020 (c) 2021 (f) Total indices any unautigents. 1 office prefix bein relaxed (C) and indices any unautigents. (a) 2017 (b) 2018 (c) 2020 (c) 2021 (f) Total 2 Tax revenues level for the organization sheet if and or its behalt. (a) 2017 (b) 2018 (c) 2020 (c) 2021 (f) Total 3 The value of services or its behalt. (c) 1, 581, 959. 1, 928, 433. 1, 918, 468. 1, 480, 702. 1, 994, 240. 8, 903, 802. 4 Total. Add lines 1 through 3. 1, 581, 959. 1, 928, 433. 1, 918, 468. 1, 480, 702. 1, 994, 240. 8, 903, 802. 5 Oron line 4. oron protections by each person (Offer the a government) 1, 581, 959. 1, 928, 433. 1, 918, 468. 1, 480, 702. 1, 994, 240. 8, 903, 802. 6 The orino intotal							der Part III. If the	
Calendar year (or fiscal year members) is agreed. contributed any usual grants. (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total members is explored. 1 fils, grants, contributed any usual grants. 1, 581, 959, 1, 928, 433, 1, 918, 468, 1, 480, 702, 1, 994, 240, 8, 903, 802, 1, 918, 468, 1, 480, 702, 1, 994, 240, 8, 903, 802, 1, 918, 468, 1, 480, 702, 1, 994, 240, 8, 903, 802, 1, 918, 468, 1, 480, 702, 1, 994, 240, 8, 903, 802, 1, 1, 581, 959, 1, 928, 433, 1, 918, 468, 1, 480, 702, 1, 994, 240, 8, 903, 802, 1, 581, 959, 1, 928, 433, 1, 918, 468, 1, 480, 702, 1, 994, 240, 8, 903, 802, 1, 100, 118, 1, 100, 100		°	under the tests is	ted below, please	e complete Part II	1.)		
Deginancy in y = Control Contro Control <thcontrol< th=""></thcontrol<>	Sec	tion A. Public Support	1	[1	1		
In the set of	begi	nning in) 🖻	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
organization's benefit and effer paid. 0. 3 The value of services or governmental unit bothe organization without charge 0. 4 Total. Add lines 1 through 3. 1.,581,959.1,928,433.1,918,468.1,480,702.1,994,240.8,903,802. 5 The potion of total contributions by each person (differ than governmental and governmental and governmental unit bothe organization) metadad on interest. 110,118. 6 Total. Add lines 1 through 3. 1.,581,959.1,928,433.1,918,468.1,480,702.1,994,240.8,903,802. 7 Amounts from line 4. 110,118. 8 Coros income from uniterest. 8,793,684. Section B. Total Support 1,581,959.1,928,433.1,918,468.1,480,702.1,994,240.8,903,802. 7 Amounts from line 4. 1,581,959.1,928,433.1,918,468.1,480,702.1,994,240.8,903,802. 7 Amounts from line 4. 1,581,959.1,928,433.1,918,468.1,480,702.1,994,240.8,903,802. 8 Gross income from unrelated business activities loans, rents, of the business is regularly carried on		include any 'unusual grants.')	1,581,959.	1,928,433.	1,918,468.	1,480,702.	1,994,240.	8,903,802.
3 The value of services or facilities invisited by a governmental unit to the organization without charge 0. 4 Total: Add lines 1 through 3 1, 581, 959. 1, 928, 433. 1, 918, 468. 1, 480, 702. 1, 994, 240. 8, 903, 802. 5 The portion of total contributions by each person control publicly supported organization included on line 1 that exceeds 2% of the amount 5 months in line 11. column (0 110, 118. 6 Public support: Subtract line 5 months from line 4. 8, 793, 684. Section B. Total Support Calendar year of fiscal year beginning in) - Total Support Calendar year of fiscal year beginning in) - Total Support Calendar year of fiscal year beginning in) - Total Support Calendar year of fiscal year beginning in) - 1, 581, 959. 1, 928, 433. 1, 918, 468. 1, 480, 702. 1, 994, 240. 8, 903, 802. 8 dross income from interest, divided on line from similar sources. 18, 509. 23, 165. 33, 664. 19, 080. 17, 381. 111, 799. 94, 240. 8, 903, 802. 18, 509. 23, 165. 33, 664. 19, 080. 17, 381. 111, 799. 19, 247, 025. 18, 509. 22, 700. 48, 173. 58, 475. 36, 830. 65, 246. 231, 424. 10 Other income. Dor on linclude	2	organization's benefit and either paid to or expended						0.
4 Total. Add lines 1 through 3 1,581,959 1,928,433 1,918,468 1,480,702 1,994,240 8,903,802 5 The portion of total unit or publicly supported organization) included on line 11. 110,118 110,118 110,118 6 Public support. 110,118 110,118 110,118 110,118 6 Public support. 8,793,684 1,581,959 1,928,433 1,918,468 1,480,702 1,994,240 8,903,802 7 Amounts from line 4 9 110,118 8,793,684 110,118 110,118 6 Aross income from interest. (a) 2017 (b) 2018 (c) 2019 (c) 2020 (c) 2021 (f) Total 7 Amounts from line 4 1,581,959 1,928,433 1,918,468 1,480,702 1,994,240 8,903,802 8 Gross income from interest. (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 10 Other income. Do not include gam or loss from the sate of earor loss from the sa	3	facilities furnished by a governmental unit to the						
5 The portion of total contributions by each person (other than a governmental unit or publicly support is to the end of the interview shown on line 11, column (0). 110, 118. 6 Public support. Subtract line 5 8, 793, 684. Section B. Total Support 8, 793, 684. Calendar year (or fiscal year beginning in) * (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4. 1, 581, 959. 1, 928, 433. 1, 918, 468. 1, 480, 702. 1, 994, 240. 8, 903, 802. 8 Gross income from interest. di dross income from unerest. end securities loars, rent; end maintar sources. 18, 509. 23, 165. 33, 664. 19, 080. 17, 381. 111, 799. 9 Net income. Do not include gain or loss from the sale of capital asset. Explainty carried on. 22, 700. 48, 173. 58, 475. 36, 830. 65, 246. 231, 424. 11 Total support. Add lines 7 22, 700. 48, 173. 58, 475. 36, 830. 65, 246. 231, 424. 12 Gross receipts from related activities, etc. (see instructions). 12 9, 247, 025. 12 941, 797. 13 First5 years. If the Form 990 is for the organization's first, second, t	4	Total. Add lines 1 through 3	1,581,959.	1,928,433.	1,918,468.	1,480,702.	1,994,240.	
Section B. Total Support 8,793,684. Section B. Total Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in) • (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4	6	Public support. Subtract line 5 from line 4						8,793,684.
beginning in) + (a) 2017 (b) 2015 (b) 2015 (b) 2025	Sec	tion B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated obsiness certifies, whether or instimilar sources. 18,509,23,165,33,664,19,080,17,381,111,799,080,17,381,111,799,080,17,381,111,799,080,00,00,00,00,00,00,00,00,00,00,00,00			(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated obsiness certifies, whether or instimilar sources. 18,509,23,165,33,664,19,080,17,381,111,799,080,17,381,111,799,080,17,381,111,799,080,00,00,00,00,00,00,00,00,00,00,00,00	7	Amounts from line 4	1,581,959.	1,928,433,	1,918,468,	1,480,702,	1,994,240,	8,903,802,
9 Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on. 0. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE, PART. VI. 0. 11 Total support. Add lines 7 through 10. 22, 700. 48,173. 58,475. 36,830. 65,246. 231,424. 11 Total support. Add lines 7 through 10. 9,247,025. 12 941,797. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	8	dividends, payments received on securities loans, rents, royalties, and income from						
gain or loss from the sale of capital assets. (Explain in Part VI.) SEE. (Explain in Part VI.) SEE. (Explain in Part VI.) SEE. (FART. VI	9	business activities, whether or not the business is regularly						<u> </u>
through 10. 9, 247, 025. 12 Gross receipts from related activities, etc. (see instructions). 12 941, 797. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Image: comparization check this box and stop here. Image: comparization check this box	10	gain or loss from the sale of	22,700.	48,173.	58,475.	36,830.	65,246.	231,424.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). 14 95.10 % 15 Public support percentage from 2020 Schedule A, Part II, line 14. 15 94.68 % 16a 33-1/3% support test–2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. IX b 33-1/3% support test–2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. IX b 33-1/3% support test–2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. IX b 33-1/3% support test–2021. 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. II b 10%-facts-and-circumstances test. The organization dual not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%		through 10						9,247,025.
organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). 14 95.10 % 15 Public support percentage from 2020 Schedule A, Part II, line 14. 15 94.68 % 16a 33-1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. IX b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	941,797.
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). 14 95.10% 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 94.68% 16a 33-1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ★ 🕅 b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ★ 🕅 17a 10%-facts-and-circumstances test-2021. 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 qualifies as a publicly supported organization ★ 🔲 17a 10%-facts-and-circumstances test-2021. 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-2020. 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.	13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	, third, fourth, or f	fifth tax year as a	section 501(c)(3)	· · · · · · · · · · · · · · · · · · ·
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). 14 95.10% 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 94.68% 16a 33-1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ★ 🕅 b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ★ 🕅 17a 10%-facts-and-circumstances test-2021. 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 qualifies as a publicly supported organization ★ 🔲 17a 10%-facts-and-circumstances test-2021. 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-2020. 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.	Sec	tion C. Computation of Pu	blic Support P	ercentage				
 16a 33-1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test-2021. 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. 17a 10%-facts-and-circumstances test-2021. 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. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test-2020. 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. 	14	Public support percentage for 20	021 (line 6, colum	n (f), divided by li				
and stop here. The organization qualifies as a publicly supported organization. ▼ X b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▼ X 17a 10%-facts-and-circumstances test-2021. 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-2020. 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.							II	
and stop here. The organization qualifies as a publicly supported organization ► 17a 10%-facts-and-circumstances test—2021. 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—2020. 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, 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.	16a							
 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—2020. 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. The organization qualifies as a publicly supported organization. 	b							
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	17a	or more, and if the organization	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Explain in Part `	√I how
18 Private toundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances te	nd-circumstances est. The organization	s test, check this tion qualifies as a	box and stop here a publicly supporte	e. Explain in Part d organization	√I how the
	18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

Schedule A (Form 990) 2021

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	tion A. Public Support						
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, 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 organization'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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		•				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or	fifth tax year as a	section 501(c)	(3) ▶ □
	tion C. Computation of Pul		5				
	Public support percentage for 20						-
	Public support percentage from 2					1	6 %
	tion D. Computation of Inv					-	-
	Investment income percentage f			-			
18	Investment income percentage f						-
	33-1/3% support tests – 2021. If t is not more than 33-1/3%, check 23 1/2% support tests – 2020. If t	this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organiza	tion
	33-1/3% support tests – 2020. If t line 18 is not more than 33-1/3%	, check this box	and stop here. Th	e organization qu	ualifies as a public	ly supported o	rganization 🕨 🔄
	Private foundation. If the organiz	zation did not che			check this box and		
BAA			TEEA0403L	08/31/21		Schedu	Ile A (Form 990) 2021

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Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 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 2 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 lines 3b and 3c below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **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** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 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. 9a **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**. 9b c Did a disqualified person (as defined on 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. 9c 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 line 10b below. 10a **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.) 10b

			0
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11	c below.		
the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
	L		

Section B. Type I Supporting Organizations

EOUEST

Schedule A (Form 990) 2021

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		
_	in uns regaru.	5		L

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

75-1823701

Page 5

Yes

1

2

No

Schedule A (Form 990) 2021 EQUEST			323701 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			n Part VI) See
instructions. All other Type III non-functionally integrated supporting organizatio	ns must	complete Sections A	through E.
Section 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		
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		
Section B — Minimum Asset Amount		(A) Prior Year	(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		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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.	3		
4 Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, 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 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally inte	egrated	Type III supporting or	ganization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

	edule A (Form 990) 2021 EQUEST			-1823	3701 Page 7
	rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continue	d)	
Sec	tion D – Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations	5,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati	on is responsive (provide	details		
	in Part VI). See instructions.			8	
	Distributable amount for 2021 from Section C, line 6			10	
10	Line 8 amount divided by line 9 amount				
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021				
_	a From 2016				
	• From 2017				
	C From 2018				
	J From 2019				
	e From 2020				
	f Total of lines 3a through 3e				
9	g Applied to underdistributions of prior years				
I	n Applied to 2021 distributable amount				
	i Carryover from 2016 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years		-		
_	Applied to 2021 distributable amount Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
_ 6	Excess from 2017				
	• Excess from 2018				
	Excess from 2019				
	Excess from 2020				
(e Excess from 2021				

Schedule A (Form 990) 2021

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2021	2020	2019	2018	2017
OTHER INCOME TOTAL	<u>\$ 65,246.</u> <u>\$ 65,246.</u>	<u>\$ 36,830.</u> <u>\$ 36,830.</u> <u>\$</u>	58,475. 58,475.	<u>48,173.</u> 48,173.	<u>22,700.</u> 22,700.

Schedule B (Form 990)

Department of the Treasury

		LOSURE	
Schedu	e of	Contri	butors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

ternal Revenue Service

Name of the organization

Employer identification number
75-1823701

EQUEST	
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C

rganization type (cneck one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	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 foundation				
	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 General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the Х regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater 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 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(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), 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).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)	1	1	Page 2
Name of organization	Employer identification numbe	r	
EQUEST	75-1823701		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$46,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>52,001.</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$60,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$160,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$40,000.	Person X Payroll

Schedule B (Form 990) (2021)		1	1	Page 3
Name of organization	1	Employer ident	ification n	umber
EQUEST	•	75-1823	701	

art II Noncas	h Property (see instructions). Use duplicate copies of Part II if add	litional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	
a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
		 \$\$	
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
		 \$ 	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	
		 Schedule	

Schedule E	B (Form 990) (2021)		1 1 Page 4		
Name of orga EQUEST			Employer identification number 75–1823701		
Part III		e year from any one contributor. npleting Part III, enter the total of <i>e</i> . Enter this information once. See inst	ions described in section 501(c)(7), (8), Complete columns (a) through (e) and <i>xclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A	·			
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address,	e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee		
- DAA	<u> </u>	TEFA0704I 10/06/21	Schodulo B (Earm 999) (2021)		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 2021

Open to Public Inspection

Schedule D (Form 990) 2021

TEEA3301L 08/30/21

EQU	JEST
Par	t I Organizations Maintaining Complete if the organizatio
1	Total number at end of year

Employer identification number

						23701	
Pa	rt I	Organizations Maintaining Donor	Advised Funds or Other	Similar Fund	ds or Accounts.		
		Complete if the organization answ	ered 'Yes' on Form 990, P	art IV, line 6	5.		
			(a) Donor advised fund	ds	(b) Funds and	d other acco	ounts
1	Total	number at end of year					
2	Aggreg	gate value of contributions to (during year)					
3	Aggreg	gate value of grants from (during year)					
4	Aggre	egate value at end of year					
5		he ergenization inform all denors and done	r advisors in writing that the ass	sots hold in don	or advised funds		
5	are th	he organization inform all donors and dono he organization's property, subject to the o	rganization's exclusive legal cor	itrol?		Yes	No
6	Did th	he organization inform all grantees, donors naritable purposes and not for the benefit of	s, and donor advisors in writing t	hat grant funds	s can be used only		
	impe	rmissible private benefit?				Yes	No
Pa	rt II	Conservation Easements.					
1 41		Complete if the organization answ	ered 'Yes' on Form 990. F	art IV. line 7	7.		
1		ose(s) of conservation easements held by			-		
		Preservation of land for public use (for example	•		n of a historically im	nportant lan	id area
		Protection of natural habitat	-,		n of a certified histo	•	
		Preservation of open space					-
2		blete lines 2a through 2d if the organization he	ld a qualified conservation contribu	ition in the form	of a conservation ear	sement on ti	he
-	last c	day of the tax year.			of a conservation ca.		ne
					Held at th	e End of th	ne Tax Year
i	a Total	number of conservation easements			. 2a		
l	b Total	acreage restricted by conservation easem	ents		. 2b		
	c Numl	ber of conservation easements on a certific	ed historic structure included in	(a)	. 2c		
	d Numl	ber of conservation easements included in	(c) acquired after 7/25/06 and r	not on a historic			
	struc	ture listed in the National Register.			. 2d		
3	Numb tax ye	ber of conservation easements modified, trans	ferred, released, extinguished, or t	erminated by the	e organization during	the	
4	2	per of states where property subject to conserv	vation opcompant is located				
-		the organization have a written policy rega		according hand	lling of violations		
Э		enforcement of the conservation easement				Yes	No
6		and volunteer hours devoted to monitoring, in				LLI durina the ve	ear
•	►						
7	Amou	unt of expenses incurred in monitoring, inspec	ting, handling of violations, and en	forcing conserva	tion easements durin	g the year	
	►\$						
8	Does	each conservation easement reported on	line 2(d) above satisfy the requi	rements of sect	tion 170(h)(4)(B)(i)	_	_
	and s	section 170(h)(4)(B)(ii)?				Yes	No
9	inclu	art XIII, describe how the organization repo de, if applicable, the text of the footnote to ervation easements.					
Pa	rt III	Organizations Maintaining Collec	tions of Art, Historical Tre	easures, or C	Other Similar As	sets.	
		Complete if the organization answ	ered 'Yes' on Form 990, F	Part IV, Íine 8	3.		
1	a If the	organization elected, as permitted under I	FASB ASC 958 not to report in	its revenue stat	tement and balance	sheet work	s of art
-	histo	rical treasures, or other similar assets held XIII the text of the footnote to its financial	for public exhibition, education,	or research in	furtherance of publ	ic service, p	provide in
ļ	histor	organization elected, as permitted under f rical treasures, or other similar assets held for ving amounts relating to these items:	FASB ASC 958, to report in its r public exhibition, education, or res	evenue stateme search in furthera	ent and balance she ance of public service	et works of , provide the	f art, e
		Revenue included on Form 990, Part VIII, li	ne 1			\$	
	• •	Assets included in Form 990, Part X				\$	
2	lf the	organization received or held works of art, his unts required to be reported under FASB A	storical treasures or other similar a			ollowing	
i		nue included on Form 990, Part VIII, line 1	-			\$	
		ts included in Form 990, Part X				\$	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021 EQUES			1.7		5-1823701		Page 2
Part III Organizations Mainta	ining Collections	s of Art, Historica	I Treasures, or (Other Simila	ar Assets (continu	ed)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any of	the following that mal	ke significant us	se of its collect	ion	
a Public exhibition		d Loan or exc	change program				
b Scholarly research		e Other					
c Preservation for future gener							
4 Provide a description of the organiz Part XIII.							
5 During the year, did the organiza to be sold to raise funds rather the						-	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangements. amount on Form	Complete if the o 990, Part X, line	rganization ansv 21.	wered 'Yes'	on Form 99	90, Par	t IV,
1 a Is the organization an agent, trus	stee, custodian or oth	ner intermediary for co	ontributions or other	assets not inc	luded		
on Form 990, Part X?					Ye	s	No
b If 'Yes,' explain the arrangement	in Part XIII and com	iplete the following tai	ble:		Amou	nt	
c Beginning balance				1.0	Amou	nt	
d Additions during the year							
e Distributions during the year							
f Ending balance				. 1e			
2 a Did the organization include an a					? Ye	- T	No
b If 'Yes,' explain the arrangement						-	
	In all All. Check I		Thas been provided			· · · · · · L	
Part V Endowment Funds. C	omplete if the or	nanization answe	red 'Yes' on For	m 990 Part	IV line 10		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea		Four year:	s hack
1 a Beginning of year balance	730,902.	686,586.	606,032		,957.	-	232.
b Contributions	130,902.	000,000.	000,032	. 070	, 957.	030,	232.
-							
c Net investment earnings, gains, and losses	98,095.	80,765.	115,424	-30	,124.	72	215.
d Grants or scholarships	50,050.		110,121		/1211	, 2,	210.
e Other expenditures for facilities							
and programs	38,251.	33,116.	32,474	. 39	,461.	25,	609.
f Administrative expenses	3,796.	3,333.	2,396	. 3	,340.	3,	881.
g End of year balance	786,950.	730,902.	686,586	. 606	,032.	678,	957.
2 Provide the estimated percentage	e of the current year	end balance (line 1g,	column (a)) held as	s:			
a Board designated or quasi-endowm	ent 🕨	010					
b Permanent endowment	100.00%						
c Term endowment	010						
The percentages on lines 2a, 2b, a	nd 2c should equal 100	0%.					
3a Are there endowment funds not in t	the possession of the c	organization that are he	ld and administered f	or the			
organization by:						Yes	No
(i) Unrelated organizations					3a(i)		Х
(ii) Related organizations					3a(ii))	Х
b If 'Yes' on line 3a(ii), are the rela	ated organizations lis	ted as required on Sc	hedule R?		3b		
4 Describe in Part XIII the intended	d uses of the organiz	ation's endowment fu	nds. SEE PART	XIII			
Part VI Land, Buildings, and	Equipment.						
Complete if the organi	zation answered	'Yes' on Form 99	0, Part IV, line	11a. See Fo	rm 990, Pa	irt X, Iii	ne 10.
Description of property) Cost or other basis (other)	(c) Accumula depreciatio		Book va	alue
1 a Land							
b Buildings			2,411,091.	82,0	009.	2,329,	,082.
c Leasehold improvements							
d Equipment			486,544.	441,	587.		,957.
e Other			105,086.	12,			,424.
Total. Add lines 1a through 1e. (Colum	nn (d) must equal For	rm 990, Part X, colum	n (B), line 10c.)	<u></u>		2,466,	
BAA					Schedule D (Form 990) 2021

	D (Form 990) 2021 EQUEST			75-1823701	Page 3
Part VII	Investments – Other Securities. Complete if the organization answered	l 'Yes' on Form 99	N/A 0, Part IV, line 11b.	See Form 990, Part	X, line 12.
(a) Desc	cription of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market	value
	cial derivatives				
	y held equity interests				
(3) Other					
(A)					
(B)					
(C)					
$\frac{(D)}{(E)}$					
(E) (F)					
(G)					
$\frac{(\alpha)}{(H)} =$					
(I) — — —					
	mn (b) must equal Form 990, Part X, column (B) line 12.) ►				
	Investments – Program Related.	•	N/A		
-	Complete if the organization answered				
(1)	(a) Description of investment	(b) Book value	(c) wethod of valuation	on: Cost or end-of-year ma	irket value
(1)					
(2) (3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 990, Part X, column (B) line 13.) 🕨				
Part IX	Other Assets. Complete if the organization answered	N/A Ves' on Form 991	A 0 Part IV line 11d	See Form 990 Part	X line 15
		scription			ok value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
	olumn (b) must equal Form 990, Part X, column (B) line 15.)		•••••	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990 Part IV line 1	10 or 11f See Form 990	Part X line 25	
1.		iption of liability		(b) Boo	k value
	eral income taxes				
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
(11)					
	mn (b) must equal Form 990, Part X, column (B) line 25.)			►	
2. Liability f	or uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's fi	inancial statements that reports	the organization's liability for un	certain

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2021 EQUEST	75-1823701	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,489,284.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	90.	
b Donated services and use of facilities	57.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	238,457.
3 Subtract line 2e from line 1	3	2,250,827.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, , ,
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 3, 79	6.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	3,796.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,254,623.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,181,903.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		, - ,
a Donated services and use of facilities	57	
b Prior year adjustments	<u> </u>	
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	156,467.
3 Subtract line 2e from line 1		2,025,436.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		2,023,430.
a Investment expenses not included on Form 990, Part VIII, line 7b	6.	
b Other (Describe in Part XIII.)	<u> </u>	
c Add lines 4a and 4b.	4c	3,796.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,029,232.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TO BENEFIT THE FUNDING OF PROGRAMS AT EOUEST FOR THE BENEFIT OF THE INDIVIDUALS

PARTICIPATING IN THE PROGRAM AND/OR CARE OF THE HORSES USED IN THE PROGRAM.

PART X - FASB ASC 740 FOOTNOTE

EOUEST IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME

TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS NOT PRIVATE A

FOUNDATION AS DEFINED IN THE IRC. INCOME GENERATED FROM ACTIVITIES UNRELATED TO

EQUEST'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511. EQUEST DID NOT HAVE BAA Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2021. THEREFORE, NO TAX PROVISION OR LIABILITY HAS BEEN REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. EQUEST HAD NO SIGNIFICANT UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2021.

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
(Form 990)	Comple		n entered m	ore than \$15	orm 990, Part IV, line 17, 18, ,000 on Form 990-EZ, line 6a or Form 990-EZ.		2021
Department of the Treasury Internal Revenue Service	► G	Open to Public Inspection					
Name of the organization EQUEST						Employer identified 75-182370	
Fundraising	Activities. Comple	te if the organiza	ation answ	ered 'Yes' o	on Form 990, Part IV, line		
I 0III 950 E	Z filers are not re the organization i				owing activities. Check	all that apply.	
a Mail solicitatio	-		, <u> </u>	e			
	email solicitations	5		f	Solicitation of gove	-	
c Phone solicita				g	Special fundraising	events	
d In-person soli		r oral agreement	t with any i	individual (i	including officers, directo	rs trustees or key	
employees listed	in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services?	
b If 'Yes,' list the 10 compensated at I	0 highest paid inc east \$5,000 by th	lividuals or enti le organization.	ities (fund	raisers) pı	ursuant to agreements u	under which the fundra	iser is to be
(i) Name and addres or entity (fund		(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
4							
5							
6							
7							
•							
8							
9							
10							
Total				•			0.
3 List all states in wh					ontributions or has been	notified it is exempt fror	
or licensing.							
							·
	 	 _					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA3701L 07/12/21

Sche	Schedule G (Form 990) 2021 EQUEST 75-1823701 Page 2						
Par	tll	Fundraising Events. Complete if					
		more than \$15,000 of fundraising List events with gross receipts gree	event contributions eater than \$5,000.	s and gross income	on Form 990-EZ,	lines 1 and 6b.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)	
			GALA	WAUX LUNCHEON	1	through column (c)	
e			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	668,232.	332,238.	47,308.	1,047,778.	
<u></u>	2	Less: Contributions	408,187.	256,241.	42,590.	707,018.	
	3	Gross income (line 1 minus line 2)	260,045.	75,997.	4,718.	340,760.	
	4	Cash prizes					
10	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
Exp	7	Food and beverages	134,962.			134,962.	
Direct	8	Entertainment	31,348.		2,221.	33,569.	
	9	Other direct expenses	93,735.	75,997.	2,497.	172,229.	
	10	Direct expense summary. Add lines 4 thr				340,760.	
Dec	11	Net income summary. Subtract line 10 fro					
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered Tres	s on Form 990, Par	tiv, line 19, or re	ported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
~~	1	Gross revenue					
ses	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes [%] No	Yes%	Yes [%] No		
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)				
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)			
	a Is th	er the state(s) in which the organization co he organization licensed to conduct gaming lo,' explain:	g activities in each of th			Yes No	
		re any of the organization's gaming license 'es,' explain:		or terminated during th		Yes No	

Schedule G (Form 990) 2021

Schedule G (Form 990) 202	equest			75-1823	701	Page 3
11 Does the organization	conduct gaming activities w	with nonmembers?.			Yes	No
			r of a partnership or other entity formed		Yes	No
13 Indicate the percentage	of gaming activity conducted	in:				
a The organization's faci	lity			13a		90
b An outside facility				13b		010
14 Enter the name and add	ress of the person who prepa	ares the organization'	s gaming/special events books and reco	ords:		
Name ►						
b If 'Yes,' enter the amo of gaming revenue reta		eived by the organiz \$		enue? d the amoun		No
Name ►						
Address ►						י
16 Gaming manager infor	mation:					
Name ►						
Gaming manager com	pensation ► \$					
Description of services	provided ►					
Director/officer	Employee		Independent contractor			
17 Mandatory distributions	5:					
a Is the organization requi state gaming license?.	red under state law to make o	charitable distributior	is from the gaming proceeds to retain th	ie 	Yes	No
			I to other exempt organizations or spent	in the	_	
	empt activities during the ta					<u></u>
and Part III, I	al Information. Provide ines 9, 9b, 10b, 15b, ⁻ See instructions.	e the explanatio 15c, 16, and 17l	ns required by Part I, line 2b, b, as applicable. Also provide	columns (any additi	iii) and (onal	v);

SCHEDULE	J
(Form 990)	

OMB No. 1545-0047

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. Attach to Form 990.							
Department of the Treasury Internal Revenue Service		to Form 990. Istructions and the latest information.		en to Inspec		ic	
Name of the organization		Emplo	yer identification num	nber			
EQUEST		75-	1823701				
Part I Question	s Regarding Compensation						
					Yes	No	
1 a Check the approp VII, Section A, I	riate box(es) if the organization provided any of the for ne 1a. Complete Part III to provide any relevant i	ollowing to or for a person listed on Form 99 information regarding these items.)0, Part				
First-class o	r charter travel	Housing allowance or residence for pers	onal use				
Travel for co	mpanions	Payments for business use of personal r	esidence				
Tax indemn	fication and gross-up payments	Health or social club dues or initiation fe	es				
Discretionar	/ spending account	Personal services (such as maid, chauffe	eur, chef)				
	s on line 1a are checked, did the organization follow or provision of all of the expenses described abov			1 b			
	tion require substantiation prior to reimbursing or icers, including the CEO/Executive Director, regar			2			
3 Indicate which, if Executive Direct establish competition	any, of the following the organization used to establis or. Check all that apply. Do not check any boxes nsation of the CEO/Executive Director, but explain	sh the compensation of the organization's C for methods used by a related organizati n in Part III.	EO/ on to				
X Compensati	on committee	Written employment contract					
Independen	compensation consultant	Compensation survey or study					
Form 990 of	other organizations	Approval by the board or compensation	committee				
4 During the year, organization or	did any person listed on Form 990, Part VII, Sec a related organization:	tion A, line 1a, with respect to the filing					
a Receive a sever	ance payment or change-of-control payment?			4 a		Х	
•	receive payment from a supplemental nonqualified	•		4 b		Х	
•	receive payment from an equity-based compensation fines 4a-c, list the persons and provide the appli	-		4 c		Х	
-							
Only section 50	l(c)(3), 501(c)(4), and 501(c)(29) organizations mu	ust complete lines 5-9.					
5 For persons lister contingent on th	l on Form 990, Part VII, Section A, line 1a, did the or e revenues of:	ganization pay or accrue any compensation					
- 5	1?			5 a		Х	
, ,	nization?	• • • • • • • • • • • • • • • • • • • •		5 b		Х	
	I on Form 990, Part VII, Section A, line 1a, did the or	canization nav or accrue any compensation					
contingent on th	e net earnings of:						
•	?			6 a		X	
	nization? or 6b, describe in Part III.			6 b		Х	
7 For persons liste	ed on Form 990, Part VII, Section A, line 1a, did t escribed on lines 5 and 6? If 'Yes,' describe in Pa	the organization provide any nonfixed		7		Х	
to the initial con	nts reported on Form 990, Part VII, paid or accrue tract exception described in Regulations section 5 in Part III	53.4958-4(a)(3)?		8		X	
	did the organization also follow the rebuttable presur		-				

If Yes' on line 8, did the organization also ronow the reputation production products documents and the section 53.4958-6(c)? BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

9 Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensatio		(D) Nontaxable	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	(E) Total of columns(B)(i)-(D)	(F) Compensatior in column (B) reported as deferred on prior Form 990
ELIZABETH KELLOGG	(i)	122,004.	6,767.	0.	0.	26,000.	154,771.	0.
1 CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)						+	
5	(ii)							
	(i)						+	
6	(ii)							
	(i)						+	
7	(ii)							
_	(i)						+	
8	(ii)							
	(i)						+	
9	(ii)							
	(i)						+	
10	(ii)							
11	(i)						+	
	(ii)							
10	(i)						+	
12	(ii)							
10	(i)						+	
13	(ii)							
14	(i)						+	
14	(ii)							
15	(i)						+	
15	(ii)							
10	(i)						+	
16 BAA	(ii)		TEEA4102L 10/2					J (Form 990) 2021

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

►	Complete if the	organizations	answered '	Yes'	on Form 99	D, Part IV	, lines	29 or	30.
	· · · · · -								

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

Employer	identification	number

75-1823701

EQU	EQUEST 75-1823701										
Pa	t I Types of Property			·							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(c od of c contril	i) letermir oution a	ning mounts			
1	Art – Works of art										
2	Art – Historical treasures										
3	Art – Fractional interests.										
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles										
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										
23	Scientific specimens										
24	Archeological artifacts.										
25	Other► (SUPPLIES)	Х	31	11,238.	FMV						
26	Other► (<u>HORSES</u>)	Х	1	15,000.	FMV						
27	Other► ()										
28	Other► ()										
29	Number of Forms 8283 received by the organization d										
	organization completed Form 8283, Part V, Donee	e Acknowledg	gement		29						
							Yes	No			
30a	During the year, did the organization receive by contri	bution any pro	operty reported in Part I	, lines 1 through 28, that							
	it must hold for at least three years from the date										
	for exempt purposes for the entire holding period	?				30 a		X			
	If 'Yes,' describe the arrangement in Part II.										
31	Does the organization have a gift acceptance poli	cy that requir	res the review of any r	nonstandard contributio	ns?	31	Х				
32a	Does the organization hire or use third parties or contributions?					32 a		Х			
Ł	If 'Yes,' describe in Part II.										
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wl	hich column (a) is chec	ked,						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Employer identification number

EQUEST

FORM 990. PART III. LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

EQUEST PROVIDES EQUINE ASSISTED SERVICES TO CHILDREN AND ADULTS WITH PHYSICAL, COGNITIVE AND EMOTIONAL DISABILITIES, AS WELL AS VETERANS IN NORTH TEXAS. EQUEST SERVED OVER 275 UNDUPLICATED CLIENTS AND DELIVERED OVER 6,000 SERVICE HOURS IN 2021. ON AVERAGE, 80% OF ALL PROGRAM EXPENSES FOR THE GENERAL CLIENT POPULATION ARE UNDERWRITTEN EXCEPT FOR OUR VETERAN PROGRAM. 100% OF ALL VETERAN FEES ARE COVERED BY EQUEST.

THERAPEUTIC HORSEMANSHIP: 201 CLIENTS

EQUEST'S VETERAN PROGRAM (HOOVES FOR HEROES) 70 CLIENTS WITH 3,300 SERVICE HOURS. EQUEST'S COUNSELING PROGRAM: 647 COUNSELING HOURS AND 71 INDIVIDUAL COUNSELING CLIENTS SERVED.

EQUEST RECEIVED APPROXIMATELY 23,874 HOURS OF VOLUNTEER SERVICES THAT ARE NOT RECOGNIZED IN THE FINANCIAL STATEMENTS.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE BYLAWS WERE AMENDED EFFECTIVE NOVEMBER 17, 2020 TO INCREASE THE MAXIMUM NUMBER OF VOTING BOARD MEMBERS FROM 19 TO 23.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED BY A CPA FROM INFORMATION RECEIVED DURING THE ANNUAL AUDIT AND ADDITIONAL INFORMATION PROVIDED BY MANAGEMENT. THE FORM 990 IS REVIEWED BY THE ACCOUNTANT, CEO AND AUDIT COMMITTEE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST POLICIES ARE REVIEWED BY THE CEO AND BOARD CHAIR AND MAINTAINED IN INDIVIDUAL'S FILE. FURTHERMORE, THE OFFICERS SIGN A CONFLICT OF INTEREST

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

COMPENSATION FOR THE CEO IS DETERMINED BY RESEARCH AND REVIEW OF INDUSTRY COMPARISONS. THE EXECUTIVE SUPPORT AND ASSESSMENT TEAM OF THE BOARD REVIEWS THE CEO'S PERFORMANCE AND COMPENSATION. THE FINANCE COMMITTEE APPROVES THE CEO'S SALARY. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES COMPENSATION FOR EMPLOYEES IS DETERMINED BY RESEARCHING THE SALARY RANGE IN OUR MARKET AS WELL AS IN OUR INDUSTRIES. THE CEO SETS EMPLOYEE SALARIES AND OBTAINS BUDGET APPROVAL FROM BOARD.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART VIII INCOME FROM FUNDRAISING EVENTS

THE NET ECONOMIC BENEFIT FROM OUR FUNDRAISING EVENTS IS CALCULATED AS FOLLOWS: CONTRIBUTIONS FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 1C \$ 707,018 GROSS INCOME FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 8A 340,760 GROSS INCOME FROM GAMING ACTIVITIES REPORTED ON PART VIII, LINE 9A 0 LESS: DIRECT COSTS OF EVENTS REPORTED ON PART VIII, LINE 8B (341,845) NET ECONOMIC BENEFIT OF FUNDRAISING EVENTS \$ 705,933

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

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

OMB No. 1545-0047

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization EQUEST

Employer identification number 75-1823701

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded ent	tity	(b) Primary ac	tivity	(Legal dom or foreign	;) icile (state i country)	tate ry) (d) (e) End-of-year assets		(e) of-year assets	Dire	(f) ct contro entity	olling	
(1) EQUEST AT TEXAS HORSE PARK, LLC 811 PEMBERTON HILL RD., BLDG 4 DALLAS, TX 75217				Т	TX		0.		0.		. EOUEST	
(2)												
(3)												
Part II Identification of Related Tax-Exempt Org had one or more related tax-exempt orga	ganization: inization:	ons. Complete s during the ta	if the org ix year.	janization	answered	d 'Yes	' on Form 990), Part	: IV, line 34,	becau	ise it	
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal dom or foreigr	(c) nicile (state Exem n country) se		Code n	(e) Public charity status (if section 501(c)(3)		(f) Direct controlling entity		(g) Sec 512(b)(13) controlled entity	
											Yes	No
 (4)												

Schedule R (Form 990) 2021 EQUEST

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered 'Yes' on Form 990, Part IV, line 34,
	because it had one or more related organizations treated as a par	tnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispi tior alloca	h) ropor- nate ntions?	K-1 (Form	part	ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
 	-											
Part IV Identification of line 34, because	Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.											
(a)	- f us la tradiciona di la		(b)	(c)	(d) _ (e) (f)		(ġ)	(h)		(i)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled	(i) 512(b)(13) Iled entity?			
		country)	entity	01 (1031)				Yes	No			
(1)												
(2)												
	-											
<u>(3)</u>	ļ											
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Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis	ted in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a		Х		
b Gift, grant, or capital contribution to related organization(s)			1 b		Х		
c Gift, grant, or capital contribution from related organization(s)			1 c		Х		
d Loans or loan guarantees to or for related organization(s)			1 d		Х		
e Loans or loan guarantees by related organization(s)			1 e		Х		
f Dividends from related organization(s)			1 f		Х		
g Sale of assets to related organization(s)			1 g		Х		
h Purchase of assets from related organization(s)			1 h		Х		
i Exchange of assets with related organization(s)			1i		Х		
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х		
k Lease of facilities, equipment, or other assets from related organization(s).			1 k		Х		
Performance of services or membership or fundraising solicitations for related organization(s).							
m Performance of services or membership or fundraising solicitations by related organization(s).							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of paid employees with related organization(s)							
p Reimbursement paid to related organization(s) for expenses			1p		Х		
q Reimbursement paid by related organization(s) for expenses			1 q		Х		
r Other transfer of cash or property to related organization(s).			1r		Х		
s Other transfer of cash or property from related organization(s)			1s		Х		
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covere			1	II			
(a) Name of related organization	(b) Transaction	(c) Amount involved Met	(c hod of (j)			
Name of related organization	type (a-s)	Amount involved liviet	noa or (amount	determ involve	aning ed		
	51- ()						
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
BAA TEEA5003L 09/21/21		Schedule I	R (Forn	n 990)	2021		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unre- lated, excluded	me section , unre- 501(c)(3) xcluded organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	、 , ,	Yes	No	Ī
(1)													
	-												
	-												
(2)													
	-												
	-												
(3)													
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Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.