Attention: This page was created using data from an Electronically-Filed return.

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

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning January 01 , 2004, and ending December 31 , 20 04

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 INC

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO 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

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 ► 386716

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

I Group Exemption Number ►

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

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	220042	
	b	Indirect public support	1b	0	
	c	Government contributions (grants)	1c	0	
	d	**Total** (add lines 1a through 1c) (cash $ 220042 noncash $ 0)			1d 220042
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 93469
	3	Membership dues and assessments			3 0
	4	Interest on savings and temporary cash investments			4 76
	5	Dividends and interest from securities			5 0
	6a	Gross rents	6a	0	
	b	Less rental expenses	6b	0	
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c 0
	7	Other investment income (describe ►)			7 0
	8a	Gross amount from sales of assets other than inventory — (A) Securities 0 — (B) Other	8a	0	
	b	Less cost or other basis and sales expenses	8b	0	
	c	Gain or (loss) (attach schedule)	8c	0	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d 0
	9	Special events and activities (attach schedule) If any amount is from **gaming,** check here ► ☐			
	a	Gross revenue (not including $ 138097 of contributions reported on line 1a)	9a	21060	
	b	Less direct expenses other than fundraising expenses	9b	20212	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c 848
	10a	Gross sales of inventory, less returns and allowances	10a	0	
	b	Less cost of goods sold	10b	0	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c 0
	11	Other revenue (from Part VII, line 103)			11 52069
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 366504
Expenses	13	Program services (from line 44, column (B))			13 273634
	14	Management and general (from line 44, column (C))			14 14013
	15	Fundraising (from line 44, column (D))			15 46016
	16	Payments to affiliates (attach schedule)			16 0
	17	**Total expenses** (add lines 16 and 44, column (A))			17 333663
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 32841
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 148819
	20	Other changes in net assets or fund balances (attach explanation)			20 21656
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 203316

Attention: This page was created using data from an Electronically-Filed return.

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	0	0		
23 Specific assistance to individuals (attach schedule)	23	0			
24 Benefits paid to or for members (attach schedule)	24	0	0		
25 Compensation of officers, directors, etc	25	0	0	0	0
26 Other salaries and wages	26	103479	93877	4230	5372
27 Pension plan contributions	27	0	0	0	0
28 Other employee benefits	28	0	0	0	0
29 Payroll taxes	29	0	0	0	0
30 Professional fundraising fees	30	31381	0	0	
31 Accounting fees	31	4250	0	4250	0
32 Legal fees	32	0	0	0	0
33 Supplies	33	6976	4953	1142	881
34 Telephone	34	4794	3725	0	1069
35 Postage and shipping	35	3900	758	0	3142
36 Occupancy	36	26400	26400	0	0
37 Equipment rental and maintenance	37	2669	2669	0	0
38 Printing and publications	38	5656	3673	0	1983
39 Travel	39	486	486	0	0
40 Conferences, conventions, and meetings	40	1222	487	190	545
41 Interest	41	0	0	0	0
42 Depreciation, depletion, etc (attach schedule)	42	12017	11323	0	694
43 Other expenses not covered above (itemize) a	43a				
b Attachment #1: PART II OTHER EXPENSES	43b	130433	125283	4201	949
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) ***Organizations completing columns (B)-(D), carry these totals to lines 13—15***	44	333663	273634	14013	46016

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? ▶ Attachment #2: PRIMARY EXEMPT PURPOSE

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	Alternative Health Care, GeneralOther: Provided over 2600 client therapy sessions to over 150 special needs individuals. -2600 Therapy Sessions- (Grants and allocations $ 0)	273634
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) ▶	273634

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			41979	45	51174
	46 Savings and temporary cash investments			44781	46	62785
	47a Accounts receivable	47a	2560			
	b Less allowance for doubtful accounts	47b	0	0	47c	2560
	48a Pledges receivable	48a	0			
	b Less allowance for doubtful accounts	48b	0	0	48c	0
	49 Grants receivable			0	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
	51a Other notes and loans receivable (attach schedule)	51a	0			
	b Less allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use			0	52	0
	53 Prepaid expenses and deferred charges			0	53	5408
	54 Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV			0	54	0
	55a Investments—land, buildings, and equipment basis	55a	0			
	b Less accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56 Investments—other (attach schedule)			0	56	0
	57a Land, buildings, and equipment basis	57a	160279			
	b Less accumulated depreciation (attach schedule)	57b	54888	64662	57c	105391
	58 Other assets (describe ▶)			0	58	0
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			151422	59	227318
Liabilities	60 Accounts payable and accrued expenses			2603	60	6091
	61 Grants payable			0	61	0
	62 Deferred revenue			0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			0	64b	0
	65 Other liabilities (describe ▶ Attachment #3: Part IV OTHER LIAB.)			0	65	17911
	66 **Total liabilities** (add lines 60 through 65)			2603	66	24002
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			103220	67	130511
	68 Temporarily restricted			45599	68	72805
	69 Permanently restricted			0	69	0
	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)			148819	73	203316
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			151422	74	227318

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	366504
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments . . $ 0		
(2)	Donated services and use of facilities $ 0		
(3)	Recoveries of prior year grants . . . $ 0		
(4)	Other (specify) ---------- ---------- $ 0		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b . . . . . ▶	c	366504
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990. . . $ 0		
(2)	Other (specify) ---------- ---------- $ 0		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d). . . . . ▶	e	366504

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

a	Total expenses and losses per audited financial statements . . ▶	a	333663
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $ 0		
(2)	Prior year adjustments reported on line 20, Form 990. . . . $ 0		
(3)	Losses reported on line 20, Form 990. $ 0		
(4)	Other (specify) ---------- ---------- $ 0		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b . . . . . ▶	c	333663
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . $ 0		
(2)	Other (specify) ---------- ---------- $ 0		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	333663

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
Attachment #4: OFFICERS				

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

Attention: This page was created using data from an Electronically-Filed return.

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		✔
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		✔
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		✔
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✔
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		✔
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 0			
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		✔
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	✔	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✔	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✔
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		✔
89a	*501(c)(3) organizations.* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✔
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
90a	List the states with which a copy of this return is filed ▶ Maryland			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 4			
91	The books are in care of ▶ David Parry Telephone no ▶ (410) 923-1187			
	Located at ▶ POB 6477 Annapolis, MD ZIP + 4 ▶ 21401			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Attention: This page was created using data from an Electronically-Filed return.

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) Exclusion code	(D) Amount	
93 Program service revenue					
a **Therapeutic Riding Sessions**		0		0	93469
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		0	1	76	0
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		0	1	848	0
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b **Attachment #5: PART VII OTHER REVENUE**		0		52069	0
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		52993	93469
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					146462

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)
93 a	**This is our charitable purpose to deliver therapeutic riding services.**

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

▶ Signature of officer — Date: **Nov 14, 2005**

▶ **David A 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 if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶ ( ) -	

Attention: This page was created using data from an Electronically-Filed return.

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

2004

Name of the organization
MARYLAND THERAPEUTIC RIDING INC

Employer identification number
52 : 2035698

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

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

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 . . . . . ►	0			

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 . . . . . ►	0	

Attention: This page was created using data from an Electronically-Filed return.

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		✔
	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		✔
b	Lending of money or other extension of credit?	2b		✔
c	Furnishing of goods, services, or facilities?	2c		✔
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	✔	
e	Transfer of any part of its income or assets?	2e		✔
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	✔	
b	Do you have a section 403(b) annuity plan for your employees?	3b		✔
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		✔
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		✔

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 5 of the instructions)

Attention: This page was created using data from an Electronically-Filed return.

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) .	203027	141241	167111	77888	589267
16 Membership fees received	0	0	0	0	0
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 . .	105632	107177	89029	68754	370592
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 .	61	0	0	0	61
19 Net income from unrelated business activities not included in line 18. . . .	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
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	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	8017	532	488	4022	13059
23 Total of lines 15 through 22	316737	248950	256628	150664	972979
24 Line 23 minus line 17	211105	141773	167599	81910	602387
25 Enter 1% of line 23	3167	2490	2566	1507	

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 2000 through 2003 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	602387	
	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

(2003) 75333 (2002) 19225 (2001) 82225 (2000) 18530

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

(2003) 0 (2002) 0 (2001) 0 (2000) 0

c Add Amounts from column (e) for lines 15 589267 16 0 17 370592 20 0 21 0 . . . . . ▶	27c	959859	
d Add Line 27a total. 195313 and line 27b total . 0 . . . . . ▶	27d	195313	
e Public support (line 27c total minus line 27d total) . . . . . ▶	27e	764546	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) . . ▶	27f	972979	
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** . . . . . ▶	27g	0.7858 %	
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** . ▶	27h	0.0001 %	

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

Attention: This page was created using data from an Electronically-Filed return.

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?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Attention: This page was created using data from an Electronically-Filed return.

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)** 2004	**(b)** 2003	**(c)** 2002	**(d)** 2001	**(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 11 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.**)			0

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 11 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

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: MARYLAND THERAPEUTIC RIDING INC **EIN:** 52-2035698

Return: 990 OTHER EXPENSES Statement: 1

DESCRIPTION	OTHER EXPENSES	OTHER EXPENSES (PROGRAM)	OTHER EXPENSES (MANAGEMENT)	OTHER EXPENSES (FUNDRAISING)
CONTRACT LABOR	34490	34490	0	0
PROFESSIONAL FEES THERAPIST	7618	7618	0	0
HORSE MAINTENANCE	41172	41172	0	0
REPAIRS MAINTENANCE	11502	11502	0	0
OTHER	35651	30501	4201	949

Attention: This page was created using data from an Electronically-Filed return.

Provide Hippotherapy and Therapeutic Riding Service

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: MARYLAND THERAPEUTIC RIDING INC **EIN:** 52-2035698

Return: 990 OTHER LIABILITIES Statement: 3

DESCRIPTION	Beginning Of Year	End Of Year
Note Payable Current Portion	0	1940
Accrued Liabilities	0	13211
Note Payable Non-Current Portion	0	2760

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: MARYLAND THERAPEUTIC RIDING INC **EIN:** 52-2035698

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Name / Title	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Joseph Dyer Director	6	0	0	0
Address: 815 Connecticut Ave Nw Washington DC 20006				
Al Hunt Director	1	0	0	0
Address: 935 Melvin Rd Annapolis MD 21403				
John Hyman Director	1	0	0	0
Address: 19301 New Hampshire Ave Brinklow MD 20862				
David Parry Vice President	20	0	0	0
Address: 1715 Roydon Tr Annapolis MD 21401				
Paul Rosoff Md Director	1	0	0	0
Address: 1689 Kingsbridge Ct Annapolis MD 21401				
Naomi Parry Secretary/Exec Dir	50	40040	0	0
Address: 1715 Roydon Tr Annapolis MD 21401				

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: MARYLAND THERAPEUTIC RIDING INC **EIN:** 52-2035698

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Name / Title	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Kevin Quinn Treasurer	1	0	0	0
Address: 7 King Charles Place Annapolis MD 21401				
Doug Wilson Director	1	0	0	0
Address: 125 West Street Suite 201 Annapolis MD 21401				
Joseph Bohm Director	1	0	0	0
Address: 1910 Beeches Glory Path Annapolis MD 21401				
Ken Garber Director	1	0	0	0
Address: 3 Little Harbor Way Annapolis MD 21403				
Name Title:	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Address:				
Name Title:	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Address:				

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: MARYLAND THERAPEUTIC RIDING INC **EIN:** 52-2035698

Return: 990 Analysis of Income-Producing Activities Statement: 5

Page 1 of 1

OTHER REVENUE

Description	Business Code	Amount	Exclusion Code	Amount	Exempt Income
Net Assets Released From Donors	0		25	52069	0

Attention: This page was created using data from an Electronically-Filed return.

DESCRIPTION	AMOUNT
Net Effect of Accounting Change from Cash to Accrual	-5550
Increase of Temp Rest Assets Flying Higher	63275
Increase of Temp Rest Net Assets Scholarship	16000
Net Assets Released From Donor Restrictions	-52069

Attention: This page was created using data from an Electronically-Filed return.

COMPENSATION NAME	EXPLANATION
Joseph Dyer	
Al Hunt	
John Hyman	
David Parry	
Paul Rosoff MD	
Naomi Parry	
Kevin Quinn	
Doug Wilson	
Joseph Bohm	
Ken Garber	

Attention: This page was created using data from an Electronically-Filed return.

DESCRIPTION	AMOUNT
Horses	4669
Vehicles	2740
Program Equip	2023
Indoor Arena	1530
program LI	361
Equip Fundrais	694

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: MARYLAND THERAPEUTIC RIDING INC **EIN:** 52-2035698

Return: 990 LAND SCHEDULE Statement: 10

Category or Item	Cost or Other Basis	Accumulated Depreciation	Book Value	EOY Fair Market Value
Leasehold Improvements	160279	54888	105391	

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: MARYLAND THERAPEUTIC RIDING INC **EIN:** 52-2035698

Return: 990 Statement: 11

Special Events Schedule

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income
MUSE Concert	122710	102860	19850	17381	2469
Walk-n-Roll	35237	35237	0	1915	-1915
Promotional	1210	0	1210	916	294

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: MARYLAND THERAPEUTIC RIDING INC **EIN:** 52-2035698

Return: 990 Statement: 12

Support Schedule – Other Income Schedule

Other Income Description	2003	2002	2001	2000	Total
Special Event	8017	532	488	4022	13059

Attention: This page was created using data from an Electronically-Filed return.

Scholarships are granted based upon a Bd approved policy that is based upon income level. If the family AGI is $30K or less a 75% scholarship is granted, if less than $40K 50%, and if less than $50K 25%.

Attention: This page was created using data from an Electronically-Filed return.

SEE 990/990EZ