Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type.

83825 **********AUTO**5-DIGIT 21401
MARYLAND THERAPEUTIC RIDING INC P 119 I
PO BOX 6477 R
ANNAPOLIS MD 21401-0477 B 56 # S e

D Employer identification number: 52 2035698

E Telephone number: (410 267-8900

F Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

G Web site. ▶ www.HorsesThatHeal.org

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

I Enter 4-digit GEN ▶

M Check ▶ ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ $267,457

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	167,111	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	**Total** (add lines 1a through 1c) (cash $ 166,111 noncash $ 1,000)			1d 167,111
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 89,029
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5 488
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ 32,717 of contributions reported on line 1a)	9a	20,282	
	b	Less direct expenses other than fundraising expenses	9b	9,453	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c 10,829
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 267,457
Expenses	13	Program services (from line 44, column (B))			13 182,694
	14	Management and general (from line 44, column (C))			14 14,688
	15	Fundraising (from line 44, column (D))			15 41,499
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 238,881
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 28,576
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 69,626
	20	Other changes in net assets or fund balances (attach explanation)			20 -4,072
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 94,124

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

• *Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I*		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ _____ noncash $ _____)	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	69,570	62,890	3,340	3,340
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	5,437	4,957	240	240
30 Professional fundraising fees	30	30,303			30,303
31 Accounting fees	31	2,800		2,800	
32 Legal fees	32	2,979		2,979	
33 Supplies	33	5,847	3,973	346	1,528
34 Telephone	34	6,124	4,932		1,192
35 Postage and shipping	35	2,271	1,999		272
36 Occupancy	36	19,492	19,492		
37 Equipment rental and maintenance	37	4,394	4,290		104
38 Printing and publications	38	2,364	2,007		357
39 Travel	39	6,941	6,941		
40 Conferences, conventions, and meetings	40	868	784		84
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	14,621	13,142	658	821
43 Other expenses not covered above (itemize) a	43a	64,870	57,287	4,325	3,258
b (See Attached)	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13–15*	44	238,881	182,694	14,688	41,499

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs $_____, (ii) the amount allocated to Program services $_____, (iii) the amount allocated to Management and general $_____, and (iv) the amount allocated to Fundraising $_____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? ▶ Provide therapeutic riding services

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)
a Provided approximately 3,570 therapy sessions to approximately 95 clients. (Grants and allocations $)	182,694
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	182,694

Part IV **Balance Sheets** (See Specific Instructions on page 24)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets					
45 Cash—non-interest-bearing			43,146	45	18,978
46 Savings and temporary cash investments				46	25,488
47a Accounts receivable	47a				
b Less allowance for doubtful accounts	47b			47c	
48a Pledges receivable	48a				
b Less allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes and loans receivable (attach schedule)	51a				
b Less allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges				53	
54 Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
55a Investments—land, buildings, and equipment basis	55a	85,706			
b Less accumulated depreciation (attach schedule)	55b	28,025	28,062	55c	56,681
56 Investments—other (attach schedule)				56	
57a Land, buildings, and equipment basis	57a				
b Less accumulated depreciation (attach schedule)	57b			57c	
58 Other assets (describe ▶ _____)				58	
59 **Total assets** (add lines 45 through 58) (must equal line 74)			71,198	59	96,147
Liabilities					
60 Accounts payable and accrued expenses				60	
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)				64b	
65 Other liabilities (describe ▶ Payroll Withhold)			1,572	65	2,023
66 **Total liabilities** (add lines 60 through 65)			1;572	66	2,023
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			58,628	67	85,793
68 Temporarily restricted			10,998	68	8,331
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			69,626	73	94,124
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			71,198	74	96,147

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 26)

a	Total revenue, gains, and other support per audited financial statements ▶	a
b	Amounts included on line a but not on line 12, Form 990	
	(1) Net unrealized gains on investments $	
	(2) Donated services and use of facilities $	
	(3) Recoveries of prior year grants $	
	(4) Other (specify) $	
	Add amounts on lines (1) through (4) ▶	b
c	Line a minus line b ▶	c
d	Amounts included on line 12, Form 990 but not on line a:	
	(1) Investment expenses not included on line 6b, Form 990 $	
	(2) Other (specify) $	
	Add amounts on lines (1) and (2) ▶	d
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e

Part IV-B **Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements ▶	a
b	Amounts included on line a but not on line 17, Form 990	
	(1) Donated services and use of facilities $	
	(2) Prior year adjustments reported on line 20, Form 990 $	
	(3) Losses reported on line 20, Form 990 $	
	(4) Other (specify) $	
	Add amounts on lines (1) through (4) ▶	b
c	Line a minus line b ▶	c
d	Amounts included on line 17, Form 990 but not on line a:	
	(1) Investment expenses not included on line 6b, Form 990 $	
	(2) Other (specify) $	
	Add amounts on lines (1) and (2) ▶	d
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
(See Attached)				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule—see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ..... and check whether it is ☐ exempt OR ☐ nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations* Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
90a	List the states with which a copy of this return is filed ▶ Maryland			
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions) 90b 3			
91	The books are in care of ▶ DAVID PERRY Telephone no ▶ (410) 849-2214			
	Located at ▶ 1215 Ridgely Ter, Annapolis, MD ZIP + 4 ▶ 21401			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041*—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Therapeutic Riding Services					89,029
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					488
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	10,289	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				10,289	89,517
105 **Total** (add line 104, columns (B), (D), and (E))				▶	100,346

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Providing therapy is our charitable purpose.
96	Investment income from contributions contributes by keeping fees low.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)*

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

Please [redacted] 5/14/02

Date

[redacted] Date Check if Preparer's SSN or PTIN (See Gen Inst W)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization: Maryland Therapeutic Riding, Inc.

Employer identification number: 52 2035698

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ **(Must equal amounts on line 38,** Part VI-A, or line 1 of Part VI-B)	1			X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*				
a	Sale, exchange, or leasing of property?	2a		X	
b	Lending of money or other extension of credit?	2b			X
c	Furnishing of goods, services, or facilities?	2c		X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X	
e	Transfer of any part of its income or assets?	2e		X	
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See **Note** below)	3			X
4	Do you have a section 403(b) annuity plan for your employees?	4		X	

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments*

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☒ An organization that normally receives **(1) more than 33⅓%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33⅓%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	77,888	91,178	41,480	2,938	213,484
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	68,754	38,567	23,935	16,491	147,747
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	4,022	1,610			5,632
23 Total of lines 15 through 22	150,664	131,355	65,416	19,429	366,864
24 Line 23 minus line 17	81,910	92,788	41,480	2,938	219,116
25 Enter 1% of line 23	1,507	1,314	655	194	

26	**Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶	26a	
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶	26b	
c	Total support for section 509(a)(1) test Enter line 24, column (e) ▶	26c	
d	Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d	
e	Public support (line 26c minus line 26d total) ▶	26e	
f	**Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return.** Enter the sum of such amounts for each year

(2000) 18,530 (1999) 47,090 (1998) 38,000 (1997) 0

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2000) 0 (1999) 0 (1998) 0 (1997) 591

c	Add Amounts from column (e) for lines 15 213,484 16 0 17 147,747 20 0 21 0 ▶	27c	361,231
d	Add Line 27a total 103,620 and line 27b total 591 ▶	27d	104,211
e	Public support (line 27c total minus line 27d total) ▶	27e	257,020
f	Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f 366,864		
g	**Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	70 %
h	**Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a nonchantable exempt organization of		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions		
	(i) Sales or exchanges of assets with a nonchantable exempt organization	b(i)	X
	(ii) Purchases of assets from a nonchantable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☐ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization	Employer identification number
Maryland Therapeutic Riding, Inc.	52 : 2035698

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule.** **(Note:** *Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions*)

General Rule—

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules—

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year) ► $ _____

Caution: *Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* ***must*** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)*

Name of organization: Maryland Therapeutic Riding, Inc.

Employer identification number: 52 . 2035698

Part I **Contributors** (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2		$ 61,725	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
3		$ 6,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
4	Severna Park, MD 21146	$ 7,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization | Employer identification number

Part I **Contributors** (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization | Employer identification number

Part II **Noncash Property** (See Specific Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	/ /

Name of organization | Employer identification number

Part II **Noncash Property** (See Specific Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____		$	

Name of organization | Employer identification number

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** (Complete columns **(a)** through **(e)** and the following line entry)

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year (Enter this information once—see instructions) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
____			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
____			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
____			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
____			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Name of organization | Employer identification number

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year. (Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once—see instructions) ▶ $

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

Form 8734
Line 13 a

Name	1997	1998	1999	2000	2001	Total
		$6,000 00				$6,000 00
		$24,000.00				$24,000 00
		$8,000 00				$8,000 00
			$25,000 00	$7,500 00	$7,500 00	$40,000 00
			$15,600 00			$15,600 00
					$61,725 00	$61,725 00
					$6,000 00	$6,000 00
			$6,490 00	$11,030 00	$7,000 00	$24,520 00
	$0 00	$38,000 00	$47,090 00	$18,530 00	$82,225 00	$185,845 00

07/16/02

Maryland Therapeutic Riding, Inc.
Sales by Customer Summary
January through December 2000

	Jan - Dec '00
Allen, Bianca	380 00
Barbieri, Dana and Family	1,440 00
Beall,Elizabeth	585 00
Beaven, Lucy	1,690 00
Bertrand, Andrea and Family	675 00
Bevan,Matthew	615 00
Brennan, Stephen and Lisa	1,440 00
Cerchio, Natalie	200 00
Chapin,Haley	405 00
Conner, Barry and Family	1,271 25
Conrad/Krrwer,Victoria	1,788 75
Cruse, Ann	1,280 00
Cunningham,Jim	45 00
DeMoreland, Stephen	1,305 00
Dillon, Lisa	1,080 00
Dolard, Annick	1,260 00
Dolard, Betsy and Francis	585 00
Donovan, Michael and Jennifer	320 00
Fasnacht	360 00
Faughnan, Susan and Chuck	315 00
Finnegan	1,305 00
Gede, Christopher	1,665 00
Geske,David	720 00
Goldstein, Richard	210 00
Goodrow - Family	1,890 00
Grogard/Floyd, Maka and Jack	1,865 00
Hetrick, Jeff	720 00
Holum, Laura	1,625 00
Hopkins, Sally & Vernon	180 00
Jackson, Mo	90 00
Kellogg,Jake	760 00
Kelly,Matthew	360 03
Kittle, Polly	720 00
Kotch, Charles and Family	1,665 00
Kudirka, Matthew	585 00
Lambden, Albert, Pat	2,722 50
Langton Green Inc.	2,160 00
Learberger, Marion	1,530 00
Lenk, Linda	360 00
Ludwig, Sally & Jeffery	1,305 00
Mamalis, Spryo and Heather	1,850 00
Mccloskey, Matthew	1,800 00
McKenny, Gail and Family	360 00
McMillion, Linda	379 80
Minarik,Bret	360 00
Murphy, Mary	560 00
Ostrye, Jim and Mary	2,580 00
Parkinson, David	1,485 00
Parry, Dan and Debbie	2,250 00
Perry, Anne and Family	2,970 00
Redmond, Pam and Family	2,250 00
Rockhill, Kimberly	360 00
Smith, Marcus	720 00
Sood, Patrick	1,905 00
Sood,Jack	225 00
Sparer, Mallory	360 00
Sparks, Baylee	360 00
Stelter, Lauren	1,055 00
Styer, Becky	405 00
Thomas, Catherine and Family	1,745 00
Thompson, Lynn and Family	1,080 00
Tribull, Beth	1,580 00
Turner, Charles	1,170 00
Tyszkiewicz,Christopher	225 00
Vandermark, Melanie	640 00
Walter, Kathy and Family	360 00
Ward, Robin and Bobby	1,280 00

Maryland Therapeutic Riding, Inc.
Sales by Customer Summary
January through December 2000

	Jan - Dec '00
Wasley, Ruth	225 00
Watkins, B.J.	1,600 00
Wells-Johnson	360 00
Wilharm,Julie	405 00
Willard, Beverly	940 00
Yeargain,Meejee	720 00
Yorkgitis, Edward	1,080 00
TOTAL	75,122.33

Part 1 - Line 9
Special Events and Activities

Special Event and Activity Description

MUSE Concert consists of VIP ticket sales for $82 50 each ($40 of which is a contribution) that includes dinner and seating, general admissions tickets for $32 50, and auction sales

Monty Roberts Event was a horse demonstration where MTR supplied the volunteers and Monty Roberts donated a % of the tickets sales

Promotional items are logo related clothing that promote organizational awareness and loyalty

Christmas Tree Sales was an event in 2000

Schedule of Receipts and Contributions

	MUSE Concert	Monty Roberts	Promotional Items	Christmas Trees	Totals
Gross Receipts	$46,780	$5,977	$242	$0	$52,999
Less Contributions	$26,740	$5,977	$0	$0	$32,717
Gross Revenue	$20,040	$0	$242	$0	$20,282
Less Direct Expenses	$6,818	$1,311	$1,192	$132	$9,453
Net Income or Loss	$13,222	-$1,311	-$950	-$132	$10,829

Part I Line 20

(1) - $3,060 Adjustment to net assets to record retirement of horse at book value

(2) -$1,094 Adjustment to net assets to record write-off of horse at book value

(3) +$76 Miscellaneous accounting adjustment to beginning year balance

MTR Depreciation Schedule
12/31/2001

Description	Price	Acq Date	2001 Expense
PROGRAM EQUIPMENT - 7 yr			
Blue Therapeutic Saddle	250 00	2/20/1997	22
Pony Hackamore (Bailey)	52.00	6/14/1997	5
Wintec Pony Saddle	299 00	6/14/1997	27
Horse Hackamore	79 00	2/14/1998	10
Television/Video Player	301 98	2/15/1998	38
Pony Hackamore (Tommy)	44 60	3/15/1998	6
Pro Ride All Purpose Saddle	399 00	3/15/1998	50
Two-Handed Leather Surcingle	149 50	5/17/1998	19
2 Large Wooden Cabinets	212.91	7/15/1998	27
Horse Vacuum	528 93	7/15/1998	66
Australian Endurance	499 00	8/7/1998	62
Generator	403 45	10/27/1998	50
Video Camera	879 57	2/23/1999	154
One-Handed Vaulting Surcingle #1	350 00	2/28/1999	61
Tent	216 99	3/31/1999	38
Large Rubbermaid Cabinet	280 65	4/15/1999	49
Nikken Blanket	699 63	5/20/1999	122
Albion Saddle 1	817 95	11/1/1999	143
Albion Sadle 3 17 5" Med	1 800 00	11/1/1999	315
Albion Saddle 2	767 95	12/20/1999	134
Albion Saddle #4 - SL M	1,559 95	8/16/2000	382
Used Horse Trailer	2 000 00	9/19/2000	490
One-Handed Vaulting Surcingle #2	554 97	11/24/2000	136
Albion Saddle #5 - SL M	1 554 98	11/27/2000	381
Albion Saddle #6 -	1 554 98	11/27/2000	381
4 - Rubber Stall Mats	708 00	11/29/2000	173
Total Equipment	16,964 99		3,340
PROGRAM HORSES - 7 yr			
Tommy (Sold $1 10/1/01)	2 500 00	9/25/1998	
Gresca	8 000 00	3/11/1999	1 399
Danny (Retired 2001)	5 000 00	9/1/1999	
Elite	2 500 00	10/1/2000	612
Joshua	1 000 00	5/1/2001	143
Holiday	1,000 00	5/1/2001	143
Dakota	10 000 00	8/1/2001	1 429
Calvin	3 000 00	11/8/2001	429
Peaches	1 000 00	11/5/2001	143
Total Horses	34 000 00		0 0 4,298
GENERAL - 7 yr			
IBM 1400 Thinkpad #1	1 815 92	1/15/1999	283
IBM 1400 Thinkpad #2	1,533 99	11/30/2000	376
	3,149 91		658
FUNDRAISING - 7 yr			
DELL Dimension	1 170 75	12/20/2000	287
Desks and Filing Cabinets	550 00	1/10/2000	135
Presentation Board Unit	500 00	5/1/2000	122
Digital Camera - Kodak DC210	600 00	1/15/2000	147
Color Monitor	157 90	10/12/2000	39
Brother Laser Printer	372 03	10/12/2000	91
	3,350 68		821
PROGRAM VEHICLES -7YR			
Ford Econo-line Van	7,000 00	8/1/2001	1 000
Kabota Tractor	5 900 00	5/14/2001	843
			1,843

PART II
LINE 42

PART II LINE 43 Continued

	Total	Program	Management and General	Fundraising
Advertising	5,234	4,749		485
Awards/Recognition	1,993	1,993		
Contract Labor	4,409	4,409		
Donation	1,720		1,720	
Dues and Subscriptions	688	688		
Education	3,644	3,644		
Electric	571	571		
Fees	2,305		2,305	
Horse Maintenance	22,969	22,969		
Insurance	9,123	8,823	300	
Miscellaneous	121	121		
Repairs	12,093	9,320		2,773
	64,870	57,287	4,325	3,258

PART V
Board of Directors

(A) Name and Address	(B) Title/Avg Hours	(C) Compensation	(D) Contributions to Plans	(E) Expense Account
Buck Buchanan Box 4818 Annapolis, MD 21403	President 4 Hours	$0		
David Parry 1715 Roydon Trail Annapolis, MD 21401	Vice President 20 hours	$0		
Debbie Parry 615 Hidden Pond Lane Severna Park, MD 21146	Treasurer 20 hours	$0		
Naomi Parry 1715 Roydon Tr Annapolis, MD 21401	Secretary/Exec Dir 40 hours	$31,003		
Bob Saunders 586 Bellerive Lane Annapolis, MD 21401		$0		
Al Hunt 935 Melvin Rd Annapolis, MD 21401		$0		
Mary Ostrye 207 Marlbrook Rd Severna Park, MD 21146		$0		
Richard Pate 1235 Cherry Tree Ln Annapolis, MD 21403		$0		
Marion Phillips 9 Saunders Pt Lane Annapolis, MD 21403		$0		

Form 8868 (December 2000)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► ☑
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note: ***Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.***

Part I **Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

Note: ***Form 990-T corporations*** *requesting an automatic 6-month extension—check this box and complete Part I only* ► ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	MARYLAND THERAPEUTIC RIDING	52-2035698
	Number, street, and room or suite no If a P O box, see instructions P.O. BOX 6477	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ANNAPOLIS, MARYLAND 21401	

Check type of return to be filed (file a separate application for each return)

☑ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15 .. .. , 2002 to file the exempt organization return for the organization named above The extension is for the organization's return for

► ☑ calendar year 2002 or

► ☐ tax year beginning .. . . , 20 . . , and ending .... , 20 ..

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit $ _____

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► David O'Perry Title ► VICE PRESIDENT Date ► 4/24/02