

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)

2006

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 2006 calendar year, or tax year beginning, 2006, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C 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 (checked), 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? Yes No (checked)

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes No

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

G Web site: WWW.SHEACENTER.ORG

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,512,690.

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

Table with columns for line number, description, and amount. Includes rows for Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8c), Special events (9), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end of year (21).

SCANNED JUL 14 2007

RECEIVED JUL 15 2007 STATEMENT 1

Handwritten numbers: 9-17 15

**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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	<b>25a</b> 166,563.	138,247.	13,325.	14,991.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b> 0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 611,412.	507,472.	48,913.	55,027.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 98,792.	81,998.	7,903.	8,891.
<b>29</b> Payroll taxes	<b>29</b> 56,877.	47,208.	4,550.	5,119.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 82,458.	65,966.	8,246.	8,246.
<b>34</b> Telephone	<b>34</b>			
<b>35</b> Postage and shipping	<b>35</b> 8,648.	7,178.	692.	778.
<b>36</b> Occupancy	<b>36</b> 33,541.	27,839.	2,683.	3,019.
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>			
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> SEE STATEMENT 4	<b>43a</b> 515,330.	424,345.	25,142.	65,843.
<b>b</b> -----	<b>43b</b>			
<b>c</b> -----	<b>43c</b>			
<b>d</b> -----	<b>43d</b>			
<b>e</b> -----	<b>43e</b>			
<b>f</b> -----	<b>43f</b>			
<b>g</b> -----	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 1,573,621.	1,300,253.	111,454.	161,914.

**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**

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

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 5</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others )
a <u>SEE STATEMENT 6</u> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,300,253.
b ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>1,300,253.</b>

**BAA** Form 990 (2006)

**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	136,145.	45	124,051.
	46 Savings and temporary cash investments	1,637,928.	46	607,081.
	47a Accounts receivable	47a 16,155.		
	b Less allowance for doubtful accounts	47b	77,656.	47c 16,155.
	48a Pledges receivable	48a 286,281.		
	b Less: allowance for doubtful accounts	48b 22,650.	647,851.	48c 263,631.
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less. allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		17,262.	53 8,309.
	54a Investments — publicly-traded securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		55,904.	54a 559,504.
	b Investments — other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
55a Investments — land, buildings, & equipment basis	55a 1,922,580.			
b Less: accumulated depreciation (attach schedule) STATEMENT 8	55b 38,260.		55c 1,884,320.	
56 Investments — other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 7,059,751.			
b Less: accumulated depreciation (attach schedule) STATEMENT 9	57b 372,176.	5,754,965.	57c 6,687,575.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 10 )			58 4.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		8,327,711.	59 10,150,630.	
LIABILITIES	60 Accounts payable and accrued expenses	23,816.	60	40,757.
	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	1,636,420.
	65 Other liabilities (describe ► SEE STATEMENT 11 )		678,645.	65 260,593.
	66 <b>Total liabilities.</b> Add lines 60 through 65		702,461.	66 1,937,770.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		2,317,995.	67 3,963,500.
	68 Temporarily restricted		5,295,755.	68 4,237,860.
	69 Permanently restricted		11,500.	69 11,500.
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).		7,625,250.	73 8,212,860.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		8,327,711.	74 10,150,630.

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	2,195,864.
<b>b</b>	Amounts included on line <b>a</b> 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>	40,518.	
	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>	40,518.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	2,155,346.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	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>	2,155,346.

**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>	1,614,139.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>	40,518.	
	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>	40,518.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,573,621.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	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>	1,573,621.

**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 12		166,563.	1,200.	0.
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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?	<b>82 a</b>	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> 289.		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83 a</b>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83 b</b>	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84 a</b>		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?	<b>84 b</b>	N/A	
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	<b>85 a</b>	N/A	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85 b</b>	N/A	
If 'Yes' was answered to either 85a or 85b, <b>do not</b> 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.	<b>85 c</b>	N/A	
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85 d</b>	N/A	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85 e</b>	N/A	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b>	N/A	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85 g</b>	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?	<b>85 h</b>	N/A	
<b>86 501(c)(7) organizations. Enter a</b> Initiation fees and capital contributions included on line 12	<b>86 a</b>	N/A	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b>	N/A	
<b>87 501(c)(12) organizations Enter a</b> Gross income from members or shareholders	<b>87 a</b>	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.)	<b>87 b</b>	N/A	
<b>88 a</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	<b>88 a</b>		X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	<b>88 b</b>		X
<b>89 a 501(c)(3) organizations. Enter:</b> Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
<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	<b>89 b</b>		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>e All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .	<b>89 e</b>		X
<b>f All organizations</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? .	<b>89 f</b>		X
<b>g For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89 g</b>		X
<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, 2006 (See instructions.)	<b>90 b</b>		24
<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 ▶	<b>91 b</b>	Yes	No
			X

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c		X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

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 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					11,481.
b THERAPEUTIC RIDING					227,516.
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	35,484.	
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	-43,494.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-8,010.	238,997.
105 Total (add line 104, columns (B), (D), and (E))					230,987.

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)

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

DK Stearns Signature of officer  15 MAY 2007 Date  
 DAVID K. STEARNS Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: <u>David Incovina, CPA</u>	Date: <u>5/14/07</u>	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W): <u>N/A P00434320</u>
Firm's name (or yours if self-employed), address, and ZIP + 4: <u>ROBERT R. REDWITZ &amp; CO. 38 DISCOVERY STE 250 IRVINE, CA 92618-3105</u>	EIN: <u>N/A</u>	Phone no: <u>(949) 753-1514</u>	

**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

**2006**

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
<u>SEE STATEMENT 13</u>		245,281.	14,300.	0.
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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
<u>NONE</u>		
-----		
-----		
-----		
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-----		
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
<u>SEE STATEMENT 14</u>		2,325,987.
-----		
-----		
-----		
-----		
-----		
-----		
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> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments )		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	X	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
<b>b</b> Did the organization make any taxable distributions under section 4966?		X
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . ▶ _____		

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

I certify that 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.)
- 11 a  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.)
- 11 b  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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					0.

- 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,227,815.	1,624,585.	1,669,741.	5,749,410.	10,271,551.
<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	242,599.	242,743.	428,060.	223,559.	1,136,961.
<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	22,867.	11,536.	5,120.	2,706.	42,229.
<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 15	7,210.	2,729.	5,633.	1,135.	16,707.
<b>23</b> Total of lines 15 through 22	1,500,491.	1,881,593.	2,108,554.	5,976,810.	11,467,448.
<b>24</b> Line 23 minus line 17	1,257,892.	1,638,850.	1,680,494.	5,753,251.	10,330,487.
<b>25</b> Enter 1% of line 23	15,005.	18,816.	21,086.	59,768.	*
<b>26 Organizations described on lines 10 or 11:</b>	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><b>b</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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts</p> <p><b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)</p> <p><b>d</b> Add: Amounts from column (e) for lines: <b>18</b> 42,229. <b>19</b> _____</p> <p style="margin-left: 100px;"><b>22</b> 16,707. <b>26b</b> 236,780.</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p><b>26a</b> 206,610.</p> <p><b>26b</b> 236,780.</p> <p><b>26c</b> 10,330,487.</p> <p><b>26d</b> 295,716.</p> <p><b>26e</b> 10,034,771.</p> <p><b>26f</b> 97.14 %</p>
<b>27 Organizations described on line 12:</b> N/A	<p><b>a</b> 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</p> <p>(2005) _____ (2004) _____ (2003) _____ (2002) _____</p> <p><b>b</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</p> <p>(2005) _____ (2004) _____ (2003) _____ (2002) _____</p> <p><b>c</b> Add: Amounts from column (e) for lines: <b>15</b> _____ <b>16</b> _____</p> <p style="margin-left: 100px;"><b>17</b> _____ <b>20</b> _____ <b>21</b> _____</p> <p><b>d</b> Add: Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) <b>27f</b> _____</p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p><b>27c</b> _____</p> <p><b>27d</b> _____</p> <p><b>27e</b> _____</p> <p><b>27g</b> %</p> <p><b>27h</b> %</p>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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.) ----- ----- -----		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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 ) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<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	<b>41</b>	
	\$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>	
<b>Caution:</b> 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) 2006	(b) 2005	(c) 2004	(d) 2003	(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 nontaxable 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**

(For reporting only by organizations that did not complete Part VI-A) (See 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.)

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



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 RETIRED HORSES		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:	VARIOUS		
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		10,245.	
			GAIN (LOSS) -10,245.

DESCRIPTION:	BUILDINGS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		31,143.	
			GAIN (LOSS) -31,143.

DESCRIPTION:	PASTURE		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		192.	
			GAIN (LOSS) -192.

DESCRIPTION:	EQUIPMENT		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		1,914.	
			GAIN (LOSS) -1,914.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -43,494.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -43,494.

**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	394,671.	273,947.	120,724.	120,724.	0.
GALA	368,628.	207,676.	160,952.	160,952.	0.

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95-3351363

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

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
GOLF TOURNAMENT	124,265.	92,091.	32,174.	32,174.	0.
TOTAL	<u>\$ 887,564.</u>	<u>\$ 573,714.</u>	<u>\$ 313,850.</u>	<u>\$ 313,850.</u>	<u>\$ 0.</u>

STATEMENT 3  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENT		\$ 5,885.
TOTAL		<u>\$ 5,885.</u>

STATEMENT 4  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	8,315.	8,315.		
BAD DEBTS	27,553.	22,869.	2,204.	2,480.
BANK SERVICE CHARGES	24,100.	20,003.	1,928.	2,169.
CONTINUING EDUCATION	25,465.	21,136.	2,037.	2,292.
DEPRECIATION	120,270.	99,824.	9,622.	10,824.
DUES & SUBSCRIPTIONS	5,670.	4,706.	454.	510.
EQUINE FACILITATED THERAPY FEED	1,003.	1,003.		
FUNDRAISING EXPENSES	24,644.	24,644.		
HUMAN RESOURCES	37,886.			37,886.
INSTRUCTOR TRAINING EXPENSE	8,240.	6,839.	659.	742.
INSURANCE	5,487.	5,487.		
MISCELLANEOUS	13,930.	13,930.		
NEWSLETTER	8,060.	6,690.	645.	725.
PROFESSIONAL SERVICES	22,780.	22,780.		
PUBLIC RELATIONS	109,476.	99,942.	4,640.	4,894.
RECOGNITION	10,096.	8,379.	808.	909.
REPAIRS & MAINTENANCE	4,671.	3,877.	374.	420.
UTILITIES & TELEPHONE	35,552.	35,552.		
TOTAL	<u>\$ 515,330.</u>	<u>\$ 424,345.</u>	<u>\$ 25,142.</u>	<u>\$ 65,843.</u>

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

95-3351363

**STATEMENT 5  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROVIDE THERAPEUTIC HORSEBACK RIDING FOR DISABLED

**STATEMENT 6  
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>		1,300,253.
INCLUDES FOREIGN GRANTS: NO		
	\$ 0.	<u>\$ 1,300,253.</u>

**STATEMENT 7  
FORM 990, PART IV, LINE 54A  
INVESTMENTS - PUBLICLY TRADED SECURITIES**

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
COMMERCIAL PAPER	MARKET VALUE	\$ 504,358.
	TOTAL	\$ 504,358.
U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT
TERM TREASURY FUND	MARKET VALUE	55,146.

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

95-3351363

STATEMENT 7 (CONTINUED)  
FORM 990, PART IV, LINE 54A  
INVESTMENTS - PUBLICLY TRADED SECURITIES

U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT
	TOTAL	\$ 55,146.
PUBLICLY TRADED SECURITIES		\$ 559,504.

STATEMENT 8  
FORM 990, PART IV, LINE 55B  
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
BUILDINGS	\$ 1,922,580.	\$ 38,260.	\$ 1,884,320.
TOTAL	\$ 1,922,580.	\$ 38,260.	\$ 1,884,320.

STATEMENT 9  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 54,788.	\$ 24,357.	\$ 30,431.
FURNITURE AND FIXTURES	243,597.	218,793.	24,804.
BUILDINGS	194,762.	4,122.	190,640.
LAND	3,700,000.		3,700,000.
MISCELLANEOUS	2,866,604.	124,904.	2,741,700.
TOTAL	\$ 7,059,751.	\$ 372,176.	\$ 6,687,575.

STATEMENT 10  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

ROUNDING	4.
TOTAL	\$ 4.

STATEMENT 11  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

ACCRUED CONSTRUCTION IN PROGRESS EXPENSE	\$ 220,615.
ACCRUED LIABILITIES	32,186.

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

95-3351363

STATEMENT 11 (CONTINUED)  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

ACCRUED UNEMPLOYMENT LIABILITY

TOTAL \$ 7,792.  
\$ 260,593.

STATEMENT 12  
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	\$ 100,000.	\$ 1,200.	\$ 0.
MARCIA JAGER 53 S. PEAK LAGUNA NIGUEL, CA 92677	SECRETARY 1	0.	0.	0.
PETER KIESECKER 620 NEWPORT CENTER DR. #1100 NEWPORT BEACH, CA 92660	DIRECTOR 3	0.	0.	0.
DAVE RITCHIE 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	PAST CHAIR 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	EXECUTIVE COMM 1	0.	0.	0.
SUSIE ROOF 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	CHAIRPERSON 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	CHAIRMAN 1	0.	0.	0.
LEAH BEAL 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 12 (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
JON FOSHEIM 25531 LONE PINE CIRCLE LAGUNA HILLS, CA 92653	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.
JENNY KLEIN 25511 LONE PINE CIRCLE LAGUNA HILLS, CA 92653	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.
DAVID STEARNS 1451 NORS RANCH RD. BONSALL, CA 92003	COO 40	66,563.	0.	0.

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

95-3351363

**STATEMENT 12 (CONTINUED)**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ROGER MORGAN 27321 LOST TRAIL DR. LAGUNA HILLS, CA 92653	DIRECTOR 3	\$ 0.	\$ 0.	\$ 0.
JILL SCHRIBER 3028 OCEAN BLVD. CORONA DEL MAR, CA 92625	DIRECTOR 1	0.	0.	0.
	TOTAL	\$ 166,563.	\$ 1,200.	\$ 0.

**STATEMENT 13**  
**SCHEDULE A, PART I**  
**COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE &amp; AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUT. EBP &amp; DC</u>	<u>EXPENSE ACCOUNT</u>
JANELLE ROBINSON 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	THERAPY DIREC 40	73,000.	0.	0.
ANTHONY BUSACCA 26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92675	PROGRAM DIREC 40	62,000.	0.	0.
NORA CALDWELL 31064 VIA SAN VICENT SAN JUAN CAPISTRANO, CA 92675	SR. DEV MGR 40	58,000.	0.	0.
SUSAN BELANGER 28491 EL PEPPINO LAGUNA NIGUEL, CA 92677	EVENT MGR 40	52,281.	14,300.	0.
	TOTAL	\$ 245,281.	\$ 14,300.	\$ 0.

**STATEMENT 14**  
**SCHEDULE A, PART II-B**  
**COMPENSATION OF FIVE HIGHEST PAID OTHER SERVICE CONTRACTORS**

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
FRIESS COMPANY BUILDERS, INC. 31658 RANCHO VIEJO ROAD # B, SAN JUAN CAPISTRANO, CA 92675	CONSTRUCTION	1,698,653.
BLUE RIBBON MANUFACTURING 9140 STELLAR COURT, STE A CORONA, CA 92883	MANUFACTURING	233,689.
1ST PLACE BARNS AND BUILDING, INC.	CONSTRUCTION	216,878.

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

95-3351363

STATEMENT 14 (CONTINUED)  
 SCHEDULE A, PART II-B  
 COMPENSATION OF FIVE HIGHEST PAID OTHER SERVICE CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
41083 SANDALWOOD CIR MURRIETA, CA 92562		
F&M ELECTRIC 31658 RANCHO VIEJO ROAD #B SAN JUAN CAPISTRANO, CA 92675	ELECTRICAL	89,767.
E.O. CONSTRUCTION 305 W. GAVIOTA SAN CLEMENTE, CA 92672	CONSTRUCTION	87,000.
		TOTAL \$ <u>2,325,987.</u>

STATEMENT 15  
 SCHEDULE A, PART IV-A, LINE 22  
 OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2005</u>	<u>(B) 2004</u>	<u>(C) 2003</u>	<u>(D) 2002</u>	<u>(E) TOTAL</u>
OTHER INCOME	\$ 7,210.	\$ 2,729.	\$ 5,633.	\$ 1,135.	\$ 16,707.
TOTAL	\$ <u>7,210.</u>	\$ <u>2,729.</u>	\$ <u>5,633.</u>	\$ <u>1,135.</u>	\$ <u>16,707.</u>