

MAY 8, 2020

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

RAINBOW THERAPEUTIC RIDING CENTER:

ENCLOSED IS THE ORGANIZATION'S 2019 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 JULY 15, 2020.

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, 2019

## 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 JULY 15, 2020.

## IRS e-file Signature Authorization for an Exempt Organization

| r calendar year 2019, or fiscal year beginning | , 2019, and ending | , |
|--|--------------------|---|
|  |                    |   |

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

| internal Revenue Service   | Go to www.irs.gov/Form88/9EO for the latest inform   | iation.  |   |   |
|--|--|--|---|---|
| Name of exempt organization  |  | E  | Employer identifi   | cation number   |
| RAINBOW THERAPE  | EUTIC RIDING CENTER  |  | **-***79  | 995   |
| Name and title of officer  |  | '  |   |   |
| RONALD KNECHT  |  |  |   |   |
| VICE PRESIDENT   |  |  |   |   |
| Part I Type of Re  | turn and Return Information (Whole Dollars Only)   |  |   |   |
| on line <b>1a, 2a, 3a, 4a,</b> or <b>5a,</b> b   | for which you are using this Form 8879-EO and enter the applicable amou<br>below, and the amount on that line for the return being filed with this form<br>k (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the  | was blank, the   | en leave line 1b  | <b>, 2b, 3b, 4b,</b> or <b>5b,</b>  |
| 1a Form 990 check here   | <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line  | 12)  | 1b  | 462.277.  |
| 2a Form 990-EZ check here  | b Total revenue, if any (Form 990-EZ, line 9)  | ,  | 15  |   |
| 3a Form 1120-POL check he  |  |  |   |   |
| 4a Form 990-PF check here  | b Tax based on investment income (Form 990-PF, Part  |  |   |   |
| 5a Form 8868 check here  |  |  |   |   |
| ,  |  |  |   |   |
| Part II Declaration  | n and Signature Authorization of Officer   |  |   |   |
| intermediate service provider, (a) an acknowledgement of rethe date of any refund. If applicabit) entry to the financial inseturn, and the financial institution 1-888-353-4537 no later than processing of the electronic p | nt in Part I above is the amount shown on the copy of the organization's expectation, transmitter, or electronic return originator (ERO) to send the organization eccipt or reason for rejection of the transmission, (b) the reason for any delicable, I authorize the U.S. Treasury and its designated Financial Agent to stitution account indicated in the tax preparation software for payment of ution to debit the entry to this account. To revoke a payment, I must cont 2 business days prior to the payment (settlement) date. I also authorize the payment of taxes to receive confidential information necessary to answer it ersonal identification number (PIN) as my signature for the organization's extremic funds withdrawal. | o's return to the<br>elay in process<br>o initiate an elec<br>the organizatio<br>act the U.S. Tre<br>ne financial inst<br>inquiries and re | IRS and to recing the return of ctronic funds with the control of | eive from the IRS r refund, and (c) ithdrawal (direct es owed on this I Agent at d in the ated to the |
| Officer's PIN: check one box   |  |  | F   |   |
| X I authorize SHAV   | WN G. SUMRALL  | to   | enter my PIN  | 07995   |
|  | ERO firm name  |  |   | Enter five numbers, bu<br>do not enter all zeros  |
| is being filed with a  | the organization's tax year 2019 electronically filed return. If I have indical state agency(ies) regulating charities as part of the IRS Fed/State programe return's disclosure consent screen.   |  |   |   |
| indicated within this  | organization, I will enter my PIN as my signature on the organization's tax s return that a copy of the return is being filed with a state agency(ies) reg r my PIN on the return's disclosure consent screen.   | •  | •   |   |
| Officer's signature  | Dat  | te <b>&gt;</b>   |   |   |
|  |  |  |   |   |

### Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54089899779

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature > SHAWN G. SUMRALL

Date >

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

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

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

Open to Public Inspection

OMB No. 1545-0047

| <u>A</u>      | For the                    | e 2019 calendar year, or tax year beginning and  | ending       |                                       |                   |                             |
|---------------|----------------------------|--|--------------|---------------------------------------|-------------------|-----------------------------|
|               | Check if applicable        | C Name of organization   |              | D Employer id                         | lentifica         | ation number                |
| Г             | Addre                      | RAINBOW THERAPEUTIC RIDING CENTER  |              |                                       |                   |                             |
|               | Name<br>chang              |  |              | **_**                                 | <b>*</b> 799      | 5                           |
|               | Initial<br>return<br>Final | D O BOY 179  | Room/suite   | E Telephone n 70375                   | umber             | ۵                           |
| _             | return_<br>termir          |  |              |                                       |                   | 471,409.                    |
|               | ated<br>Amen               | City or town, state or province, country, and ZIP or foreign postal code  HAYMARKET, VA 20168  |              | G Gross receipts \$                   |                   |                             |
|               | return<br>∏Applio          | •  |              | H(a) Is this a gr                     |                   |                             |
| _             | tion<br>pendi              |  |              | for subord <b>H(b)</b> Are all subord |                   |                             |
| $\overline{}$ | Tav.ev                     | empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c   | or 527       | 1 ` ′                                 |                   | st. (see instructions)      |
|               |                            | te: > WWW.RAINBOWRIDING.ORG  | JI JZI       | H(c) Group exe                        |                   | ,                           |
|               |                            | organization: X Corporation Trust Association Other  | I Year       |                                       |                   | State of legal domicile: VA |
|               | art I                      | Summary  | 12 1001      | or formation, — =                     | <u>   101</u>     | otato or rogar dormono,     |
|               | 1                          | Briefly describe the organization's mission or most significant activities: RAINE  | BOW CE       | NTER STR                              | IVES              | TO                          |
| Governance    |                            | ENHANCE THE QUALITY OF LIFE OF INDIVIDUAL  |              |                                       |                   |                             |
| 'n            | 2                          | Check this box  if the organization discontinued its operations or dispos  | ed of more   | than 25% of its n                     | et asse           | ts.                         |
| Ş             | 3                          | Number of voting members of the governing body (Part VI, line 1a)  |              |                                       | 3                 | 5                           |
|               |                            | Number of independent voting members of the governing body (Part VI, line 1b)  |              |                                       | 4                 | 5                           |
| 8             | 5                          | Total number of individuals employed in calendar year 2019 (Part V, line 2a)   |              |                                       | 5                 | 13                          |
| ∠i <u>‡</u> i | 6                          | Total number of volunteers (estimate if necessary)   |              |                                       | 6                 | 95                          |
| Activities &  | 7 a                        | Total unrelated business revenue from Part VIII, column (C), line 12   |              |                                       | 7a                | 0.                          |
| _             | <u>b</u>                   | Net unrelated business taxable income from Form 990-T, line 39   | ·····        |                                       | 7b                | 0.                          |
|               |                            |  |              | Prior Year                            | 2                 | Current Year                |
| ē             | 8                          | Contributions and grants (Part VIII, line 1h)  |              | 221,89                                |                   | 208,794.                    |
| Revenue       | 9                          | Program service revenue (Part VIII, line 2g)   |              | 206,98<br>17,2                        |                   | 225,276.<br>17,174.         |
| Be            | 10                         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |              | -14,13                                |                   | 11,033.                     |
|               |                            | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |              | 432,0                                 |                   | 462,277.                    |
| _             | 12                         | 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) |              | 452,0                                 | 0.                | 0.                          |
|               | 14                         | Describe a side of forms and our (Dest IV. as house (A) alice (A)  |              |                                       | 0.                | 0.                          |
|               | 45                         | Salaries, other compensation, employee benefits (Part IX, column (A), line 4)  |              | 267,8                                 |                   | 266,844.                    |
| Expenses      | 16a                        | Professional fundraising fees (Part IX, column (A), line 11e)  |              | 20,,0                                 | 0.                | 0.                          |
| pen           | b                          | Total fundraising expenses (Part IX, column (D), line 25)  | 2.           |                                       |                   |                             |
| ŭ             | 17                         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |              | 168,3                                 | 71.               | 180,369.                    |
|               |                            | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |              | 436,23                                | 31.               | 447,213.                    |
|               |                            | Revenue less expenses. Subtract line 18 from line 12   |              | -4,2                                  | 31.               | 15,064.                     |
| 20            | 2                          |  | Ве           | ginning of Current                    |                   | End of Year                 |
| Net Assets or | 20                         | Total assets (Part X, line 16)   |              | 1,333,5                               |                   | 1,373,418.                  |
| t As          | 21                         | Total liabilities (Part X, line 26)  |              | 3,2                                   |                   | 3,853.                      |
|               |                            | Net assets or fund balances. Subtract line 21 from line 20   |              | 1,330,2                               | 91.               | 1,369,565.                  |
|               | art II                     | Signature Block  |              |                                       |                   |                             |
|               |                            | Ilties of perjury, I declare that I have examined this return, including accompanying schedules  |              | •                                     | -                 | nowledge and belief, it is  |
| true          | e, correc                  | tt, and complete. Declaration of preparer (other than officer) is based on all information of wh   | ich preparer | nas any knowledge                     |                   |                             |
| <u> </u>      |                            | Signature of officer   |              | I<br>Date                             |                   |                             |
| Sig           |                            | RONALD KNECHT, VICE PRESIDENT  |              | Date                                  |                   |                             |
| Hei           | re                         | Type or print name and title   |              |                                       |                   |                             |
|               |                            | Print/Type preparer's name Preparer's signature  | ] [          | Date cr                               | neck              | PTIN                        |
| Pai           | d                          | SHAWN SUMRALL, CPA   |              | if                                    | lf-employed       | P00274803                   |
|               | -<br>parer                 | Firm's name BADGER SUMRALL & COMPANY   | <u> </u>     | Firm's E                              |                   | *-***5202                   |
|               | Only                       | Firm's address 7410 HERITAGE VILLAGE PLAZA #101  |              |                                       |                   | <u> </u>                    |
| _             |                            | GAINESVILLE, VA 20155  |              | Phone n                               | <sub>0.</sub> (54 | 0) 364-4930                 |
| Ma            | y the II                   | RS discuss this return with the preparer shown above? (see instructions)   |              |                                       |                   | X Yes No                    |

| Pai | Statement of Program Service Accomplishments   |
|-----|--|
|     | Check if Schedule O contains a response or note to any line in this Part III   |
| 1   | Briefly describe the organization's mission:  RAINBOW THERAPEUTIC RIDING CENTER STRIVES TO ENHANCE THE QUALITY OF  |
|     | LIFE OF PEOPLE WITH DISABILITIES THROUGH PARTICIPATION IN EQUINE   |
|     | ASSISTED ACTIVITIES.   |
|     |  |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the   |
|     | prior Form 990 or 990-EZ?  |
|     | If "Yes," describe these new services on Schedule O.   |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
|     | If "Yes," describe these changes on Schedule O.  |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.   |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and   |
|     | revenue, if any, for each program service reported.  |
| 4a  | (Code:) (Expenses \$ 356,119. including grants of \$) (Revenue \$ 225,276.)  |
|     | RAINBOW CENTER PROVIDES THERAPEUTIC EQUESTRIAN ACTIVITIES FOR CHILDREN   |
|     | AND ADULTS WITH DISABILITIES TO MEET THEIR INDIVIDUAL NEEDS AND GOALS WHILE FULLY UTILIZING THE ORGANIZATION'S RESOURCES. THESE ACTIVITIES   |
|     | ARE CONDUCTED UNDER THE GUIDELINES ESTABLISHED BY THE PROFESSIONAL   |
|     | ASSOCIATION OF THERAPEUTIC HORSEMANSHIP INTERNATIONAL.   |
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| 4b  | (Code:) (Expenses \$) (Revenue \$)   |
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| 4c  | (Code:) (Expenses \$   |
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|     |  |
| 4d  | Other program services (Describe on Schedule O.)   |
|     | (Expenses \$\frac{\text{including grants of \$}}{\text{Revenue \$}}\) (Revenue \$  |
| 4e  | Total program service expenses ► 356,119.  |
|     | Form <b>990</b> (2019)   |

## Form 990 (2019) RAINBOW THERAPEUTIC RIDING CENTER 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        | X   |              |
| 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> |     |              |
| Ü        | 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,  |          |     |              |
| ′        |  | 7        |     | x            |
|          | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | <b>-</b> |     |              |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |          |     | <b> </b> ₩   |
| _        | Schedule D, Part III   | 8        |     | X            |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |          |     |              |
|          | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |          |     | ,,,          |
|          | If "Yes," complete Schedule D, Part IV   | 9        |     | X            |
| 10       | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |          |     |              |
|          | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10       |     | 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      |     | X            |
| d        | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |          |     |              |
|          | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 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?  |          |     |              |
|          | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b      |     | x            |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13       |     | X            |
| 14a      |  | 14a      |     | X            |
| 14a<br>b | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 170      |     | <del></del>  |
| D        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |          |     |              |
|          |  | 14b      |     | x            |
| 15       | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                                    | 140      |     |              |
| 15       |  | 45       |     | x            |
| 40       | foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                       | 15       |     |              |
| 16       |  | 4.0      |     | v            |
|          | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16       |     | X            |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |          |     | \ <b>3</b> 7 |
|          | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17       |     | X            |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | _        | 37  |              |
|          | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18       | X   |              |
| 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            |
| 20a      | 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       |     | X            |
|          |  |          |     |              |

# Form 990 (2019) RAINBOW THERAPEUTIC RIDING CENTER Part IV Checklist of Required Schedules (2019)

| Pal    | Crecklist of Required Schedules (continued)  |     |     |           |
|--------|--|-----|-----|-----------|
|        |  |     | Yes | No        |
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                  |     |     |           |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | X         |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current     |     |     |           |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                 |     |     |           |
|        | Schedule J   | 23  |     | X         |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the        |     |     |           |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete             |     |     |           |
|        | Schedule K. If "No," go to line 25a  | 24a |     | <u> X</u> |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                              | 24b |     | <u> </u>  |
| С      | 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 |     | <u> </u>  |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                        | 24d |     | <u> </u>  |
| 25a    | 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  |     | X         |
| 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               |     |     |           |
|        | "Yes," complete Schedule L, Part IV  | 28a |     | X         |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                | 28b |     | Х         |
|        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If                      |     |     |           |
|        | "Yes," complete Schedule L, Part IV  | 28c |     | Х         |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                       | 29  |     | Х         |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation    |     |     |           |
|        | 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  |     | Х         |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> |     |     |           |
|        | Schedule N, Part II  | 32  |     | Х         |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                     |     |     |           |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | Х         |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and      |     |     |           |
|        | Part V, line 1   | 34  |     | Х         |
| 35a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | Х         |
|        | 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  |     | Х         |
| 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  |     | Х         |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                 |     |     |           |
| -      | Note: All Form 990 filers are required to complete Schedule O  | 38  | Х   | 1         |
| Pai    |  |     |     |           |
|        | Check if Schedule O contains a response or note to any line in this Part V   |     |     |           |
|        | . ,  |     | Yes | No        |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |     |           |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   |     |     |           |
|        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming             |     |     |           |
| _      | (gambling) winnings to prize winners?  | 1c  |     |           |
| 932004 | ¥ 01-20-20   | _   | 990 | (2019)    |

Form 990 (2019) RAINBOW THERAPEUTIC RIDING CENTER
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|        | to a compliance (continued)  |          |                       |      | Yes | Na.          |
|--------|--|----------|-----------------------|------|-----|--------------|
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  | l        | 1 1                   |      | 162 | No           |
|        | filed for the calendar year ending with or within the year covered by this return  | 2a       | 13                    |      |     |              |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax return   | 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  | O        |                       | 3b   |     |              |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other a  | uthor    | ty over, a            |      |     | ı            |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial a   | ccour    | nt)?                  | 4a   |     | <u>X</u>     |
| 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 Ad  | ccoun    | ts (FBAR).            |      |     |              |
|        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |          |                       | 5a   |     | _ <u>X</u> _ |
|        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  | ction?   |                       | 5b   |     | X            |
|        | 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   |          |                       | •    |     | v            |
|        | any contributions that were not tax deductible as charitable contributions?  |          |                       | 6a   |     | _X_          |
| D      | If "Yes," did the organization include with every solicitation an express statement that such contributions and the statement of the statement |          | gints                 | C L  |     | ı            |
| 7      | were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  |          |                       | 6b   |     |              |
| и<br>а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser  | vices r  | rovided to the payor? | 7a   |     | Х            |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | V1000 P  | rovidud to the payor. | 7b   |     |              |
|        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | as requ  | uired                 |      |     |              |
|        | to file Form 8282?   | -        |                       | 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 co   | ontrac   | t?                    | 7e   |     |              |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra  | act?     |                       | 7f   |     |              |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Fo   | rm 88    | 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 th    | e                     |      |     |              |
|        | sponsoring organization have excess business holdings at any time during the year?   |          |                       | 8    |     |              |
| 9      | Sponsoring organizations maintaining donor advised funds.  |          |                       |      |     |              |
| a      | Did the sponsoring organization make any taxable distributions under section 4966?   |          |                       | 9a   |     |              |
|        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |          |                       | 9b   |     |              |
| 10     | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12   | 10a      | ı                     |      |     |              |
| a<br>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:   | 100      |                       |      |     |              |
|        | Gross income from members or shareholders  | 11a      |                       |      |     |              |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against   |          |                       |      |     |              |
|        | amounts due or received from them.)  | 11b      |                       |      |     |              |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | 1041     | ?                     | 12a  |     |              |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b      |                       |      |     |              |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |                       |      |     |              |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   |          |                       | 13a  |     |              |
|        | <b>Note:</b> 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   | 1        | ,                     |      |     |              |
|        | organization is licensed to issue qualified health plans   | 13b      |                       |      |     |              |
|        | Enter the amount of reserves on hand   | 13c      |                       | 44   |     | X            |
|        |  |          |                       | 14a  |     |              |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul   |          |                       | 14b  | -+  |              |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?   |          |                       | 15   |     | х            |
|        | If "Yes," see instructions and file Form 4720, Schedule N.   |          |                       | 13   |     |              |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment  | incor    | ne?                   | 16   |     | Х            |
|        | If "Yes," complete Form 4720, Schedule O.  |          |                       |      |     |              |
|        |  |          |                       | Form | 990 | (2019)       |

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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.

|     | Check if Schedule O contains a response or note to any line in this Part VI  |         |        | X    |  |  |  |  |  |
|-----|--|---------|--------|------|--|--|--|--|--|
| Sec | tion A. Governing Body and Management  |         |        |      |  |  |  |  |  |
|     |  |         | Yes    | No   |  |  |  |  |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  | 5       |        |      |  |  |  |  |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing  |         |        |      |  |  |  |  |  |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |         |        |      |  |  |  |  |  |
| b   | Enter the number of voting members included on line 1a, above, who are independent   | 5       |        |      |  |  |  |  |  |
| 2   |  |         |        |      |  |  |  |  |  |
|     | officer, director, trustee, or key employee?   | 2       |        | Х    |  |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |         |        |      |  |  |  |  |  |
|     | of officers, directors, trustees, or key employees to a management company or other person?  | 3       |        | Х    |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |        | Х    |  |  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   |         |        |      |  |  |  |  |  |
| 6   | Did the organization have members or stockholders?   | 6       |        | Х    |  |  |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |         |        |      |  |  |  |  |  |
|     | more members of the governing body?  | 7a      |        | Х    |  |  |  |  |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |         |        |      |  |  |  |  |  |
|     | persons other than the governing body?   | 7b      |        | Х    |  |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |         |        |      |  |  |  |  |  |
| а   | The governing body?  | 8a      | Х      |      |  |  |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b      | Х      |      |  |  |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |         |        |      |  |  |  |  |  |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9       |        | Х    |  |  |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |         |        | •    |  |  |  |  |  |
|     | (This desire) a regarded in the manual desired particular and a regarded and the manual desired and the manual des |         | Yes    | No   |  |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a     |        | Х    |  |  |  |  |  |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |         |        |      |  |  |  |  |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b     |        |      |  |  |  |  |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     | Х      |      |  |  |  |  |  |
|     | 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     | Х      |      |  |  |  |  |  |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     | Х      |      |  |  |  |  |  |
|     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe   |         |        |      |  |  |  |  |  |
|     | in Schedule O how this was done  | 12c     | Х      |      |  |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?  | 13      |        | Х    |  |  |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?   | 14      |        | Х    |  |  |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent   |         |        |      |  |  |  |  |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |         |        |      |  |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official   | 15a     | Х      |      |  |  |  |  |  |
|     | Other officers or key employees of the organization  | 15b     | Х      |      |  |  |  |  |  |
|     | If "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?  | 16a     |        | Х    |  |  |  |  |  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   |         |        |      |  |  |  |  |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |         |        |      |  |  |  |  |  |
|     | exempt status with respect to such arrangements?   | 16b     |        |      |  |  |  |  |  |
| Sec | tion C. Disclosure   |         |        |      |  |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶VA   |         |        |      |  |  |  |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3   | s only) | availa | .ble |  |  |  |  |  |
| -   | for public inspection. Indicate how you made these available. Check all that apply.  |         |        |      |  |  |  |  |  |
|     | Own website Another's website X Upon request Other (explain on Schedule O)   |         |        |      |  |  |  |  |  |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an   | d finan | cial   |      |  |  |  |  |  |
| .5  | statements available to the public during the tax year.  | ail     | -141   |      |  |  |  |  |  |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records   |         |        |      |  |  |  |  |  |
| _0  | THE ORGANIZATION - 7037546159  |         |        |      |  |  |  |  |  |
|     | P.O. BOX 479, HAYMARKET, VA 20168  |         |        |      |  |  |  |  |  |

Form **990** (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or 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  (A) | (B)               | Jiga                           | ıııza                 |                  | COII<br>C)   | ipei                            | isalt  | (D)             | (E)                        | (F)                      |
|---|-------------------|--------------------------------|-----------------------|------------------|--------------|---------------------------------|--------|-----------------|----------------------------|--------------------------|
| (A)<br>Name and title                             |                   |                                |                       | Posi             | itior        | 1                               |        | Reportable      | ( <b>c</b> )<br>Reportable | ( <b>r)</b><br>Estimated |
| Name and title                                    | Average hours per |                                | not c                 | heck i<br>ss per | more         | than o                          |        | compensation    | compensation               | amount of                |
|   | week              | offic                          | cer ar                | id a di          | irecto       | r/trus                          | tee)   | from            | from related               | other                    |
|   | (list any         | ctor                           |                       |                  |              |                                 |        | the             | organizations              | compensation             |
|   | hours for         | r dire                         |                       |                  |              | ted                             |        | organization    | (W-2/1099-MISC)            | from the                 |
|   | related           | stee o                         | ruste                 |                  |              | seusa                           | 4      | (W-2/1099-MISC) |                            | organization             |
|   | organizations     | ıal tru                        | onal t                |                  | ploye        | l wo                            |        |                 |                            | and related              |
|   | below<br>line)    | Individual trustee or director | Institutional trustee | Officer          | Key employee | Highest compensated<br>employee | Former |                 |                            | organizations            |
| (1) ROBERT FINI                                   | 2.00              | =                              | =                     | 0                | ~            | ≖ ⊕                             | F      |                 |                            |                          |
| TREASURER   |                   | х                              |                       | x                |              |                                 |        | 0.              | 0.                         | 0 .                      |
| (2) RONALD KNECHT                                 | 2.00              |                                |                       |                  |              |                                 |        |                 | -                          |                          |
| VICE PRESIDENT                                    |                   | Х                              |                       | Х                |              | K                               |        | 0.              | 0.                         | 0                        |
| (3) JENNIFER BULLARD BROGGINI                     | 2.00              |                                |                       |                  |              |                                 |        |                 |                            |                          |
| MEMBER-AT-LARGE                                   |                   | Х                              |                       |                  |              |                                 | Ų      | 0.              | 0.                         | 0                        |
| (4) ANDREW HERTNEKY                               | 2.00              | ļ                              |                       |                  |              |                                 |        |                 |                            |                          |
| MEMBER-AT-LARGE                                   | 2 00              | Х                              |                       |                  |              | _                               |        | 0.              | 0.                         | 0                        |
| (5) LAUREN PETERSON PRESIDENT                     | 2.00              | X                              |                       | v                |              |                                 |        |                 | _                          | 0                        |
| (6) THOMAS SWANSTON                               | 40.00             | Δ                              |                       | X                | _            |                                 |        | 0.              | 0.                         | 0                        |
| EXECUTIVE DIRECTOR                                | 40.00             |                                |                       | х                |              |                                 |        | 15,000.         | 0.                         | 0                        |
| EMEGGIZIE BENEGICK                                |                   |                                |                       | 25               |              |                                 |        | 15,000.         | •                          |                          |
|   |                   | 1                              |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   |                                |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   |                                |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   |                                |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   |                                |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   | -                              |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   | <u> </u>                       |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   |                                |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   |                                |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   | 1                              |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   |                                |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   |                                |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   |                                |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   | <u> </u>                       |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   | -                              |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   | $\vdash$                       | _                     |                  |              | $\vdash$                        |        |                 |                            |                          |
|   |                   | 1                              |                       |                  |              |                                 |        |                 |                            |                          |
|   |                   |                                | $\vdash$              |                  |              |                                 |        |                 |                            |                          |
|   |                   |                                |                       |                  |              |                                 |        |                 |                            |                          |

Form 990 (2019)

|          | (A)<br>Name and title  | (B) Average hours per week   | box                            | not cl                 | Pos<br>heck i<br>ss per | more<br>rson i | than of the booth or the border of the booth or the border of the border | n an        | (D)  Reportable compensation from      | (E) Reportable compensation from related | - 1      | (F)<br>stimate<br>mount<br>other                   | of                         |
|----------|--|--|--------------------------------|------------------------|-------------------------|----------------|--|-------------|--|--|----------|--|----------------------------|
|          |  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee | Officer                 | Key employee   | Highest compensated employee   | Former      | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | or       | mpensa<br>from th<br>ganiza<br>nd relat<br>ganizat | ation<br>ne<br>tion<br>ted |
|          |  |  |                                |                        |                         |                |  |             |  |  |          |  |                            |
|          |  |  |                                |                        |                         |                |  |             |  |  |          |  |                            |
|          |  |  |                                |                        |                         |                |  |             |  |  |          |  |                            |
|          |  |  |                                |                        |                         |                |  |             | 1                                      |  |          |  |                            |
|          |  |  |                                |                        |                         |                |  | 4           |  |  |          |  |                            |
|          |  |  |                                |                        |                         |                |  |             |  |  |          |  |                            |
|          |  |  |                                | 4                      | <                       |                |  |             | )                                      |  |          |  |                            |
|          | Subtotal   |  |                                |                        |                         |                | K  |             | 15,000.                                | 0  |          |  | 0.                         |
| С        | Total from continuation sheets to Part VI  | l, Section A   |                                |                        |                         |                |  | <b>&gt;</b> | 15,000.                                | 0  | •        |  | 0.                         |
| 2        | Total number of individuals (including but no compensation from the organization   | ot limited to the  | ose                            | liste                  | d ab                    | ove            | ) wh   | o re        | eceived more than \$100,               | 000 of reportable                        |          | 1  | 0                          |
| 3        | Did the organization list any <b>former</b> officer,   |  |                                |                        |                         |                |  |             |  |  |          | Yes  | No<br>X                    |
| 4        | line 1a? If "Yes," complete Schedule J for su<br>For any individual listed on line 1a, is the su<br>and related organizations greater than \$150 | m of reportabl   | е со                           | mpe                    | ensa                    | tion           | and  | oth         |  | he organization                          | 4        |  | X                          |
| 5        | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com  | ccrue compen   | sati                           | on fr                  | om                      | any            | unre   | elate       | ed organization or individ             | dual for services                        | 5        |  | Х                          |
| Sec<br>1 | tion B. Independent Contractors  Complete this table for your five highest contractors   |  | -                              |                        |                         |                |  |             |  | · · · · · · · · · · · · · · · · · · ·    | sation f | rom  |                            |
|          | the organization. Report compensation for the organization (A)  Name and business  | _  |                                | nair<br>ONE            |                         | ith c          | or wi  | thin        | (B)  Description of s                  |  |          | (C)<br>ensatio                                     | n                          |
|          |  |  |                                |                        |                         |                |  |             |  |  |          |  |                            |
|          |  |  |                                |                        |                         |                |  |             |  |  |          |  |                            |
|          |  |  |                                |                        |                         |                |  |             |  |  |          |  |                            |
|          |  |  |                                |                        |                         |                |  |             |  |  |          |  |                            |
| 2        | Total number of independent contractors (in  | · ·  | ot lin                         | nited                  | d to                    | thos           | _  | ted         | above) who received me                 | ore than                                 |          |  |                            |
|          | \$100,000 of compensation from the organiz   | ZallOII  |                                |                        |                         |                | ,  |             |  |  | Form     | 990  | (2019)                     |

Part VIII Statement of Revenue

|  |      | Check if Schedule O contains a response of       | or note to any lin | e in this Part VIII |                   |                  |                    |
|--|------|--|--------------------|---------------------|-------------------|------------------|--------------------|
|  |      | Official in Schedule O contains a response t     | or note to any iin | (A)                 | (B)               | (C)              | (D)                |
|  |      |  |                    | Total revenue       | Related or exempt | Unrelated        | Revenue excluded   |
|  |      |  |                    |                     | function revenue  | business revenue | from tax under     |
|  |      |  |                    |                     |                   |                  | sections 512 - 514 |
| nts<br>its   | 1 a  | Federated campaigns 1a                           |                    |                     |                   |                  |                    |
| Contributions, Gifts, Grants and Other Similar Amounts | b    | Membership dues1b                                |                    |                     |                   |                  |                    |
| G,   | c    | Fundraising events 1c                            | 73,492.            |                     |                   |                  |                    |
| ifts<br>Ir A   | c    | Related organizations 1d                         |                    |                     |                   |                  |                    |
| nis.   |      | Government grants (contributions) 1e             | 37,179.            |                     |                   |                  |                    |
| Sir  | f    | All other contributions, gifts, grants, and      | ,                  |                     |                   |                  |                    |
| uti  | •    |  | 98,123.            |                     |                   |                  |                    |
| ē  |      | ··· <del>   </del>                               | JU, 12J.           |                     |                   |                  |                    |
| ont  | Ę.   | Noncash contributions included in lines 1a-1f    |                    | 200 704             |                   |                  |                    |
| <u>S</u>   | r    | Total. Add lines 1a-1f                           | <b>)</b>           | 208,794.            |                   |                  |                    |
|  |      |  | Business Code      |                     |                   |                  |                    |
| e  | 2 a  | PROGRAM  | 624310             | 224,931.            | 224,931.          |                  |                    |
| ۳×   | b    | OTHER TYPES                                      | 624310             | 345.                | 345.              |                  |                    |
| Se   | c    |  |                    |                     |                   |                  |                    |
| an<br>Ve   | c    |  |                    |                     |                   |                  |                    |
| gra  | _    |  |                    |                     |                   |                  |                    |
| Program Service<br>Revenue                             |      | All other program service revenue                |                    |                     |                   |                  |                    |
| _  |      |  |                    | 225,276.            |                   |                  |                    |
|  |      | Total. Add lines 2a-2f                           |                    | 223,210.            |                   |                  |                    |
|  | 3    | Investment income (including dividends, interest |                    | 17 101              |                   |                  | 17 101             |
|  |      | other similar amounts)                           |                    | 17,181.             |                   |                  | 17,181.            |
|  | 4    | Income from investment of tax-exempt bond pr     | roceeds            |                     | <u> </u>          |                  |                    |
|  | 5    | Royalties  |                    |                     |                   |                  |                    |
|  |      | (i) Real   | (ii) Personal      |                     |                   |                  |                    |
|  | 6 a  | Gross rents 6a                                   |                    |                     |                   |                  |                    |
|  | b    | Less: rental expenses 6b                         |                    |                     |                   |                  |                    |
|  | c    |  |                    |                     |                   |                  |                    |
|  |      | Net rental income or (loss)                      |                    |                     |                   |                  |                    |
|  |      | Gross amount from sales of (i) Securities        | (ii) Other         |                     |                   |                  |                    |
|  | / a  | 500  | (ii) Otrici        |                     |                   |                  |                    |
|  |      | 1  |                    |                     |                   |                  |                    |
|  | b    | Less: cost or other basis                        |                    |                     |                   |                  |                    |
| Revenue  |      | and sales expenses 7b 699.                       |                    |                     |                   |                  |                    |
| vel  | C    | Gain or (loss) 7c -7.                            |                    | _                   |                   |                  | _                  |
| Re   | c    | Net gain or (loss)                               | <u></u>            | -7.                 |                   |                  | -7.                |
| Other  | 8 a  | Gross income from fundraising events (not        |                    |                     |                   |                  |                    |
| ₹  |      | including \$ 73,492. of                          |                    |                     |                   |                  |                    |
|  |      | contributions reported on line 1c). See          |                    |                     |                   |                  |                    |
|  |      | Part IV, line 18                                 | 17,201.            |                     |                   |                  |                    |
|  | , r  | Less: direct expenses 8b                         | 8,433.             |                     |                   |                  |                    |
|  |      | Net income or (loss) from fundraising events     | 0,1331             | 8,768.              |                   |                  | 8,768.             |
|  |      | ` '  |                    | 0,700.              |                   |                  | 0,700.             |
|  | у а  | Gross income from gaming activities. See         |                    |                     |                   |                  |                    |
|  |      | Part IV, line 19                                 |                    |                     |                   |                  |                    |
|  |      | Less: direct expenses9b                          |                    |                     |                   |                  |                    |
|  | c    | Net income or (loss) from gaming activities      | <u></u>            |                     |                   |                  |                    |
|  | 10 a | Gross sales of inventory, less returns           |                    |                     |                   |                  |                    |
|  |      | and allowances 10a                               |                    |                     |                   |                  |                    |
|  | b    | Less: cost of goods sold 10b                     |                    |                     |                   |                  |                    |
|  |      | Net income or (loss) from sales of inventory     | <b>•</b>           |                     |                   |                  |                    |
|  |      |  | Business Code      |                     |                   |                  |                    |
| ns   | 44 - | FACILITY RENTAL INCOME                           | 532000             | 2,265.              |                   |                  | 2,265.             |
| eo<br>ne   | '    |  | 332000             | 2,200.              |                   |                  | 2,203.             |
| llan   | b    |  |                    |                     |                   |                  |                    |
| Miscellaneous<br>Revenue                               | C    |  |                    |                     |                   |                  |                    |
| Mis  | C    | All other revenue                                |                    |                     |                   |                  |                    |
|  | e    | Total. Add lines 11a-11d                         |                    | 2,265.              |                   |                  |                    |
|  | 12   | Total revenue. See instructions                  | <b></b>            | 462,277.            | 225,276.          | 0.               | 28,207.            |

| D-       | Check if Schedule O contains a respons  | (A)            | this Part IX(B) Program service | (C)                             | (D)                     |
|----------|---|----------------|---------------------------------|---------------------------------|-------------------------|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                        | Total expenses | Program service expenses        | Management and general expenses | Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations   |                | ·                               |                                 | ·                       |
|          | and domestic governments. See Part IV, line 21  |                |                                 |                                 |                         |
| 2        | Grants and other assistance to domestic   |                |                                 |                                 |                         |
|          | individuals. See Part IV, line 22   |                |                                 |                                 |                         |
| 3        | Grants and other assistance to foreign  |                |                                 |                                 |                         |
|          | organizations, foreign governments, and foreign   |                |                                 |                                 |                         |
|          | individuals. See Part IV, lines 15 and 16   |                |                                 |                                 |                         |
| 4        | Benefits paid to or for members   |                |                                 |                                 |                         |
| 5        | Compensation of current officers, directors,  | F.C. 010       | 16 505                          | 01 060                          | 10 005                  |
|          | trustees, and key employees   | 56,812.        | 16,725.                         | 21,862.                         | 18,225                  |
| 6        | Compensation not included above to disqualified   |                |                                 |                                 |                         |
|          | persons (as defined under section 4958(f)(1)) and   |                |                                 |                                 |                         |
|          | persons described in section 4958(c)(3)(B)  | 100 000        | 160 255                         | 11 100                          | 10 401                  |
| 7        | Other salaries and wages  | 190,962.       | 169,355.                        | 11,126.                         | 10,481                  |
| 8        | Pension plan accruals and contributions (include  |                |                                 |                                 |                         |
| _        | section 401(k) and 403(b) employer contributions)   |                |                                 |                                 |                         |
| 9        | Other employee benefits   | 10 070         | 14 222                          | 2 520                           | 2 200                   |
| 0        | Payroll taxes   | 19,070.        | 14,322.                         | 2,539.                          | 2,209                   |
| 1        | Fees for services (nonemployees):   |                |                                 |                                 |                         |
| а        |   |                |                                 |                                 |                         |
| b        |   | 9,613.         |                                 | 9,613.                          |                         |
| С        |   | 9,013.         |                                 | 9,013.                          |                         |
|          | , , , , , , , , , , , , , , , , , , ,   |                |                                 |                                 |                         |
| e        | · · · · · · · · · · · · · · · · · · ·   |                |                                 |                                 |                         |
| f        | Investment management fees  |                |                                 |                                 |                         |
| g        | Other. (If line 11g amount exceeds 10% of line 25,  | 3,561.         |                                 | 3,561.                          |                         |
|          | column (A) amount, list line 11g expenses on Sch 0.)  | 944.           | 944.                            | 3,301.                          |                         |
| 2        | Advertising and promotion   | 4,250.         | 3,749.                          | 454.                            | 47                      |
| 3        | Office expenses   | 1,250.         | 3,743.                          | 434.                            |                         |
| 4        | Information technology  |                |                                 |                                 |                         |
| 5<br>e   | Royalties   |                |                                 |                                 |                         |
| 6<br>7   | Occupancy   | 1,698.         | 1,698.                          |                                 |                         |
| ,<br>8   | Payments of travel or entertainment expenses  | 1,030.         | 1,050.                          |                                 |                         |
| 0        | for any federal, state, or local public officials   |                |                                 |                                 |                         |
| 9        | Conferences, conventions, and meetings  |                |                                 |                                 |                         |
| 9<br>0   | Interest  |                |                                 |                                 |                         |
| .u<br>21 | Payments to affiliates  |                |                                 |                                 |                         |
| 2        | Depreciation, depletion, and amortization   | 54,870.        | 49,982.                         | 833.                            | 4,055                   |
| 3        | Insurance   | 24,796.        | 20,660.                         | 2,211.                          | 1,925                   |
| 4        | 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 0.) |                |                                 |                                 |                         |
| а        | HODGE   | 45,834.        | 45,834.                         |                                 |                         |
| b        | TARK ORTRADIONO   | 16,875.        | 16,875.                         |                                 |                         |
| c        | DACTITUTED C DOUTDMENT  | 3,917.         | 3,917.                          |                                 |                         |
| d        | THE PRIMARY   | 3,225.         | 2,638.                          | 587.                            |                         |
| e        |   | 10,786.        | 9,420.                          | 1,016.                          | 350                     |
| 5        | Total functional expenses. Add lines 1 through 24e  | 447,213.       | 356,119.                        | 53,802.                         | 37,292                  |
| 6        | Joint costs. Complete this line only if the organization  |                | ,                               | ·                               | •                       |
|          | reported in column (B) joint costs from a combined  |                |                                 |                                 |                         |
|          | educational campaign and fundraising solicitation.  |                |                                 |                                 |                         |
|          | Check here if following SOP 98-2 (ASC 958-720)  |                |                                 |                                 |                         |

Form **990** (2019)

Form 990 (2019)
Part X | Balance Sheet

| <u>Par</u>                  | t X | Balance Sheet  |            |                     |                                 |          |                           |
|-----------------------------|-----|--|------------|---------------------|---------------------------------|----------|---------------------------|
|                             |     | Check if Schedule O contains a response or no  | te to any  | line in this Part X |                                 |          |                           |
|                             |     |  |            |                     | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing  |            |                     | 204,764.                        | 1        | 192,377.                  |
|                             | 2   | Savings and temporary cash investments   |            |                     |                                 | 2        |                           |
|                             | 3   | Pledges and grants receivable, net   |            |                     |                                 | 3        |                           |
|                             | 4   | Accounts receivable, net   |            |                     |                                 | 4        | 9,049                     |
|                             | 5   | Loans and other receivables from any current of  | r former   | officer, director,  |                                 |          |                           |
|                             |     | trustee, key employee, creator or founder, subs  | tantial c  | ontributor, or 35%  |                                 |          |                           |
|                             |     | controlled entity or family member of any of the   | se perso   | ns                  |                                 | 5        |                           |
|                             | 6   | Loans and other receivables from other disqual   | ified pers | sons (as defined    |                                 |          |                           |
|                             |     | under section 4958(f)(1)), and persons describe  |            |                     |                                 | 6        |                           |
| ţ                           | 7   | Notes and loans receivable, net  |            |                     |                                 | 7        |                           |
| Assets                      | 8   | Inventories for sale or use  |            |                     |                                 | 8        |                           |
| ۲                           | 9   | Prepaid expenses and deferred charges  |            |                     | 3,189.                          | 9        | 5,592                     |
|                             | 10a | Land, buildings, and equipment: cost or other  |            |                     |                                 |          |                           |
|                             |     | basis. Complete Part VI of Schedule D Less: accumulated depreciation                                 | 10a        | 1,235,828.          |                                 |          |                           |
|                             | b   |  |            |                     | 801,289.                        | 10c      | 796,234,<br>369,893,      |
|                             | 11  | Investments - publicly traded securities   |            |                     | 324,055.                        | 11       | 369,893                   |
|                             | 12  | Investments - other securities. See Part IV, line  |            |                     |                                 | 12       |                           |
|                             | 13  | Investments - program-related. See Part IV, line   | 11         |                     |                                 | 13       |                           |
|                             | 14  | Intangible assets  |            |                     | 0.70                            | 14       | 0.70                      |
|                             | 15  | Other assets. See Part IV, line 11   |            |                     | 273.                            | 15       | 273                       |
|                             | 16  | Total assets. Add lines 1 through 15 (must equ   |            |                     | 1,333,570.                      | 16       | 1,373,418                 |
|                             | 17  | Accounts payable and accrued expenses  |            |                     | 3,279.                          | 17       | 3,853.                    |
|                             | 18  | Grants payable   |            |                     |                                 | 18       |                           |
|                             | 19  | Deferred revenue   |            |                     |                                 | 19       |                           |
|                             | 20  | Tax-exempt bond liabilities  |            |                     |                                 | 20       |                           |
|                             | 21  | Escrow or custodial account liability. Complete  |            |                     |                                 | 21       |                           |
| es                          | 22  | Loans and other payables to any current or form  |            |                     |                                 |          |                           |
| Liabilities                 |     | trustee, key employee, creator or founder, subs  |            |                     |                                 |          |                           |
| Liat                        | 00  | controlled entity or family member of any of the   | 1          |                     |                                 | 22       |                           |
|                             | 23  | Secured mortgages and notes payable to unrel   |            |                     |                                 | 23       |                           |
|                             | 24  | Unsecured notes and loans payable to unrelate  |            |                     |                                 | 24       |                           |
|                             | 25  | Other liabilities (including federal income tax, parties, and other liabilities not included on line | -          |                     |                                 |          |                           |
|                             |     | parties, and other liabilities not included on line of Schedule D                                    |            |                     |                                 | 25       |                           |
|                             | 26  | Total liabilities. Add lines 17 through 25   |            |                     | 3,279.                          | 25<br>26 | 3,853.                    |
|                             | 20  | Organizations that follow FASB ASC 958, che  | ock hore   | <b>▼</b>            | 3,273.                          | 20       | 3,033                     |
| Se                          |     | and complete lines 27, 28, 32, and 33.   | cok nore   |                     |                                 |          |                           |
| ğ                           | 27  |  |            |                     | 1,237,830.                      | 27       | 1,324,205.                |
| 3ale                        | 28  |  |            |                     | 92,461.                         | 28       | 45,360.                   |
| <u>ا</u> ۾                  |     | Organizations that do not follow FASB ASC 9  |            |                     | /                               |          | ==, ==                    |
| ᇍᅵ                          |     | and complete lines 29 through 33.  | , o        |                     |                                 |          |                           |
| þ                           | 29  | Capital stock or trust principal, or current funds   | <b>;</b>   |                     |                                 | 29       |                           |
| ets                         | 30  | Paid-in or capital surplus, or land, building, or e  |            |                     |                                 | 30       |                           |
| Ass                         | 31  | Retained earnings, endowment, accumulated in   |            |                     |                                 | 31       |                           |
| Net Assets or Fund Balances | 32  |  |            |                     | 1,330,291.                      | 32       | 1,369,565.                |
| 4                           | 33  |  |            |                     | 1,333,570.                      | 33       | 1,373,418.                |

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| Pai | rt XI Reconciliation of Net Assets  |           |         |      |     |        |
|-----|---|-----------|---------|------|-----|--------|
|     | Check if Schedule O contains a response or note to any line in this Part XI   |           |         |      |     |        |
|     |   |           |         |      |     |        |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1         |         |      | 2,2 |        |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2         |         |      | 7,2 |        |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3         |         | 1    | 5,0 | 64.    |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4         | 1,      | 33   | 0,2 | 91.    |
| 5   | Net unrealized gains (losses) on investments  | 5         |         | 2    | 4,2 | 10.    |
| 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,      | 36   | 9,5 | 65.    |
| Pai | rt XII Financial Statements and Reporting   |           |         |      |     |        |
|     | Check if Schedule O contains a response or note to any line in this Part XII  |           | <u></u> |      |     | 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        | Ο.        |         |      |     |        |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |           | L       | 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   |        |
|     | 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 | t       |      |     |        |
|     | Act and OMB Circular A-133?   |           |         | За   |     | Х      |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit  | í       |      |     |        |
|     | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |           | <u></u> | 3b   |     |        |
|     |   |           | ,       | Form | 990 | (2019) |

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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

Name of the organization

Employer identification number RAINBOW THERAPEUTIC RIDING CENTER \*\*-\*\*\*7995

| Pa   | rt I   | Reason for Public (                | Charity Status (             | All organizations must co                           | mplete th        | is part.) Se    | e instructions.                       |                            |
|------|--------|------------------------------------|------------------------------|---|------------------|-----------------|---------------------------------------|----------------------------|
| he ( | organi | zation is not a private found      | ation because it is: (F      | For lines 1 through 12, cl                          | neck only        | one box.)       |                                       |                            |
| 1    | Ň      | A church, convention of chu        | •                            | -   | •                | -               | )(A)(i).                              |                            |
| 2    | $\Box$ | A school described in <b>secti</b> | •                            |   |                  |                 | , , , , , , , , , , , , , , , , , , , |                            |
| 3    | 一      | A hospital or a cooperative        |                              | ·   |                  |                 | i).                                   |                            |
| 4    | Ħ      | A medical research organiza        |                              |   |                  |                 |                                       | the hospital's name        |
| 7    |        | city, and state:                   | ation operated in cor        | ijanotion with a noopital                           | accombca         | III SCCIIO      | ii ii o(b)( i)(A)(iii). Liitoi        | the hoopital o hame,       |
| _    |        | An organization operated for       | or the benefit of a col      | logo or university ewned                            | or operate       | od by a go      | vornmental unit describe              | od in                      |
| 5    |        |                                    |                              | lege of university owned                            | or operati       | ed by a go      | verninental unit describe             | tu III                     |
| _    |        | section 170(b)(1)(A)(iv). (C       |                              |   |                  |                 |                                       |                            |
| 6    |        | A federal, state, or local gov     | -                            |   |                  |                 |                                       |                            |
| 7    | X      | An organization that normal        | lly receives a substar       | ntial part of its support fr                        | om a gove        | ernmental       | unit or from the general p            | oublic described in        |
|      |        | section 170(b)(1)(A)(vi). (Co      | omplete Part II.)            |   |                  |                 |                                       |                            |
| 8    | Ш      | A community trust describe         | ed in <b>section 170(b)(</b> | (1)(A)(vi). (Complete Part                          | t II.)           |                 |                                       |                            |
| 9    |        | An agricultural research org       | anization described          | in section 170(b)(1)(A)(                            | ix) operate      | ed in conju     | inction with a land-grant             | college                    |
|      |        | or university or a non-land-g      | rant college of agrice       | ulture (see instructions).                          | Enter the i      | name, city      | , and state of the college            | or                         |
|      |        | university:                        |                              |   |                  |                 |                                       |                            |
| 10   |        | An organization that normal        | lly receives: (1) more       | than 33 1/3% of its supp                            | ort from c       | ontributio      | ns, membership fees, an               | d gross receipts from      |
|      |        | activities related to its exem     | npt functions - subjec       | ct to certain exceptions,                           | and (2) no       | more than       | 33 1/3% of its support f              | rom gross investment       |
|      |        | income and unrelated busin         | ness taxable income          | (less section 511 tax) fro                          | m busines        | ses acqui       | red by the organization a             | fter June 30, 1975.        |
|      |        | See section 509(a)(2). (Cor        |                              |   |                  | •               |                                       |                            |
| 11   |        | An organization organized a        |                              | vely to test for public sat                         | etv. See         | section 50      | )9(a)(4).                             |                            |
| 12   | 一      | An organization organized a        |                              |   |                  |                 |                                       | purposes of one or         |
|      |        | more publicly supported org        | •                            |   |                  |                 | •                                     | •                          |
|      |        | lines 12a through 12d that of      | -                            |   |                  |                 |                                       |                            |
| а    |        | Type I. A supporting orga          | * 1                          |   |                  |                 |                                       | aivina                     |
| u    |        | the supported organization         |                              |   | •                | _               |                                       |                            |
|      |        | • • • •                            |                              |   | majority o       | i tile direc    | tors or trustees or the st            | ipporting                  |
|      |        | organization. You must o           |                              |   | : : 11 - : 1     |                 | al aa.a.:                             | .i                         |
| D    |        | Type II. A supporting orga         |                              |   |                  |                 |                                       | -                          |
|      |        | control or management of           |                              |   | ame perso        | ns that co      | ntrol or manage the supp              | оотеа                      |
|      |        | organization(s). You mus           |                              |   |                  |                 |                                       |                            |
| С    |        | Type III functionally inte         |                              |   |                  |                 | • •                                   | d with,                    |
|      | _      | its supported organization         |                              |   |                  |                 |                                       |                            |
| d    |        |                                    | =                            |   |                  |                 |                                       |                            |
|      |        | that is not functionally into      | -                            | •   | -                |                 | ='                                    | reness                     |
|      | _      | requirement (see instructi         | ons). You must con           | nplete Part IV, Sections                            | A and D,         | and Part        | V.                                    |                            |
| е    |        | Check this box if the orga         | anization received a v       | written determination from                          | m the IRS        | that it is a    | Type I, Type II, Type III             |                            |
|      |        | functionally integrated, or        | Type III non-function        | nally integrated supporting                         | ng organiz       | ation.          |                                       |                            |
| f    | Ente   | r the number of supported o        | organizations                |   |                  |                 |                                       |                            |
| g    |        | ride the following information     |                              |   | (iv) Is the orga | nization listed |                                       |                            |
|      | (1     | Name of supported                  | (ii) EIN                     | (iii) Type of organization (described on lines 1-10 | in your governi  | ng document?    | (v) Amount of monetary                | (vi) Amount of other       |
|      |        | organization                       |                              | above (see instructions))                           | Yes              | No              | support (see instructions)            | support (see instructions) |
|      |        |                                    |                              |   |                  |                 |                                       |                            |
|      |        |                                    |                              |   |                  |                 |                                       |                            |
|      |        |                                    |                              |   |                  |                 |                                       |                            |
|      |        |                                    |                              |   |                  |                 |                                       |                            |
|      |        |                                    |                              |   |                  |                 |                                       |                            |
|      |        |                                    |                              |   |                  |                 |                                       |                            |
|      |        |                                    |                              |   |                  |                 |                                       |                            |
|      |        |                                    |                              |   |                  |                 |                                       |                            |
|      |        |                                    |                              |   |                  |                 |                                       |                            |
|      |        |                                    |                              |   |                  |                 |                                       |                            |
| ota  | l      |                                    |                              |   |                  |                 |                                       |                            |

## 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                      |                       |                      |                        |                              |                     |                 |
|------|--|-----------------------|----------------------|------------------------|------------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2015              | <b>(b)</b> 2016      | (c) 2017               | (d) 2018                     | (e) 2019            | (f) Total       |
| 1    | Gifts, grants, contributions, and            |                       |                      |                        |                              |                     |                 |
|      | membership fees received. (Do not            |                       |                      |                        |                              |                     |                 |
|      | include any "unusual grants.")               | 353,347.              | 361,653.             | 293,193.               | 221,892.                     | 208,794.            | 1438879.        |
| 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                 | 353,347.              | 361,653.             | 293,193.               | 221,892.                     | 208,794.            | 1438879.        |
| 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. |                       |                      |                        |                              |                     | 1438879.        |
| Sec  | ction B. Total Support                       |                       |                      |                        |                              |                     |                 |
| Cale | ndar year (or fiscal year beginning in)      | (a) 2015              | <b>(b)</b> 2016      | <b>(c)</b> 2017        | (d) 2018                     | (e) 2019            | (f) Total       |
| 7    | Amounts from line 4                          | 353,347.              | 361,653.             | 293,193.               | 221,892.                     | 208,794.            | 1438879.        |
|      | Gross income from interest,                  |                       |                      |                        |                              |                     |                 |
|      | dividends, payments received on              |                       |                      |                        |                              |                     |                 |
|      | securities loans, rents, royalties,          |                       |                      |                        |                              |                     |                 |
|      | and income from similar sources              | 18,707.               | 13,511.              | 14,404.                | 20,527.                      | 19,446.             | 86,595.         |
| 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   | <b>Total support.</b> Add lines 7 through 10 |                       |                      |                        |                              |                     | 1525474.        |
| 12   | Gross receipts from related activities,      | etc. (see instruction | ns)                  |                        |                              | 12                  |                 |
| 13   | First five years. If the Form 990 is for     | the organization's    | first, second, third | d, fourth, or fifth ta | x year as a section          | 501(c)(3)           |                 |
|      | organization, check this box and stop        | here                  |                      |                        |                              |                     | <b>&gt;</b>     |
| Sec  | ction C. Computation of Publi                | c Support Per         | centage              |                        |                              |                     |                 |
| 14   | Public support percentage for 2019 (I        | ine 6, column (f) di  | vided by line 11, c  | olumn (f))             |                              | 14                  | 94.32 %         |
| 15   | Public support percentage from 2018          | Schedule A, Part      | II, line 14          |                        |                              | 15                  | 95.51 %         |
| 16a  | 33 1/3% support test - 2019. If the o        | organization did no   | t check the box or   | n line 13, and line 1  | 14 is 33 1/3% or m           | ore, check this box |                 |
|      | stop here. The organization qualifies        | as a publicly supp    | orted organization   |                        |                              |                     | ►X              |
| b    | 33 1/3% support test - 2018. If the o        | organization did no   | t check a box on I   | ine 13 or 16a, and     | line 15 is 33 1/3%           | or more, check thi  | s box           |
|      | and stop here. The organization qual         | ifies as a publicly s | supported organiza   | ation                  |                              |                     |                 |
| 17a  | 10% -facts-and-circumstances test            | - 2019. If the org    | anization did not c  | heck a box on line     | 13, 16a, or 16b, a           | nd line 14 is 10% o | or more,        |
|      | and if the organization meets the "fac       | ts-and-circumstand    | ces" test, check th  | is box and stop h      | i <b>ere.</b> Explain in Pai | t VI how the organ  | ization         |
|      | meets the "facts-and-circumstances"          | test. The organizat   | ion qualifies as a p | oublicly supported     | organization                 |                     | ▶□              |
| b    | 10% -facts-and-circumstances test            | - 2018. If the org    | anization did not c  | heck a box on line     | 13, 16a, 16b, or 1           | 7a, and line 15 is  | 10% or          |
|      | more, and if the organization meets th       | ne "facts-and-circur  | mstances" test, ch   | eck this box and       | stop here. Explain           | in Part VI how the  | •               |
|      | organization meets the "facts-and-circ       | cumstances" test.     | The organization q   | ualifies as a public   | ly supported orgar           | nization            | ▶□              |
| 18   | Private foundation. If the organization      | n did not check a     | box on line 13, 16a  | a, 16b, 17a, or 17b    | , check this box ar          | nd see instructions | <b></b>         |
|      |  |                       |                      |                        | Sche                         | dule A (Form 990    | or 990-EZ) 2019 |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec        | ction A. Public Support  |                             |                       |                       |                      |                     |  |
|------------|--|-----------------------------|-----------------------|-----------------------|----------------------|---------------------|--|
| Cale       | ndar year (or fiscal year beginning in)  | (a) 2015                    | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019            | (f) Total  |
| 1          | Gifts, grants, contributions, and  |                             |                       |                       |                      |                     |  |
|            | membership fees received. (Do not  |                             |                       |                       |                      |                     |  |
|            | include any "unusual grants.")   |                             |                       |                       |                      |                     |  |
| 2          | Gross receipts from admissions,  |                             |                       |                       |                      |                     |  |
|            | merchandise sold or services per-<br>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   |                             |                       |                       |                      |                     | <u> </u>   |
| 7 <i>a</i> | Amounts included on lines 1, 2, and  |                             |                       |                       |                      |                     |  |
| 1-         | 3 received from disqualified persons   |                             |                       |                       |                      |                     | -  |
| C          | 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   |                             |                       |                       | +                    |                     | <del>                                     </del> |
|            | Add lines 7a and 7b  |                             |                       |                       |                      |                     |  |
| Sec        | Public support. (Subtract line 7c from line 6.)                                      |                             |                       |                       |                      |                     |  |
|            |  | (-) 0015                    | (h) 0010              | (-) 0017              | (4) 0010             | (-) 0010            | (6) Tatal  |
|            | ndar year (or fiscal year beginning in)  | (a) 2015                    | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019            | (f) Total  |
|            | Amounts from line 6 Gross income from interest,                                      |                             |                       |                       |                      |                     |  |
| 102        | dividends, payments received on  |                             |                       |                       |                      |                     |  |
|            | securities loans, rents, royalties, and income from similar sources                  |                             |                       |                       |                      |                     |  |
| h          | Unrelated business taxable income  |                             |                       |                       |                      |                     |  |
| ~          | (less section 511 taxes) from businesses   |                             |                       |                       |                      |                     |  |
|            | acquired after June 30, 1975   |                             |                       |                       |                      |                     |  |
| ,          | Add lines 10a and 10b  |                             |                       |                       | 1                    |                     |  |
|            | Net income from unrelated business   |                             |                       |                       | 1                    |                     |  |
|            | 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.)                                       |                             |                       |                       |                      |                     |  |
|            | First five years. If the Form 990 is fo  | r the organization's        | s first, second, thir | d, fourth, or fifth t | ax year as a section | n 501(c)(3) organiz | ation,   |
|            | check this box and <b>stop here</b>  | -                           |                       | ·····                 | -                    |                     | <b>)</b>   |
| Sec        | ction C. Computation of Publi  | ic Support Per              | centage               |                       |                      |                     |  |
| 15         | Public support percentage for 2019 (   | line 8, column (f), c       | livided by line 13, o | column (f))           |                      | 15                  | %  |
|            | Public support percentage from 2018  |                             |                       |                       |                      | 16                  | %  |
| Sec        | ction D. Computation of Inves  | stment Income               | e Percentage          |                       |                      |                     |  |
| 17         | Investment income percentage for 20  | <b>019</b> (line 10c, colur | mn (f), divided by li | ne 13, column (f))    |                      | 17                  | %  |
| 18         | Investment income percentage from  | <b>2018</b> Schedule A,     | Part III, line 17     |                       |                      | 18                  | %  |
| 19a        | <b>33 1/3% support tests - 2019.</b> If the  | organization did r          | not check the box o   | on line 14, and lin   | e 15 is more than 3  | 3 1/3%, and line 1  | 7 is not   |
|            | more than 33 1/3%, check this box as   |                             |                       |                       |                      |                     |  |
| b          | 33 1/3% support tests - 2018. If the   |                             |                       |                       |                      |                     |  |
|            | line 18 is not more than 33 1/3%, che  |                             |                       |                       |                      |                     | ▶∐   |
| 20         | Drivate foundation If the organization   | on did not chack a          | hay an line 14 10     | or 10h abaak t        | hic hay and acc inc  | tructions           | <b>▶</b>   |

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 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   |     |    |
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| 2   |     |    |
| _   |     |    |
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| 3b  |     |    |
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| E-  |     |    |
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| 9с  |     |    |
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| 10a |     |    |
|     |     |    |
| 10b |     |    |
|     |     |    |

| Pa  | rt IV Supporting Organizations <sub>(continued)</sub>  |          |     |     |
|-----|--|----------|-----|-----|
|     |  |          | 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 (b) and (c)                     |          |     |     |
|     | below, the governing body of a supported organization?   | 11a      |     |     |
| b   | A family member of a person described in (a) above?  | 11b      |     |     |
|     | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.            | 11c      |     |     |
| Sec | ction B. Type I Supporting Organizations   |          |     |     |
|     |  |          | Yes | No  |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to                              |          |     |     |
| _   | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the               |          |     |     |
|     | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or             |          |     |     |
|     | controlled the organization's activities. If the organization had more than one supported organization,                          |          |     |     |
|     | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                        |          |     |     |
|     | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                           | 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,                      | 2        |     |     |
| Sec | supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations                                 |          |     |     |
| 000 | Storr of Type in Supporting Organizations  |          | V   | NIa |
| _   | Want a majority of the approximation to discators as two states of spins the tay years to be a section to a fine at the          |          | 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                           |          |     |     |
| 800 | the supported organization(s).   | 1        |     |     |
| Sec | ction D. All Type III Supporting Organizations   |          | T., |     |
| _   |  |          | 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 (2), did the organization's supported organizations have a                            |          |     |     |
|     | significant voice in the organization's investment policies and in directing the use of the organization's                       |          |     |     |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                     |          |     |     |
| _   | supported organizations played in this regard.   | 3        |     |     |
| Sec | ction 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   |  |          |     |     |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.                                    |          |     |     |
| C   | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst            | ructions | )   |     |
| 2   | Activities Test. Answer (a) and (b) 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 (a) constitute activities that, but for the organization's involvement, one or more              |          |     |     |
|     | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                     |          |     |     |
|     | reasons for the organization's position that its supported organization(s) would have engaged in these                           |          |     |     |
|     | activities but for the organization's involvement.   | 2b       |     |     |
| 3   | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |          |     |     |
| а   |  |          |     |     |
| _   | trustees of each of the supported organizations? <i>Provide details in Part VI</i> .   | 3a       |     |     |
| h   | 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 <b>Part VI</b> the role played by the organization in this regard.         | 3b       |     |     |
|     |  |          |     |     |

| Pa   | Type III Non-Functionally Integrated 509(a)(3) Supporting                        | Orga    | nizations                     |                                |
|------|--|---------|-------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying  | trust o | n Nov. 20, 1970 (explain in F | Part VI). See instructions. A  |
|      | other Type III non-functionally integrated supporting organizations must com     | plete S | Sections A through E.         |                                |
| Sect | ion A - Adjusted Net Income  |         | (A) Prior Year                | (B) Current Year<br>(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<br>(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):                |         |                               |                                |
| а    | Average monthly value of securities  | 1a      |                               |                                |
| b    | Average monthly cash balances  | 1b      |                               |                                |
| c    | Fair market value of other non-exempt-use assets                                 | 1c      |                               |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d      |                               |                                |
| е    | Discount claimed for blockage or other   |         |                               |                                |
|      | factors (explain in detail in Part VI):  |         |                               |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                     | 2       |                               |                                |
| 3    | Subtract line 2 from line 1d.  | 3       |                               |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,     |         |                               |                                |
|      | see instructions).   | 4       |                               |                                |
| _5   | Net value of non-exempt-use assets (subtract line 4 from line 3)                 | 5       |                               |                                |
| 6    | Multiply line 5 by .035.   | 6       |                               |                                |
| _7_  | Recoveries of prior-year distributions   | 7       |                               |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                      | 8       |                               |                                |
| Sect | ion C - Distributable Amount   |         |                               | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)            | 1       |                               |                                |
| 2    | Enter 85% of line 1.   | 2       |                               |                                |
| _3_  | Minimum asset amount for prior year (from Section B, line 8, Column A)           | 3       |                               |                                |
| 4    | Enter greater of line 2 or line 3.   | 4       |                               |                                |
| 5    | Income tax imposed in prior year   | 5       |                               |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to             |         |                               |                                |
|      | emergency temporary reduction (see instructions).                                | 6       |                               |                                |
| 7    | Check here if the current year is the organization's first as a non-functionally | integra | ated Type III supporting orga | nization (see                  |
|      | instructions).   |         |                               |                                |

Schedule A (Form 990 or 990-EZ) 2019

| Par   | rt V   Type III Non-Functionally Integrated 509                      | (a)(3) Supporting Orga        | inizations <sub>(continued)</sub>      |   |
|-------|--|-------------------------------|--|---|
| Secti | ion D - Distributions  |                               | ·                                      | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe            | empt purposes                 |  |   |
| 2     | Amounts paid to perform activity that directly furthers exempt       |                               |  |   |
|       | organizations, in excess of income from activity                     |                               |  |   |
| 3     | Administrative expenses paid to accomplish exempt purpose            | es of supported organizations | S                                      |   |
| 4     | Amounts paid to acquire exempt-use assets                            |                               |  |   |
| 5     | Qualified set-aside amounts (prior IRS approval required)            |                               |  |   |
| 6     | Other distributions (describe in <b>Part VI</b> ). See instructions. |                               |  |   |
| 7     | Total annual distributions. Add lines 1 through 6.                   |                               |  |   |
| 8     | Distributions to attentive supported organizations to which t        | he organization is responsive |  |   |
|       | (provide details in <b>Part VI</b> ). See instructions.              | •                             |  |   |
| 9     | Distributable amount for 2019 from Section C, line 6                 |                               |  |   |
| 10    | Line 8 amount divided by line 9 amount                               |                               |  |   |
| Secti | ion E - Distribution Allocations (see instructions)                  | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1     | Distributable amount for 2019 from Section C, line 6                 |                               |  |   |
| 2     | Underdistributions, if any, for years prior to 2019 (reason-         |                               |  |   |
|       | able cause required- explain in Part VI). See instructions.          |                               |  |   |
| 3     | Excess distributions carryover, if any, to 2019                      |                               |  |   |
| а     | From 2014  |                               |  |   |
| b     | From 2015  |                               |  |   |
| С     | From 2016  |                               |  |   |
| d     | From 2017  |                               |  |   |
| е     | From 2018  |                               |  |   |
|       | Total of lines 3a through e  |                               |  |   |
|       | Applied to underdistributions of prior years                         |                               |  |   |
|       | Applied to 2019 distributable amount                                 |                               |  |   |
| i     | Carryover from 2014 not applied (see instructions)                   |                               |  |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                               |  |   |
| 4     | Distributions for 2019 from Section D,                               |                               |  |   |
|       | line 7: \$   |                               |  |   |
| а     | Applied to underdistributions of prior years                         |                               |  |   |
|       | Applied to 2019 distributable amount                                 |                               |  |   |
|       | Remainder. Subtract lines 4a and 4b from 4.                          |                               |  |   |
| 5     | Remaining underdistributions for years prior to 2019, if             |                               |  |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater        |                               |  |   |
|       | than zero, explain in <b>Part VI.</b> See instructions.              |                               |  |   |
| 6     | Remaining underdistributions for 2019. Subtract lines 3h             |                               |  |   |
|       | and 4b from line 1. For result greater than zero, explain in         |                               |  |   |
|       | Part VI. See instructions.   |                               |  |   |
| 7     | Excess distributions carryover to 2020. Add lines 3j                 |                               |  |   |
| -     | and 4c.  |                               |  |   |
| 8     | Breakdown of line 7:   |                               |  |   |
|       | Excess from 2015   |                               |  |   |
|       | Excess from 2016   |                               |  |   |
|       | Excess from 2017   |                               |  |   |
|       | Excess from 2018   |                               |  |   |
|       | Excess from 2019   |                               |  |   |
| _     |  |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2019

## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

RAINBOW THERAPEUTIC RIDING CENTER

Employer identification number

\*\*-\*\*\*7995

| Organization type (check one): |   |  |  |  |  |  |
|--------------------------------|---|--|--|--|--|--|
| Filers of:                     |   | Section:   |  |  |  |  |
| Form 99                        | 0 or 990-EZ   | X 501(c)( 3 ) (enter number) organization  |  |  |  |  |
|                                |   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |  |  |  |  |
|                                |   | 527 political organization   |  |  |  |  |
| Form 99                        | 0-PF  | 501(c)(3) exempt private foundation  |  |  |  |  |
|                                |   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |
|                                |   | 501(c)(3) taxable private foundation   |  |  |  |  |
|                                |   | covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   |  |  |  |  |
| General                        | Rule  |  |  |  |  |  |
|                                |   | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.   |  |  |  |  |
| Special                        | Rules   |  |  |  |  |  |
| X                              | sections 509(a)(1) a any one contributor                          | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.  |  |  |  |  |
|                                | year, total contribut   | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.  |  |  |  |  |
|                                | year, contributions<br>is checked, enter he<br>purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year |  |  |  |  |
| but it mu                      | ust answer "No" on  | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to le filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).   |  |  |  |  |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

## RAINBOW THERAPEUTIC RIDING CENTER

\*\*-\*\*\*7995

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional      | space is needed.           |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 1          | RON KNECHT  11813 COLVIN LANE  NOKESVILLE, VA 20181                                | \$12,421.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 2          | PRINCE WILLIAM COUNTY  CARDINAL DRIVE  DUMFRIES, VA 22026                          | \$ 37,179.                 | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 3          | I.J. AND HILDA BREEDON FOUNDATION  8817 PORTNER AVENUE SUITE 2  MANASSAS, VA 20110 | \$10,000.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 4          | HERTNEKY FAMILY CHARITY  10500 MOUNTAIN SHADOW LANE  MARSHALL, VA 20115            | \$10,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 5          | PETERSON FAMILY FOUNDATION  12500 FAIR LAKES CR #400  FAIRFAX, VA 22033            | \$ 19,375.                 | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 6          | AZALEA CHARITIES, INC.  P.O. BOX 579  DUMFRIES, VA 22026                           | \$10,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

## RAINBOW THERAPEUTIC RIDING CENTER

\*\*-\*\*\*7995

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional     | space is needed.           |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 7          | GEOFFREY AND ADRIENNE SWANBERG  9859 CONDE RD  MARSHALL, VA 20115                 | \$8,000.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 8          | KEVIN COLE  9301 MACKENZIE MEADOW CT  NOKESVILLE, VA 20181                        | \$ 13,565.                 | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 9          | MOORE FAMILY FOUNDATION  PO BOX 6898  INCLINE VILLAGE, NV 89450                   | \$                         | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)        | (b)   | (c)                        | (d)   |
|            | Name, address, and ZIP + 4  NEWSTEAD FOUNDATION  PO BOX 219  UPPERVILLE, VA 20185 | * 5,000.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 11_        | RON KNECHT  11813 COLVIN LANE  NOKESVILLE, VA 20181                               | \$5,148.                   | Person Payroll Noncash X (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 12         | BENJAMIN COOPER  PO BOX 205  ORLEAN, VA 20128                                     | \$5,000.                   | Person X Payroll  |

Name of organization Employer identification number

## RAINBOW THERAPEUTIC RIDING CENTER

\*\*-\*\*\*7995

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed.                |                           |
|------------------------------|---|---|---------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received      |
|                              | SECURITIES  |   |                           |
| 11                           |   |   |                           |
|                              |   | \$5,148.                                  | 12/05/19                  |
| (a)                          |   | (0)                                       |                           |
| No.                          | (b)   | (c)<br>FMV (or estimate)                  | (d)                       |
| from                         | Description of noncash property given                                     | (See instructions.)                       | Date received             |
| Part I                       |   |   |                           |
|                              |   | \$  |                           |
| (a)<br>No.                   | (6)   | (c)                                       | (a)                       |
| from                         | (b)  Description of noncash property given                                | FMV (or estimate)                         | (d)<br>Date received      |
| Part I                       | Becompaint of Heriodali property given                                    | (See instructions.)                       | Date received             |
|                              |   |   |                           |
|                              |   |   |                           |
|                              |   |   |                           |
|                              |   | \$  |                           |
| (0)                          |   |   |                           |
| (a)<br>No.                   | (b)   | (c)                                       | (d)                       |
| from                         | Description of noncash property given                                     | FMV (or estimate)                         | Date received             |
| Part I                       |   | (See instructions.)                       |                           |
|                              |   |   |                           |
|                              |   |   |                           |
|                              |   |   |                           |
|                              |   | \$  |                           |
| (a)                          |   |   |                           |
| No.                          | (b)   | (c)                                       | (d)                       |
| from                         | Description of noncash property given                                     | FMV (or estimate)                         | Date received             |
| Part I                       |   | (See instructions.)                       |                           |
|                              |   |   |                           |
|                              |   |   |                           |
|                              |   |   |                           |
|                              |   | \$  | -                         |
| (a)                          |   |   |                           |
| No.                          | (b)   | (c)                                       | (d)                       |
| from                         | Description of noncash property given                                     | FMV (or estimate)                         | Date received             |
| Part I                       |   | (See instructions.)                       |                           |
|                              |   |   |                           |
|                              |   |   |                           |
|                              |   |   |                           |
|                              |   | \$  | 990. 990-EZ. or 990-PF) ( |

Name of organization

**Employer identification number** \*\*-\*\*\*7995 RAINBOW THERAPEUTIC RIDING CENTER Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

RAINBOW THERAPEUTIC RIDING CENTER

Employer identification number \*\*-\*\*\*7995

| Par | t I Organizations Maintaining Donor Advise  | d Funds or Other Similar Funds                | or Accounts. Complete if the           |
|-----|---|---|--|
|     | organization answered "Yes" on Form 990, Part IV, lin   | ne 6.   |  |
|     |   | (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 advisors in                                    | writing that the assets held in donor advise  | ed funds                               |
|     | are the organization's property, subject to the organization's                                  | exclusive legal control?                      | Yes No                                 |
| 6   | Did the organization inform all grantees, donors, and donor a                                   | dvisors in writing that grant funds can be    | used only                              |
|     | for charitable purposes and not for the benefit of the donor of                                 | r donor advisor, or for any other purpose of  | conferring                             |
|     |   |   |  |
| Par | t II Conservation Easements. Complete if the org  | ganization answered "Yes" on Form 990, F      | Part IV, line 7.                       |
| 1   | Purpose(s) of conservation easements held by the organization                                   | on (check all that appl <u>y).</u>            |  |
|     | Preservation of land for public use (for example, recrea  | tion or education) Preservation of            | 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 qualit                                  | fied conservation contribution in the form    | of a conservation easement on the last |
|     | day of the tax year.  |   | Held at the End of the Tax Year        |
|     | Total number of conservation easements  |   | 2a                                     |
|     | -   |   |  |
|     | Number of conservation easements on a certified historic str                                    |   |  |
| d   | Number of conservation easements included in (c) acquired a                                     |   | I I                                    |
|     | listed in the National Register   |   |  |
| 3   | Number of conservation easements modified, transferred, rel                                     | eased, extinguished, or terminated by the     | organization during the tax            |
|     | year ▶  |   |  |
| 4   | Number of states where property subject to conservation eas                                     |   |  |
| 5   | Does the organization have a written policy regarding the per                                   |   | □,, □.,                                |
| •   | violations, and enforcement of the conservation easements it                                    |   |  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,                                    | nandling of violations, and enforcing cons    | ervation easements during the year     |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand                                     | lling of violations, and enforcing concernat  | ion cocomonto duvina the veer          |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand                                     | aling of violations, and enforcing conservat  | ion easements during the year          |
| 8   | Does each conservation easement reported on line 2(d) abov                                      | to satisfy the requirements of section 170/   | a)(4)(P)(i)                            |
| Ü   |   |   |  |
| 9   | and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation |   |  |
| Ŭ   | balance sheet, and include, if applicable, the text of the footr                                | · · · · · · · · · · · · · · · · · · ·         |  |
|     | organization's accounting for conservation easements.   |   | The that describes the                 |
| Par | t III Organizations Maintaining Collections of  | f Art, Historical Treasures, or Ot            | her Similar Assets.                    |
|     | Complete if the organization answered "Yes" on Form   | 990, Part IV, line 8.                         |  |
| 1a  | If the organization elected, as permitted under FASB ASC 95                                     | 8, not to report in its revenue statement a   | nd balance sheet works                 |
|     | of art, historical treasures, or other similar assets held for put                              | olic exhibition, education, or research in fu | rtherance of public                    |
|     | service, provide in Part XIII the text of the footnote to its finar                             | ncial statements that describes these item    | S.                                     |
| b   | If the organization elected, as permitted under FASB ASC 95                                     | 8, to report in its revenue statement and b   | palance sheet works of                 |
|     | art, historical treasures, or other similar assets held for 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   |   | <b>&gt;</b> \$                         |
|     |   |   |  |
| 2   | If the organization received or held works of art, historical tre                               |   |  |
|     | the following amounts required to be reported under FASB A                                      | SC 958 relating to these items:               |  |
| а   | Revenue included on Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                         |
|     | Assets included in Form 990, Part X   |   |  |
| LHA | For Paperwork Reduction Act Notice, see the Instructions  | s for Form 990.                               | Schedule D (Form 990) 2019             |

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings  |                                      | 1,098,527.                      | 318,319.                     | 780,208.       |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment   |                                      | 136,487.                        | 121,026.                     | 15,461.        |
| e Other   |                                      | 814.                            | 249.                         | 565.           |
| Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (R), line 10c.) |                                      |                                 |                              | 796,234.       |

Schedule D (Form 990) 2019

|  | -  | on Form 990, Part IV, line 1  |  |                            |
|--|--|---|--|----------------------------|
|  | curity or category (including name of security)  | (b) Book value  | (c) Method of valuation: Cost o        | r end-ot-year market value |
| Financial derivati   | ves  |   |  |                            |
| Closely held equi  | ity interests  |   |  |                            |
| Other  |  |   |  |                            |
| (A)  |  |   |  |                            |
| (B)  |  |   |  |                            |
| (C)  |  |   |  |                            |
| (D)  |  |   |  |                            |
| (E)  |  |   |  |                            |
| (F)  |  |   |  |                            |
| (G)  |  |   |  |                            |
| (H)  |  |   |  |                            |
|  | ual Form 990, Part X, col. (B) line 12.)   |   |  |                            |
|  | tments - Program Related.  |   |  |                            |
|  | ete if the organization answered "Yes"   |   |  |                            |
|  | scription of investment  | (b) Book value  | (c) Method of valuation: Cost o        | r end-of-year market value |
| (1)  |  |   |  |                            |
| (2)  |  |   |  |                            |
| (3)  |  |   |  |                            |
| (4)  |  | 4   |  |                            |
| (5)  |  |   |  |                            |
| (6)  |  |   |  |                            |
| (7)  |  |   | ·                                      |                            |
| (8)  |  |   |  |                            |
| (9)  |  |   |  |                            |
|  |  |   |  |                            |
| tal. (Col. (b) must eq   | ual Form 990, Part X, col. (B) line 13.)   |   |  |                            |
| Part IX Other  | Assets.  |   |  |                            |
| Part IX Other  | Assets.  ete if the organization answered "Yes"  | on Form 990, Part IV, line 1  | 1d. See Form 990, Part X, line 15.     |                            |
| Part IX Other  | Assets.  ete if the organization answered "Yes"  |   | 1d. See Form 990, Part X, line 15.     | (b) Book value             |
| art IX Other   | Assets.  ete if the organization answered "Yes"  | on Form 990, Part IV, line 1  | 11d. See Form 990, Part X, line 15.    | (b) Book value             |
| Comple   | Assets.  ete if the organization answered "Yes"  | on Form 990, Part IV, line 1  | 1d. See Form 990, Part X, line 15.     | (b) Book value             |
| Comple (1)   | Assets.  ete if the organization answered "Yes"  | on Form 990, Part IV, line 1  | 11d. See Form 990, Part X, line 15.    | (b) Book value             |
| Comple  (1) (2)  | Assets.  ete if the organization answered "Yes"  | on Form 990, Part IV, line 1  | 1d. See Form 990, Part X, line 15.     | (b) Book value             |
| Comple  (1) (2) (3)  | Assets.  ete if the organization answered "Yes"  | on Form 990, Part IV, line 1  | 1d. See Form 990, Part X, line 15.     | (b) Book value             |
| (1) (2) (3) (4)  | Assets.  ete if the organization answered "Yes"  | on Form 990, Part IV, line 1  | 1d. See Form 990, Part X, line 15.     | (b) Book value             |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)  | Assets.  ete if the organization answered "Yes"  | on Form 990, Part IV, line 1  | 11d. See Form 990, Part X, line 15.    | (b) Book value             |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)   | Assets.  ete if the organization answered "Yes"  | on Form 990, Part IV, line 1  | 11d. See Form 990, Part X, line 15.    | (b) Book value             |
| (1) (2) (3) (4) (5) (6) (7)  | Assets.  ete if the organization answered "Yes"  | on Form 990, Part IV, line 1  | 1d. See Form 990, Part X, line 15.     | (b) Book value             |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) etal. (Column (b) mi   | Assets.  Ite if the organization answered "Yes" (a   | on Form 990, Part IV, line 1  |  | (b) Book value             |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) mice of the column (c) mice of the co | Assets.  ete if the organization answered "Yes" (a  ust equal Form 990, Part X, col. (B) lin  Liabilities.   | on Form 990, Part IV, line 1 ) Description  ne 15.)                               |  | <b>&gt;</b>                |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) mice of the column (c) mice of the co | Assets.  In the organization answered "Yes"  (a)  We set a set of the organization answered "Yes"  We set of the organization answered "Yes"  In the organization answered "Yes" | on Form 990, Part IV, line 1 ) Description  ne 15.)                               |  | e 25.                      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other  Comple   | Assets.  Ite if the organization answered "Yes"  (a  Liabilities.  Ite if the organization answered "Yes"  (a) Description of liability  | on Form 990, Part IV, line 1 ) Description  ne 15.)                               |  | <b>&gt;</b>                |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) mart X Other Comple   | Assets.  Ite if the organization answered "Yes"  (a  Liabilities.  Ite if the organization answered "Yes"  (a) Description of liability  | on Form 990, Part IV, line 1 ) Description  ne 15.)                               |  | e 25.                      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) mart X Other Comple   | Assets.  Ite if the organization answered "Yes"  (a  Liabilities.  Ite if the organization answered "Yes"  (a) Description of liability  | on Form 990, Part IV, line 1 ) Description  ne 15.)                               |  | e 25.                      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) maximum (bright (b) maximum (c) (c) (d) Federal income (c) (d) (d) (d)  | Assets.  Ite if the organization answered "Yes"  (a  Liabilities.  Ite if the organization answered "Yes"  (a) Description of liability  | on Form 990, Part IV, line 1 ) Description  ne 15.)                               |  | e 25.                      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) mart X Other Comple  (1) Federal incor (2) (3) (4)  | Assets.  Ite if the organization answered "Yes"  (a  Liabilities.  Ite if the organization answered "Yes"  (a) Description of liability  | on Form 990, Part IV, line 1 ) Description  ne 15.)                               |  | e 25.                      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) mirror X Other Comple  (1) Federal incor (2) (3) (4) (5)  | Assets.  Ite if the organization answered "Yes"  (a  Liabilities.  Ite if the organization answered "Yes"  (a) Description of liability  | on Form 990, Part IV, line 1 ) Description  ne 15.)                               |  | e 25.                      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (art X Other Comple  (1) Federal incor (2) (3) (4) (5) (6)   | Assets.  Ite if the organization answered "Yes"  (a  Liabilities.  Ite if the organization answered "Yes"  (a) Description of liability  | on Form 990, Part IV, line 1 ) Description  ne 15.)                               |  | e 25.                      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) mart X Other Comple  (1) Federal incor (2) (3) (4) (5) (6) (7)  | Assets.  Ite if the organization answered "Yes"  (a  Liabilities.  Ite if the organization answered "Yes"  (a) Description of liability  | on Form 990, Part IV, line 1 ) Description  ne 15.)                               |  | e 25.                      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal incording (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal incording (2) (3) (4) (5) (6) (7) (8)  | Assets.  Ite if the organization answered "Yes"  (a  Liabilities.  Ite if the organization answered "Yes"  (a) Description of liability  | on Form 990, Part IV, line 1 ) Description  ne 15.)                               |  | e 25.                      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) mart X Other Comple  (1) Federal incor (2) (3) (4) (5) (6) (7) (8) (9)  | Assets.  Ite if the organization answered "Yes" (a  Liabilities.  Ite if the organization answered "Yes" (a) Description of liability me taxes                                   | on Form 990, Part IV, line 1 ) Description  ne 15.)  on Form 990, Part IV, line 1 |  | e 25.                      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) mart X Other Comple  (1) Federal incor (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) mart X (b) mart X (c)   | Assets.  Ite if the organization answered "Yes"  (a  Liabilities.  Ite if the organization answered "Yes"  (a) Description of liability  | on Form 990, Part IV, line 1 ) Description  ne 15.)  on Form 990, Part IV, line 1 | l 1e or 11f. See Form 990, Part X, lin | e 25.  (b) Book value      |

|         | edule D (Form 990) 2019 RAINBOW THERAPEUTIC RIDING   |           |                |              | *7995            | Page 4 |
|---------|--|-----------|----------------|--------------|------------------|--------|
| Ра      | rt XI Reconciliation of Revenue per Audited Financial Stateme  |           | Revenue per Re | turn.        |                  |        |
|         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   | a         |                | Ι.Ι          | 404              | 920.   |
| 1       | Total revenue, gains, and other support per audited financial statements   |           |                | 1            | 454,             | 920.   |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  | ا ء ا     | 24,210.        |              |                  |        |
| a       | <b>5</b>   |           | 24,210.        | -            |                  |        |
| b       | ***************************************  |           |                | -            |                  |        |
| C       |  |           | 8,433.         | -            |                  |        |
| d       |  |           |                | -            | 3.2              | 643.   |
| _       | Add lines 2a through 2d  |           |                | 2e           |                  | 277.   |
| 3       | Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |           |                | 3            | 402,             | 411.   |
| 4       |  | امدا      |                |              |                  |        |
| a       | ,  | ·         |                |              |                  |        |
| b       |  |           |                | 40           |                  | 0.     |
| C<br>E  |  |           |                | 4c           | 462              | 277.   |
| 5<br>Pa | rt XII Reconciliation of Expenses per Audited Financial Statem   | ents With | Expenses per F |              | <del>1</del> 02, | 2110   |
|         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   |           |                |              |                  |        |
| 1       |  |           |                | 1            | 455.             | 646.   |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |           |                | •            | 1337             | 0101   |
| a       |  | 2a        |                |              |                  |        |
| b       |  |           |                |              |                  |        |
| C       |  |           |                | -            |                  |        |
| d       |  |           | 8,433.         |              |                  |        |
|         | Add lines 2a through 2d  |           |                | 2e           | 8                | 433.   |
| 3       |  |           |                | 3            | 447,             | 213.   |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |           |                |              |                  | 2131   |
| а       |  | 4a        |                |              |                  |        |
| b       |  |           |                |              |                  |        |
|         |  | ·         |                | 4c           |                  | 0.     |
| 5       | Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18.)   |           |                | 5            | 447,             | -      |
|         | irt XIII Supplemental Information.   |           |                |              | ,                |        |
|         | vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add |           |                | ; Part X, li | ine 2; Part XI   | ,      |
| PAI     | RT XI, LINE 2D - OTHER ADJUSTMENTS:  |           |                |              |                  |        |
| DI      | RECT FUNDRAISING EXPENSES PER TAX RETURN   |           |                |              | 8,4              | 33.    |
| PAI     | RT XII, LINE 2D - OTHER ADJUSTMENTS:   |           |                |              |                  |        |
| FUI     | NDRAISING EXPENSES INCLUDED IN INCOME  |           |                |              | 8,4              | 33.    |
|         |  |           |                |              |                  |        |
|         |  |           |                |              |                  |        |
|         |  |           |                |              |                  |        |

Schedule D (Form 990) 2019

## **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

RAINBOW THERAPEUTIC RIDING CENTER

Employer identification number

\*\*-\*\*\*7995

| Part I Fundraising Activities. required to complete this part  | Complete if the organization answet.     | red "Y                                  | es" or            | n Form 990, Part IV, I            | ine 17. Form 990-EZ  | filers are not  |
|--|--|---|-------------------|-----------------------------------|--|---|
| required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a X Mail solicitations  e X Solicitation of non-government grants  b X Internet and email solicitations  f X Solicitation of government grants  c X Phone solicitations  g X Special fundraising events  d X In-person solicitations  2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No  b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. |  |   |                   |                                   |  |   |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity                            | fundr<br>have con<br>or con<br>contribu | ustody<br>trol of | (iv) Gross receipts from activity | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|  |  | Yes                                     | No                |                                   |  |   |
|  |  |   |                   |                                   |  |   |
|  |  |   |                   |                                   |  |   |
|  |  | K                                       |                   |                                   |  |   |
|  |  |   |                   |                                   |  |   |
|  |  |   |                   |                                   |  |   |
|  |  |   |                   |                                   |  |   |
|  |  |   |                   |                                   |  |   |
|  |  |   |                   |                                   |  |   |
|  |  |   |                   |                                   |  |   |
| Total  |  |   | <b>&gt;</b>       |                                   |  |   |
| List all states in which the organizatio or licensing.   | n is registered or licensed to solicit o | contrib                                 | utions            | or has been notified              | it is exempt from re   | gistration  |
|  |  |   |                   |                                   |  |   |

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

Schedule G (Form 990 or 990-EZ) 2019

| Pa              |      | Eundraising Events   |                          | UNIV U                    | LD/ 12 40        | 755 Tage 2                 |
|-----------------|------|--|--------------------------|---------------------------|------------------|----------------------------|
| Pa              | rt I | ·  |                          |                           |                  |                            |
|                 |      | of fundraising event contributions and gr  |                          |                           |                  | s greater than \$5,000.    |
|                 |      |  | (a) Event #1             | (b) Event #2              | (c) Other events | (d) Total events           |
|                 |      |  |                          | SCOTT KIRBY               | NONE             | (add col. (a) through      |
|                 |      |  | FUN SHOW                 | CONCERT                   | 0                | col. <b>(c)</b> )          |
| ē               |      |  | (event type)             | (event type)              | (total number)   |                            |
| enc             |      |  | 45.000                   |                           |                  |                            |
| Revenue         | 1    | Gross receipts   | 15,992.                  | 74,701.                   |                  | 90,693.                    |
| _               |      |  | 15.000                   | FF 500                    |                  | <b>50 400</b>              |
|                 | 2    | Less: Contributions  | 15,992.                  | 57,500.                   |                  | 73,492.                    |
|                 |      |  |                          | 17 001                    |                  | 17 001                     |
|                 | 3    | Gross income (line 1 minus line 2)   |                          | 17,201.                   |                  | 17,201.                    |
|                 |      | Ocal various   |                          |                           |                  |                            |
|                 | 4    | Cash prizes  |                          |                           |                  |                            |
|                 | _    | Namanah milan  |                          |                           |                  |                            |
| S               | 5    | Noncash prizes   |                          |                           |                  |                            |
| JSe             | _    | Pont/facility costs  |                          | 4                         |                  |                            |
| (be             | 6    | Rent/facility costs  |                          | 4                         |                  |                            |
| Ė               | 7    | Food and housewage   |                          |                           |                  |                            |
| Direct Expenses | 7    | Food and beverages   |                          |                           |                  |                            |
|                 | 8    | Entertainment  |                          |                           |                  |                            |
|                 | 9    | Other direct expenses  |                          | 3,436.                    |                  | 5,689.                     |
|                 | 10   |  | a                        | 3/1301                    | <b>•</b>         | 5,689.                     |
|                 |      | Net income summary. Subtract line 10 from I  |                          |                           |                  | 11,512.                    |
| Pa              | rt I |  |                          |                           |                  |                            |
|                 |      | \$15,000 on Form 990-EZ, line 6a.  |                          |                           | •                |                            |
| 4               |      |  | (a) Pingo                | (b) Pull tabs/instant     | (a) Other geming | (d) Total gaming (add      |
| nue             |      |  | (a) Bingo                | bingo/progressive bingo   | (c) Other gaming | col. (a) through col. (c)) |
| Revenue         |      |  |                          |                           |                  |                            |
| ш               | 1    | Gross revenue  |                          |                           |                  |                            |
|                 |      |  |                          |                           |                  |                            |
| S               | 2    | Cash prizes  |                          |                           |                  |                            |
| irect Expenses  |      |  |                          |                           |                  |                            |
| ž               | 3    | Noncash prizes   |                          |                           |                  |                            |
| ct E            |      |  |                          |                           |                  |                            |
| Dire            | 4    | Rent/facility costs  |                          |                           |                  |                            |
|                 | _    | Other disease are as   |                          |                           |                  |                            |
|                 | 5    | Other direct expenses  |                          |                           |                  |                            |
|                 | _    | Mali vota avi lab avi  | Yes %                    |                           | Yes %            |                            |
|                 | О    | Volunteer labor  | No                       | No                        | No               |                            |
|                 | 7    | Direct expense summary. Add lines 2 through  | a 5 in column (d)        |                           |                  |                            |
|                 | •    | bliedt experise summary. Add illies 2 tillougi   | 13 III coldillii (d)     |                           |                  |                            |
|                 | 8    | Net gaming income summary. Subtract line 7   | from line 1, column (d)  |                           | •                |                            |
| -               |      | The same of the sa | (4)                      |                           |                  | Į.                         |
| 9               | Ent  | ter the state(s) in which the organization condu   | ucts gaming activities:  |                           |                  |                            |
|                 |      | the organization licensed to conduct gaming a  | _                        | states?                   |                  | Yes No                     |
|                 |      | No," explain:  |                          |                           |                  |                            |
|                 |      |  |                          |                           |                  |                            |
|                 |      |  |                          |                           |                  |                            |
| 10a             | We   | ere any of the organization's gaming licenses re   | evoked, suspended, or te | rminated during the tax y | ear?             | Yes No                     |
| b               | lf " | Yes," explain:   |                          |                           |                  |                            |
|                 |      |  |                          |                           |                  |                            |
|                 |      |  |                          |                           |                  |                            |

Schedule G (Form 990 or 990-EZ) 2019

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|-----|--|--------------------|-------------|
| 11  | Does the organization conduct gaming activities with nonmembers?   | Yes                | No No       |
| 12  | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed      |                    |             |
|     | to administer charitable gaming?   | Yes                | No          |
| 13  | Indicate the percentage of gaming activity conducted in:   |                    |             |
|     | The organization's facility  | 13a                | %           |
|     | An outside facility  | 13b                | <del></del> |
|     | Enter the name and address of the person who prepares the organization's gaming/special events books and records:          | 100                |             |
| 17  | Effect the flame 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                | ☐ No        |
| b   | If "Yes," enter the amount of gaming revenue received by the organization  \$\bigs\\$ and the amount                       |                    |             |
|     | of gaming revenue retained by the third party >\$  |                    |             |
| c   | If "Yes," enter name and address of the third party:   |                    |             |
|     |  |                    |             |
|     | Name   |                    |             |
|     |  |                    |             |
|     | Address ▶  |                    |             |
|     |  |                    |             |
| 16  | Gaming manager information:  |                    |             |
|     |  |                    |             |
|     | Name   |                    |             |
|     |  |                    |             |
|     | Gaming manager compensation ▶ \$   |                    |             |
|     |  |                    |             |
|     | Description of services provided   |                    |             |
|     |  |                    |             |
|     |  |                    |             |
|     |  |                    |             |
|     | Director/officer Employee Independent contractor   |                    |             |
|     |  |                    |             |
| 17  | 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            | L 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 Pa        | rt III, lines 9, 9 | b, 10b,     |
|     | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                           |                    |             |
|     |  |                    |             |
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| chedule G (Form 990 or 990-EZ) RAINBOW THERAPEUTIC RIDING CENTER   | **-***/995 | Page |
|--|------------|------|
| chedule G (Form 990 or 990-EZ) RAINBOW THERAPEUTIC RIDING CENTER  Part IV Supplemental Information (continued) |            |      |
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## **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RAINBOW THERAPEUTIC RIDING CENTER

**Employer identification number** \*\*-\*\*\*7995

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|---|
| 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 |
| COMMITTEE . UPON APPROVAL BY THE EXECUTIVE COMMITTEE, FORM 990 IS SIGNED BY |
| THE CURRENT PRESIDENT OR VICE PRESIDENT OF THE BOARD OF DIRECTORS AND       |
| MAILED TO THE IRS.  |
|   |
|   |
| PART VI, SECTION B, 12C.  |
| EACH MEMBER OF THE BOARD AND THE GENERAL COUNSEL COMPLETE AN ANNUAL         |
| STATEMENT OF COMPLIANCE WITH THE WRITTEN POLICY THAT IS REVIEWED BY THE     |
| EXECUTIVE COMMITTEE.  |
|   |
| FORM 990, PART VI, SECTION B, LINE 12C:                                     |
| DISCLOSURE STATEMENTS AND EXPENDITURES ARE MONITORED BY THE EXECUTIVE       |
| COMMITTEE OF THE BOARD OF DIRECTORS.  |
| COMMITTED OF THE BORKS OF BIRDCIONS.  |
| FORM 990, PART VI, SECTION B, LINE 15:                                      |
|   |
| COMPENSATION IS DETERMINED BY A COMMITTEE OF THE BOARD BY 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 |

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

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

932211 09-06-19

REQUEST.

Employer identification number