

e-Postcard Worksheet

Form **990-N****2024**

For calendar year 2024, or tax year beginning

, and ending

Name

**HORSE ASSISTED LEARNING & THERAPY
INC.**

Employer Identification Number

92-0276260**Note: Form 990-N can ONLY be filed electronically, and is filed in lieu of Forms 990 or 990-EZ, if eligibility is met.**

The following items are required for a complete electronic submission:

1. Employer identification number (EIN), also known as a Taxpayer Identification Number (TIN) **92-0276260**
2. Tax year **2024**
3. Legal name of organization **HORSE ASSISTED LEARNING & THERAPY
INC.**
- Mailing street address **17759 128TH TRAIL N**
- City or foreign province **Jupiter**
- State or foreign country code **FL**
- Zip code **33478**
4. Any other names the organization uses (Doing Business As)
5. Principal officer name **ASHLEY COLWELL**
- Mailing street address **17759 128TH TRAIL N**
- Street address line 2
- City **JUPITER**
- Foreign province
- State or foreign country code **FL**
- Zip code **33478**
6. Web site address if the organization has one
7. Organization's annual gross receipts are normally \$50,000 or less **X**
8. Organization is terminated or in the process of termination