CLIENT'S COPY

JULY 13, 2021

RAINBOW THERAPEUTIC RIDING CENTER P.O. BOX 479 HAYMARKET, VA 20168

RAINBOW THERAPEUTIC RIDING CENTER:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

SHAWN SUMRALL, CPA

PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FOR:

RAINBOW THERAPEUTIC RIDING CENTER P.O. BOX 479 HAYMARKET, VA 20168

PREPARED BY:

BADGER SUMRALL & COMPANY 7410 HERITAGE VILLAGE PLAZA #101 GAINESVILLE, VA 20155

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.

Form **8868**

(Rev. January 2020)

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

► File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file — or car ellow sically five Fore 88 8 by re-up = 6-more metro and attention of the forms listed below with the electronic filing (e-file — or of term 887), Influence Source for grant to a file any of the forms listed below with the electronic filing (e-file — or of term 887), Influence Source for grant to a file any of the file and the file

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-practice (e. al. 1-h. 1-p. fits.

Automatic 6-Month Extension of the submitteright (no copies needles)

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.

Type or	Name of exempt organization or other filer, see instruc	tions.		Taxpaye	ridentification num	ber (TIN)
print	RAINBOW THERAPEUTIC RIDING	СЕМТЕ	R		**_***79	95
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se P.O. BOX 479				, , ,	<u> </u>
return. See instructions.	City, town or post office, state, and ZIP code. For a for HAYMARKET, VA 20168	reign addı	ess, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
	2020 No - 103/546159		Foy No.			
• If the c • If this box • Ire the	Salonda Sal	and atta	mption Number (GEN) In the character of the chara	f this is fo	r the whole group, ers the extension is	s for.
• If the c • If this box • Ire the	progranization does not have an office or place of business is for a Group Return, enter the organization's four digit Good and the group, check this box organization and pabe to a calendaryear of the group of the	and atta	mption Number (GEN) I ch a list with the names and TINs of	f this is fo	r the whole group, ers the extension is	s for.
● If the control of this box ▶ 1 I return the point 2 If the control of this box ▶ 1	progranization does not have an office or place of business is for a Group Return, enter the organization's four digit Government. If it is for part of the group, check this box progranization are labore and extensive is first to a gard a group of tax year beginning.	and atta	ted States, check this box mption Number (GEN) I ch a list with the names and TINs of BEL 5	of this is for all memb	r the whole group, ers the extension is	s for. turn for
• If the control of this box • If this box • If the the the the second of the thick	progranization does not have an office or place of business is for a Group Return, enter the organization's four digit Good and the group, check this box organization arme cabbe entered in line 1 is for less than 2 months, in Change in accounting period	and atta	ted States, check this box mption Number (GEN) I ch a list with the names and TINs of BEL 5	of this is for all memb	r the whole group, ers the extension is	s for.
• If the control of this box • If this box • If the the control of	progranization does not have an office or place of business is for a Group Return, enter the organization's four digit Government. If it is for part of the group, check this box progranization armenable extension is further than the extension of the group of the gr	and atta	ted States, check this box mption Number (GEN) ch a list with the names and TINs of BE	f this is for all memb	r the whole group, ers the extension is	s for. turn for
• If the control of t	proganization does not have an office or place of business is for a Group Return, enter the organization's four digit Government. If it is for part of the group, check this box proganization that expression of the group of the	and atta	ted States, check this box mption Number (GEN) ch a list with the names and TINs of BET TO TO d ending mutual tun enter the tentative tax, less refundable credits and	f this is for all memb	r the whole group, ers the extension is	s for. turn for
• If the control of t	proganization does not have an office or place of business is for a Group Return, enter the organization's four digit Government. If it is for part of the group, check this box proganization are labored when extensive is for the group of t	and atta	ted States, check this box mption Number (GEN) ch a list with the names and TINs of BET TO THE TENT OF dending meter the tentative tax, less refundable credits and owed as a credit.	f this is for all memb	r the whole group, ers the extension is	s for. turn for

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

Form 8868 (Rev. 1-2020)

instructions.

EXTENDED TO NOVEMBER 15, 2021

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A F</u>	or the	2020 calendar year, or tax year beginning a	nd ending			
B	Check if pplicable	C Name of organization		D Employ	er identifi	cation number
	Addres	RAINBOW THERAPEUTIC RIDING CENTER				
F	Name change			**_	***79	95
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telepho	ne numbe	r
F	Final return/	P.O. BOX 479			75461	
	termin ated			G Gross rece		439,669.
	Ameno			H(a) Is this	a group re	
	Applic tion	F Name and address of principal officer: RONALD KNECHT		_	bordinates	
	pendir	9 SAME AS C ABOVE		H(b) Are all s	ubordinates in	cluded? Yes No
ī	Гах-ехе	empt status: X 501(c)(3) D 501(c) () D (insert no.) D 4947(a)(1) or 52	7 If "No	," attach a	list. See instructions
		e: ▶ WWW.RAINBOWRIDING.ORG		H(c) Group	exemptio	n number 🕨
		organization: X Corporation Trust Association Other	L Yea	r of formation:	1984 n	1 State of legal domicile: VA
Pa	art I	Summary				
4		Briefly describe the organization's mission or most significant activities: RAI				
ĕ		ENHANCE THE QUALITY OF LIFE OF INDIVIDUA	LS WIT	H DISAB	ILITI	ES THROUGH
rna	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispersions.	oosed of mor	e than 25% of	its net ass	
ŏ	1					5
ত প্র		Number of independent voting members of the governing body (Part VI, line 1b				5
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a)				12
Activities & Governance		Total number of volunteers (estimate if necessary)				95
Act		Total unrelated business revenue from Part VIII, column (C), line 12				0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>			0.
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Ye	ar ,794.	Current Year 307,819.
e	8	Contributions and grants (Part VIII, line 1h)			, 194. , 276.	116,482.
Revenue	9	Program service revenue (Part VIII, line 2g)			,270. ,174.	12,801.
Вè	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			,033.	-10,622.
	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,277.	426,480.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1 02	0.	0.
	I				0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		266	,844.	285,200.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	" -		0.	0.
ben	h	Total fundraising expenses (Part IX, column (D), line 25) 51,	357.			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		180	,369.	184,002.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		447	,213.	469,202.
		Revenue less expenses. Subtract line 18 from line 12			,064.	-42,722.
or or		•	E	Beginning of Cu		End of Year
Net Assets or	20	Total assets (Part X, line 16)		1,373		1,414,644.
ASS	21	Total liabilities (Part X, line 26)		3	,853.	64,082.
<u>Sel</u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,369	,565.	1,350,562.
Pa	art II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying sched	ules and stater	nents, and to the	e best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	er has any know	ledge.	
Sig	n	Signature of officer		Dat	е	
Her	е	RONALD KNECHT, VICE PRESIDENT				
		Type or print name and title		Date	Obert E	PTIN
De'		Print/Type preparer's name CITATUM CIMPALT CDA		שמוט	Check if	- '
Paid		SHAWN SUMRALL, CPA		 	self-employ	P00274803 **-***5202
	oarer	Firm's name BADGER SUMRALL & COMPANY 5 and 10 HERTMACE WILLAGE DIAZA #10	<u> </u>	Firr	n's EIN ▶	
use	Only	Firm's address 7410 HERITAGE VILLAGE PLAZA #10 GAINESVILLE, VA 20155	υI	DI.		40) 364-4930
Mar	, the IF	GAINESVILLE, VA 20133		I Pho	nie no. (5	X Ves No

Pai	t III Statement of Program Service A	Accomplishments		
	Check if Schedule O contains a response	or note to any line in this Part III		
1	Briefly describe the organization's mission: RAINBOW THERAPEUTIC RIDIA	NG CENTER STRIVES T	O ENHANCE THE QUALIT	Y OF
	LIFE OF PEOPLE WITH DISA			
	ASSISTED ACTIVITIES.			
2	Did the organization undertake any significant pr	rogram services during the year which	n were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedu			
3	Did the organization cease conducting, or make If "Yes," describe these changes on Schedule O		ts, any program services?	Yes X No
4	Describe the organization's program service acc		rgest program services, as measured by	expenses
	Section 501(c)(3) and 501(c)(4) organizations are	•		•
	revenue, if any, for each program service reporte		,	
4a	(Code:) (Expenses \$ 324,) (Revenue \$	116,482.)
	RAINBOW CENTER PROVIDES			
	AND ADULTS WITH DISABILI	TIES TO MEET THEIR	INDIVIDUAL NEEDS AND	GOALS
	WHILE FULLY UTILIZING TH	E ORGANIZATION'S RE	SOURCES. THESE ACTI	VITIES
	ARE CONDUCTED UNDER THE	GUIDELINES ESTABLIS	HED BY THE PROFESSIO	NAL
	ASSOCIATION OF THERAPEUT	IC HORSEMANSHIP INT	ERNATIONAL.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	,, , , ;			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule C	O.)		
	(Expenses \$ including	g grants of \$) (Revenue \$)
4e	Total program service expenses	324,496.		
				Form 990 (2020)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
8	, ,			x
•	Schedule D, Part III	8		
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			٠,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	11b		X
С	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	11c		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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the Helical Obstace			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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	X	<u> </u>
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		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?	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

032003 12-23-20

Form 990 (2020) RAINBOW THERAPEUTIC RIDING CENTER
Part IV | Checklist of Required Schedules (continued)

ı uı	Officerist of Required Scriedules (continued)			
	Dill		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	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		х
b	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		
d	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
b	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? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	contributions? If "Yes," complete Schedule M	30		х
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? <i>If</i> "Yes," <i>complete</i>	"		
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a	_		
	The far families of Forms W Za moladed in into fac. Effect of infort applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
00000	(gambling) winnings to prize winners?	l 1c	990	(2020)
U32004	‡ 12-23-20	TITOTI		(UZU)

Form 990 (2020) RAINBOW THERAPEUTIC RIDING CENTER

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,				103	
	filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accour	it)?	4a		X
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 A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		_X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			v
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
р	If "Yes," did the organization include with every solicitation an express statement that such contributi		gifts	6 1.		
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	avione n	royidad to the payor?	7a		X
a b			' '	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.5		
Ŭ	to file Form 8282?	ao roqu	an ou	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		I			
а	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:	١	ı			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ILD				
а	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				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $$1,000,000$ in remuned the section $$1,000,000$ in remuned $$1,000,00$	ration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.				222	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

The content of voting members of the governing body at the end of the tax year Tale Ta		Check if Schedule O contains a response or note to any line in this Part VI			X
the care metal difference in using rights among members of the governing body, of the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b filter the number of voting members included on line 1a, above, who are independent b Committee of the committee of the committee of similar committee, explain on Schedule 0. b Committee of the committee of the committee of similar committee, explain on Schedule 0. c Did any officier, director, fusitoe, or key employees? 2	Sec	tion A. Governing Body and Management			
the 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 0. Better the number of voting members included on line 1a, above, who are independent office, director, trustee, or key employee? 2 Did any officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management of comment of productions of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization base management during the year of a significant company or other person? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 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? 9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization have members or stockholders? 7 Did the organization have members of the powering body? 8 Did the organization have wither the meetings held or written actions undertake during the year by the following: 8 To person of the organization have written produced by the governing body? 9 Dis the early officer, director, suctase, or key employees listed in Part VII, Section A, who cannot be reached at 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 to review this Form 980 to such chapters, difficulties, and branches to ensure their operations are consistent wi				Yes	No
body delegated frond authority to an executive committee or similar committee, explain on Schedule 0. 1 to 5	1a	Enter the number of voting members of the governing body at the end of the tax year			
b Enter the number of voling members included on line 1s, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing			
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No No No No No No No No	_		9		X
10a	Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			ı
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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15 Did the organization by CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 15f Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►VA Section C. Disclosure 18 Section 6104 requires				Yes	
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THE ORGANIZATION - 7037546159	20				
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P.O. BOX 4/9 HAYMARKETI VA 20168		P.O. BOX 479, HAYMARKET, VA 20168			

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or 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 n	or any related	orga	niza	tion	con	nper	nsate	ed any current officer, d	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is bot	n an	compensation	compensation	amount of
	week	-	cer an	ia a a	recto	r/trus	iee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 2) 1000 (**100)		and related
	below	idual	ution	 	Key employee	est co	er er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) THOMAS SWANSTON	40.00									
EXECUTIVE DIRECTOR				Х				75,000.	0.	0.
(2) PAULA CAMPBELL MILLIAN	2.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(3) RONALD KNECHT	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) JENNIFER BULLARD BROGGINI	2.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(5) ANDREW HERTNEKY	2.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(6) LAUREN PETERSON	2.00									
PRESIDENT		Х		Х				0.	0.	0.
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Part VII Section A. Officers, I	Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employe	es (continued)				
(A) Name and title		(B) Average hours per week (list any hours for related	or director	not c , unle: cer an	Posi heck r ss per nd a di	ition more son i	than os both	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d is	an com fr	(F) stimate nount other pensa om the anizat	of ation e
		organizations below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(1.2.100011100)			and	d relat anizati	ed
1b Subtotal c Total from continuation sh								>	75,000.		0.			0.
d Total (add lines 1b and 1c)									75,000.		0.			0.
Total number of individuals compensation from the organical compensation.		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100	,000 of reportable	9			0
3 Did the organization list any	former officer	director trust	oo k	ev e	mnl	OVE	e or	hia	hest compensated emr	Novee on	1		Yes	No
line 1a? If "Yes," complete 5												3		Х
4 For any individual listed on land related organizations grant												4		X
5 Did any person listed on line	e 1a receive or a	ccrue comper	nsati	on fr	om a	any	unre							7.7
rendered to the organization Section B. Independent Contra		olete Schedule	e J fo	or st	ıch r	oers	on .					5		X
Complete this table for your the organization. Report cor	five highest con	-	-							· · · · · · · · · · · · · · · · · · ·	 oensat	tion fro	m	
	(A) e and business a			ONE			<i>y</i> 1 vv 1		(B) Description of		С	(Compe		n
2 Total number of independer	•	•	ot lin	nited	d to t	thos		ted	above) who received m	ore than				
\$100,000 of compensation	rom the organiz	ation 🚩											000	

Form 990 (2020) RAINBOW
Part VIII Statement of Revenue

1 a Federated campaigns 1 a 1 b 1			Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
1 a Federated campaigns 1a 1b 1c 1c 1c 1c 1c 1c 1c					(A)	(B)	(C)	
1 a Federated campaigns 1a					Total revenue			
b						Tariotion revenue	business revenue	
b	S S	1 8	Federated campaigns 1a					
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2 a PROGRAM 0THER TYPES 624310 116,457. 116,457.	<u>O 8</u>		1 Total: Add lines Ta-11	Business Code	307,013.			
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Total. Add lines 2a2f	erv ne	1		024310	۷3.	۵۵۰		
Total. Add lines 2a2f	n S	(
Total. Add lines 2a2f	Jran Bey	(·					
Total. Add lines 2a2f	rog	•	·					
3 Investment income (including dividends, interest, and other similar amounts)	Δ.		-		116 400			
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less: rental expenses 6 b C Rental income or (loss) 7 a Gross amount from sales of assets other than inventory 8 b Less: cost or other basis and sales expenses 7 b 0 . 1 , 917 . 7 c Sain or (loss) 7 c To					116,482.			
1		3			14 664			14 664
10 10 10 10 10 10 10 10					14,664.			14,664.
Section Sect		4	·	-				
6 a Gross rents b Less: rental expenses c Rental income or (loss) 6 d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b 0 . 1,917. c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 56,338. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10 a FACILITY RENTAL INCOME Business Code FACILITY RENTAL INCOME Business Code Gain or (loss) C Rental expenses Gb Less: carrial expenses Gb Less: direct expenses Gb Less: direct expenses Gi) Octobric particles (ii) Other A 54. -1,917. -1,863.		5	Royalties					
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 0 . 1,917. d Net gain or (loss) 7c 541,917. d Net gain or (loss) 7c 541,917. d Net gain or (loss) 51,8631,863. a Gross income from fundraising events (not including \$ 56,338. of contributions reported on line 1c). See Part IV, line 18 8a 0. b Less: direct expenses 8b 11,272. c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a 9a 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory Total Part IV (line 19 9a 9a 9b				(ii) Personal				
The state of the s		6 a	Gross rents 6a					
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		ŀ	Less: rental expenses 6b					
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 0. 1,917. Cain or (loss) 7c 541,917. d Net gain or (loss) 56,338. of contributions reported on line 1c). See Part IV, line 18 8b 11,272. c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 9b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 11 a FACILITY RENTAL INCOME 11 a FACILITY RENTAL INCOME 11 a Gross amount from sales of inventory 12 a Gross income from sales of inventory 11 a Gross action of the following sevents 11 a Gross sales of inventory 12 a Gross action of the following sevents 10 a Gross sales of inventory 12 a Gross action of the following sevents 10		(Rental income or (loss) 6c					
Best of the than inventory by Less: cost or other basis and sales expenses and sales expe		(Net rental income or (loss)					
b Less: cost or other basis and sales expenses		7 a	a Gross amount from sales of (i) Securities	(ii) Other				
and sales expenses 7b 0. 1,917. c Gain or (loss) 541,917. d Net gain or (loss) 56,338. of contributions reported on line 1c). See Part IV, line 18 8a 0. b Less: direct expenses 8b 11,272. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b 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 The lost of the lost o			assets other than inventory 7a 54.					
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 56,338.of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 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 11 a FACILITY RENTAL INCOME Business Code Business Code G All other revenue		ŀ						
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 56,338.of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 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 11 a FACILITY RENTAL INCOME Business Code Business Code G All other revenue	ne		and sales expenses 7b 0.	1,917.				
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 56,338.of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 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 11 a FACILITY RENTAL INCOME Business Code Business Code G All other revenue	/en	(Gain or (loss) 7c 54.	-1,917.				
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 11 a FACILITY RENTAL INCOME b Contributions reported on line 1c). See Part IV, line 19 Business Code 532000 650.	Re				-1,863.			-1,863.
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 11 a FACILITY RENTAL INCOME b Contributions reported on line 1c). See Part IV, line 19 Business Code 532000 650.	ē							
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 9 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 Business Code 11 a FACILITY RENTAL INCOME Business Code 13 2000 650.	₹		including \$ 56,338. of					
Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 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 11 a FACILITY RENTAL INCOME 11 a FACILITY RENTAL INCOME 5 3 2 0 0 0 6 5 0 . 6 5 0 .	-							
b Less: direct expenses c Net income or (loss) from fundraising events 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 11 a FACILITY RENTAL INCOME 532000 650.			l l	0.				
c Net income or (loss) from fundraising events 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 Business Code 5 3 2 0 0 0 6 5 0 . 6 5 0 .		ı						
9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 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 11 a FACILITY RENTAL INCOME Business Code 532000 650. 650.					-11,272.			-11,272.
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 Business Code 11 a FACILITY RENTAL INCOME b C All other revenue					,			
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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 11 a FACILITY RENTAL INCOME 532000 650. 650.				—				
and allowances								
b Less: cost of goods sold			·					
C Net income or (loss) from sales of inventory Business Code 532000 650. 650.			l l					
11 a FACILITY RENTAL INCOME 532000 650. 6			<u> </u>					
11 a FACILITY RENTAL INCOME b c d All other revenue			- Not income or (1033) from Sales of invertiory	Business Code				
d All other revenue	Sn	11 -	FACTLITY RENTAL INCOME		650			650
d All other revenue	ee ine			55200	330•			
d All other revenue	ila Ven							
E CEO	Sce	,						
A Total Add lines 11a-11d	Σ	,			650.			
						116.482.	0 -	2,179.

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Part IX | Statement of Functional Expenses

Professional fundraising services. See Part IV, line 17 Investment management fees

Other. (If line 11g amount exceeds 10% of line 25,

column (A) amount, list line 11g expenses on Sch O.)

Advertising and promotion

Office expenses

Information technology

Royalties Occupancy

Payments of travel or entertainment expenses

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 75,000. 16,875. 22,500. 35,625. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 190,421. 156,588. 25,340. 8,493. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 19,779. 13,335. 3,054. 3,390. 10 Payroll taxes Fees for services (nonemployees): Management Legal 14,164. 124. 14,040. Accounting Lobbying

	•				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,974.	49,254.	557.	163.
23	Insurance	24,252.	18,964.	2,506.	2,782.
24	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.)				
а	HORSE	49,364.	47,804.	1,560.	
b	FARM OPERATIONS	20,637.	14,344.	6,293.	
С	SUPPLIES	5,997.	2,717.	3,219.	61.
d	TELEPHONE	3,741.	733.	3,008.	
е	All other expenses	9,584.	3,479.	5,322.	783.
25	Total functional expenses. Add lines 1 through 24e	469,202.	324,496.	93,349.	51,357.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

3,797.

2,492.

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60.

12

13

14 15

16 17

18

3,797

2,153

279.

Form 990 (2020)

Part X | Balance Sheet

Part	: X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			192,377.	1	156,832
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			9,049.	4	1,550
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	nese persor	ns		5	
	6	Loans and other receivables from other disqu	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	oed in secti	on 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			5,592.	9	3,824
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,338,223.			
	b	Less: accumulated depreciation	10b	489,185.	796,234.	10c	849,038
	11	Investments - publicly traded securities			369,893.	11	403,127
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			273.	15	273
	16	Total assets. Add lines 1 through 15 (must e	qual line 33	3)	1,373,418.	16	1,414,644
	17	Accounts payable and accrued expenses			3,853.	17	12,482
	18	Grants payable				18	
	19	Deferred revenue				19	
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Comple	te Part IV o	f Schedule D		21	
တ္က ြ	22	Loans and other payables to any current or for	ormer office	r, director,			
≝│		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	nese persor	ns		22	
- :	23	Secured mortgages and notes payable to uni				23	
:	24	Unsecured notes and loans payable to unrela	ted third pa	arties		24	51,600
:	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X			
		of Schedule D			2 252	25	64.000
- 1	26	Total liabilities. Add lines 17 through 25			3,853.	26	64,082
,,		Organizations that follow FASB ASC 958, o	heck here	► X			
ĕ		and complete lines 27, 28, 32, and 33.		-	1 204 005		1 220 046
<u> a</u>	27				1,324,205.	27	1,338,846
<u> </u>	28				45,360.	28	11,716
<u> </u>		Organizations that do not follow FASB ASC	958, chec	ck here 🕨 📖			
ř		and complete lines 29 through 33.		-			
[S C	29	Capital stock or trust principal, or current fun				29	
ese	30	Paid-in or capital surplus, or land, building, or				30	
	31	Retained earnings, endowment, accumulated			1 262 -6-	31	1 252 565
	32	Total net assets or fund balances			1,369,565.	32	1,350,562
	33	Total liabilities and net assets/fund balances			1,373,418.	33	1,414,644

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,36	9, <u>5</u>	<u>65.</u>
5	Net unrealized gains (losses) on investments	5	2	3,7	<u> 19.</u>
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	1,35	0,5	<u>62.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	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				
С	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?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			_
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		RAIN	BOW THERAP	EUTIC RIDING	CENTI	SR.	"	**-***7995				
Pa	rt I	Reason for Public C					ee instructions.					
Γhe	organ	ization is not a private found										
1	$\overline{\Box}$	A church, convention of chu)(A)(i).					
2	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3	Ħ		tal or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	H	•		tion operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
•	ш	city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
3		section 170(b)(1)(A)(iv). (C		liege of university owner	or operat	ca by a go	verninental anit desent	ica III				
6				antal unit described in	aaalian 17	70/6\/4\/4\	(.A					
6	X	A federal, state, or local gov	-				-					
′	_2_	An organization that normal		ntial part of its support if	om a gove	mmentar	unit or from the general	public described in				
_		section 170(b)(1)(A)(vi). (C		(4)(A)(-1) (Olata D								
8	\mathbb{H}	A community trust describe										
9		An agricultural research org										
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the colleg	e or				
		university:										
10		An organization that normal	•				•	-				
		activities related to its exem										
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	•									
11	\mathbb{H}	An organization organized a	•	*	-			_				
12		An organization organized a	· ·	•	-		· · · · · · · · · · · · · · · · · · ·					
		more publicly supported org						Check the box in				
		lines 12a through 12d that o	* *				•					
а			· · · · · · · · · · · · · · · · · · ·	•	•	-						
		the supported organization			majority o	f the direc	tors or trustees of the s	upporting				
	_	organization. You must c										
b			•					-				
		control or management of			ame perso	ns that co	ntrol or manage the sup	ported				
	_	organization(s). You mus	•									
С								ed with,				
	_	its supported organization		·								
d												
		that is not functionally into	-		•			iveness				
	_	requirement (see instructi										
е							Type I, Type II, Type III					
		functionally integrated, or		nally integrated supporti	ng organiz	ation.						
f		er the number of supported o	•									
g		vide the following information i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	ınization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)				
				above (see instructions))	Yes	No		1				

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.)

Sec	ction A. Public Support	<u> </u>	·							
Cale	ndar 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.")	361,653.	293,193.	221,892.	208,794.	424,276.	1509808.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	361,653.	293,193.	221,892.	208,794.	424,276.	1509808.			
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)									
6	Public support. Subtract line 5 from line 4.						1509808.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	361,653.	293,193.	221,892.	208,794.	424,276.	1509808.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	13,511.	14,404.	20,527.	19,446.	14,664.	82,552.			
9	Net income from unrelated business	-	-	-	-	-	-			
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						1592360.			
	Gross receipts from related activities,	etc. (see instruction	ons)			12				
	First 5 years. If the Form 990 is for th					01(c)(3)				
	organization, check this box and stor					. , . ,				
Sec	ction C. Computation of Publi									
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	column (f))		14	94.82 %			
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	94.32 %			
	33 1/3% support test - 2020. If the o					ore, check this box	x and			
	stop here. The organization qualifies									
b	33 1/3% support test - 2019. If the o									
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			> □			
17a	10% -facts-and-circumstances test									
	and if the organization meets the facts	-								
	meets the facts-and-circumstances te			=			. .			
b	10% -facts-and-circumstances test	•								
	more, and if the organization meets th	ū				•				
	organization meets the facts-and-circu		•		•		▶ □			
18	•						<u> </u>			
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

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.)

Se	ction A. Public Support	<u>,</u>	,				
Cale	ndar 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 per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	• • • • • • • • • • • • • • • • • • • •	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
							b
	ction C. Computation of Publi					т т	
	Public support percentage for 2020 (li		•	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves			101 (*)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			on line 14 and line		18	7 is not
198	33 1/3% support tests - 2020. If the						▶ □
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
r.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **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.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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.	1		
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.	2		
Sec	tion 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		
Sec	tion 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).	2		
3	By reason of the relationship described in 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			
800	supported organizations played in this regard.	3		
Sec	tion 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).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	I ' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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	Ol-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the experiencial base the power to regularly appoint or clost a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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		
Sect	ion 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		
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 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		
Sect	ion 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-function	ally integrated	Type III supporting orga	anization (see
	inateriations	, ,		•

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide 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	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	(i) (ii)		Underdistributions	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RAINBOW THERAPEUTIC RIDING CENTER

Employer identification number **-***7995

Par	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Par		
		(a) Donor advised funds	(b) Funds and other accounts
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 advis	-	
	are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and o	donor advisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the c	donor or donor advisor, or for any other purpose o	
Da.			Yes No
		the organization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the org		
	Preservation of land for public use (for example,	·	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified history		
d			
_	listed in the National Register		
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated by the	organization during the tax
4	year ► Number of states where property subject to conservat	tion aggement is legated	
4 5	Does the organization have a written policy regarding	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easen		Yes No
6	Staff and volunteer hours devoted to monitoring, inspe		
Ū	b	coung, nanding of violations, and emoroting cons	orvation casomorits during the year
7	Amount of expenses incurred in monitoring, inspecting	a handling of violations, and enforcing conservat	tion easements during the year
•	▶ \$	g, nanamig or notatione, and officioning contection	caccine ne alimig and year
8	Does each conservation easement reported on line 2(o	d) above satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports con-		
	balance sheet, and include, if applicable, the text of th		
	organization's accounting for conservation easements		
Par	rt III Organizations Maintaining Collection	ons of Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB A	ASC 958, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held	for public exhibition, education, or research in ful	rtherance of public
	service, provide in Part XIII the text of the footnote to i	its financial statements that describes these items	s.
b	If the organization elected, as permitted under FASB A	ASC 958, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for	r public exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, histor	rical treasures, or other similar assets for financial	
	the following amounts required to be reported under F	FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	A		A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

		THERAPEUT							*7995	Page 2
Par	t III Organizations Maintaining C								(continue	d)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the f	following that	t make signi	ificant ι	ise of its		
	collection items (check all that apply):									
а	Public exhibition				hange progra					
b	Scholarly research		е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	in how th	ey further th	ne organizatio	on's exempt	purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er similar as	sets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	reported an amount on Form 990, Par		lete if the	organizatio	n answered '	"Yes" on Fo	rm 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for d	contributions	s or other ass	sets not incl	luded			
	on Form 990, Part X?								Yes [No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						>		Yes	No
	If "Yes," explain the arrangement in Part XIII.					-			[
Par										
	•	(a) Current year		rior year	(c) Two yea		Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance	,	, ,	•						
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end haland	L Se (line 1c	r column (a)	// pelq sc.				1	
	Board designated or quasi-endowment	erit year erid balarit	% %	j, coluitiii (a)	I) Held as.					
a h	,	%								
D		⁷⁰								
·		, <u> </u>								
20	The percentages on lines 2a, 2b, and 2c shown Are there endowment funds not in the posses		ation tha	t are held ar	nd administa	rad for the a	raani-a	tion		
Sa		ssion of the organiz	ation tha	t are neid ar	ia administer	red for the C	rganiza	lliori	V.	Na Na
	by:								Ye	s No
	(i) Unrelated organizations								3a(i)	+
	(ii) Related organizations								3a(ii)	+
b	If "Yes" on line 3a(ii), are the related organiza								3b	
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment f	unds.						
ı al	, , , , , , , ,		0 Dad 11	line 11 - O	'aa Earra 000	Dort V II-	. 10			
	Complete if the organization answered							. т	(1) 5 :	
	Description of property	(a) Cost or			or other	(c) Accu		ea	(d) Book v	alue
		basis (invest	ment)	Siera	(other)	aepre	ciation			
	Land			1 1 0	2 600	2.0	2 41		0.21	101
b	Buildings	1		, _9	3,600.	J 56	2,41	L ブ・	ōJ⊥,	181.

Schedule D (Form 990) 2020

16,928.

849,038.

e Other

142,894.

1,729.

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

125,966.

800.

	RAPEUTIC RIDIN	IG CENTER	**-***7995 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(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)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11c. See Form 990, Part X, lin	ne 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u>'</u>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11d. See Form 990, Part X, lin	ne 15.
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Pai	rt X. line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
- •			
<u>(8)</u>			<u> </u>
(9)			

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) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN INCOME

REALIZED LOSS ON SALE OF ASSET

TOTAL TO SCHEDULE D, PART XII, LINE 2D

11,272.

1,917.

13,189.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	RAINBOW	THERAPEUTIC	RIDING	CENTER	**-***7995	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Inform	mation /	0				
oupplemental info	(contin	rued)				
						
					-	

SCHEDULE G

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

RAINBOW	THERAPEUTIC	RIDING	CENTER		**-***/	995
Fundraising Activities.	Complete if the organiz	ation answere	d "Yes" on Form 990,	, Part IV, line 1	7. Form 990-EZ	filers are not
required to complete this part						

 a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e X Solicita f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu	tion of tion of I fundra (includ	non-g gover lising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions?			(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			
			<u> </u>			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

032081 11-25-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2020

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions.				
		or rundraising event contributions and gr	(a) Event #1 FALL FUNDRAISER (event type)	(b) Event #2 GIVE LOCAL PIEDMONT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	35,660.	20,641.		56,301.
ď		Less: Contributions	35,660.			56,301.
	3	Gross income (line 1 minus line 2)				,
		Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ӓ	8	Entertainment Other direct expenses				
	10				•	
	11				_	
Pa						•
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization conduthe organization licensed to conduct gaming and No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re				Yes No
03208	32 11	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

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Sch	edule G (Form 990 or 990-EZ) 2020 RAINBOW THERAPEUTIC RIDING CENTER **-	<u>***799</u>	5 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
12	to administer charitable gaming?	Yes	No No
40		res	
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	<u>%</u>
b	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{		
c	If "Yes," enter name and address of the third party:		
_	The root, which have and address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Carming manager mornation.		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Manufatana distributiones		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	art III, lines 🤉	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	RAINBOW	THERAPEUTIC	RIDING	CENTER	**-***7995	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (contin	und				
	сарристиста.	COILLII	u c u)				
-							

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Inspection

OMB No. 1545-0047

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

Name of the organization

RAINBOW THERAPEUTIC RIDING CENTER

Employer identification number **-***7995

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTICIPATION IN EQUINE ASSISTED THERAPEUTIC ACTIVITIES.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE FEDERAL FORM 990 IS PROVIDED TO THE ORGANIZATION'S EXECUTIVE
DIRECTOR. UPON APPROVAL BY THE BOARD OF DIRECTORS, FORM 990 AND/OR FORM
8879-EO IS SIGNED BY THE CURRENT PRESIDENT OR VICE PRESIDENT OF THE BOARD
OF DIRECTORS AND FILED WITH THE IRS.
PART VI, SECTION B, 12C.
EACH MEMBER OF THE BOARD OF DIRECTORS AND KEY STAFF COMPLETES AN ANNUAL
STATEMENT OF COMPLIANCE WITH THE WRITTEN POLICY.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD REVIEW OF DISCLOSURE STATEMENTS AND ROUTINE FINANCIAL REVIEWS ENSURE
NO ACTIVITIES OR EXPENDITURES ARE IN VIOLATION OF THE WRITTEN POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS DETERMINED BY THE BOARD INCLUDING COMPARISONS TO PEER
NON-PROFIT ENTITIES.
FORM 990, PART VI, SECTION C, LINE 19:
A COPY OF THE FEDERAL FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON WRITTEN
REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020