

Form **990**

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)

OMB No 1545-0047

2003

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 2003 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization J.F. SHEA THERAPEUTIC RIDING CENTER, INC FKA FRAN JOSWICK THERAP. RIDING CTR, INC	D Employer identification number 95-3351363
	Number and street (or P O box if mail is not delivered to street address) Room/suite 26284 OSO ROAD	E Telephone number (949) 240-8441
	City or town, state or country, and ZIP + 4 SAN JUAN CAPISTRANO, CA 92675	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
	Please use IRS label or pntt or type See Specific Instructions	

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

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

G Website: ▶ WWW.SHEACENTER.ORG

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,113,361.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue -	1 Contributions, gifts, grants, and similar amounts received					
	a Direct public support	1a	1,669,741.			
	b Indirect public support	1b				
	c Government contributions (grants)	1c				
	d Total (add lines 1a through 1c) (cash \$ <u>1,651,193.</u> noncash \$ <u>18,548.</u>)	1d				1,669,741.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				198,247.
	3 Membership dues and assessments	3				
	4 Interest on savings and temporary cash investments	4				
	5 Dividends and interest from securities	5				5,120.
	6 a 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					
Revenue -	8 Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	a Less cost of other basis and sales expenses	8a	4,807.			
	b Less cost of other basis and sales expenses	8b	6,220.	5,191.		
	c Gain or (loss) (attach schedule)	8c	<1,413.>	<5,191.>		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 2	STMT 3		<6,604.>	
Revenue -	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a Gross revenue (not including \$ <u>513,437.</u> of contributions reported on line 1a)	9a	229,813.			
	b Less direct expenses other than fundraising expenses	9b	229,813.			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 4			0.
Revenue -	10 a 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				
Expenses	11 Other revenue (from Part VII, line 103)	11				5,633.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12				1,872,137.
	13 Program services (from line 44, column (B))	13				594,194.
	14 Management and general (from line 44, column (C))	14				329,252.
	15 Fundraising (from line 44, column (D))	15				245,580.
	16 Payments to affiliates (attach schedule)	16				
	17 Total expenses (add lines 16 and 44, column (A))	17				1,169,026.
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18				703,111.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19				6,265,075.
	20 Other changes in net assets or fund balances (attach explanation)	20				SEE STATEMENT 5
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21				<1,548.>

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part IV Balance Sheets

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		45
	46 Savings and temporary cash investments	1,001,305.	46 1,588,457.
	47 a Accounts receivable	47a 4,413.	
	b Less allowance for doubtful accounts	47b	47c 4,413.
	48 a Pledges receivable	48a 1,540,931.	
	b Less allowance for doubtful accounts	48b 121,020.	48c 1,419,911.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	12,752.	53 15,507.
	54 Investments - securities	STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 27,874.	54 57,824.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 4,239,030.		
b Less accumulated depreciation	57b 312,166.	57c 3,926,864.	
58 Other assets (describe)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	6,307,709.	59 7,012,976.	
Liabilities	60 Accounts payable and accrued expenses	42,634.	60 46,338.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe)		65
66 Total liabilities (add lines 60 through 65)	42,634.	66 46,338.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	4,655,615.	67 4,877,962.
	68 Temporarily restricted	1,597,960.	68 2,077,176.
	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, column (B) must equal line 21)	6,265,075.	73 6,966,638.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	6,307,709.	74 7,012,976.	

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.

J.F. SHEA THERAPEUTIC RIDING CENTER, INC
FKA FRAN JOSWICK THERAP. RIDING CTR, INC

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a 1,883,697.</p> <p>b Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities \$ 11,560.</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify) \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b 11,560.</p> <p>c Line a minus line b ▶ c 1,872,137.</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d 0.</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 1,872,137.</p>	<p>a Total expenses and losses per audited financial statements ▶ a 1,182,134.</p> <p>b Amounts included on line a but not on line 17, Form 990.</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify) STMT 9 \$ 13,108.</p> <p>Add amounts on lines (1) through (4) ▶ b 13,108.</p> <p>c Line a minus line b ▶ c 1,169,026.</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d 0.</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 1,169,026.</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(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
JACK GODARD 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	CHAIRMAN 8	0.	0.	0.
DAVE RITCHIE 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 8	0.	0.	0.
LEAH BEAL 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 8	0.	0.	0.
KATHRYN LANGSTON 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 8	0.	0.	0.
DANA BUTLER 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	EXECUTIVE DIRECTOR 40+	88,000.	2,964.	0.
CYNDY SULISZ 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	CONTROLLER 40+	53,000.	2,964.	0.
ANTHONY BUSACCA 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	PROGRAM DIRECTOR 40+	55,000.	2,964.	0.
JANELLE ROBINSON 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	THERAPY DIRECTOR 40+	67,760.	2,964.	0.

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? If "Yes," attach schedule. Yes No

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Part VI Other Information		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
78 a	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? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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 <u>11,560.</u>		
83 a	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? N/A	83b	
84 a	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? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	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 <u>N/A</u>		
d	Section 162(e) lobbying and political expenditures 85d <u>N/A</u>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e <u>N/A</u>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <u>N/A</u>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	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? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a <u>N/A</u>		
b	Gross receipts, included on line 12, for public use of club facilities 86b <u>N/A</u>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a <u>N/A</u>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b <u>N/A</u>		
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
89 a	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>		
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 ▶ <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>		
90 a	List the states with which a copy of this return is filed ▶ <u>CALIFORNIA</u>	90b	23
b	Number of employees employed in the pay period that includes March 12, 2003		
91	The books are in care of Telephone no 		
	Located at 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 N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a INSTRUCTOR TRAINING					19,966.
b THERAPEUTIC RIDING					178,281.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	5,120.	
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			18	<6,604.>	
101 Net income or (loss) from special events			01		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	5,633.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,149.	198,247.
105 Total (add line 104, columns (B), (D), and (E))					202,396.

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)
▼	SEE STATEMENT 10

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
N/A	%			
	%			
	%			
	%			

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).

I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information of which preparer has any knowledge.

Date: 8/2/04
 Type or print name and title: David E Ritchie Jr
 Check if: Sole preparer Paid preparer Volunteer preparer Other preparer
 Preparer's SSN or PTIN: _____

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) 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.) SEE STATEMENT 11		
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 a	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)		X
b	Do you have a section 403(b) annuity plan for your employees?	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?		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 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 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)

J.F. SHEA THERAPEUTIC RIDING CENTER, INC

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)	5,749,410.	1,582,892.	658,958.	419,183.	8,410,443.
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	223,559.	369,808.	135,353.	95,232.	823,952.
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	2,706.	7,566.	10,193.	1,761.	22,226.
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	1,135.	36,519.	SEE STATEMENT 12 27,239.	24,610.	89,503.
23 Total of lines 15 through 22	5,976,810.	1,996,785.	831,743.	540,786.	9,346,124.
24 Line 23 minus line 17	5,753,251.	1,626,977.	696,390.	445,554.	8,522,172.
25 Enter 1% of line 23	59,768.	19,968.	8,317.	5,408.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 170,443.
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 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 8,522,172.
d Add Amounts from column (e) for lines: 18 22,226. 19 _____ 22 89,503. 26b _____					26d 111,729.
e Public support (line 26c minus line 26d total)					26e 8,410,443.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.6890%
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: N/A					
(2002) (2001) (2000) (1999)					
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: N/A					
(2002) (2001) (2000) (1999)					
c Add Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
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					NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(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?		
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?	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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	

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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	

34 a	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	

J.F. SHEA THERAPEUTIC RIDING CENTER, INC

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A
 (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
	N/A	
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

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) N/A

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.)			0.

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

FOOTNOTES

STATEMENT 1

LAND	3,700,000.
FIXTURES AND EQUIPMENT	235,191.
HORSES	123,555.
BUILDINGS	87,230.
CONSTRUCTION IN PROGRESS	69,878.
TRUCK AND AUTOS	15,676.
DONATED MATERIALS	5,000.
PASTURE IMPROVEMENTS	2,500.
TOTAL	4,239,030.
LESS ACCUMULATED DEPRECIATION	<312,166.>
NET PROPERTY AND EQUIPMENT	3,926,864.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	4,807.	6,220.	0.	<1,413.>
TO FORM 990, PART I, LINE 8	4,807.	6,220.	0.	<1,413.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
PROPERTY AND EQUIPMENT	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	5,191.	0.	0.	<5,191.>
TO FM 990, PART I, LN 8		5,191.	0.	0.	<5,191.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BBQ	267,158.	195,260.	71,898.	71,898.	0.
BLACK TIE/ GALA	248,157.	154,172.	93,985.	93,985.	0.
GOLF TOURNAMENT	160,882.	112,131.	48,751.	48,751.	0.
HORSE SHOW	59,343.	45,528.	13,815.	13,815.	0.
OTHER	7,710.	6,346.	1,364.	1,364.	0.
TO FM 990, PART I, LINE 9	743,250.	513,437.	229,813.	229,813.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
IN-KIND EXPENSE	<13,108.>
IN-KIND SERVICE REVENUE	11,560.
TOTAL TO FORM 990, PART I, LINE 20	<1,548.>

FORM 990	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FUNDRAISING EXPENSE	82,248.	0.	0.	82,248.
NEWSLETTER	27,862.	0.	0.	27,862.
FEED	18,455.	18,455.	0.	0.
BAD DEBT EXPENSE	17,625.	0.	17,625.	0.
INSTRUCTOR TRAINING EXPENSE	16,784.	16,784.	0.	0.
BANK CHARGES	12,682.	7,609.	2,536.	2,537.
CONTINUING EDUCATION	10,815.	7,571.	2,163.	1,081.
PUBLIC RELATIONS	10,489.	0.	5,245.	5,244.
MISCELLANEOUS	9,692.	4,846.	4,846.	0.
INSURANCE	9,552.	7,642.	1,910.	0.
REPAIRS AND MAINTENANCE	9,483.	0.	9,483.	0.
PASTURE EXPENSE	3,755.	3,755.	0.	0.
EQUINE FACILITATED THERAPY EXPENSES	1,588.	1,588.	0.	0.
DUES AND SUBSCRIPTIONS	2,973.	595.	1,784.	594.
RECOGNITION	3,327.	1,664.	1,663.	0.
TOTAL TO FM 990, LN 43	237,330.	70,509.	47,255.	119,566.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

THE J.F. SHEA THERAPEUTIC RIDING CENTER (FORMERLY THE JOSWICK CENTER) IS DEDICATED TO PROVIDING THERAPEUTIC HORSEBACK RIDING FOR DISABLED CHILDREN AND ADULTS. THERAPEUTIC RIDING IS A MEDICALLY RECOGNIZED FORM OF THERAPY THAT USES THE HORSE'S MOVEMENT TO HELP DISABLED RIDERS IMPROVE STRENGTH, BALANCE, COORDINATION AND COGNITIVE FUNCTIONING. RIDERS WITH A WIDE VARIETY OF DISABILITIES CAN EXPERIENCE GAINS TO IMPROVE THEIR QUALITY OF LIFE.

FORM 990	GOVERNMENT SECURITIES		STATEMENT	8
DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
TERM TREASURY FUND	57,824.		57,824.	
TOTAL TO FORM 990, LINE 54, COL B	57,824.		57,824.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
IN-KIND EXPENSES		13,108.	
TOTAL TO FORM 990, PART IV-B		13,108.	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 10

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	COURSE PROVIDES TRAINING FOR INSTRUCTORS TO BECOME CERTIFIED THROUGH NARHA.
93B	NORMAL FEES ARE CHARGED FOR THERAPEUTIC RIDING BASED ON THE ABILITY TO PAY.
101	PROMOTING COMMUNITY AWARENESS OF THE ORGANIZATION'S GOALS AND NEEDS.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2 STATEMENT 11

SEE FORM 990, PART V

SCHEDULE A	OTHER INCOME			STATEMENT 12
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
OTHER INCOME	1,135.	36,519.	27,239.	24,610.
TOTAL TO SCHEDULE A, LINE 22	1,135.	36,519.	27,239.	24,610.

NOTE 1 – ORGANIZATION

J.F. Shea Therapeutic Riding Center (the "Shea Center") home of the Fran Joswick Therapeutic Riding Program, is a non-profit California Corporation.

Therapeutic riding and equine facilitated therapy are disciplines developed and formalized in Europe over 50 years ago. An Olympic equestrienne who contracted polio, helped formalize therapeutic riding into what is now a medically recognized form of therapeutic intervention for a number of disabilities.

The Shea Center saw nearly 700 clients during 2003 which encompassed nearly 40 different types of disabilities. The Shea Center's clients primarily have cognitive or physical disabilities such as cerebral palsy, learning disabilities, Down syndrome, multiple sclerosis, spinal cord or head injuries and autism. Representing nearly 30 percent of the diagnoses seen at the center each week, people who have autism are the largest growing client base.

During 2003, the Shea Center had nearly 8,000 hours of therapeutic riding and therapy activity at the Center. With a client population of 260 people seen on a weekly basis, the Shea Center also has partnerships with other service organizations such as the Sickle Disease Research Foundation, MS Society, local school districts and a partnership with Mission Hospital's Day Treatment Brain Injury program.

There are nearly 670 therapeutic riding centers in the United States. Less than ten percent of these have operating budgets larger than \$200,000. Only five of these centers are allowed to train instructors in a five week, 200-hour course. The Shea Center is one of those training facilities and more recently, a training facility for administrators in the therapeutic riding industry.

There are 3,000 therapeutic riding instructors in the United States serving tens of thousands of people each year with disabilities. Only 30 instructors are certified at the master level, two of these instructors are on staff at the Shea Center.

The horse moves the human body just like walking. For people with physical challenges whose bodies have never learned to walk, there is no piece of gym or therapy equipment that can replicate this effect on the human body like the horse's walk. Highly trained physical therapists and non-medical but specially trained instructors work with individuals to help them get the greatest physical and/or cognitive benefit. These benefits include increased balance, ability to do fine or gross motor skills, process information, communicate and even interact with others. The exercises and activities are specifically designed for each individual or group after consulting with treating professionals. While the Center has clients who have been riding for over 20 years with the program, the average stay is 7-8 years.

NOTE 1 – ORGANIZATION (continued)

The volunteer base at the Shea Center is key program delivery. During 2003, over 15,000 hours of volunteer time was given to the Center to assist with the daily activities of service delivery such as horse care, client safety, clerical support and facilities maintenance. With only 12 full time staff, more than 200 weekly volunteers are an invaluable resource.

The Center is supported by a diverse array of funding sources, many of which are special event based. Over 50 percent of the operating income comes from special event funding, which is typically a more expense-intensive way to raise funds.

During 2000, the Center launched a capital campaign to raise \$6.525 million to support a new facility. Also during 2003, a large source of income is from the capital campaign as well as expense involved in raising this level of funding. The Shea Center also received a \$3.7 million gift of land for its permanent facility from the J.F. Shea Co., Inc. It is in recognition of this gift that the name change from Fran Joswick Therapeutic Riding Center to J.F. Shea Therapeutic Riding Center has occurred.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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	Name of Exempt Organization J.F. SHEA THERAPEUTIC RIDING CENTER, INC FKA FRAN JOSWICK THERAP. RIDING CTR, INC	Employer identification number 95-3351363
	Number, street, and room or suite no. If a P.O. box, see instructions 26284 OSO ROAD	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAN JUAN CAPISTRANO, CA 92675	

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 (sec. 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 **AUGUST 16, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year **2003** or tax year beginning _____, and ending _____.

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

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

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

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

Signature and Verification

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

Signature ▶ *[Handwritten Signature]* Title ▶ **CPA** Date ▶ **5-12-04**
 LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)