

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

## 2021

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **RAINBOW THERAPEUTIC RIDING CENTER** EIN or SSN **\*\*-\*\*\*7995**

Name and title of officer or person subject to tax **RONALD KNECHT  
VICE PRESIDENT**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <b>600,115.</b>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my immediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **SHAWN G. SUMRALL** to enter my PIN **07995**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date **5/16/2022**

### 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 2021 electronically filed return 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**

# Return of Organization Exempt From Income Tax 990 2021

OMB No. 1545-0047

Form **Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**  
 public. **Open to Public** | [Go to www.irs.gov/Form990 for instructions](http://www.irs.gov/Form990)  
 Department of the Treasury [Internal Revenue Service](http://www.irs.gov)  
**Do not enter social security numbers on this form as it may be made and the latest information. Inspection**

**A For the 2021 calendar year, or tax year beginning and ending**

<b>C</b> Name of organization  RAINBOW THERAPEUTIC RIDING CENTER	
Doing business as	
(or P.O. box if mail is not delivered to street address) Number and street P.O. BOX 479	Room/su ite
City or town, state or province, country, and ZIP or foreign postal code HAYMARKET, VA 20168	
<b>F</b> Name and address of principal officer: RONALD KNECHT SAME AS C ABOVE	

**BD Employer identification number**

Check if applicable: \*\*\_\*\*\*7995

Address change  Name change  Initial return  **E** Telephone number 7037546159

Final return/terminated Gross receipts \$ 613,528.

**G**

Amended return  Application pending  **H(a)**  
 Is this a group return X

**H(b)**

§  
 for subordinates? ~ Are all subordinates included? Yes No  
Yes No

**Tax-exempt status:**  501(c)(3)  501(c) ( (insert no.) 4947(a)(1) or 527 ) If "No," attach a list. See instructions

**J**

**Website:** WWW.RAINBOWRIDI **H(c)** NG.ORG **Group exemption number** |

**L** Year of formation: 1984

X VA

**Form of organization:** Corporation  Trust  Association  Other  **K** **State of legal domicile:** VA

**M**



**1 Summary**

RAINBOW CENTER STRIVES TO

Briefly describe the organization's mission or most significant activities:

ENHANCE THE QUALITY OF LIFE OF INDIVIDUALS WITH DISABILITIES THROUGH

Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. |

<b>33</b>	
<b>4</b>	Number of independent voting members of the governing body (Part V, line 1)
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2)
<b>6</b>	Total number of volunteers (estimate if necessary) (Part V, line 3)
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 15
<b>8</b>	Contributions and grants (Part VIII, line 1h) ~~~~~ Program service revenue (Part VIII, line 2g) ~~~~~ income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~
<b>10</b>	
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11) ~~~~~ Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ~~~~~
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>5</u>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <u>12</u>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), line 5) <u>45</u>
<b>16</b>	Net salaries, other compensation, and employee benefits (Part IX, column (A), line 6) <u>0</u>

	Professional fundraising fees (Part IX, column (A), line 11e) ~~~~~	
<b>a</b>		
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>66</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~	
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	□□□□□□□□
<b>20</b>	Total assets (Part X, line 16) ~~~~~	
<b>21</b>	Total liabilities (Part X, line 26) ~~~~~	
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	□□□□□□□□

**Part II**

**Signature Block**

<u>426,059.</u>	<u>163,790.</u>	<u>23,614.</u>	<u>184,258.</u>	<u>485,408.</u>	<u>114,707.</u>
<u>-13,348.</u>	<u>600,115.</u>	<u>0.</u>	<b>End of Year</b>	<u>1,498,579.</u>	<u>14,210.</u>
<u>0.</u>	<u>301,150.</u>	<u>0.</u>		<u>1,484,369.</u>	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

PRESIDENT

Sign Here

=

=

Type or print name and title

Signature of officer Date RONALD KNECHT, VICE

Print/Type preparer's name <u>SHAWN SUMRALL, CPA</u>	Preparer's PTIN <u>P00274803</u>
	Preparer Use Only <u>**_***5202</u>
Firm's name <u>9 BADGER SUMRALL &amp; COMPANY</u>	<u>(540) 364-4930 X</u>
Firm's address <u>97410 HERITAGE VILLAGE PL</u>	<u>GAINESVILLE, VA 20155</u>

May the IRS discuss this return with the preparer shown above? See instructions □□□□□□□□□□□□□□□□  
**Yes No**  
**990**  
 132001 12-09-21  
 LHA Form (2021) For Paperwork Reduction Act Notice, see the separate instructions.

Statement of Program Service Accomplishments

Part III

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?

Schedule O.

X

Did the organization cease conducting, or make significant changes in how it conducts, any program services? X

Yes No

Yes No

If "Yes," describe these new services on

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.

327,385. 163,790.

4a

( ) ( )

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.

4b

( ) ( ) Code: Expenses \$ including grants of \$ Revenue \$

4c

( ) ( ) Code: Expenses \$ including grants of \$ Revenue \$

Other program services (Describe on Schedule O.)

4d

( ) Expenses \$ including grants of \$ Revenue \$

4e

Total program service expenses |

327,385.

Form (2021)

990

132002 12-09-21

2

09260506 781948 R3000 2021.03040 RAINBOW THERAPEUTIC RIDIN R3000\_\_1  
RAINBOW THERAPEUTIC RIDING CENTER \*\*\_\*\*\*7995

3

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Part IV

No

Checklist of Required Schedules

	Ye s
1	X
2	X
3	
4	
5	
6	
7	
8	
9	
10	
11 a	X
11 b	
11 c	

11 d	
11 e	
11f	
12 a	X
12 b	
13	
14 a	
14 b	
15	
16	
17	
18	X
19	
20 a	
20 b	
21	

foundation)? 1

If "Yes," complete Schedule A

Is the organization required to complete ? See instructions 2

Schedule B, Schedule of Contributors

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

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X

during the tax year?

If "Yes," complete Schedule C, Part II

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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to

provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 If "Yes," complete

Schedule D, Part III

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? X

If "Yes," complete Schedule D, Part IV

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

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.

Did the organization report an amount for land, buildings, and equipment in Part X, line 10? a Part VI

Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total

If "Yes," complete Schedule D,

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

Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total

c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

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

d

Part X, line 16?

If "Yes," complete Schedule D, Part IX

Did the organization report an amount for other liabilities in Part X, line 25? e If "Yes," complete Schedule D, Part

line 25? e

X

X

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)? 12

for the tax year? a

Did the organization obtain separate,

If "Yes," complete Schedule D, Part X

independent audited financial statements

If "Yes," complete

~~~~~

~~~~~

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* X

**b** Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* X **14** Did the organization maintain an office, employees, or agents outside of the United States? *a* X

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

**15** foreign organization? X *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

**16** or for foreign individuals? X *If "Yes," complete Schedule F, Parts III and IV*

**17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

*If "Yes," complete Schedule G, Part I.* Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines column (A), lines 6 and 11e? See instructions X

**18** *If "Yes," complete Schedule G, Part II* Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes,"* X

*complete Schedule G, Part III* assistance to any domestic organization or X *If "Yes," complete Schedule H* X *If "Yes," complete Schedule I, Parts I and II*

Did the organization operate one or more hospital facilities? **a** *If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?* domestic government on Part IX, column (A), line 1? **990** **b**

Did the organization report more than \$5,000 of grants or other **19**

Form 990 (2021) Page

Part IV

No Checklist of Required Schedules (continued)

	Ye s
22	

23	
24 a	
24 b	
24 c	
24 d	

25 a	
25 b	
26	
27	

28 a	
28 b	
28 c	
29	

30	
31	
32	
33	
34	
35 a	

35 b	
36	
37	
38	X

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  
X

If "Yes," complete Schedule I, Parts I and III  
 Part IX, column (A), line 2? ~~~~~ Did the organization answer "Yes" to Part VII, Section A, line 3,  
 4, or 5, about compensation of the organization's current  
 23 and former officers, directors, trustees, key employees, and highest compensated employees?  
 If "Yes," complete  
 Schedule J ~~~~~  
 X

24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the a  
 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  
 X

Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? b  
 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  
 c any tax-exempt bonds? ~~~~~ outstanding at any time during the year? d  
 ~~~~~

25 a Did the organization act as an "on behalf of" issuer for bonds  
 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. X  
 Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  
 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

b 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 ~~~~~  
 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? ~~~~~ Did the organization provide a grant or other  
 assistance to any current or former officer, director, trustee, key employee,  
 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X

entity (including an employee thereof) or family member of any of these persons? ~~~~ Was the organization a party to a  
 business transaction with one of the following parties (see the Schedule L, Part IV,  
 28 instructions for applicable filing thresholds, conditions, and exceptions):

A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? a  
 If  
 "Yes," complete Schedule L, Part IV X



A family member of any individual described in line 28a? b IV X

If "Yes," complete Schedule L, Part

A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?

c

"Yes," complete Schedule L, Part IV

X

Did the organization receive more than \$25,000 in non-cash contributions? 29

If "Yes," complete Schedule M X

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

X

contributions?

If "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? 31

If "Yes," complete Schedule N, Part I X

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32

Schedule N, Part II

X

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

X

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? 34

Part V, line 1

X

35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? a

If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity b

within the meaning of section 512(b)(13)?

2

If "Yes," complete Schedule R, Part V, line

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X

If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

X

and that is treated as a partnership for federal income tax purposes? Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

38

All Form 990 filers are required to complete Schedule O Note:

Statements Regarding Other IRS Filings and Tax Compliance

Part V

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

No

1a

0

Enter the number reported in box 3 of Form 1096.

Enter -0- if not applicable 1a

Enter the number of Forms W-2G included on line 1a. Enter -0- if

not applicable b

|    |         |
|----|---------|
|    | Ye<br>s |
| 1c |         |

|    |   |
|----|---|
| 1b | 0 |
|----|---|

c

(gambling) winnings to prize winners? 990

132004 12-09-21

Form (2021)

4

09260506 781948 R3000 2021.03040 RAINBOW THERAPEUTIC RIDIN R3000\_\_1  
RAINBOW THERAPEUTIC RIDING CENTER \*\*\_\*\*\*7995

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Form 990 (2021) Page

Part V

No Statements Regarding Other IRS Filings and Tax Compliance

(continued)

Table with 4 columns: Line number, Description, Sub-part, Yes/No. Row 2a: 12, ~~~~~, 2b, X.

Table with 4 columns: Line number, Description, Sub-part, Yes/No. Rows 6b-11b.

Table with 4 columns: Line number, Description, Sub-part, Yes/No. Rows 12b-17.

2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. If at least one is reported on line 2a, did the organization file all

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to X See instructions.

3 Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? b

4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X

If "Yes," enter the name of the foreign country

b

5 6

7

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X

Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

a

X

Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

b

If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

c

Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit

a

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

a

If "Yes," did the organization notify the donor of the value of the goods or services provided?

b

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required

c

X

any contributions that were not tax deductible as charitable contributions?

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts

b

were not tax deductible? ~~~~~

~

Organizations that may receive deductible contributions under section 170(c).

X  
to file Form

8282? ~~~~~

X

If "Yes," indicate the number of Forms 8282 filed ~~~~~

during the year d

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

e

f

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

g

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9

Sponsoring organizations maintaining donor advised funds.

Did the sponsoring organization make any taxable distributions under section 4966?

a

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

b

10 Section 501(c)(7) organizations. Enter:

Initiation fees and capital contributions included on Part VIII, line 12 a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b

11 Section 501(c)(12) organizations. Enter:

Gross income from members or shareholders ~~~~~

a

Gross income from other sources. (Do not net amounts due or paid to other sources against

b

amounts due or received from them.)

12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

a Is the organization licensed to issue qualified health

13 plans in more than one state? a

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

b Note: See the instructions for additional information the organization must report on Schedule O.

Section 501(c)(29) qualified nonprofit health insurance issuers.

Enter the amount of reserves the organization is required to maintain by the states in which the

b

organization is licensed to issue qualified health plans

Enter the amount of reserves on hand c

X

14 Did the organization receive any payments for indoor tanning services during the tax year? a

If "Yes," has it filed a Form 720 to report these payments? b  
If "No," provide an explanation on Schedule O

15

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

X

If "Yes," see the instructions and file Form 4720, Schedule N.

X

16

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

132005 12-09-21

If "Yes," complete Form 6069.

990 Form (2021)

5

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RAINBOW THERAPEUTIC RIDING CENTER \*\*-\*\*\*7995

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Disclosure.

For each "Yes" response to lines 2 through 7b below, and for a "No" response

Part VI

Governance, Management, and

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

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

Section A. Governing Body and Management

5 1a1

|   |         |
|---|---------|
|   | Ye<br>s |
| 2 |         |
| 3 |         |
| 4 |         |

|    |   |
|----|---|
| 5  |   |
| 6  |   |
| 7a |   |
| 7b |   |
| 8a | X |
| 8b | X |
| 9  |   |

No

Enter the number of voting members of the governing body at the end of the tax year a

|    |   |
|----|---|
| 1b | 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.

Enter the number of voting members included on line 1a, above, who are independent b

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

X

officer, director, trustee, or key employee? ~~~~~ Did the organization delegate control over management duties customarily performed by or under the direct supervision

3

X

of officers, directors, trustees, or key employees to a management company or other person? ~~~~~

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4

~~~~~ assets? 5  
X  
~~~~~  
Did the organization become aware during the year of a significant diversion of the organization's

Did the organization have members or stockholders? 6

X

~~~~~ persons who had the power to elect or appoint one or a

7 Did the organization have members, stockholders, or other

more members of the governing body? ~~~~~

X

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

b

persons other than the governing body? ~~~~~

X

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by

the following: 8

a

The governing body? ~~~~~

Each committee with authority to act on behalf of the governing

body? b

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

X

If "Yes," provide the names and addresses on Schedule O

organization's mailing address? 00000000000000000000

**Section B. Policies**

(This Section B requests information about policies not required by the Internal Revenue Code.)

|         |         |
|---------|---------|
|         | Ye<br>s |
| 10<br>a |         |
| 10<br>b |         |

|         |   |
|---------|---|
| 11<br>a | X |
| 12<br>a | X |
| 12<br>b | X |
| 12<br>c | X |

|         |   |
|---------|---|
| 13      | X |
| 14      |   |
| 15<br>a | X |
| 15<br>b | X |

No

|         |  |
|---------|--|
| 16<br>a |  |
| 16<br>b |  |

10

Did the organization have local chapters,

branches, or affiliates? a

X

If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, b

and branches to ensure their operations are consistent with the a organization's exempt purposes?

Describe on Schedule O the process, if any, used by the organization to review this Form 990.

11

b

Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

If "No," go to line 13

Did the organization have a written conflict of interest policy? ~~~~~ 12a

Were officers, directors, or trustees, and key employees required If "Yes," describe

to disclose annually interests that could give rise to conflicts? b on Schedule O how this was done  
~~~~~

13 Did the organization regularly and consistently monitor and Did the organization have a written whistleblower policy?  
enforce compliance with the policy? c ~~~~~

14 X  
Did the organization have a written document retention and destruction  
policy? ~~~~~

15 Did the process for determining compensation of the following persons include a review and approval by independent  
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
The organization's CEO, Executive Director, or top management Other officers or key employees of the organization b  
official a ~~~~~

If "Yes" to line 15a or 15b, describe the process on 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? ~~~~~ If "Yes," did the organization

follow a written policy or procedure requiring the organization to evaluate its participation

b in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  
exempt status with respect to such arrangements? ~~~~~

**Section C. Disclosure**

VA  
J

List the states with which a copy of this Form 990 is required to be filed

17  
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) available  
for public inspection. Indicate how you made these available. Check all that apply.

X  
Own website Another's website 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, and financial  
statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records |

THE ORGANIZATION - 7037546159  
P.O. BOX 479, HAYMARKET, VA 20168

990

132006 12-09-21

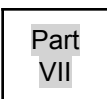
6

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Employees, Highest Compensated Employees, and  
Independent Contractors

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

**Compensation of Officers, Directors, Trustees, Key**

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

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.

1a ¥ List all of the organization's officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. current

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




(A) (F) Name and title  
Estimated amount of  
other  
compensation  
from the  
organization  
and related  
organizations

(1) INGA JANKE	
EXECUTIVE DIRECTOR	
(2) PAULA CAMPBELL MILLIAN	
MEMBER-AT-LARGE	
(3) RONALD KNECHT	
VICE PRESIDENT	
(4) JENNIFER BULLARD BROGGINI	
MEMBER-AT-LARGE	
(5) ANDREW HERTNEKY	
MEMBER-AT-LARGE	
(6) LAUREN PETERSON	
PRESIDENT	





**compensation from the organization and related organizations**

Total (add lines 1b and 1c)

**Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization**

**ia receive or accrue compensation from any individual for services rendered to the organization?** If "Yes," complete Schedule J for such person

	Ye s
3	
4	
5	

**3 Did the organization list any officer, director, trustee, key employee, or highest compensated employee on former**  
If "Yes," complete Schedule J for such individual **line 1a?**

**4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000?** If "Yes," complete Schedule J for such individual **and related organizations**  
**5 Did any person listed on line**

0.  
c  
Total from continuation sheets to Part VII, Section A  
d  
Section B. Independent Contractors

**1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.**

(B) Description of services

NONE (A) (C)  
**Name and business address Compensation**

**Total number of independent contractors (including but not limited to those listed above) who received more than**

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Form 990 (2021) Page

Part VIII

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

Statement of Revenue

1 a b

c

d

- Federated campaigns
- Membership dues
- Fundraising events
- Related organizations


6 a

6 b
6 c
7 a
7 b
7 c
(D) Revenue excluded from tax under sections 512 - 514


Government grants (contributions)

e All other contributions, gifts, grants, and

f similar amounts not included

aboveg  
Noncash contributions included in lines  
1a-1f

**Add lines 1a-1f**

h Total.

2

a  
OTHER TYPES

**Royalties**

b

c

d

e

**All other program service  
revenue \*\*\*\*\***

f

3

**Add lines 2a-2f**

4 5

g  
Total.

17,369.

PROGRAM

**other similar amounts)**

**s rent  
rental  
\*\*\*\*\*  
expe  
nses**

6 a

**Gross**

**Less: ~**

c

**rental  
income  
or (loss)**

d

7 a

**Rental  
income  
or (loss)  
Net**

Gross amount  
from sales of  
assets other  
than inventory

b cost or basis  
**Less: other**

and sales  
expenses

c

**Gain or (loss)**

6,245.

8

**Net gain or (loss)**

**line 1c). See Part IV, line 13**

**\*\*\*\*\*Less: direct  
expenses \*\*\*\*\***

d

Gross income from fundraising events

b

a

**including \$  
contributions reported on**

**Net income or (loss) from  
fundraising events c**

-13,413.

**Gross income from gaming activities. See**

9 a

**Part IV, line 19 \*\*\*\*\***

**Less: direct expenses**

b

**Net income or (loss) from gaming activities**

c

**Gross sales of inventory, less returns**

10 a

**and allowances \*\*\*\*\***

**Less: cost of goods sold**

b

**Net income or (loss) from sales of inventory**

c

FACILITY RENTAL INCOME 65. 11 a

b

c

**All other revenue \*\*\*\*\***

d

**Add lines 11a-11d**

12

e Total.

See instructions

Total revenue.

10,266. 990

**Form 990 (2021) Page**

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

(A) Total expenses	(B) Program service expense				
		9,811.	12		
				49,701.	48,161.
				22,358.	14,539.
		3,978.		49,727.	48,502.
				17,668.	11,784.
				12,310.	2,211.
		3,460.	1,18	4,202.	1,500.
44,999.	20,17			10,743.	3,533.
				485,408.	327,385.
234,667.	161,69	300.			
21,484.	13,97				

(D) Fundraising expenses

Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21

**Grants and other assistance to domestic 2**

**Individuals. See Part IV, line 22** .....  
**Grants and other assistance to foreign 3**  
**organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16** --- **Benefits paid to or for members** .....

**4 Compensation of current officers, directors, trustees, and key employees** .....  
 3,879.

**5** .....

50,775.  
 persons described in section 4958(c)(3)(B)

Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and

**Other salaries and wages** .....

7  
Pension plan accruals and contributions (include  
8  
section 401(k) and 403(b) employer contributions) **Other  
employee benefits** .....

10  
**Fees for services (nonemployees):**  
11

9  
**Payroll taxes** ..... 4,198.

a  
**Management** .....  
b  
**Legal** .....  
c  
**Accounting** .....  
d  
**Lobbying** .....

Professional fundraising services. See Part IV,

line 17 e

**Investment fees** f  
**management** .....

g  
**Other.** (If line 11g exceeds 10% of  
amount line 25,  
column (A), amount, list line 11g expenses on Sch O.)

12  
**Advertising and promotion** ..... 479.

13  
**Office expenses** .....  
14  
**Information technology** .....  
15  
**Royalties** .....

16  
**Occupancy** .....

17  
**Travel** .....

18  
**Payments of travel or entertainment expenses  
for any federal, state, or  
local public officials -  
Conferences,  
conventions, and  
meetings** ..

19  
20  
**Interest** .....

21  
**Payments to affiliates** ..... 4,369.  
22  
**Depreciation, depletion, and amortization** ..

23  
**Insurance** e .....

24  
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) HORSE  
a FARM OPERATIONS  
b FACILITIES & EQUIPMENT SUPPLIES  
c **All other expenses** 2,591.  
d

25  
Total functional expenses. Add lines 1 through 24e 66,516.

26  
Joint costs. line only if the  
Complete this organization  
reported in column (B) joint costs from a  
combined educational campaign and  
fundraising solicitation.

I  
-

**Form 990 (2021) Page**

Part X

Balance Sheet

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

1 <b>Cash - non-interest-bearing</b>		*****
2 <b>Savings and temporary cash investments</b>		*****
3 <b>Pledges and grants receivable, net</b>		*****
4 <b>Accounts receivable, net</b>		*****
5 <b>Loans and other receivables 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</b>		
6 <b>Loans and other receivables other disqualified person defined under section 4958 or persons described in section 4958(c)(3)(B)</b>		
7 <b>Notes and loans receivable, net</b>		*****
8 <b>Inventories for sale or use</b>		*****
9 <b>Prepaid expenses and deferred charges</b>		*****
10a <b>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</b>	10 a	
b <b>Less: accumulated depreciation</b>	10 b	
11 <b>Investments - publicly traded securities</b>		*****
12 <b>Investments - other securities. See Part IV, line 11</b>		*****
13 <b>Investments - program-related. See Part IV,</b>		*****

<b>Line 11</b>		
<b>ASSETS</b>	14	
15 <b>Other assets. See Part IV, line 11</b>		*****
16 <b>Total assets. Add lines 1 through 15 (must equal line 17)</b>		
17 <b>Accounts payable and accrued expenses</b>		
18 <b>Grants payable</b>		*****
19 <b>Deferred revenue</b>		*****
20 <b>Tax-exempt bond liabilities</b>		*****
21 <b>Escrow or custodial account liability.</b>		
22 <b>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</b>		***** Secured mortgages and notes payable to unrelated third parties *****
23 <b>Unsecured notes and loans payable to unrelated third parties</b>		*****
24 <b>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included elsewhere)</b>		*****
25		

**on lines 17-24). Complete Part X of Schedule D through 25**

26 Total liabilities.

X

Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.

27

**Net assets without donor restrictions**

28

**Net assets with donor restrictions**

Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

29

**Capital stock or trust principal, or funds**

30

**Paid-in or capital surplus, or land, building, or equipment fund**

**Retained earnings, endowment,**

31

**Total net assets or fund balances**

32

**Total liabilities and net assets/fund**

**balances**

33

11

(B)

**End of year**

247,369. 3,013.



14,210.

2,703.

1,466,539. 17,830.

799,337. 445,884.

273.  
1,498,579. 14,210.

1,484,369. 1,498,579. 990  
**Form (2021)**

0.

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RAINBOW THERAPEUTIC RIDING CENTER \*\*\_\*\*\*7995

12

Form 990 (2021) Page

Reconciliation of Net Assets

Part XI

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

Total revenue (must equal Part VIII, column (A), line 12) 1	1	5	1
Total expenses (must equal Part IX, column (A), line 25) 2	2	6	0
	3	7	
	4	8	<u>600,115. 485,408.</u>
		9	
Revenue less expenses. Subtract line 2 from line 1 13			<u>19,100.</u>
Donated services and use of facilities 6 7			
Prior period adjustments 8		<u>0.</u>	
Other changes in net assets or fund balances (explain on Schedule O) 9			

114,707.

1,350,562.

Net assets or fund balances at end of year. Combine lines 3 through 9 (must 1,484,369.

equal Part X, line 32, 10

column (B)

**Part XII**

Were the organization's financial statements audited by an independent accountant? ~~~~~  
b

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

If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,  
c

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

	Ye s
2 a	
2 b	X
2 c	
3 a	
3 b	

X  
review, or compilation of its financial statements and selection of an independent accountant? ~~~~~ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit  
a

No  
X

1

2 3

X  
Act and OMB Circular A-133?

~~~~~ If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit  
b

Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. X

Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~  
a

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

or audits, explain why on Schedule O and describe any steps taken to

Form (2021)

132012 12-09-21

12

09260506 781948 R3000 2021.03040 RAINBOW THERAPEUTIC RIDIN R3000\_\_1

SCHEDULE A

OMB No. 1545-0047

Public Charity Status and Public Support

(Form 990) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2021

Open to Public

Department of the Treasury Internal Revenue Service | Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number RAINBOW THERAPEUTIC RIDING CENTER \*\*-\*\*\*7995

Status.

(All organizations must complete this part.) See instructions.

Part I

Reason for Public Charity

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 churches, or association of section 170(b)(1)(A)(i). churches described in
- 2 A church, convention of churches described in A school described in (Attach section 170(b)(1)(A)(ii). Schedule E (Form 990).)
- 3 A hospital or a service organization section 170(b)(1)(A)(iii). cooperative hospital described in

section 170(b)(1)(A)(iii).  
city, and state:

A medical research organization operated in conjunction with a hospital described in Enter the hospital's name, section (Complete Part II.) 170(b)(1)(A)(iv).

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

6  A federal, state, or local government or governmental unit

described in section 170(b)(1)(A)(v).

7 section (Complete Part II.) 170(b)(1)(A)(vi).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in

8 or university or a non-land-grant college of agriculture (see instructions).  
9 Enter the name, city, and state of the college or university:

10 A community trust described in (Complete Part II.) section 170(b)(1)(A)(vi).

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See (Complete Part III.) section 509(a)(2).

An agricultural research organization described in operated in conjunction with a land-grant college section 170(b)(1)(A)(ix)

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 publicly supported organizations described in or . See Check the box on section 509(a)(1) section 509(a)(2) section 509(a)(3).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving

the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. Sections A and B. You must complete Part IV,

b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having

control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). Sections A and C. You must complete Part IV,

c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d Type III non-functionally integrated. A supporting organization supported organization(s) operated in connection with its

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). and Part V. You must complete Part IV, Sections A and D,

e I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Check this box if the organization received a written determination from the IRS that it is a Type

Enter the number of supported organizations

f Provide the following information about the supported organization(s).  
g

| (ii) EIN | (iii) Type organization (described on 1-10 above instructions) |
|----------|----------------------------------------------------------------|
|          |                                                                |
|          |                                                                |

(i) (vi) Name of supported

Amount of other

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2021 132021 01-04-22

RAINBOW THERAPEUTIC RIDING CENTER \*\* - \*\*\*7995

Schedule A (Form 990) 2021 Page 2

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|            |
|------------|
| Part<br>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.)

Total  
 (f) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~ The value of services or facilities furnished by a governmental unit to the organization without charge ~

Section A. Public Support Calendar year (or fiscal year beginning in)

| (a) 2017 | (b) 2018          |
|----------|-------------------|
| 293,193. | 221,893           |
|          | 1471104. 1471104. |
| 293,193. | 221,89            |

4 Add lines 1 ~~~  
 Total. through 3  
 The portion of total contributions  
 5

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) ~~~~~

1471104.

6 Public support. Subtract line 5 from line 4.

Section B. Total Support Calendar year (or fiscal year beginning in) |

| (a) 2017 | (b) 2018  |
|----------|-----------|
| 293,193. | 221,894.  |
| 14,404.  | 20,520.   |
|          | Total (f) |

|  |  |       |
|--|--|-------|
|  |  |       |
|  |  |       |
|  |  | ~~~~~ |

7  
8 regularly carried on ~ Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~

9 10 Amounts from line 4 ~~~~~ Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Net income from unrelated business activities, whether or not the business is

Total support.  
Add lines 7 through 10  
1557514.

11 Gross receipts from related activities, etc. (see instructions)12

13 If the Form 990 is for the organization's as a section 501(c)(3) first, second, third, fourth, or fifth tax year

organization, check this box and ~~~~~ stop here

Section C. Computation of Public Support Percentage

|   |
|---|
| 1 |
| 4 |
| 1 |
| 5 |

15 16 Public support percentage for 2021 (line 6, column 33 1/3% support test - 2021. a (f), divided by line 11, column (f) ~~~~~ %

14 Public support percentage from 2020 Schedule A, Part II, line 14 94.45 94.82 %  
If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and X

stop here. 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

The organization qualifies as a publicly supported organization ~~~~~ |

b and The organization qualifies as a publicly supported organization ~~~~~ | stop here.

17 a 10% -facts-and-circumstances test - 2021. 13, 16a, or 16b, and line 14 is 10% or more, If the organization did not check a box on line and if the organization meets the facts-and-circumstances test, check this box and Explain in Part VI how the organization stop here.

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~~~~~ |

b  
10% -facts-and-circumstances test - 2020.

If the organization did not check a box on line 13, 16a, 16b, or 17a,  
and line 15 is 10% or

more, and if the organization meets the facts-and-circumstances test, check this box and Explain in Part VI how the  
stop here.

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ~~~~~ |

18  
Private foundation.

If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see  
instructions [ ]

Schedule A (Form 990) 2021

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14

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Schedule A (Form 990) 2021 Page 3

Part III

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

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

Section A. Public Support Calendar year (or fiscal year beginning  
in) |

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| (a) 2017 | (b) 2018 |              |
|----------|----------|--------------|
|          |          |              |
|          |          |              |
|          |          | Total<br>(f) |

1 Gifts, grants, contributions, and  
membership fees received. (Do not  
include any "unusual grants.") ~~~

2 Gross receipts from admissions,  
merchandise sold or services per  
formed, or facilities furnished in  
any activity that is related to the  
organization's tax-exempt purpose

3 Gross receipts from activities that  
are not an unrelated trade or bus-  
iness under section 513 ~~~~~ Tax

4 revenues levied for the organ-  
ization's benefit and either paid to  
or expended on its behalf ~~~~~

5 The value of services or facilities  
furnished by a governmental unit to  
the organization without charge ~

6 Total. Add lines 1

through 5 ~~~~  
 7 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  
 ~~~~~  
 a  
 3 received from  
 disqualified  
 persons b  
 ~~~~~  
 c

Add lines 7a and 7b ~~~~~

8 Public support, 6.)  
 (Subtract line 7c from line

Section B. Total Support Calendar year (or fiscal year beginning in) |

| (a) 2017 | (b) 2018     |
|----------|--------------|
|          |              |
|          |              |
|          |              |
|          |              |
|          | Total<br>(f) |

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

9 c  
 10a b 11

Amounts from line 6 12  
 ~~~~~ Gross Add lines 10a and  
 income from 10b ~~~~~ Net  
 interest, dividends, income from  
 payments received, unrelated business  
 on securities loans, activities not  
 rents, royalties, and included on line  
 income from similar 10b, whether or not  
 sources ~ the business is  
 Unrelated business regularly carried on  
 taxable income ~~~~~ Other  
 (less section 511 income. Do not  
 taxes) from include gain or loss  
 businesses capital assets  
 acquired after June  
 30, 1975 (Explain in Part VI.)  
 ~~~~~

13 support. 11, and 12.)  
 Total (Add lines 9, 10c,

14 First 5 years. fifth tax year as a section 501(c)(3) organization,  
 If the Form 990 is for the organization's first, second, third, fourth, or

check this box and ~~~~~  
 stop here

Section C. Computation of Public Support Percentage

Public support percentage for 2021 (line 8, column (f), divided by line 13,  
 column (f)) 15

1
5
1
6

~~~~~ %  
 Public support percentage from 2020 Schedule A, Part III, line 15  
 16  
 ~~~~~ %

Section D. Computation of Investment Income

Percentage Investment income percentage for (line 10c,  
 column (f), divided by line 13, column (f))

|   |
|---|
| 1 |
| 8 |

|   |
|---|
| 1 |
| 7 |



19  
a

~~~~~%  
33 1/3% support tests - 2021. 14, and line 15 is more than 33 1/3%, and line  
If the organization did not check the box on line 17 is not

more than 33 1/3%, check this box and The organization qualifies as a publicly supported organization ~~~~~ | stop here.

b  
33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and  
line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and The organization qualifies as a publicly supported organization ~~~~~ | stop here.

20  
Private foundation.

~~~~~%  
If the organization did not check a box on line 14. 19a or 19b, check this box and see instructions  
| ~~~~~ |

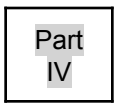
132023 01-04-22

Schedule A (Form 990) 2021

15

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Schedule A (Form 990) 2021 Page 4



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

Supporting Organizations  
Section A. All Supporting Organizations

|    | Ye<br>s |
|----|---------|
| 1  |         |
| 2  |         |
| 3a |         |
| 3b |         |
| 3c |         |
| 4a |         |
| 4b |         |
| 4c |         |
| 5a |         |
| 5b |         |
| 5c |         |
| 6  |         |

|     |  |
|-----|--|
| 7   |  |
| 8   |  |
| 9a  |  |
| 9b  |  |
| 9c  |  |
| 10a |  |
| 10b |  |

No

1 Are all of the organization's supported organizations listed by name in the organization's governing

documents? are designated. If designated by Part VI

If "No," describe in how the supported organizations class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status

2 under section 509(a)(1) or (2)? that the supported Part VI

If "Yes," explain in how the organization determined Did the organization have a supported lines 3b and 3c below. organization described in section 501(c)(4), (5), or (6)? If "Yes," answer

3 organization was described in section 509(a)(1) or (2). a

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

b satisfied the public support tests under section 509(a)(2)? organization made the determination. If "Yes," describe in when and how the Part VI

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

c purposes? the United States ("foreign supported organization")? If "Yes," explain in what controls the organization organization"? a put in place to ensure such use. Part VI "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4 If Was any supported organization not organized in Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign

b supported organization? control and discretion Part VI If "Yes," describe in how the organization had such despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination

c under sections 501(c)(3) and 509(a)(1) or (2)? used Part VI If "Yes," explain in what controls the organization to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5 Did the organization add, substitute, or remove any supported organizations during the tax year? a

If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in including (i) the names and EIN Part VI,

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 Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. an event beyond the organization's control? Was the substitution the result of 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? Part VI. If "Yes," provide detail in

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? (Form 990). If "Yes," complete Part I of Schedule L

8 9 Was the organization controlled directly or indirectly at any time during the tax year by one or more

a Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). disqualified persons, as defined in section 4946 (other than foundation managers and organizations described

in section 509(a)(1) or (2)? detail in If "Yes," provide Part VI.

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which

b the supporting organization had an interest? Part VI. If "Yes," provide detail in

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit

c from, assets in which the supporting organization also had an interest? Part VI. If "Yes," provide detail in

10 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

a supporting organizations)? below. If "Yes," answer line 10b

Did the organization have any excess business holdings in the tax year? determine whether the organization had excess business holdings.

b (Use Schedule C, Form 4720, to Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 Page 5

Part IV

|     |  |
|-----|--|
| 11b |  |
| 11c |  |

Supporting Organizations (continued)

No

|     |         |
|-----|---------|
|     | Ye<br>s |
| 11a |         |

Has the organization accepted a gift or contribution from any of the following persons?

11

A person who directly or indirectly controls, either alone or together with persons described on lines 11b and

a

11c below, the governing body of a supported organization?

A family member of a person described on line 11a above?

b

A 35% controlled entity of a person described on line 11a If "Yes" to line 11a, 11b, or 11c, provide

or 11b above? c

detail in Part VI.

Section B. Type I Supporting Organizations

|   |         |
|---|---------|
|   | Ye<br>s |
| 1 |         |
| 2 |         |

No

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Part VI

If "No," describe in how the supported organization(s)

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported

2

organization(s) that operated, supervised, or controlled the supporting organization?

how providing such benefit carried out the purposes of the supported organization(s) that operated,

If "Yes," explain in

Part VI

supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

|   |         |
|---|---------|
|   | Ye<br>s |
| 1 |         |

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 how control Part VI

or management of the supporting organization was vested in the same persons that controlled or managed

the supported organization(s).

Section D. All Type III Supporting Organizations

|   |         |
|---|---------|
|   | Ye<br>s |
| 1 |         |

|   |  |
|---|--|
| 2 |  |
| 3 |  |

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? 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 how Part VI the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? VI supported organizations played in this regard. If "Yes," describe in the role the organization's Part

**Section E. Type III Functionally Integrated Supporting Organizations**

Check the box next to the method that the organization used to (see instructions).

satisfy the Integral Part Test during the year 1

- a The organization satisfied the Activities Test. Complete below. line 2
- b The organization is the parent of each of its supported organizations. Complete below. line 3
- c The organization supported a governmental entity. Describe in how you supported a governmental entity (see instructions). Part VI

|    |         |
|----|---------|
|    | Ye<br>s |
| 2a |         |
| 2b |         |

|    |  |
|----|--|
| 3a |  |
| 3b |  |

2 Activities Test. Answer lines 2a and 2b below. No

Did substantially all of the organization's activities during the tax year directly further the exempt purposes of a the supported organization(s) to which the organization was responsive? 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.

Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, b one or more of the organization's supported organization(s) would have been engaged in? the reasons for the organization's position that its supported organization(s) would have engaged in If "Yes," explain in Part VI these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

a

trustees of each of the supported organizations? If "Yes" or "No" provide details Part VI. in

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

b

of its supported organizations? 132025 01-04-22

17

If "Yes," describe in the role played by the organization in this regard. Part VI

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 Page 6

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations explain in

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( ).

1 Part VI See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

|   |  |
|---|--|
|   |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
|   |  |

|    |  |
|----|--|
|    |  |
| 1a |  |
| 1b |  |
| 1c |  |
| 1d |  |
|    |  |
| 2  |  |
| 3  |  |
| 4  |  |
| 5  |  |
| 6  |  |

(B) Current Year (optional)

|   |  |
|---|--|
| 7 |  |
| 8 |  |
|   |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |

Net short-term capital gain

1

Recoveries of prior-year distributions

2

Other gross income (see instructions)

3

Add lines 1 through 3.

4

Depreciation and depletion

5

Portion of operating expenses paid or incurred for production or

6

collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)

Other expenses (see instructions)

7

Adjusted Net Income (line 4)

(subtract lines 5, 6, and 7 from

(B) Current Year (optional)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see

1

instructions for short tax year or assets held for part of year):

Average monthly value of securities

a

Average monthly cash balances

b

Fair market value of other non-exempt-use assets

c

|             |          |             |
|-------------|----------|-------------|
| d           | 1c)      | claimed for |
| Total       | e        | blockage or |
| (add lines  | Discount | other       |
| 1a, 1b, and |          | factors     |

explain in detail in  
( ):

Part VI

Acquisition indebtedness applicable to non-exempt-use assets

2

Subtract line 2 from line 1d.

3

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

4

see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3)

5

Multiply line 5 by 0.035.

6

Recoveries of prior-year distributions

7

(add line 7 to line 6)

8

Minimum Asset Amount

Current Year

Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, column A)

1

Enter 0.85 of line 1.

2

Minimum asset amount for prior year (from Section B, line 8, column A)

3

Enter greater of line 2 or line 3.

4

Income tax imposed in prior year

5

Distributable Amount. 4, unless subject to  
Subtract line 5 from line

6

emergency temporary reduction (see instructions).

7

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





|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

- 1 Amounts paid to supported organizations to accomplish exempt purposes
- 2 Amounts paid to perform activity that directly furthers exempt purposes of supported
- 3 organizations, in excess of income from activity
- 4 Administrative expenses paid to accomplish exempt purposes of supported organizations
- 5 Amounts paid to acquire exempt-use assets
- 6 Qualified set-aside amounts (prior IRS approval required -
- 7 describe in
- 8 Other distributions ( ). See instructions.
- 9 Part VI
- 10 Total annual distributions. 7 Add lines 1 through 6.

Distributions to attentive supported organizations to which the organization is responsive (see instructions)

- 11 provide details in
- 12 ( ). See instructions.
- 13 Part VI
- 14 Distributable amount for 2021 from Section C, line 6
- 15 Line 8 amount divided by line 9 amount
- 16 10

(iii)  
Distributable

Amount for 2021 Section E - Distribution Allocations

- 17 Distributable amount for 2021 from Section C, line 6
- 18 Underdistributions, if any, for years prior to 2021 (reason
- 19 explain in
- 20 able cause required - ). See instructions.
- 21 Part VI
- 22 Excess distributions carryover, if any, to 2021
- 23 From 2016
- 24 a From 2017
- 25 b From 2018
- 26 c From 2019
- 27 d From 2020
- 28 e
- 29 f Total through
- 30 of lines 3a-3e

Applied to 2021 distributable amount  
h  
Carryover from 2016 not applied (see instructions)  
i  
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  
j  
Distributions for 2021 from Section D,  
line 7: \$  
Applied to underdistributions of prior years  
a  
Applied to 2021 distributable amount  
Part VI  
See

b  
Remainder. Subtract lines 4a and 4b from line 4.  
c  
Remaining underdistributions for years prior to 2021, if any.  
Subtract lines 3g and 4a from line 2. For result greater explain  
in  
than zero. See instructions. Part VI.  
Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7  
8  
a  
b  
c  
d  
e

Excess from 2017  
Excess from 2018  
Excess from 2019  
Excess from 2020  
Excess from 2021  
Add lines 3j

Schedule A (Form 990) 2021  
Excess distributions carryover to 2022. and 4c.  
Breakdown of line 7:



**Supplemental Information.**

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

Schedule B Schedule of Contributors <sup>(Form</sup>

Name of the organization

990) | Attach to Form 990 or Form 990-PF.

| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047 **2021**

Employer identification number

Organization type

Filers of: Section:

X 3

Form 990 or 990-EZ 501(c)( ) (enter number) organization treated as a private foundation not

4947(a)(1) nonexempt charitable trust 527 political organization

Form 990-PF 501(c)(3) exempt private foundation treated as a private foundation

4947(a)(1) nonexempt charitable trust 501(c)(3) taxable private foundation

Check if your organization is covered by the or a General Rule Special Rule.

Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. Note:

General Rule

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

Special Rules

X

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of \$5,000; or 2% of the amount on (i) Form 990, Part VIII, line 1h; (1) (2)

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively

year, contributions for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box exclusively is checked, enter here the total contributions that were received during the year for an religious, charitable, etc., purpose. Don't complete any of the parts unless the applies to nonexclusively

this organization because it received General Rule

religious, charitable, etc., contributions totaling \$5,000 or more during the year ~~~~~ | \$

An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it Caution: must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021) Page

Name of organization

Employer identification number

**RAINBOW THERAPEUTIC RIDING CENTER \*\*-\*\*\*7995**

(see instructions). Use duplicate copies of Part I if additional space is needed.

**Part I Contributors**

|                                               |                                       |
|-----------------------------------------------|---------------------------------------|
| (b)<br>Name, address, and ZIP + 4             |                                       |
| <u>PRINCE WILLIAM COUNTY</u>                  | <u>GEOFFREY AND ADRIENNE SWANBERG</u> |
| <u>CARDINAL DRIVE</u>                         | <u>9859 CONDE RD</u>                  |
| <u>DUMFRIES, VA 22026</u>                     | <u>MARSHALL, VA 20115</u>             |
| (b)<br>Name, address, and ZIP + 4             | (b)<br>Name, address, and ZIP + 4     |
| <u>I.J. AND HILDA BREEDON FOUNDATION 8817</u> | <u>RON KNECHT</u>                     |
| <u>PORTNER AVENUE SUITE 2</u>                 | <u>11813 COLVIN LANE</u>              |
| <u>MANASSAS, VA 20110</u>                     | <u>NOKESVILLE, VA 20181</u>           |
| (b)<br>Name, address, and ZIP + 4             | (b)<br>Name, address, and ZIP + 4     |
| <u>PETERSON FAMILY FOUNDATION</u>             | <u>DAVID HAZEL</u>                    |
| <u>12500 FAIR LAKES CR #400</u>               | <u>P.O. BOX 220562</u>                |
| <u>FAIRFAX, VA 22033</u>                      | <u>CHANTILLY, VA 20153</u>            |
| (b)<br>Name, address, and ZIP + 4             | (a)<br>No.                            |
|                                               | (d)<br>Type of contribution           |

1X

Person  
Payroll  
Noncash

(Complete Part II for noncash contributions.)

(a)  
No.

(d)  
Type of contribution

2X

Person  
Payroll  
Noncash

(Complete Part II for noncash contributions.)

(a)  
No.

(d)  
Type of contribution

3X

Person  
Payroll  
Noncash

(Complete Part II for noncash contributions.)

(a)  
No.

(d)  
Type of contribution

4 X

Person  
Payroll  
Noncash

(Complete Part II for noncash contributions.)

(a)  
No.

(d)  
Type of contribution

5 X

Person  
Payroll  
Noncash

(Complete Part II for noncash contributions.)

(a)  
No.

(d)  
Type of contribution

6 X

Person  
Payroll  
Noncash

(Complete Part II for noncash contributions.)

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Employer identification number

Name of organization

RAINBOW THERAPEUTIC RIDING CENTER \*\*-\*\*\*7995

(see instructions). Use duplicate copies of Part I if additional space is needed.

**Part I** Contributors

|                                            |
|--------------------------------------------|
| (b)<br>Name, address, and ZIP + 4          |
| <u>NORTHERN PIEDMONT COMMUNITY FOUNDAT</u> |
| <u>P.O. BOX 579</u>                        |
| <u>CULPEPER, VA 22701</u>                  |
| (b)<br>Name, address, and ZIP + 4          |
| <u>PATH FOUNDATION</u>                     |
| <u>321 WALKER DRIVE #301</u>               |
| <u>WARRENTON, VA 20186</u>                 |
| (b)<br>Name, address, and ZIP + 4          |

|                                                  |
|--------------------------------------------------|
| <u>THE JESSE &amp; ROSE LOEB FOUNDATION P.O.</u> |
| <u>BOX 803</u>                                   |
| <u>WARRENTON, VA 20188</u>                       |
| (b)<br>Name, address, and ZIP + 4                |
| <u>THE LESLIE H. MOELLER FUND</u>                |
| <u>P.O. BOX 15203</u>                            |
| <u>ALBANY, NY 12212</u>                          |
| (b)<br>Name, address, and ZIP + 4                |

RICHARD AND MELISSA MOORE

P.O. BOX 15000

GAINESVILLE, VA 20155

(a)  
No.  
(d)  
Type of contribution

(b)  
Name, address, and ZIP + 4

YOUTH FOR TOMORROW

11835 HAZEL CIR DR

BRISTOW, VA 20136

7X

Person  
Payroll  
Noncash

(Complete Part II for noncash contributions.)

(a)  
No.

(d)  
Type of contribution

8X

Person  
Payroll  
Noncash

(Complete Part II for noncash contributions.)

(a)  
No.

(d)  
Type of contribution

9X

Person  
Payroll  
Noncash

(Complete Part II for noncash contributions.)

(a)  
No.

(d)  
Type of contribution

10X

Person  
Payroll  
Noncash

(Complete Part II for noncash contributions.)

(a)  
No.

(d)  
Type of contribution

11X

Person  
Payroll  
Noncash

(Complete Part II for noncash contributions.)

(a)  
No.

(d)  
Type of contribution

12X

Name of organization

Employer identification number

**RAINBOW THERAPEUTIC RIDING CENTER \*\*-\*\*\*7995**

(see instructions). Use duplicate copies of Part II if  
additional space is needed.

**Part II** Noncash Property

|                                              |                              |
|----------------------------------------------|------------------------------|
| (b)<br>Description of noncash property given |                              |
|                                              | (a)<br>No.<br>from<br>Part I |
| (b)<br>Description of noncash property given |                              |
|                                              | (a)<br>No.<br>from<br>Part I |
| (b)<br>Description of noncash property given |                              |
|                                              | (a)<br>No.<br>from<br>Part I |
| (b)<br>Description of noncash property given |                              |
|                                              | (a)<br>No.<br>from<br>Part I |
| (b)<br>Description of noncash property given |                              |
|                                              | (a)<br>No.<br>from<br>Part I |
| (b)<br>Description of noncash property given |                              |



(a)  
No.  
from  
Part I

(d)  
Date received

(d)  
Date received

(d)  
Date received

(d)  
Date received

(d)  
Date received

(d)  
Date received

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**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. (a) (e) and

(a) No. from  
Complete columns through the following line entry. For organizations

| \$  
\$1,000 or less  
completing Part III, enter the total of exclusively religious, charitable, etc.,  
contributions of for the year. (Enter this info. once.) Use duplicate copies  
of Part III if additional space is needed.

|  |  |
|--|--|
|  |  |
|--|--|

|                     |  |
|---------------------|--|
| (b) Purpose of gift |  |
|---------------------|--|

Part I (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

|                     |                 |
|---------------------|-----------------|
| (b) Purpose of gift | (c) Use of gift |
|                     |                 |

(a) No. from \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Part I (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

|                     |                 |
|---------------------|-----------------|
| (b) Purpose of gift | (c) Use of gift |
|                     |                 |

(a) No. from \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Part I (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

|                     |                 |
|---------------------|-----------------|
| (b) Purpose of gift | (c) Use of gift |
|                     |                 |

(a) No. from \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Part I (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

\_\_\_\_\_

(Form 990)

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.

Open to Public

Department of the Treasury Internal Revenue Service | Attach to Form 990.

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

Name of the organization Employer identification number RAINBOW THERAPEUTIC RIDING CENTER \*\*-\*\*\*7995

or Accounts. organization answered "Yes" on Form 990, Part IV, line 6.

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds Complete if the

(b) ~~~~~

1 Funds and other accounts

Total number at end of year

Aggregate value of ~~~~~

contributions to (during year) 2 Aggregate value at end of year

~~~~~ 4

Aggregate value of grants from ~~~~~

(during year) 3

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds advisor, or for any other purpose conferring impermissible private benefit?

5

are the organization's property, subject to the organization's exclusive legal control? ~~~~~ Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only

6

for charitable purposes and not for the benefit of the donor or donor

Conservation Easements. "Yes" on Form 990, Part IV, line 7. Yes No

Complete if the organization answered

Part II

Purpose(s) of conservation easements held by the organization (check all that apply). education) Protection of natural habitat

1 Preservation of a historically important land area Preservation of a certified historic structure

Preservation of land for public use (for example, recreation or open space)

Preservation of

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Total number of conservation easements a

2a

2b 2c 2d

Held at the End of the Tax Year

Total acreage restricted by conservation easements historic structure included in (a) c

b ~~~~~

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure

d listed in the National Register ~~~~~

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year |

4 Number of states where property subject to conservation easement is located |

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

5

violations, and enforcement of the conservation easements it holds? Yes No

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

6

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7

| \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

170(h)(4)(B)(i) 8

and section 170(h)(4)(B)(ii)? 9

~~~~~ In Part XIII, Yes No

describe how the organization reports conservation easements in its revenue and expense statement and

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.**

1 statement and balance sheet works of

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works

a art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial

statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue

(ii) Assets included in Form 990, Part X ~~~ | \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

2

the following amounts required to be reported under FASB ASC 958 relating to these items:

Revenue included on Form 990, Part VIII, line 1 a Assets included in Form 990, Part X b

~~~~~ | \$ ~~~~~ | \$

LHA

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Schedule D (Form 990) 2021 Page

of Art, Historical Treasures, or Other Similar Assets

(continued)

**Part III**

**Organizations Maintaining Collections**

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its

3

collection items (check all that apply):

a Public exhibition Loan or exchange program d

b c Scholarly research Preservation for future generations e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

4

During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

5

to be sold to raise funds rather than to be maintained as part of the organization's collection? ~~~~~

\_\_ Yes No

Escrow and Custodial Arrangements. reported an amount on Form 990, Part X, line 21.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or

1 Is the organization an agent, trustee, custodian or other on Form 990, Part X?

1f

1c
1d
1e

Yes No

If "Yes," explain the arrangement in Part XIII and complete the following table: b

Amount

Table with columns: c, Beginning balance, Additions during the year d, Ending balance f, Distributions during the year e

2 Did the organization include an amount on Form 990, Part X, line 21, liability? a Yes No for escrow or custodial account

If "Yes," explain the arrangement in Part XIII. on Part XIII b

Check here if the explanation has been provided

answered "Yes" on Form 990, Part IV, line 10.

Part V

Table with columns: (a) Current year, (b) Four years back

Table with columns: (c) Current year, (d) Four years back

Table with columns: (e) Current year, (f) Four years back

Endowment Funds.

Complete if the organization

1 year balance a Contributions Beginning of b Net investment earnings, gains, and losses

c Grants or scholarships

d Other expenditures for facilities

e and programs expenses f Administrative

g End of year balance

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

2 Board designated or quasi-endowment a Permanent endowment b %

c Term endowment %

3 The percentages on lines 2a, 2b, and 2c should equal 100%.

Are there endowment funds not in the possession of the organization that are held and administered for the organization

a (i) Unrelated organizations (ii) Related organizations

Yes

No by:

Empty box

If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  
b

Describe in Part XIII the intended uses of the organization's endowment funds. 4 3b

**Part VI**

|  |   |
|--|---|
|  | 1 |
|  |   |
|  |   |
|  |   |

**Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

|                          | (a) Cost or other basis (investmer | Description of property          | Book value (d)                 |
|--------------------------|------------------------------------|----------------------------------|--------------------------------|
| 1a Land                  |                                    |                                  |                                |
| b Buildings              |                                    |                                  | 787,463.                       |
| c Leasehold improvements |                                    |                                  | 11,521.                        |
| d Equipment              | 353.                               | Other                            | Part X, column (B), line 10c.) |
| e                        |                                    | □□□□□□□□□□□□□□□□                 |                                |
| <b>Total.</b>            |                                    | (Column (d) must equal Form 990, | <b>799,337.</b>                |

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Schedule D (Form 990) 2021 Page [redacted] Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| Description of security or category | (b) Book value | (a) (c) (including name of security) | Method of valuation: Cost or end-of-year market value |
|-------------------------------------|----------------|--------------------------------------|---|
|                                     |                |                                      |   |
|                                     |                |                                      |   |
|                                     |                |                                      |   |
|                                     |                |                                      |   |
|                                     |                |                                      |   |
|                                     |                |                                      |   |

(1) Closely held equity (E)  
Financial interests Other (E)  
derivatives (A) (G)  
~ (B) (H)  
(2) (3) (C) ~~~~~  
(D)  
(Col. (b) must equal Form 990, Part X, col. (B) line 12.)  
↓

**Total.**



1. (a) (b)

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

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

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

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2021 Page

**Part XI**

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

1  
Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2  
~~~~~ 19,100.

|    |
|----|
| 1  |
| 2e |

|    |
|----|
| 3  |
| 4c |
| 5  |

632,628.

on investments a 2a

Net unrealized gains (losses) ~~~~~

Donated services and use of facilities b

|    |  |
|----|--|
| 2b |  |
|----|--|

|    |         |
|----|---------|
| 2c |         |
| 2d | 13,413. |

Recoveries of prior year grants c

Other (Describe in Part XIII.) d

32,513.

Add lines through ~~~~~ 3

2a 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4

e Subtract line from line 600,115.

~~~~~ 2e 1

included on Form 990, Part VIII, line 7b a 4a

Investment expenses not

Other (Describe in Part XIII.) b

|    |  |
|----|--|
| 4b |  |
|----|--|

c  
Add lines and 4a 4b 0.  
600,115.

Total revenue. Add lines and 3 4c. 5

(This must equal Form 990, Part I, line

12.)



**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|  |    |    |                 |
|--|----|----|-----------------|
| Total expenses and losses per audited financial statements 1 | 2e | 4c | <u>498,821.</u> |
| 1  | 3  | 5  |                 |

Amounts included on line 1 but not on Form 990, Part IX, line 25:

|      |  |    |   |
|------|--|----|---|
| 2    | Donated services and use of facilities a                           | 2a |   |
|      | Prior year adjustments b   | 2c |   |
|      |  | 2d | 13,413.   |
|      | 2b   |    |   |
| c    | Other losses   |    |   |
|      | Other (Describe in Part XIII.) d                                   |    |   |
| e    | 2a 2d  |    |   |
| 3    | Subtract line from line  |    | <u>13,413. 485,408.</u>                             |
|      | Add lines through  |    |   |
| 2e 1 | Investment expenses not included on Form 990, Part VIII, line 7b a | 4a |   |
| 4    | Other (Describe in Part XIII.) b                                   | 4b |   |
| c    | Add lines and 4a 4b  |    | <u>0.</u><br><u>485,408.</u>                        |
|      | <b>Total expenses. Add lines and 5</b>                             |    | <b>(This must equal Form 990, Part I, line 18.)</b> |

□□□□□□□□□□□□□□□□



3 4c.

**Part XIII Supplemental Information.**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**DIRECT FUNDRAISING EXPENSES PER TAX RETURN 13,413.**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**FUNDRAISING EXPENSES INCLUDED IN INCOME 13,413.**



(i) (vi)

Name and address of individual or entity (fundraiser)

to (or retained by) organization

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration  
or licensing.

LHA

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Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

**Part II**

**Fundraising Events.**

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |  |                               |         |  |
|--|--|-------------------------------|---------|--|
| 1 Gross receipts ~~~~~<br>Less: Contributions ~~~~~<br>2<br>Gross income (line 1 minus line 2) 00003 | (a) Event #1<br><b>FALL FUNDRAISER</b> | 5 Noncash prizes ~~~~~        |         |  |
|  | (event type)                           | 6 Rent/facility costs ~~~~~   |         |  |
|  |  | 7 Food and beverages ~~~~~    |         |  |
|  | 74,478                                 | 8 Entertainment ~~~~~         |         |  |
|  | 74,478                                 | 9 Other direct expenses ~~~~~ | 13,413. |  |
|  |  | (d) Total events              |         |  |
| 4 Cash prizes ~~~~~  |  |                               |         |  |

13,413.  
13,413.  
-13,413.

Direct expense summary. Add lines 4 through 9 in column (d) ~~~~~ |  
 10 ~~~~~  
 Net income summary. Subtract line 10 from line (a)  
 3. column (d) 11 col. )  
 (c)

105,719.

105,719.

Part IV, line 19, or reported more than

**Gaming.**

Complete if the organization answered "Yes" on Form 990,

\$15,000 on Form 990-EZ, line 6a.

|                              |                   |                             |  |  |
|------------------------------|-------------------|-----------------------------|--|--|
| 1 Gross revenue 000000000000 | (a) Bingo         | 2 Noncash prizes ~~~~~      |  |  |
|                              | Cash prizes ~~~~~ | 3 Rent/facility costs ~~~~~ |  |  |
|                              |                   | 4                           |  |  |

|                            |          |                          |    |   |
|----------------------------|----------|--------------------------|----|---|
| Other direct expenses<br>5 |          |                          | No | N |
| 6 Volunteer labor ~~~~~    | %<br>Yes | (d)<br>Total gaming (add |    |   |

col. through col. )  
(a) (c)

7  
Direct expense summary. Add lines 2 through 5  
in column (d)

column (d) 8

Net gaming income summary. Subtract line 7 from line 1. |

9 Enter the state(s) in which the organization conducts gaming activities: ~~~~~  
 a Is the organization licensed to conduct gaming activities in each of these states?  
 b If "No," explain: Yes No  
 10 Were any of the organization's gaming licenses revoked, suspended, b or terminated during the tax year? ~~~~~  
 a If "Yes," explain: Yes No

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Does the organization conduct gaming activities with nonmembers? 11 Yes 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:

a The organization's facility  
 b An outside facility ~~~~~ %  
 13a

|         |
|---------|
| 13<br>b |
|---------|

b

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

14

Name |

Address |

a Yes No

Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15

Name |

~~~~~

Address |

If "Yes," enter the amount of gaming revenue received by the organization |

Gaming manager information: 16

b

of gaming revenue retained by the third party | \$

Name |

If "Yes," enter name and address of the third party:

\$ and the amount

c

Gaming manager compensation | \$

Description of services provided |

exempt organizations or spent in the

b

organization's own exempt activities during the tax year | \$

Director/officer Employee Independent contractor

17

Mandatory distributions:

Yes No

Is the organization required under state law to make charitable distributions from the gaming proceeds to

a

retain the state gaming license?

~~~~~ Enter the amount of distributions required under state law to be distributed to other

**Supplemental Information.**

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,

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15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 32

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Part  
IV

Supplemental Information

(continued)

SCHEDULE O Supplemental Information to Form 990 or 990-EZ **2021**

**(Form 990)**

Department of the Treasury [Internal Revenue Service](#)

Name of the organization  
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 Form 990-EZ.



FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PARTICIPATION IN EQUINE ASSISTED THERAPEUTIC ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FEDERAL FORM 990 IS PROVIDED TO THE ORGANIZATION'S EXECUTIVE DIRECTOR. UPON APPROVAL BY THE BOARD OF DIRECTORS, FORM 990 AND/OR FORM 8879-EO IS SIGNED BY THE CURRENT PRESIDENT OR VICE PRESIDENT OF THE BOARD OF DIRECTORS AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD REVIEW OF DISCLOSURE STATEMENTS AND ROUTINE FINANCIAL REVIEWS ENSURE NO ACTIVITIES OR EXPENDITURES ARE IN VIOLATION OF THE WRITTEN POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS DETERMINED BY THE BOARD INCLUDING COMPARISONS TO PEER NON-PROFIT ENTITIES.

FORM 990, PART VI, SECTION C, LINE 19:

A COPY OF THE FEDERAL FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.