

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 See specific instructions. FRAN JOSWICK THERAPEUTIC RIDING CENTER, INC 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675. D Employer Identification Number 95-3351363. E Telephone number 949-240-8441. F Accounting method Cash [] Accrual [X] 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 [X]. H (b) If yes enter number of affiliates. H (c) Are all affiliates included? Yes [] No []. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]. I Enter 4-digit group GEN. M Check [] if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

G Web site N/A

J Organization type (check only one) [X] 501(c) 3 (insert no) [] 4947(a)(1) or [] 527

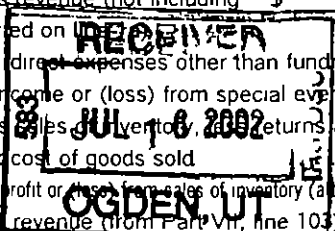
K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 1,995,304

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes rows for Contributions, Program service revenue, Dividends, Gross rents, Special events, and Total revenue/expenses.

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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

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 (att sch) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	80,000	8,000	48,000
26	Other salaries and wages	26	443,977	316,585	4,398
27	Pension plan contributions	27			
28	Other employee benefits	28	51,343	33,373	5,134
29	Payroll taxes	29	39,405	25,613	3,941
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	70,955	49,669	7,096
34	Telephone	34			
35	Postage and shipping	35	12,864	5,146	2,573
36	Occupancy	36	21,437	16,036	1,801
37	Equipment rental and maintenance	37	12,142	12,142	
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	41,806	33,445	8,361
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	43a	273,238	99,188	133,804
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,047,167	615,197	225,223

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

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 3		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a	SEE STATEMENT 4 ----- ----- ----- (Grants and allocations \$ _____)	615,197
b	----- ----- ----- (Grants and allocations \$ _____)	
c	----- ----- ----- (Grants and allocations \$ _____)	
d	----- ----- ----- (Grants and allocations \$ _____)	
e	Other program services (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)	615,197

Part IV Balance Sheets (See instructions)

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
A S S E T S	45 Cash – non interest bearing		45	
	46 Savings and temporary cash investments	420,880	46	340,675
	47a Accounts receivable	47a 19,327		
	b Less allowance for doubtful accounts	47b	10,104	47c 19,327
	48a Pledges receivable	48a 1,115,172		
	b Less allowance for doubtful accounts	48b 229,257	99,548	48c 885,915
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		7,236	53 12,293
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	27,543	54 21,258
	55a Investments – land, buildings, & equipment basis	55a		
b Less accumulated depreciation (attach schedule)		55b		55c
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment basis	57a 404,583			
	b Less accumulated depreciation (attach schedule) STATEMENT 5	57b 227,096	163,003	57c 177,487
58 Other assets (describe ▶ _____)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		728,314	59 1,456,955	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	51,454	60	46,278
	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 ▶ _____)		65	
	66 Total liabilities (add lines 60 through 65)		51,454	66 46,278
U N I C E A T I O N S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	533,495	67	417,621
	68 Temporarily restricted	131,865	68	981,556
	69 Permanently restricted	11,500	69	11,500
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 and column (B) must equal line 21)	676,860	73	1,410,677
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	728,314	74	1,456,955

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.

BAA

Part VI Other Information (See specific instructions)

		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	N/A	
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 ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures. See line 81 instructions	81a		0
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		85,209
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		N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b		N/A
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g		N/A
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		N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
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 ▶ <u>0</u> , Section 4912 ▶ <u>0</u> , Section 4955 ▶ <u>0</u>	89a		0
b 501(c)(3) and 501(c)(4) organizations 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			0
d Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a List the states with which a copy of this return is filed ▶ <u>CALIFORNIA</u>	90a		
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b		17
91 The books are in care of ▶ <u>CYNDY SULISZ</u> Telephone number ▶ <u>949-240-8441</u> Located at ▶ <u>26284 OSO ROAD, SAN JUAN CAPISTRANO, CA</u> ZIP + 4 ▶ <u>92675</u>	91		
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 ▶ <u>92</u>	92	N/A	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See instructions)

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					166,470
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	7,566	
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 pers prop					
99 Other investment income			18	-1,481	
100 Gain or (loss) from sales of assets other than inventory			18	-9,879	
101 Net income or (loss) from special events			1	-1,103	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
b INSTRUCTOR TRAINING					27,095
c MISCELLANEOUS					9,424
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-4,897	202,989
105 Total (add line 104 columns (B), (D), and (E))					198,092

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 instructions)

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	NOMINAL FEES ARE CHARGED FOR THERAPEUTIC RIDING BASED ON THE ABILITY TO PAY

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)


(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- 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.

Date 7/10/07


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)

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 **FRAN JOSWICK THERAPEUTIC RIDING CENTER, INC** Employer Identification Number **95-3351363**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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
JANELLE ROBINSON ----- SAN JUAN CAPISTRANO, CA	THERAPY DIR FULL TIME	61,600	0	0
WENDY LEE ----- SAN JUAN CAPISTRANO, CA	DIR DEVELOPMENT FULL TIME	57,500	0	0
ANTHONY BUSACCA ----- SAN JUAN CAPISTRANO, CA	PROGRAM DIR FULL TIME	50,000	0	0
----- ----- -----				
Total number of other employees paid over \$50,000 ▶		0		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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 ▶		0

Part III Statements About Activities (See 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 ▶ \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	X	
4 Do you have a section 403(b) annuity plan for your employees?		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 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)
- 11 a 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)
- 11 b 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 33-1/3%** 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 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 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 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 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.)	658,958	419,183	444,115	217,996	1,740,252
16 Membership fees received				18,727	18,727
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	135,353	95,232	67,717	52,983	351,285
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	10,193	1,761	2,850	8,141	22,945
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. SEE STMT 8	27,239	24,610	24,314	22,086	98,249
23 Total of lines 15 through 22	831,743	540,786	538,996	319,933	2,231,458
24 Line 23 minus line 17	696,390	445,554	471,279	266,950	1,880,173
25 Enter 1% of line 23	8,317	5,408	5,390	3,199	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24</p> <p>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.</p> <p>c Total support for Section 509(a)(1) test. Enter line 24, column (e).</p> <p>d Add: Amounts from column (e) for lines 18, 22, 19, 26b</p>				<p>26a 37,603</p> <p>26b 54,544</p> <p>26c 1,880,173</p> <p>26d 175,738</p> <p>26e 1,704,435</p> <p>26f 90.65%</p>
27 Organizations described on line 12 N/A	<p>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:</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p>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:</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p>c Add: Amounts from column (e) for lines 15, 17, 20, 16, 21</p> <p>d Add: Line 27a total and line 27b total</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c _____</p> <p>27d _____</p> <p>27e _____</p> <p>27f _____</p> <p>27g _____ %</p> <p>27h _____ %</p>

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 instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

	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?		
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?		
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) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? 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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? 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?		
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		
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		

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	FRAN JOSWICK THERAPEUTIC RIDING CENTER, INC	Employer Identification Number	95-3351363
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Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

- 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 33 1/3% 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 **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)

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

FRAN JOSWICK THERAPEUTIC RIDING

95-3351363

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 255,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2		\$ 107,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3		\$ 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
4		\$ 77,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
5		\$ 32,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
6		\$ 58,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

FRAN JOSWICK THERAPEUTIC RIDING

95-3351363

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 505,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

FRAN JOSWICK THERAPEUTIC RIDING

Employer Identification Number

95-3351363

Part II Noncash Property

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

Name of Organization

FRAN JOSWICK THERAPEUTIC RIDING

Employer Identification Number

95-3351363

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 cols (a) through (e) and the following line entry)

For organizations completing Part III enter 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- 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 FRAN JOSWICK THERAPEUTIC RIDING	Employer Identification Number 95-3351363
	Number, Street and Room or Suite Number If a P.O. Box see instructions 26284 OSO ROAD	
	City, Town or Post Office For a foreign address, see instructions SAN JUAN CAPISTRANO, CA 92675	
	State	ZIP Code

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> 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, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 01 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 \$ 0

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 \$ 0

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. \$ 0

Signature and Verification

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 and that I am authorized to prepare this form

Signature ▶ *Rutha Ash* Title ▶ CPT Date ▶ 5/14/02

CLIENT 27400

95-3351363

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STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
BBQ	277,161	187,911	89,250	89,250	0
BLACK TIE GALA	202,188	123,842	78,346	78,346	0
GOLF TOURNAMENT	50,769	24,040	26,729	26,729	0
HORSE SHOW	39,803	30,790	9,013	10,116	-1,103
TOTALS	\$ 569,921	\$ 366,583	\$ 203,338	\$ 204,441	\$ -1,103

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	5,896		5,896	
CAPITAL CAMPAIGN	115,363			115,363
CONTINUING EDUCATION	17,597	10,558	7,039	
DUES & SUBSCRIPTIONS	3,092	1,546	1,546	
EQUINE FACILITATED THERAPY	15,136	15,136		
FEED	20,168	20,168		
INSTRUCTOR TRAINING	15,210	15,210		
INSURANCE	7,474	5,979	1,495	
MEETINGS	1,276		1,276	
NEWSLETTER	17,067			17,067
PASTURE	2,401	2,401		
PROFESSIONAL SERVICE	34,652	23,360	11,292	
PUBLIC RELATIONS	13,744	2,749	9,621	1,374
RECOGNITION	4,162	2,081	2,081	
TOTAL	\$ 273,238	\$ 99,188	\$ 40,246	\$ 133,804

STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THERAPEUTIC HORSEBACK RIDING FOR HANDICAPPED PERSONS

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THERAPEUTIC HORSEBACK RIDING GROUP PROGRAM-A MEDICALLY RECOGNIZED PROGRAM OF PHYSICAL THERAPY WHICH SIMULATES THE HUMAN WALK THAT BENEFITS RIDERS BASED ON THE PHYSICAL DISABILITY OF THE RIDER AN INDIVIDUAL LESSON PLAN IS		

CLIENT 27400

95-3351363

7/01/02

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STATEMENT 4 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
ESTABLISHED FOR EACH RIDER AND IMPLEMENTED IN CLASSES OF SIX RIDERS NO EXERCISE EQUIPMENT CAN GIVE THE SAME SENSATION OF THE HUMAN WALK AS ON HORSEBACK THE HORSE IS A TOOL FOR INCREASING UPPER BODY STRENGTH, COORDINATION, SPEECH, MUSCLE RELAXATION AND AGILITY THE PROGRAM TREATS OVER 160 RIDERS EACH WEEK		
INDIVIDUAL THERAPEUTIC HORSEBACK RIDING PROGRAM-INTENSIVE PROGRAM MATCHING RIDER AND PHYSICAL THERAPIST TO PROVIDE AN ENHANCED DEVELOPMENTAL/MEDICAL SEQUENCE OF MOVEMENTS TO FURTHER WORK ON BALANCE AND EQUILIBRIUM THIS PROGRAM TREATS OVER 60 RIDERS PER WEEK		615,197
	<u>\$ 0</u>	<u>\$ 615,197</u>

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 16,576	\$ 4,696	\$ 11,880
FURNITURE AND FIXTURES	218,277	170,174	48,103
BUILDINGS	87,230	27,846	59,384
MISCELLANEOUS	82,500	24,380	58,120
TOTAL	<u>\$ 404,583</u>	<u>\$ 227,096</u>	<u>\$ 177,487</u>

STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATHRYN LANGSTON 577 OAK STREET LAGUNA BEACH, CA 92651	SECRETARY PART TIME	\$ 0	\$ 0	\$ 0
LEAH BEAL 31971 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675	DIRECTOR PART TIME	0	0	0
DAVE RITCHIE 2030 MAIN STREET, STE 900 IRVINE, CA 92614	PART-TIME	0	0	0

CLIENT 27400

95-3351363

7/01/02

01 29PM

STATEMENT 6 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JANIE RAUB 33772 COLLEGIO DRIVE DANA POINT, CA 92629	DIRECTOR PART-TIME	\$ 0	\$ 0	\$ 0
LARRY BILL 16721 MILLIKEN AVENUE IRVINE, CA 92606	DIRECTOR PART TIME		0	0
JANET DEACON 9702 WINDES DRIVE ORANGE, CA 92869	DIRECTOR PART TIME		0	0
DANNY ESPINOZA 25661 SABINA MISSION VIEJO, CA 92691	DIRECTOR PART TIME		0	0
DAN HARKEY 30448 RANCHO VIEJO ROAD SAN JAN CAPISTRANO, CA 92675	DIRECTOR PART TIME		0	0
WYATT HART 28451 ORTEGA HIGHWAY SAN JUAN CAPISTRANO, CA 92675	DIRECTOR PART TIME		0	0
KARL KUHN 23732 COLIMA BAY MONARCH BEACH, CA 92629	DIRECTOR PART TIME		0	0
ELLEN LUNN 25391 GALLUP CIRCLE LAGUNA HILLS, CA 92653-6127	DIRECTOR PART TIME		0	0
CHERYL MOORE 18 PLAZA BAJA DEL SOL SAN JUAN CAPISTRANO, CA 92675	DIRECTOR PART TIME		0	0
LISA OLSEN 7711 APPLETREE LANE ORANGE, CA 92864	DIRECTOR PART TIME		0	0
CINDY TAYLOR 39 RITZ COVE DANA POINT, CA 92629	DIRECTOR PART TIME		0	0
DEBI VIENNEAU 28891 VIA LEONA SAN JUAN CAPISTRANO, CA 92675	DIRECTOR PART TIME		0	0

CLIENT 27400

95-3351363

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STATEMENT 6 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GIL ZUKOW 28472 CALLE PINON SAN JUAN CAPISTRANO, CA 92675	DIRECTOR PART TIME	\$ 0	\$ 0	\$ 0
DANA BUTLER 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	EXECUTIVE DIR FULL TIME	80,000	0	0
MARK ALDRICH 18200 VON KARMAN AVE , STE 730 IRVINE, CA 92623	PRESIDENT PART-TIME	0	0	0
JACK GODARD 26840 LAGUNA HILLS DR STE 100 ALISO VIEJO, CA 92656	VICE PRESIDENT PART-TIME	0	0	0
ROBERT S MASLAC 27285 LOS RAMBLES, STE 200 MISSION VIEJO, CA 92691	TREASURER PART-TIME	0	0	0
TOTAL		<u>\$ 80,000</u>	<u>\$ 0</u>	<u>\$ 0</u>

STATEMENT 7
SCHEDULE A, PART III, LINE 3
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

SCHOLARSHIPS ARE AWARDED BASED ON NEED WE ENSURE THAT EVERY APPLICANT THAT IS
ABLE TO RIDE IS ENROLLED IN THE PROGRAM

STATEMENT 8
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
MISCELLANEOUS	\$ 27,239	\$ 24,610	\$ 24,314	\$ 22,086	\$ 98,249
TOTAL	<u>\$ 27,239</u>	<u>\$ 24,610</u>	<u>\$ 24,314</u>	<u>\$ 22,086</u>	<u>\$ 98,249</u>

CLIENT 27400

FRAN JOSWICK THERAPEUTIC RIDING
CENTER, INC.

95-3351363

7/01/02

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**BALANCE SHEET
ACCOUNTS PAYABLE AND ACCRUED EXPENSES**

ACCOUNTS PAYABLE	\$	16,436
ACCRUED VACATION		14,159
ACCRUED SALARIES		15,030
PAYROLL TAXES PAYABLE		1,140
ACCRUED UNEMPLOYMENT LIABILITY		4,689
TOTAL	\$	<u>51,454</u>

**BALANCE SHEET
MISCELLANEOUS**

HORSES	\$	80,000
PASTURE IMPROVEMENTS		2,500
TOTAL	\$	<u>82,500</u>

**BALANCE SHEET
ACCOUNTS PAYABLE AND ACCRUED EXPENSES**

ACCOUNTS PAYABLE	\$	20,617
ACCRUED VACATION		12,766
ACCRUED SALARIES		8,206
ACCRUED UNEMPLOYMENT LIABILITY		4,689
TOTAL	\$	<u>46,278</u>