

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)

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 2004 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, 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. E Telephone number: (949) 240-8441. F Accounting method: Cash [X] Accrual [] Other []

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.

G Website: WWW.SHEACENTER.ORG H(a) Is this a group return for affiliates? Yes [] No [X]. H(b) If "Yes," enter number of affiliates: N/A. H(c) Are all affiliates included? Yes [] No [X]. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X].

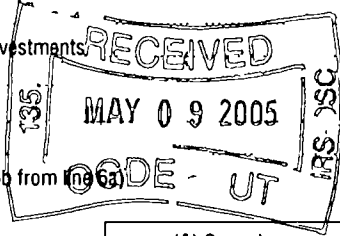
J Organization type (check only one) [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,107,485. M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents; b Less rental expenses; c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory; b Less cost or other basis and sales expenses; c Gain or (loss); d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, less returns and allowances; b Less cost of goods sold; c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED JUN 08 2005

J.F. SHEA THERAPEUTIC RIDING CENTER, INC
FKA FRAN JOSWICK THERAP. RIDING CTR, INC 95-3351363

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 Page 2

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 27,992.	27,992.	STATEMENT 6	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 149,640.	78,000.	39,966.	31,674.
26 Other salaries and wages	26 511,966.	266,863.	136,736.	108,367.
27 Pension plan contributions	27			
28 Other employee benefits	28 102,865.	59,660.	20,770.	22,435.
29 Payroll taxes	29 49,203.	31,616.	11,922.	5,665.
30 Professional fundraising fees	30			
31 Accounting fees	31 14,078.		14,078.	
32 Legal fees	32			
33 Supplies	33 80,517.	40,259.	20,128.	20,130.
34 Telephone	34 22,668.	11,334.	5,667.	5,667.
35 Postage and shipping	35 10,356.	5,178.	2,588.	2,590.
36 Occupancy	36 9,632.	4,816.	4,816.	
37 Equipment rental and maintenance	37 7,968.	7,968.		
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 37,915.	30,332.	7,583.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 5	43e 336,853.	124,875.	27,084.	184,894.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,361,653.	688,893.	291,338.	381,422.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? PROVIDE THERAPEUTIC HORSEBACK RIDING FOR DISABLED	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)</small>
a STATEMENT A	
(Grants and allocations \$ _____)	688,893.
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)	688,893.

Part IV Balance Sheets

		(A) Beginning of year	(B) End of year
Note. Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
Assets	45 Cash - non-interest-bearing		45 141,311.
	46 Savings and temporary cash investments	1,588,457.	46 2,073,448.
	47 a Accounts receivable	47a 30,471.	
	b Less allowance for doubtful accounts	47b	47c 30,471.
	48 a Pledges receivable	48a 1,339,080.	
	b Less allowance for doubtful accounts	48b 117,274.	48c 1,221,806.
	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	15,507.	53 14,900.
	54 Investments - securities	STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54 57,195.
	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 4,314,667.		
b Less accumulated depreciation	57b 340,236.	57c 3,974,431.	
58 Other assets (describe <input type="checkbox"/>)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	7,012,976.	59 7,513,562.	
Liabilities	60 Accounts payable and accrued expenses	25,539.	60 11,934.
	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 <input type="checkbox"/> SEE STATEMENT 8)	20,799.	65 25,333.
66 Total liabilities (add lines 60 through 65)	46,338.	66 37,267.	
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	4,877,962.	67 4,702,518.
	68 Temporarily restricted	2,077,176.	68 2,762,277.
	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)	6,966,638.	73 7,476,295.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	7,012,976.	74 7,513,562.	

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**

Form 990 (2004)

95-3351363

Page 5

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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		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 0.		
b	Did the organization file Form 1120-POL for this year?		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?	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 12,925.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		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		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	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 N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	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) 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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 23		
91	The books are in care of CYNDY SULISZ Telephone no (949) 240-8441		
	Located at 26284 OSO ROAD, SAN JUAN CAPISTRANO, CA ZIP + 4 92675		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> 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					38,661.
b THERAPEUTIC RIDING					204,082.
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	11,536.	
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	<9,654.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	2,729.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,611.	242,743.
105 Total (add line 104, columns (B), (D), and (E))					247,354.

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	COURSE PROVIDES TRAINING FOR INSTRUCTORS TO BECOME CERTIFIED THROUGH NARHA
93B	NORMAL FEES ARE CHARGED FOR THERAPEUTIC RIDING BASED ON THE ABILITY TO PAY

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 (a), file Form 9870 and Form 4720 (see instructions)

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and the information of which preparer has any knowledge.

4/25/05 Date **JOHN C. KELLOGG, JR. TREAS.** Type or print name and title

Check if self: Preparer's SSN or PTIN: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **J.F. SHEA THERAPEUTIC RIDING CENTER, INC**
FKA FRAN JOSWICK THERAP. RIDING CTR, INC Employer identification number
95 3351363

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
JANELLE ROBINSON 26284 OSO ROAD, SAN JUAN CAPISTRANO, CA 92675	THERAPY DIREC 40+	69,800.	2,784.	0.
ANTHONY BUSACCA 26284 OSO ROAD, SAN JUAN CAPISTRANO, CA 92675	PROGRAM DIREC 40+	56,650.	2,784.	0.
NORA CALDWELL 26284 OSO ROAD, SAN JUAN CAPISTRANO, CA 92675	SR. DEV MGR 40+	52,000.	2,784.	0.

Total number of other employees paid over \$50,000 ▶	0			

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

(See 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	

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)		
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)? SEE PART V, FORM 990	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 a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,669,741.	5,749,410.	1,582,892.	658,958.	9,661,001.
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	428,060.	223,559.	369,808.	135,353.	1,156,780.
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	5,120.	2,706.	7,566.	10,193.	25,585.
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.	5,633.	1,135.	SEE STATEMENT 11 36,519.	27,239.	70,526.
23 Total of lines 15 through 22	2,108,554.	5,976,810.	1,996,785.	831,743.	10,913,892.
24 Line 23 minus line 17	1,680,494.	5,753,251.	1,626,977.	696,390.	9,757,112.
25 Enter 1% of line 23	21,086.	59,768.	19,968.	8,317.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					▶ 26a 195,142.
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 876,599.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					▶ 26c 9,757,112.
d Add: Amounts from column (e) for lines 18 <u>25,585.</u> 19 <u> </u> 22 <u>70,526.</u> 26b <u>876,599.</u>					▶ 26d 972,710.
e Public support (line 26c minus line 26d total)					▶ 26e 8,784,402.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					▶ 26f 90.0308%
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)	(2002)	(2001)	(2000)	
		N/A			
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)	(2002)	(2001)	(2000)	
				N/A	
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					▶ 27c N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					▶ 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 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

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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)		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		
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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 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

PROPERTY AND EQUIPMENT AT DECEMBER 31, 2004
 CONSISTS OF THE FOLLOWING:

HORSES	115,600.
TRUCK	15,676.
BUILDING	87,230.
PASTURE	2,500.
FURNITURE & EQUIPMENT	238,120.
DONATED MATERIALS	5,000.
CONSTRUCTION IN PROCESS	150,541.
LAND	3,700,000.
	<hr/>
TOTAL	4,314,667.
LESS: ACCUMULATED DEPRECIATION	<340,236.>
	<hr/>
PROPERTY & EQUIPMENT, NET	3,974,431.
	<hr/> <hr/>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DECEASED HORSES	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
N/A	0.	16,500.	0.	8,381.	<8,119.>
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
HORSE - SKIPPER	02/01/01	07/13/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
BOB LUCAS	1.	3,000.	0.	1,464.	<1,535.>
TO FM 990, PART I, LN 8	1.	19,500.	0.	9,845.	<9,654.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BBQ	270,529.	194,266.	76,263.	76,263.	0.
BLACK TIE/GALA	210,346.	122,802.	87,544.	87,544.	0.
GOLF TOURNAMENT	133,870.	83,704.	50,166.	50,166.	0.
HORSE SHOW	38,846.	26,928.	11,918.	11,918.	0.
TO FM 990, PART I, LINE 9	653,591.	427,700.	225,891.	225,891.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<629.>
TOTAL TO FORM 990, PART I, LINE 20	<629.>

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
FUNDRAISING EXPENSE	130,139.	0.	0.	130,139.	
NEWSLETTER	20,127.	0.	0.	20,127.	
FEED	19,306.	19,306.	0.	0.	
BAD DEBT EXPENSE	11,708.	0.	11,708.	0.	
INSTRUCTOR TRAINING EXPENSE	23,958.	23,958.	0.	0.	
BANK CHARGES	13,722.	6,861.	3,431.	3,430.	
CONTINUING EDUCATION	12,295.	9,221.	3,074.	0.	
PUBLIC RELATIONS	4,972.	0.	0.	4,972.	
MISCELLANEOUS	16,849.	8,425.	4,212.	4,212.	
INSURANCE	10,071.	7,553.	1,259.	1,259.	
EQUINE FACILITATED THERAPY EXPENSES	3,690.	3,690.	0.	0.	
DUES AND SUBSCRIPTIONS	10,704.	5,352.	2,676.	2,676.	
RECOGNITION	5,244.	656.	656.	3,932.	
PROFESSIONAL SEVICES	42,508.	28,293.	68.	14,147.	
INKIND GOODS EXP	11,560.	11,560.	0.	0.	
TOTAL TO FM 990, LN 43	336,853.	124,875.	27,084.	184,894.	

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	6
DESCRIPTION		AMOUNT	
RECREATIONAL & THERAPY RIDER ASSISTANCE		27,992.	
TOTAL TO FORM 990, PART II, LINE 23		27,992.	

FORM 990	GOVERNMENT SECURITIES		STATEMENT	7
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
TERM TREASURY FUND	FMV	57,195.		57,195.
TOTAL TO FORM 990, LINE 54, COL B		57,195.		57,195.

FORM 990	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		AMOUNT	
ACCRUED VACATION		17,861.	
ACCRUED SALARIES		697.	
ACCRUED UNEMPLOYMENT LIABILITY		6,775.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		25,333.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
SPECIFIC ASSISTANCE		27,992.	
TOTAL TO FORM 990, PART IV-A		27,992.	

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
SPECIFIC ASSISTANCE		27,992.	
TOTAL TO FORM 990, PART IV-B		27,992.	

SCHEDULE A	OTHER INCOME				STATEMENT	11
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT		
OTHER INCOME	5,633.	1,135.	36,519.	27,239.		
TOTAL TO SCHEDULE A, LINE 22	5,633.	1,135.	36,519.	27,239.		

J F SHEA THERAPUETIC RIDING CENTER

EIN: 95-3351363

Program Services: form 990, page 2, part III

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 over 500 clients during 2004 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. The Center also reorganized their treatment schedule to accommodate over 120 treatment hours each week.

During 2004, 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 and local school districts.

There are nearly 700 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.

J F SHEA THERAPUETIC RIDING CENTER

EIN: 95-3351363

Program Services: form 990, page 2, part III

The volunteer base at the Shea Center is key program delivery. During 2004, over 16,000 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.

During 2002, the Center received its first significant planned gift from Josephine Binney. The estate totals more than \$700,000 and has been placed into an operating reserve.

J F SHEA THERAPUETIC RIDING CENTER

EIN 95-3351363

Form 990, page 4, part V

LIST OF BOARD OF DIRECTORS AND TRUSTEES

Name	Address	Board Position	Hours Worked	Compensation	Contribution to EE benefit plan	Expense Account
Dave Ritchie	26284 Oso Road, San Juan Capistrano, CA 92675	Chairman	As needed	0	0	0
Susie Roof	26284 Oso Road, San Juan Capistrano, CA 92675	Executive VP	As needed	0	0	0
Jim Travagline	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Robert Maslac	26284 Oso Road, San Juan Capistrano, CA 92675	VP - Planning	As needed	0	0	0
Ellen Lunn	26284 Oso Road, San Juan Capistrano, CA 92675	Secretary	As needed	0	0	0
Leah Beal	26284 Oso Road, San Juan Capistrano, CA 92675	Treasurer	As needed	0	0	0
Mark Aldrich	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Larry Bill	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Joan Cvengros	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Janet Deacon	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Danny Espinoza	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Dennis Gage	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Dan Harkey	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Wyatt Hart	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
John Kelterer	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Art Knowlson, Jr	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Kathryn Langston	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Cheryl Moore	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Monica Parr	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
J R (Janie) Raub	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Frank Solfres	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Cindy Taylor	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0
Kevin R. Walker	26284 Oso Road, San Juan Capistrano, CA 92675	Member	As needed	0	0	0