

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning, 2005, and ending

- 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. J.F. SHEA THERAPEUTIC RIDING CENTER, INC FKA FRAN JOSWICK THERAP. RIDING CTR, INC 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675

D Employer Identification Number 95-3351363 E Telephone number 949-240-8441 F Accounting method: Cash, Accrual, Other (specify)

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

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: WWW.SHEACENTER.ORG

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

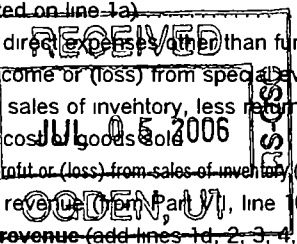
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,796,170.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes rows for Contributions, Program service revenue, Investment income, Sales of assets, Special events, and Expenses.

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	160,448.	9,700.	58,200.
26	Other salaries and wages	26	591,094.	384,693.	103,307.
27	Pension plan contributions	27			
28	Other employee benefits	28	79,983.	56,110.	8,407.
29	Payroll taxes	29	56,152.	26,076.	12,898.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	63,733.	38,240.	6,373.
34	Telephone	34			
35	Postage and shipping	35	10,626.	1,328.	3,985.
36	Occupancy	36	17,630.	10,578.	1,763.
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 3	43a	358,170.	189,170.	100,259.
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,337,836.	715,895.	295,192.

**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 \$ \_\_\_\_\_

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**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	141,311.	45	136,145.
	46 Savings and temporary cash investments	2,073,448.	46	1,637,928.
	47a Accounts receivable	47a 77,656.		
	b Less: allowance for doubtful accounts	47b	30,471.	47c 77,656.
	48a Pledges receivable	48a 714,518.		
	b Less: allowance for doubtful accounts	48b 66,667.	1,221,806.	48c 647,851.
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use.			52
	53 Prepaid expenses and deferred charges		14,900.	53 17,262.
	54 Investments — securities (attach schedule) SEE ST 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		57,195.	54 55,904.
	55a Investments — land, buildings, & equipment, basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments — other (attach schedule)			56	
57a Land, buildings, and equipment, basis	57a 6,122,221.			
b Less: accumulated depreciation (attach schedule) STATEMENT 7	57b 367,256.	3,974,431.	57c 5,754,965.	
58 Other assets (describe <input type="checkbox"/> )			58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		7,513,562.	59 8,327,711.	
LIABILITIES	60 Accounts payable and accrued expenses	11,934.	60	23,816.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 8 )		25,333.	65 678,645.
66 <b>Total liabilities.</b> Add lines 60 through 65		37,267.	66 702,461.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted		4,702,518.	67 2,317,995.
	68 Temporarily restricted		2,762,277.	68 5,295,755.
	69 Permanently restricted		11,500.	69 11,500.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		7,476,295.	73 7,625,250.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		7,513,562.	74 8,327,711.

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Form 990 (2005)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,529,125.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>	42,334.	
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	42,334.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,486,791.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,486,791.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,380,170.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>	42,334.	
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	42,334.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,337,836.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,337,836.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		160,448.	5,828.	0.



**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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>b</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.)		
<b>82 b</b>	42,334.		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?	N/A	
<b>b</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.			
<b>c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>h</b>	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	
<b>86</b>	<b>501(c)(7) organizations.</b> Enter. a Initiation fees and capital contributions included on line 12	N/A	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87</b>	<b>501(c)(12) organizations.</b> Enter. a Gross income from members or shareholders	N/A	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>88</b>	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
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0.		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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
<b>c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b>	Enter. Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90 a</b>	List the states with which a copy of this return is filed ▶ CA		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b	23
<b>91 a</b>	The books are in care of ▶ DAVID STEARNS Telephone number ▶ 949-240-8441 Located at ▶ 26284 OSO ROAD, SAN JUAN CAPISTRANO, CA ZIP + 4 ▶ 92675		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91 c	X
<b>92</b>	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	N/A	▶ <input type="checkbox"/>
		▶ 92	N/A

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**Part VII Analysis of Income-Producing Activities** (See 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 INSTRUCTOR TRAINING					12,008.
b THERAPEUTIC RIDING					230,591.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	22,867.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-13,700.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b MISCELLANEOUS			1	7,210.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				16,377.	242,599.
105 Total (add line 104, columns (B), (D), and (E))					258,976.

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 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 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 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).

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.

Please Sign Here:   
 Signature of officer: *DK Stearns* Date: *6/29/06*  
 Type or print name and title: *DAVID K STEARNS*

Paid Preparer's Use Only:   
 Preparer's signature: *Julie Incorvina, CPA* Date: *6/19/06* Check if self employed:  Preparer's SSN or PTIN (See General Instruction W): *N/A P00434320*  
 Firm's name (or yours if self employed), address, and ZIP + 4: *ROBERT R. REDWITZ & CO. 38 DISCOVERY, SUITE 250 IRVINE, CA 92618* EIN: *N/A* Phone no: *(949) 753-1514*

**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 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

**2005**

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 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 and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 10		184,800.	6,942.	0.
Total number of other employees paid over \$50,000	▶	0		

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶	0

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 11		879,513.
Total number of other contractors receiving over \$50,000 for other services	▶	0

**Part III** Statements About Activities (See instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line 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
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> 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>b</b> Do you have a section 403(b) annuity plan for your employees?	X	
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
<b>4a</b> 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>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 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). Check the box that describes the type of supporting organization. ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,624,585.	1,669,741.	5,749,410.	1,582,892.	10,626,628.
<b>16</b> Membership fees received					0.
<b>17</b> 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	242,743.	428,060.	223,559.	369,808.	1,264,170.
<b>18</b> 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	11,536.	5,120.	2,706.	7,566.	26,928.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> 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.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 12	2,729.	5,633.	1,135.	36,519.	46,016.
<b>23</b> Total of lines 15 through 22	1,881,593.	2,108,554.	5,976,810.	1,996,785.	11,963,742.
<b>24</b> Line 23 minus line 17	1,638,850.	1,680,494.	5,753,251.	1,626,977.	10,699,572.
<b>25</b> Enter 1% of line 23	18,816.	21,086.	59,768.	19,968.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 213,991.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 588,833.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 10,699,572.
d Add: Amounts from column (e) for lines: 18 26,928. 19 26,928. 22 46,016. 26b 588,833.					<b>26d</b> 661,777.
e Public support (line 26c minus line 26d total)					<b>26e</b> 10,037,795.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 93.81 %
<b>27 Organizations described on line 12:</b> N/A					
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 11b, 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. (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> _____
d Add. Line 27a total _____ and line 27b total _____					<b>27d</b> _____
e Public support (line 27c total minus line 27d total)					<b>27e</b> _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27f</b> _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> _____ %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32a	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	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.) ----- -----		
33a	Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table –		
<b>If the amount on line 40 is –</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is –</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions.)  
 (For reporting only by organizations that did not complete Part VI-A)

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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (add lines c through h.)			

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



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**PUBLIC DISCLOSURE COPY**  
**Schedule of Contributors**

**Supplementary Information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No 1545 0047

**2005**

Name of organization **J.F. SHEA THERAPEUTIC RIDING CENTER, INC**  
**FKA FRAN JOSWICK THERAP. RIDING CTR, INC**

Employer identification number  
**95-3351363**

**Organization type** (check one).

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)( 3 ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

**General Rule –**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

J.F. SHEA THERAPEUTIC RIDING CENTER, INC

95-3351363

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 30,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

J.F. SHEA THERAPEUTIC RIDING CENTER, INC

Employer identification number

95-3351363

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	HORSE - FRED ----- ----- -----	\$ 30,000.	2/15/05
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

BAA

Name of organization

J.F. SHEA THERAPEUTIC RIDING CENTER, INC

Employer identification number

95-3351363

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.)

\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

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

95-3351363

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

OTHER ASSETS

DESCRIPTION:	DECEASED AND SOLD HORSES		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:	VARIOUS		
GROSS SALES PRICE:	1,000.		
COST OR OTHER BASIS:	14,700.		
		GAIN (LOSS)	-13,700.
TOTAL GAIN (LOSS) OTHER ASSETS			<u>\$ -13,700.</u>
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES			<u>\$ -13,700.</u>

**STATEMENT 2**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
BBQ	380,663.	294,748.	85,915.	85,915.	0.
GALA	346,565.	187,462.	159,103.	159,103.	0.
GOLF TOURNAMENT	190,222.	140,561.	49,661.	49,661.	0.
TOTAL	<u>\$ 917,450.</u>	<u>\$ 622,771.</u>	<u>\$ 294,679.</u>	<u>\$ 294,679.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	<u>(A) TOTAL</u>	<u>(B) PROGRAM SERVICES</u>	<u>(C) MANAGEMENT &amp; GENERAL</u>	<u>(D) FUNDRAISING</u>
BANK SERVICE CHARGES	19,838.	11,903.	5,951.	1,984.
CONTINUING EDUCATION	18,744.	9,372.	4,873.	4,499.
DEPRECIATION	37,020.	29,616.	7,404.	
DUES & SUBSCRIPTIONS	5,051.	2,526.	1,313.	1,212.
EQUINE FACILITATED THERAPY	3,759.	3,759.		
FEED	21,202.	21,202.		
FUNDRAISING EXPENSES	46,661.			46,661.
INSTRUCTOR TRAINING EXPENSE	9,629.	9,629.		
INSURANCE	14,157.	8,494.	4,247.	1,416.
MISCELLANEOUS	19,743.	11,071.	6,827.	1,845.
NEWSLETTER	20,696.		5,174.	15,522.
PROFESSIONAL SERVICES	72,450.	53,269.	14,386.	4,795.
PUBLIC RELATIONS	17,843.		3,569.	14,274.
RECOGNITION	4,161.		832.	3,329.
REPAIR & MAINTENANCE	25,977.	15,586.	7,793.	2,598.

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

95-3351363

STATEMENT 3 (CONTINUED)  
 FORM 990, PART II, LINE 43  
 OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
UTILITIES & TELEPHONE	21,239.	12,743.	6,372.	2,124.
TOTAL	<u>\$ 358,170.</u>	<u>\$ 189,170.</u>	<u>\$ 68,741.</u>	<u>\$ 100,259.</u>

STATEMENT 4  
 FORM 990, PART III  
 ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE THERAPEUTIC HORSEBACK RIDING FOR DISABLED

STATEMENT 5  
 FORM 990, PART III, LINE A  
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>THE J. F. SHEA THERAPEUTIC RIDING CENTER, INC. (THE SHEA CENTER), HOME OF THE FRAN JOSWICK THERAPEUTIC RIDING PROGRAM, IS A NONPROFIT CALIFORNIA CORPORATION, ORGANIZED IN 1979. THE SHEA CENTER PROVIDES THERAPEUTIC RIDING AND EQUINE FACILITATED THERAPY, WHICH ARE MEDICALLY RECOGNIZED FORMS OF THERAPEUTIC INTERVENTION FOR A NUMBER OF DISABILITIES.</p> <p>THE SHEA CENTER SERVICES OVER 250 WEEKLY CLIENTS PRIMARILY HAVING COGNITIVE OR PHYSICAL DISABILITIES; SUCH AS CEREBRAL PALSY, LEARNING DISABILITIES, DOWN SYNDROME, MULTIPLE SCLEROSIS, SPINAL CORD OR HEAD INJURIES, AND AUTISM. THE SHEA CENTER HAS PARTNERSHIPS WITH OTHER SERVICE ORGANIZATIONS AND LOCAL SCHOOL DISTRICTS, AND IS ALSO A TRAINING FACILITY FOR ADMINISTRATORS IN THE THERAPEUTIC RIDING INDUSTRY.</p> <p>IN 2000 THE SHEA CENTER LAUNCHED A CAPITAL CAMPAIGN TO RAISE \$6.525 MILLION TO SUPPORT A NEW FACILITY. IN 2002 THE SHEA CENTER RECEIVED A GIFT OF LAND VALUED AT \$3.7 MILLION FOR ITS PERMANENT FACILITY FROM THE J. F. SHEA CO., INC., AND IT WAS IN RECOGNITION OF THIS GIFT THAT THE NAME CHANGE, FROM FRAN JOSWICK THERAPEUTIC RIDING CENTER TO J. F. SHEA THERAPEUTIC RIDING CENTER, OCCURRED.</p>		715,895.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 0.</u>	<u>\$ 715,895.</u>

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

95-3351363

STATEMENT 6  
FORM 990, PART IV, LINE 54  
INVESTMENTS - SECURITIES

U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT
TERM TREASURY FUND	MARKET VALUE	\$ 55,904.
	TOTAL	\$ 55,904.
TOTAL INVESTMENTS - SECURITIES		<u>\$ 55,904.</u>

STATEMENT 7  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 42,640.	\$ 18,025.	\$ 24,615.
FURNITURE AND FIXTURES	240,910.	226,733.	14,177.
BUILDINGS	87,230.	56,086.	31,144.
LAND	3,700,000.		3,700,000.
MISCELLANEOUS	2,051,441.	66,412.	1,985,029.
TOTAL	<u>\$ 6,122,221.</u>	<u>\$ 367,256.</u>	<u>\$ 5,754,965.</u>

STATEMENT 8  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

ACCRUED CONSTRUCTION IN PROGRESS EXPENSE	\$ 644,601.
ACCRUED LIABILITIES	26,252.
ACCRUED UNEMPLOYMENT LIABILITY..	7,792.
TOTAL	<u>\$ 678,645.</u>

STATEMENT 9  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DANA BUTLER 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	EXECUTIVE DIREC 40	\$ 97,000.	\$ 3,514.	\$ 0.

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

95-3351363

STATEMENT 9 (CONTINUED)  
 FORM 990, PART V-A  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CYNDY SULISZ 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	CFO 40	\$ 63,448.	\$ 2,314.	\$ 0.
ELLEN LUNN 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	SECRETARY 1	0.	0.	0.
DAVE RITCHIE 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	CHAIRMAN 1	0.	0.	0.
DENNIS GAGE 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	VICE CHAIR-PLAN 2	0.	0.	0.
JIM TRAVAGLINE 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	VICE CHAIR-DEVE 1	0.	0.	0.
SUSIE ROOF 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	VICE CHAIR-DEV 3	0.	0.	0.
JOHN KELTERER 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	TREASURER 1	0.	0.	0.
MARK ALDRICH 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.
LEAH BEAL 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.
LARRY BILL 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.
JOAN CVENGROS 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.
JANET DEACON 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.

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

95-3351363

**STATEMENT 9 (CONTINUED)**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DANNY ESPINOZA 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
DAN HARKEY 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.
CHERYL MOORE 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.
MONICA PARR 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.
JANIE RAUB 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.
FRANK SCIFRES 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.
KEVIN WALKER 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.
JERRY ZOMORODIAN 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	DIRECTOR 1	0.	0.	0.
<b>TOTAL</b>		<u>\$ 160,448.</u>	<u>\$ 5,828.</u>	<u>\$ 0.</u>

**STATEMENT 10**  
**SCHEDULE A, PART I**  
**COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
JANELLE ROBINSON 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	THERAPY DIREC 40	71,800.	2,314.	0.
ANTHONY BUSACCA 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	PROGRAM DIREC 40	59,500.	2,314.	0.
NORA CALDWELL	SR. DEV MGR	53,500.	2,314.	0.

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

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STATEMENT 10 (CONTINUED)  
 SCHEDULE A, PART I  
 COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	40			
TOTAL		\$ 184,800.	\$ 6,942.	\$ 0.

STATEMENT 11  
 SCHEDULE A, PART II-B  
 COMPENSATION OF FIVE HIGHEST PAID OTHER SERVICE CONTRACTORS

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
FRIESS COMPANY BUILDERS, INC. 31658 RANCHO VIEJO ROAD # B, SAN JUAN CAPISTRANO, CA 92675	CONSTRUCTION	693,550.
MARTINEZ/KUCH ARCHITECTS 2201 MARTIN STREET SUITE 201, IRVINE, CA 92612	ARCHITECT	185,963.
TOTAL		\$ 879,513.

STATEMENT 12  
 SCHEDULE A, PART IV-A, LINE 22  
 OTHER INCOME

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
OTHER INCOME	\$ 2,729.	\$ 5,633.	\$ 1,135.	\$ 36,519.	\$ 46,016.
TOTAL	\$ 2,729.	\$ 5,633.	\$ 1,135.	\$ 36,519.	\$ 46,016.

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FEDERAL SUPPORTING DETAIL

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J.F. SHEA THERAPEUTIC RIDING CENTER, INC  
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BALANCE SHEET  
MISCELLANEOUS

HORSES	\$	146,400.
PASTURE		2,500.
CONSTRUCTION IN PROGRESS		<u>1,902,541.</u>
TOTAL	\$	<u><u>2,051,441.</u></u>

BALANCE SHEET  
LESS ACCUMULATED DEPRECIATION

HORSES	\$	64,104.
PASTURE		2,308.
TOTAL	\$	<u><u>66,412.</u></u>