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

2003

Open to Public Inspection

A **For the 2003 calendar year, or tax year beginning** JAN 1 , **2003, and ending** DEC 31 , 2003

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.

C Name of organization: MARYLAND THERAPEUTIC RIDING

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: P.O. BOX 6477

City or town, state or country, and ZIP + 4: ANNAPOLIS, MD 21401

D Employer Identification number: 52-2035698

E Telephone number: (410) 923-1187

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).**

G **Website:** ▶ WWW.HORSESTHATHEAL.ORG

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

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 Group Exemption Number ▶

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 ▶

SCANNED AUG 18 2005

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	203,027	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	**Total** (add lines 1a through 1c) (cash $ _____ noncash $ _____)		1d	203,027
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	105,632
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	61
	5	Dividends and interest from securities		5	
	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 / (B) Other	8a		
	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). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 127,899 of contributions reported on line 1a)	9a	25,538	
	b	Less: direct expenses other than fundraising expenses	9b	17,521	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	8,017
	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	316,737
Expenses	13	Program services (from line 44, column (B))		13	261,716
	14	Management and general (from line 44, column (C))		14	11,546
	15	Fundraising (from line 44, column (D))		15	49,894
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses** (add lines 16 and 44, column (A))		17	322,856
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	(6,119)
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	104,275
	20	Other changes in net assets or fund balances (attach explanation)		20	50,541
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	148,819

RECEIVED
JUL 21 2005
OGDEN, UT
IRS-OSC

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No 11282Y Form **990** (2003)

513-18

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 page 22 of the instructions.)

	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	92,050	84,770	3,640	3,640
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	8004	7,424	290	290
30	Professional fundraising fees	30	40,342			40,342
31	Accounting fees	31				
32	Legal fees	32	1,460		1,460	
33	Supplies	33	7,551	6,238	225	1,088
34	Telephone	34	5,384	3,811		1,573
35	Postage and shipping	35	4,836	3,888		947
36	Occupancy	36	26,400	26,400		
37	Equipment rental and maintenance	37	19,402	19,247		155
38	Printing and publications	38	3,122	2,259	8	856
39	Travel	39	2,290	2,290		
40	Conferences, conventions, and meetings	40	5,168	5,168		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	12,332	10,782	1,052	498
43	Other expenses not covered above (itemize): a TAXES	43a	14,079	13,783	296	
b	HEALTHCARE PROVIDERS	43b	7,213	7,213		
c	HORSE MAINTENANCE	43c	34,441	34,441		
d	CONTRACT LABOR	43d	24,131	24,131		
e	MISC	43e	14,651	9,271	4,875	505
44	Total functional expenses (add lines 22 through 43). *Organizations completing columns (B)-(D), carry these totals to lines 13–15*	44	322,856	261,116	11,846	49,894

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 page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ THERAPEUTIC RIDING & HIPPOTHERAPY

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	DURING 2003 WE PROVIDED OVER 2,500 THERAPEUTIC & HIPPOTHERAPY SERVICES TO OVER 100 INDIVIDUALS USING 150 COMMUNITY VOLUNTEERS. (Grants and allocations $)	261,116
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) ▶	261,116

Part IV **Balance Sheets** (See page 25 of the 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
Assets	45 Cash—non-interest-bearing		14,991	45	41,979
	46 Savings and temporary cash investments		25,108	46	44,781
	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 111,084			
	b Less: accumulated depreciation (attach schedule)	55b 46,422	66,755	55c	64,662
	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)		106,854	59	151,422
Liabilities	60 Accounts payable and accrued expenses		2,576	60	2,603
	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)		2,576	66	2,603
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		95,878	67	103,220
	68 Temporarily restricted		5,400	68	45,599
	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)		104,278	73	148,819
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)		106,854	74	151,422

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 page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . ▶	a	316,737
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	0
c	Line a minus line b. . . . . ▶	c	316,737
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	0
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	316,737

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

a	Total expenses and losses per audited financial statements . . ▶	a	322,856
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	0
c	Line a minus line b . . . . . ▶	c	322,856
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	0
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	322,856

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(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 page 28 of the instructions.

Part VI Other Information (See page 28 of the 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		X
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 and indirect political expenditures. See line 81 instructions 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		
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 ▶ ____ ; section 4912 ▶ ____ ; section 4955 ▶ ____			
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, 2003 (See instructions.) 90b 3			
91	The books are in care of ▶ DAVID PARRY Telephone no. ▶ (301) 525-2871			
	Located at ▶ PO BOX 6477, ANNAPOLIS, MD 21401 ZIP + 4 ▶			
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 page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E)
Note: *Enter gross amounts unless otherwise indicated.*	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue:					
a THERAPEUTIC RIDING SESSIONS					105,632
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					61
96 Dividends and interest from securities					
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	8,017	
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))				8,017	105,693
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					113,710

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 page 34 of the 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	THIS IS OUR CHARITABLE PURPOSE
9C	INVESTMENT INCOME KEEPS FEES LOW

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the 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).*

Please Sign Here

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.

David Parry — Signature of officer — Date 7/27/05

DAVID PARRY, VICE PRESIDENT — Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours [redacted] | EIN ▶ | Phone no ▶ ( )

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

2003

Name of the organization: MARYLAND THERAPEUTIC RIDING

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 i 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
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants See line 28).	141,241	167,111	77,888	91,178	477,418
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	107,177	89,029	68,754	38,567	303,527
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	532	488	4,022	1,610	6,652
23 Total of lines 15 through 22.	248,950	256,628	150,664	131,355	787,597
24 Line 23 minus line 17.	141,773	167,599	81,910	92,788	484,070
25 Enter 1% of line 23	2,490	2,567	1,507	1,314	

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 1999 through 2002 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:

(2002) 24,225 (2001) 82,225 (2000) 18,330 (1999) 47,090

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:

(2002) 0 (2001) 0 (2000) _____ (1999) 0

c Add: Amounts from column (e) for lines: 15 477,418 16 _____ 17 303,527 20 _____ 21 _____ ▶ 27c 780,945

d Add: Line 27a total 172,070 and line 27b total _____ ▶ 27d 172,070

e Public support (line 27c total minus line 27d total) ▶ 27e 608,875

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 77 %

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 1999 through 2002, 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?	31		
	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?	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)** 2003	**(b)** 2002	**(c)** 2001	**(d)** 2000	**(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 noncharitable exempt organization of:			
(i) Cash	51a(i)		
(ii) Other assets	a(ii)		
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		
(iii) Rental of facilities, equipment, or other assets	b(iii)		
(iv) Reimbursement arrangements	b(iv)		
(v) Loans or loan guarantees	b(v)		
(vi) Performance of services or membership or fundraising solicitations	b(vi)		
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		

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

Part 1 - Line 9
Special Events and Activities

Special Event and Activity Description

MUSE Concert consists of VIP ticket sales for $85 00 each ($40 of which is a contribution) that includes dinner and seating, general admissions tickets for $32 50, corporate sponsorships and auction sales

Walk-Roll is a spring event where people donate to encourage walkers to traverse a walking trail

Sly Fox Event was a one time silent auction given by a supporter

Monty Roberts was a donation from Monty Roberts Organization for help in producing an event

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

Schedule of Receipts and Contributions

Maryland Therapeutic Riding
2003 990 Notes

Part V Board of Directors Part V

Name/Address	Title/Hrs	Compensation	Benefit Plan Contr.	Expense Account
Joseph Bohm 1910 Beeches Glory Path Annapolis, MD 21401	Director/1	$0	$0	$0
Dave Dalbke 1 Sullivan Dr Severna Park, MD 21146	Director/1	$0	$0	$0
Joseph Dyer 815 Connecticut Ave, NW 20006	Director/6	$0	$0	$0
Ken Garber 3 Little Harbor Way Annapolis, MD 21403	Director/1	$0	$0	$0
Louis Geiger 195 Duke of Glouchester St Annapolis, MD 21401	Director/1	$0	$0	$0
Al Hunt 935 Melvin Rd Annapolis, MD 21403	Director/1	$0	$0	$0
John Hyman 19301 New Hampshire Ave Brinklow, MD 20862	Director/1	$0	$0	$0
David A. Parry 1715 Roydon Tr Annapolis, MD 21401	Vice President and Treasurer/20	$0	$0	$0
Naomi Parry 1715 Roydon Tr Annapolis, MD 21401	Secretary and Executive Director/50	$31,681	$0	$0
Kevin Quinn 7 King Charles Place Annapolis, MD 21401	Director/1	$0	$0	$0
Ralph Rubin 1401 West Mount Royal Ave Baltimore, MD 21217	Director/1	$0	$0	$0
Paul Rosoff, MD 1689 Kingsbridge Ct Annapolis, MD 21401	Director/1	$0	$0	$0

MTR Depreciation Schedule
12/31/2003

Description	Price	Acq Date	2003 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	7
Television/Video Player	301 98	2/15/1998	27
Pony Hackamore (Tommy)	44 60	3/15/1998	4
Pro Ride All Purpose Saddle	399.00	3/15/1998	36
Two-Handed Leather Surcingle	149.50	5/17/1998	13
2 Large Wooden Cabinets	212.91	7/15/1998	19
Horse Vacuum	528.93	7/15/1998	47
Australian Endurance	499 00	8/7/1998	45
Generator	403.45	10/27/1998	36
Video Camera (Written off 12/31/02)	879 57	2/23/1999	
One-Handed Vaulting Surcingle #1	350.00	2/28/1999	31
Tent (W/O 9/30/02)	216 99	3/31/1999	
Large Rubbermaid Cabinet	280.65	4/15/1999	25
Nikken Blanket	699 63	5/20/1999	62
Albion Saddle 1	817 95	11/1/1999	73
Albion Sadle 3 17 5" Med	1,800 00	11/1/1999	161
Albion Saddle 2	767.95	12/20/1999	69
Albion Saddle #4 - SL M	1,559 95	8/16/2000	195
Used Horse Trailer	2,000.00	9/19/2000	250
One-Handed Vaulting Surcingle #2	554 97	11/24/2000	69
Albion Saddle #5 - SL M	1,554.98	11/27/2000	194
Albion Saddle #6 -	1,554.98	11/27/2000	194
4 - Rubber Stall Mats	708 00	11/29/2000	88
Albion Saddle #7	1,516 95	7/10/2002	189
Total Equipment	18,481.94		1,889
PROGRAM HORSES - 7 yr			
Tommy (Sold $1 10/1/01)	2,500.00	9/25/1998	
Gresca (Sold 10/1/02)	8,000.00	3/11/1999	
Danny (Retired 2001)	5,000.00	9/1/1999	
Ellie	2,500.00	10/1/2000	312
Joshua (Retired 3/31/2002)	1,000.00	5/1/2001	
Holiday	1,000 00	5/1/2001	175
Dakota	10,000.00	8/1/2001	1,749
Calvin	3,000.00	11/8/2001	525

Peaches	1,000.00	11/5/2001		175
Andy	4,400 00	10/1/2002		1,078
Teddy	7,500.00	2/1/2002		1,837
Claire	2,000.00	6/2/2003		286
Mystic	3,500 00	9/5/2003		500
Bo (W/O 8/21/03)	2,000.00	4/1/2002		
Total Horses	53,400 00		0	6,636
GENERAL - 7 yr				
IBM 1400 Thinkpad #1	1,615.92	1/15/1999		144
IBM 1400 Thinkpad #2	1,533 99	11/30/2000		192
Office Trailer (Allied 4,050 + J&J 960 67)	5,010 67	6/23/2003		716
	3,149 91		0	1,052
FUNDRAISING - 7 yr				
DELL Dimension	1,170 75	12/20/2000		146
Desks and Filing Cabinets	550 00	1/10/2000		69
Presentation Board Unit	500.00	5/1/2000		62
Digital Camera - Kodak DC210	600 00	1/15/2000		75
Color Monitor	157.90	10/12/2000		20
Brother Laser Printer #2	555.16	11/17/2003		79
Brother Laser Printer	372.03	10/12/2000		46
	3,905 84		0	498
PROGRAM VEHICLES -7YR				
Ford Econo-line Van	7,000 00	8/1/2001		1,224
Kabota Tractor	5,900 00	5/14/2001		1,032
Bushhog for Tractor	833.00	6/1/2002		204
Ford 250 Pick-up	3,000.00	6/1/2002		735
Ford 250 Hitch	1,059 00	6/11/2002		259
	17,792 00			2,256

Schedule A Notes

Part III 2d. Naomi Parry, a Director, is compensated $31,681 to serve as Executive Director of MTR.

Part III 3a. MTR has a scholarship program using temporarily restricted net assets. See attached sheet for policy statement.

Maryland Therapeutic Riding, Inc.

P.O. Box 6477
Annapolis, Maryland 21401
410-267-8900

A Maryland Non-Profit Organization

SCHOLARSHIP APPLICATION

Rider's Name Jessica Meadows Birth Date 2/10/01
Mailing Address PO Box 934 City Glen Burnie
State MD Zip 21060 Home Phone (410) 672-0406
Parent/Guardian Name(s) Rebecca & Roger Meadows
Occupation Ophthalmic Technician (Rebecca) Work Phone (410) 766-3937
Spouse's Occupation Self Employed (Roger) Work Phone (410) 598-7447 cell
Responsible Party Roger & Rebecca Meadows Contact Phone as above

FEE SCHEDULE

MTR, Inc. is a non-profit organization. Rider fees are necessary to help defray the expenses of equine assisted therapy and cover only a small portion of the actual cost. A scholarship fund is available for riders who could not otherwise participate. **Scholarship funds are limited and there are many requests for assistance. We ask that you make every effort to contribute your share of the rider fee so there will be enough scholarship funds for all who need them.**

Family's Annual Gross Income _____ # of Family Members 3
Are there other family members with special needs? Yes ____ No ✓ If yes, please explain briefly:

_____

Does your medical insurance cover hippotherapy services? Yes ____ No ✓
Are you eligible to receive any local, state or federal funds to assist with therapy or rehabilitation? Yes ____ No ✓ If yes, through what program? _____
What amount is available to you? N/A

SCHOLARSHIP CRITERIA

Adjusted Gross Income	Scholarship Available (select amount applying for)	8 week session amount due
0 - 29,999	____ 75%	$90
30,000 - 39,999	____ 50%	$180
40,000 - 50,000	____ 25%	$270

Applications for scholarships must include the first page of the most recent IRS income tax return. A deposit of 1/2 amount due from applicant must be received by registration deadline for session applying for, and the balance is due on the day of the riders first lesson.*

(Mitigating factors which could also impact eligibility are: more than 4 members in a family, more than one family member with special needs, single parent household, or unusual medical needs. You may supply a letter of explanation which the board will take into consideration.)

Scholarship funds are provided for <u>therapeutic riders only</u>. Rider must have a diagnosis and a physician's referral to be eligible.

*see registration info.