#### FY 2022.2023 Fallbrook Regional Health District Community Health Contract Grant Application

#### **Organization Information**

**Legal Name** 

**Riding Emphazising Individual Needs & Strengths** 

**DBA** (if Applicable)

**REINS Therapeutic Horsemanship Program** 

Year Founded - use date of incorporation 1984

# Program Name/Title Equine Assisted Learning Progr

#### **Brief Program Description**

EAL provides an opportunity to bond with a horse which promotes mindfulness, presence, calming, and education about horses. By integrating horses and horsemanship education into the psychological and emotional healing practices EAL can offer an opportunity for healthy growth and recovery.

#### Is this a new (pilot, recently developed) or established program?

New Initiative/Service

#### **Program Information - Type**

Ongoing

#### **Requested Amount**

4732.00

#### **Organization's Mission Statement**

Our mission is to support the physical, mental, and emotional health of disabled children and adults with therapeutic equine-assisted activities.

#### **Organization's Vision Statement**

REINS will be a leading Therapeutic Riding Center in the United States for our high quality of therapy, continuing education and exploration of new therapy techniques.

#### **Agency Capability**

REINS Therapeutic Horsemanship Program was founded in 1984 in the backyard of a home in San Marcos, CA. In the following years, REINS was moved to Fallbrook where it resided on a rental property for 5 years. In 1995 REINS was able to purchase the 10-acre property where it is currently. For the thirty-eight years that REINS has been in operation, we have primarily focused on therapeutic riding for the disabled. This year, REINS has decided to expand our programming to include Equine Assisted Learning for individuals that are dealing with mental health, addiction, and other challenges that may not be suitable for mounted activities. Since this is the groundbreaking year for this program, REINS is excited to begin adding to our history of impacting the Fallbrook, Bonsall, and Rainbow communities.

#### **Agency Collaborations**

REINS new Equine Assisted Learning (EAL) program will be included as an activity option for several residential and temporary group type housing corporations within Fallbrook, Bonsall, and Rainbow. Although we will be collaborating with them in the future, the establishment of this program will need to happen in tandem with the partnerships, because most of the clientele of these corporations will be most of the clients that will participate in our EAL program. This will happen during the grant cycle.

#### **Target Population - Age**

	Percent of program participants
Children (infants to 12)	0
Young Adults (13-17)	10
Adults (18-60)	80
Seniors (60+)	10
We do not collect this data (indicate with 100%)*	

#### **Target Population not collected - Age**

N/A Projected figures only

#### Gender

	Percent of program participants		
Female			
Male			
Non-binary			
Unknown*	100		

#### \*Target Population - Gender

This is variable we can't project at this time and

will be open to all genders.

#### Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	
Very Low (50%) Income Limits, ceiling of \$53,500	
Low (80%) Income Limits, ceiling of \$85,600	
Higher Than Listed Limits	
We do not collect this data (indicate with 100%)*	100

#### \*Target Population - Income Level

This program will benefit all income levels.

Projected number of residents that will directly benefit (participant/client) from this program. 150

### **Social Determinants of Health (SDOH)**

#### **Program/Services Description - Social Determinants of Health**

Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

Neighborhood & Built Environment (Access to Foods that Support Healthy Eating Patterns, Crime and Violence, Environmental Conditions, Quality of Housing)

#### **Program/Services Description - FRHD Community Needs Assessment**

Health (Diabetes - prevention, management)

Health (Cholesterol, High Blood Pressure, Hypertension, Obesity)

Mental Health (Social Support - Youth or Families)

Health (Mobility)

Health (Age Related Deficits)

Social (Economic Security, Health Literacy, Family/Child Support, Legal/Advocacy)

#### Statement of Need/Problem

REINS EAL program will address the needs for mental health and wellness, addiction, socialization for all age groups, overall health for seniors, and veterans with PTSD. Evidence based curriculum, specifically the Man-O-War Project curriculum, will be used, to effectively address the challenge within these populations in our community. By implementing proven curriculum, REINS is predicting positive changes within participants. REINS will collect data on those changes by survey collections at the beginning of the 4-week program and at the conclusion. The survey questions will be based on the

CDC Health-Related Quality of Life assessment (HRQOL-4) evaluation and will specifically acknowledge the REINS EAL Program in the conclusion survey. As shown in the studies cited below, there are significant positive outcomes with utilizing EAL curriculum to address the community needs. The study (attached) *The Helping Horse: How Equine Assisted Learning Contributes to the Wellbeing of First Nations Youth in Treatment for Volatile Substance Misuse* found increased understanding of self-worth, self-esteem, and self-awareness in terms of feelings and moods. The Man-O-War Project performed research specifically addressing Veterans with PTSD/Trauma and found that all participants completed the program and reported high satisfaction. "Preliminary data showed decreases in clinician-assessed PTSD and depressive symptoms from pre- to post-treatment and follow-up (medium to large effect sizes, d = .54–1.8), with similar trends across self-report measures (d = 0.72–1.6)."

(mowproject.org) In the article *Therapies for Veterans with Posttraumatic Stress Disorder: Current State, Challenges and Future Directions. Chronic Stress* (attached) Marchand explains that Equine-assisted activities and therapies (EAAT) "hold promise as adjunctive complementary interventions for symptom reduction among Veterans with PTSD. Additionally, there is evidence that these approaches may enhance wellbeing in this population." REINS hopes to expand services to assist those with debilitating lifestyles that may lead to further health and wellness challenges in our community.

#### Statement of Need/Problem - Others

PATH Intl. is the leading association for equine assisted services internationally. They educate and certify instructors in safe and ethical use for horses for therapeutic uses. **REINS** is the only PATH Intl. center in the Fallbrook, Bonsall, Rainbow areas that offers the unique ranch setting that is a relaxed, simple atmosphere encouraging people to feel welcome and comfortable. With the use of trained therapy horses, REINS will offer EAL in a safe way that will limit risks that could be traumatic for those that are dealing with a history in trauma and encourage healthy growth in both mind and body. There are no other programs in the area that combine the safety standards of PATH Intl. with the EAL program using the evidence-based Man-O-War curriculum that will address the mental health and addiction needs of our community.

#### **Program/Services Description - Program Entry**

Recipients will be referred to our program through local (Fallbrook, Bonsall, Rainbow) addiction rehab facilities. The Senior community will learn about our EAL Program through fliers and site visitations to senior care facilities, the Senior Care Foundation, and other local entities that work with that population. In addition, we have a constant flow of applications for our Therapeutic Riding Program. Some of these applicants will not be suitable for mounted activities but will fit perfectly in the EAL Program setting. Once an application is submitted, the client will be placed on a list to be scheduled. When they are granted a spot, they will complete an introductory survey and proceed through the EAL 4-week course attending at least 1x/week for a 1-3 hour session, at the end of which, they will fill out a conclusion survey. Data will be documented quarterly to evaluate the efficacy of the program.

#### **Program/Services Description - Program Activities**

Recipients will be referred to our program through local (Fallbrook, Bonsall, Rainbow) addiction rehab facilities. The Senior community will learn about our EAL Program through fliers and site visitations to senior care facilities, the Senior Care Foundation, and other local entities that work with that population. In addition, we have a constant flow of applications for our Therapeutic Riding Program. Some of these applicants will not be suitable for mounted activities but will fit perfectly in the EAL Program setting. Once an application is submitted, the client will be placed on a list to be scheduled. When they are granted a spot, they will complete an introductory survey and proceed through the EAL 4-week course attending at least 1x/week for a 1-3 hour session, at the end of which, they will fill out a conclusion survey. Data will be documented quarterly to evaluate the efficacy of the program.

#### **Program Goal #1**

Recipients will be referred to our program through local (Fallbrook, Bonsall, Rainbow) addiction rehab facilities. The Senior community will learn about our EAL Program through fliers and site visitations to senior care facilities, the Senior Care Foundation, and other local entities that work with that population. In addition, we have a constant flow of applications for our Therapeutic Riding Program. Some of these applicants will not be suitable for mounted activities but will fit perfectly in the EAL Program setting. Once an application is submitted, the client will be placed on a list to be scheduled. When they are granted a spot, they will complete an introductory survey and proceed through the EAL 4-week course attending at least 1x/week for a 1-3 hour session, at the end of which, they will fill out a conclusion survey. Data will be documented quarterly to evaluate the efficacy of the program.

#### **Program Objectives - Goal #1**

REINS EAL Program will serve those that are struggling with mental health, addiction, socialization, and trauma challenges. The age range will be 5+ (if they can safely interact with a horse). Activities will include safety brief, introduction, horse introduction, personal grounding exercises, grooming, horse handling skills, debrief, and survey completion. Surveys will be provided at the beginning of the course, and at the conclusion of the course (at least 4 week course). These surveys will

#### Program Outcomes/Measurables - Goal & Objectives #1

The measurement of success is projected for this program as this is a new venture. REINS is predicting an increase for 75% of participants in the areas of: self-esteem, socialization, confidence, positivity, mindfulness, emotional outlook, healthy boundaries, and energy. We also predict that there will be a decrease in depression, stress, anxiety, and substance abuse.

### **Anticipated Acknowledgment**

#### **Anticipated Acknowledgment**

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

#### **Anticipated Acknowledgment**

Currently and for the foreseeable future the District is recognized on a large scale banner at the entrance to our 10-acre facility. FRHD is recognized regularly in our social media posts and on our website.

We currently use Facebook and Instagram



#### FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formated pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

#### There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Revenue Sources
- 4 Budget Narrative
- 5 Budget Reporting Form

#### 1 Instructions:

All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1

#### 2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.
  - APPLYING ORGANIZATION: This is the applicant agency's investment in their program.

    This is the value of the resources the agency will contribute to the program's cost. These
- This is the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.
- > <u>OTHER FUNDERS</u>: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.
- > REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.
- The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

#### A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operats of the program, necessary which may not be part of the direct service provision expenses (Adminsitration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

#### B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers. Please include a single line items for general staffing expenses such as personell expenses (Payroll taxes, WC, etc). Benefits (health, retirement, etc) should be listed on a separate line.



#### C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, prining, program related insurance (e.g., vehicle), trainings and cetifications.

#### 3 Revenue Sources

Please list all sources of revenue the agency recieves by category. This Form has two > sections, one for Agency Funding and one for Project Funding. Please fill out both sides of the table. Amounts do not need to be exact; however, we ask for best estimates.

#### 4 Budget Narrative

There are headers that align with the Budget Form. These items should be explained (narrative) if they are unsusual or have a specific project impact. Explanations regarding utility expenses are generally understood, but expenses relating to trianing or for a specilarity insurance could be expressed here.

#### **5 Budget Reporting Form**

This form will be used for those grantees who are awarded contracts. This form would be

> submitted with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.



#### FRHD CHC GRANT BUDGET FORM

**REINS Therapeutic Horsemanship** Agency PROGRAM NAME: **Equine Assisted Learning Program** Name: Program

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

Α	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
A1	Administrative Support	946.00	756.00		190.00
A2	General Insurance (not program specific	100.00	80.00		20.00
А3	Accounting & audit expenses	370.00	296.00		74.00
A4		-	-		
A5		-	-		
A6		-	-		
A7	,	ı	1		
A8	3	-	-		
A9		-	-		
A10	0	-	-		
A1	Other: specify Horse Care	13,513.00	10,803.00		2,710.00
	TOTAL INDIRECT EXPENSE	14,929.00	11,935.00	-	2,994.00
В	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
В1		3,840.00	3,072.00		768.00
B2	Certified Instructor (CTRI/ ESMHL)	3,264.00	2,611.00		653.00
В3	Administrative Support	3,360.00	3,286.00		74.00
B4	Volunteer	336.00	336.00		-
B5	Payroll Expenses (WC, taxes)	576.00	461.00		115.00
В6		-	-		
B7		-	-		-
	TOTAL PERSONNEL EXPENSE	11,376.00	9,766.00		1,610.00
С	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Equipment	100.00	80.00		20.00
C2	Program/Project Supplies	-	-		
C3		540.00	432.00		108.0
C4		-	-		
C5		-	-		
C6		-	-		
C7		-	-		
C8					
C9					
C1					
C12					
C13					
C14					
C1:					
	TOTAL OTHER EXPENSES	640.00	512.00	-	128.0
		W	Х	Y	Z

D	TOTAL ALL EXPENSES	PROGRAM COST		% REQUESTED FROM FRHD
		\$	26,945.00	18%

#### 2) FUNDING SOURCES

Е	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	Χ	22,213.00
E2	OTHER FUNDERS	Υ	-
E3	REQUESTED FROM FRHD	Z	4,732.00
	TOTAL FUNDING SOURCES		\$ 26 945 00

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST. 3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency	\$ 1,0	010,000.00	\$ 26,945.00	3%
	budget that this Program represents.	AGENCY B	BUDGET**	PROGRAM COST	% of AGENCY BUDGET

<sup>\*\*</sup> Agency budget is your agency's entire budget for the year. Fill in the amount.



Agency Name: REINS Therapeutic Horsemanship Program

Program Name: Equine Assisted Learning Program

**Total Organization Budget (Current Fiscal Year)** 

**Total Project Budget (Current Fiscal Year)** 

### Sources of Funding

\$

\$

(This Project Request)

990,000.00

26,945.00

#### **Organization Sources of Revenue**

(Total Organization Budget)

·		Danasant of	One-time			Danas at af	One-time
0 (( )	<b>.</b> .	Percent of	funding?		• • •	Percent of	funding?
Source of funds	\$ Amount	Total	(Yes/No)	_	\$ Amount	Total	(Yes/No)
Federal	\$ -		n/a	\$	-		n/a
State			yes	\$	-		n/a
City/County*	\$ 10,500.00	1%	yes	\$	-		n/a
Other Govt.	\$ -		n/a	\$	-		n/a
Proposed FRHD	\$ 76,224.00	8%	yes	\$	4,732.00	20%	n/a
Fees for Service	\$ 200,000.00	20%	no	\$	18,720.00	80%	No
Grants (non-gov't)	\$ 127,000.00	13%	yes	\$	-		n/a
General Donations	\$ 465,000.00	46%	yes				
Other Internal							
Organizational Fundraising	\$ 124,276.00	12%	yes				
Other (list):							
Interest income	\$ 7,000.00	1%	no	\$	-		n/a
Total	\$ 1,010,000.00	100%		\$	23,452.00	100%	
* City/County				_			

<sup>\*</sup> City/County

If the organization currently receives funding from any Cities or Counties, please list the jurisdiction and contract amount below.

City of San Marcos - \$500, County of San Diego Community Enhancement Fund \$10,000



Agency Name: REINS Therapeutic Horsemanship Program

Program Name: Equine Assisted Learning Program

#### **INSTRUCTIONS:**

- 1 List items from your PROJECT BUDGET FORM (Sections A and B) where an expense is indicated, that you are seeking FRHD support.
- 2 Provide a brief narrative description of each budget line item to be funded by the proposed grant.
- 3 Your narrative should explain why this expense is necessary to the project and why or how FRHD funding would make an impact.

#### A. INDIRECT EXPENSES: Please indicate by the Line Number and Item Name

#	Name	Narrative:
#	Name	i valiativo.

A1	Administrative Support	Record keeping, billing, bookkeeping, data collection & reporting.	
	General Insurance (not program specific		
A2	)	Offset the cost to provide a safe and insured environement	
	Accounting & audit		
A3	expenses	Required expense to provide audited financials.	
A8	Marketing & Communications	n/a	
Α9	Office Supplies	Required for operations.	
A10	Training & Education	To provide continued education, CPR, and certifications for all staff.	
A11	Other: specify Horse Care	To maintain a healthy herd (essential tool) for this valuable service.	

#### **B. PERSONNEL EXPENSES - PROGRAM SPECIFIC**

#	Name	Narrative:

B1	Certified Instructor CTRI/ESMHL	Provides a professional that is trained and certified in facilitating safe and effective Equine Assisted learning sessions. Promote and properly train volunteers to assist in sessions
В2	Certified Instructor CTRI/ESMHL	Provides a professional that is trained and certified in facilitating safe and effective Equine Assisted Learning sessions.
В3	PD (Kait) 35/hr total cost x 40/wk	In charge of student & staff scheduling, oversees herd workload and animal health, ensures appropriate pairing of rider and mount, property safety. PATH certified instructor who instructs district riders and can fill in every paid position on the property as required by lack of availablity. fRHD money would help ensure this key position stays filled.
В4	Volunteers	handling.
В5	P/R Taxes	Necessary part of doing business.

#### C. DIRECT PROGRAM EXPENSES

# Name Narrative:

C1	Equipment	Safety tie brackets
C2	Program/Project Supplies	
СЗ	Printing/Duplicating	Enrollment packets, Liability waivers, surveys, brochures



#### FRHD CHC GRANT BUDGET REPORTING FORM

Agency	REINS Therapeutic	DDOGDAM NAME:	Equine Assisted Learning Program
Name:	Horsemanship Program	PROGRAMI NAME.	Equilie Assisted Learning Program

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

Α	INDIRECT EXPENSES:	PRO	OGRAM COST		QUESTED OM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
A1	Administrative Support	\$	946.00	\$	190.00				
A2	General Insurance (not program specific )	\$	100.00	\$	20.00				
A3	Accounting & audit expenses	\$	370.00	\$	74.00				
A4	0	\$	-	\$	-				
A5	0	\$	-	\$	-				
A6	0	\$	-	\$	-				
A7	0	\$	-	\$	-				
A8	0	\$	-	\$	-				
A9	0	\$	-	\$	-				
A10	0 0	\$	-	\$	-				
A1	Other: specify Horse Care	\$	13,513.00	\$	2,710.00				
	TOTAL INDIRECT EXPENSE		\$14,929.00		\$2,994.00	\$0.00	\$0.00	\$0.00	\$0.0
В	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PRC	GRAM COST		QUESTED OM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
В1		\$	3,840.00	\$	768.00	·	·		
B2	Certified Instructor (CTRI/ ESMHL)	\$	3,264.00	\$	653.00				
ВЗ	Administrative Support	\$	3,360.00	\$	74.00				
В4	Volunteer	\$	336.00	\$	-				
B5	Payroll Expenses (WC, taxes)	\$	576.00	\$	115.00				
В6	0	\$	-	\$	-				
B7	0	\$	-	\$	-				
	TOTAL PERSONNEL EXPENSE	\$	11,376.00		1,610.00	\$0.00	\$0.00	\$0.00	\$0.0
С			GRAM COST	FR	QUESTED OM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
C1		\$	100.00	\$	20.00				
C2		\$	-	\$	-				
C3		\$	540.00	\$	108.00				
C4		\$	-	\$	-				
C5		\$	-	\$	-				
C6		\$	-	\$	-				
C		\$	-	\$	-				
CS		\$	-	\$	-				
C1		\$ \$	<u> </u>	\$ \$	<u>-</u>				
C1		\$		\$					
C1:		\$		\$					
C1:		\$		\$					
C1-		\$	-	\$	_				
C1:		\$	-	\$	-				
	TOTAL OTHER EXPENSES	_	\$640.00		128.00	\$0.00	\$0.00	\$0.00	\$0.
						¥ 5.55	Ψ0.00	Ψ0.00	Ψ0.

D TOTALS

PROGRAM COST FRHD Funds Expended

\$26,945.00 \$0.00

#### **2021 Grant Submissions**

RECEIVED	Funds Received	Date Received
Ark Antiques	\$2,000	1/27/2021
Equus Foundation	\$500	6/6/2020
Legacy Endowment	\$3,000	12/16/2020
LA 84 Foundation	\$35,000	5/19/2021
Shaw Foundation	\$2,500	6/21/2021
Zabel Foundation	\$10,000	6/22/2021
San Marcos Community Grant Foundation	\$500	6/30/2021
Air Warrior Courage	\$8,160	10/13/2021
Marjorie Moscher Shmidt Foundation	\$20,000	11/29/2021
Fallbrook Regional Healthcare District	\$98,800	02/2021-11/2021
Rancho Santa Fe	\$10,000	12/13/2021

PENDING	Fund Requested	Date Submitted
Lee & Dorene Butler Family Charitable Foundation	OPEN REQUEST	11/24/2020
San Diego Foundation - WD-40 Memory Making Fund	21,000	12/20/2020
ALDI - Smart Kids	\$5,000	12/15/2020
City of Temecula	\$2,500	9/10/2021

DECLINED	Fund Requested	Date Rejection
A. Gary Anderson Family Foundation	\$2,750.00	11/24/2020
Sundt Foundation	\$6,000.00	11/15/2020
San Diego Foundation - WD-40 Memory Making Fund	\$21,000.00	2/1/2021
Price Philantropies	\$10,000.00	5/13/2021
Bolton Foundation	\$5,000.00	6/4/2021
Wayne and Gladys Foundation	LOI	6/13/2021
Mark S Taper Foundation	\$20,000.00	5/20/2021

### **REINS Board of Directors 2022**

Position	Name	Business Affiliation	Email
President	James Betz	Owner, Betz Concrete	jamesbetz@rocketmail.com
Treasurer	John Kearns, CPA	Retired, CPA	john@kearnsco.com
Secretary	Kim Carlson	Realtor/Owner, Elite Home Group	kimsold@aol.com
Member	Lou Riddle	Owner, Riddle Construction	lrchomes@att.net
Member	Tad Bender	DVM, Creekside Veterinary Service	tad.bender@creeksidevets.net
Member	Pamela Farrow	REINS Parent	pfarrow@smartcc.net
Member	Christopher Kim	Product Manager	cjk607@gmail.com
Member	Brent McFarland	Owner, McFarland Construction	brent@mcfarlandconstructioninc.com

### 990

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization Riding Emphasizing Individual Needs & Strengths D Employer identification number Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) 33-0035455 Name change P.O. Box 1283 Telephone number Initial return City or town ZIP code 760-731-9168 Bonsall CA 92003 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 1.047.289 Application pending F Name and address of principal officer: H(a) Is this a group rn for subordinates? Yes X No Deborah Shinner P.O. Box 1283, Bonsall, CA 92003 H(b) Are a substinates included? 501(c)(3) Tax-exempt status: 501(c) ittach a list. See instructions ) < (insert no.) Website: ► REINSPROGRAM.ORG cemption number X Corporation Form of organization: Association Other I M State of legal domicile: CA Summarv Briefly describe the organization's mission or most significant activities: Enavide therapeutic horsemanship to Activities & Governance disabled individuals. 2 Check this box ▶ if the organization discontinued its operations of disposed more than 25% of its net assets Number of voting members of the governing body (Part VI, line 18) 3 Number of independent voting members of the governing body (Part Voline 1b) 4 7 Total number of individuals employed in calendar year 2020 (Part V 5 29 Total number of volunteers (estimate if necessary). 6 250 Total unrelated business revenue from Part VIII, column(C) 7a 0 Net unrelated business taxable income from Form 990-T, Pat I, line 11 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 526,479 653,996 Program service revenue (Part VIII, line 2g) . . 9 223,099 189,110 Investment income (Part VIII, column (A), lines 3, and d).

Other revenue (Part VIII, column (A), lines 5, d, 8c, s, 10c, and 11e). 10 10,626 7,372 11 254,762 154.345 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1.014.966 1,004,823 13 Grants and similar amounts paid (Part IX column (A), lines 1–3) . . . 41,742 42,465 14 Benefits paid to or for members (Part IX column (A), line 4) . 0 0 Salaries, other compensation, employee be efits Part IX, column (A), lines 5-10) . . . 15 150.295 139,645 Professional fundraising fees (Part A column (A), line 11e) . 16a Total fundraising expenses (Part IX, column (D), line 25) ► 142 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . b 17 791,811 736,016 Total expenses. Add lines 13 17 (must equal Part IX, column (A), line 25) . . . 18 983,848 918,126 19 Revenue less expenses Subtract line 18 from line 12 31,118 86,697 Assets or Balances **Beginning of Current Year** End of Year Total assets (Part X, line 6) 20 1,134,783 1,225,954 Total liabilities (Part X, Mee 26). 21 37,916 21,038 22 Net assets of fund balances. Subtract line 21 from line 20 1,096,867 1,204,916 Signature Block Under penalties of perjury, I declare that 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. Sign Signature of officer Here Date Type or print name and title Print/Type preparer's name Preparers si@nature PTIN **Paid** Check Roland W Munger self-employed P01871456 Preparer Firm's name Munger & Company, CPAs **Use Only** Firm's EIN > 47-3342732 Firm's address > 2170 South El Camino Real, Suite 217, Oceanside, CA 92054 Phone no. 760-730-8020

May the IRS discuss this return with the preparer shown above? See instructions .

	1 990 (2020)	Riding Emphasizing Individual N	Needs & Strengths	33-0035455 Page <b>2</b>
Р	art III	Statement of Program Service	e Accomplishments	
		Check if Schedule O contains	a response or note to any line in this Part III .	
1		escribe the organization's mission:		
	Provide	therapeutic horsemanship to disabled	individuals.	
2	Did the d	organization undertake any significant	program services during the year which were not lis	sted on
	the prior	Form 990 or 990-EZ?		Yes X No
	If "Yes,"	describe these new services on Sche-	dule O.	Too A no
3	Did the o	organization cease conducting, or make	e significant changes in how it conducts, any progra	am 🐧
	services'	?	· · · · · · · · · · · · · · · · · · ·	
	If "Yes,"	describe these changes on Schedule		Yes X No
4	Describe	the organization's program service a	ccomplishments for each of its three largest program	TOO
	expense	s. Section 501(c)(3) and 501(c)(4) ord	nanizations are required to report the amount of gran	to all actions to all
	the total	expenses, and revenue, if any, for each	ch program convice reported	its and allocations to others,
		expenses, and revende, if any, for cat	on program service reported.	
4a	(Code:	) (Expenses \$	725 201 including grants of ©	
		therapeutic horsemanship to disable	725,301 including grants of \$	(Revenue \$ 189,110 )
	~			
			The state of the s	
4b	(Code:	) (Expenses \$	including grants of \$)	(Revenue \$
		~		/
				,
4c	(Code:	(F) 2006 C	Section 1	
-10	(Oode.	Y EVIELISES 3	including grants of \$	(Revenue \$)
			***************************************	
4d	Other prod	gram services (Describe on Schedule	0)	
	(Expenses		•	
1e		ram service expenses	725 301 (Revenue \$	0)

### Part IV Checklist of Required Schedules Riding Emphasizing Individual Needs & Strengths Part IV

1	to the experimentary described to the state of the experimentary of the		168	3 110
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	┧ X	+-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1	+^	+-
	Candidates for public offices if "Vee " complete Catalanda O D. C.	_		
4		3	+-	X
·	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues		+	<del>  ``</del>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule Compart III	5	1	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		+^
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve the stace,	6	+	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D	_		1
8	Did the organization maintain collections of works of art, historical treasures, or other significant assets? If "Yes,"	7	+	X
	complete Schedule D, Part III		1	
9	Did the organization report on amount in Port V. line 24. for account of the control of the cont	8	-	X
•	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
40	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-resoluted endowments			
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment. Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more		1	_
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII.	11b	X	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more		<del>  ^</del>	_
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	11c	1	X
ď	Did the organization report an amount for other assets in Part X line 15, that is 5% or more of its total assets	110	$\vdash$	<del>  ^</del>
	reported in Part X, line 16? If "Yes," complete Schedule Q Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footpote that addresses	116	-	<del>  ^</del>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	-	X
	Schedule D, Parts XI and XII	40-		
b	Was the organization included in conclidated, independent audited financial statements for the tax year? If "Yes,"	12a	X	
	and if the organization answered "No" to ine 12a, then completing Schedule D, Parts XI and XII is optional	40:		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b		X
14a	Did the organization maintain an organ amplevers or agents outside of the United Octave O	13		Х
b	Did the organization maintain an onice, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Van " complete 0-to the 5-50 or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	$oxed{oxed}$	_X_
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Χ_
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\dashv$	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	}	Χ
	, , , , , , , , , , , , , , , , , , , ,			/\

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	X	-
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J	00		\ <sub>V</sub>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	-	X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	<del>  ^</del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		_	
	to derease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	25a		Х
D	and the consumer of the construction of the co			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	$\perp$	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	00		
27	Did the organization provide a grant or other assistance to any current or former officer director, trustee, key	26	$\vdash$	Х
	employee, creator or founder, substantial contributor or employee thereof a sant selection committee			
	member, or to a 35% controlled entity (including an employee thereof or family sember of any of these			
	persons ? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ER
_	Part IV instructions, for applicable filing thresholds, conditions and exceptions):			
а	A current or former officer, director, trustee, key employee, create or founder, or substantial contributor? If If"Yes," complete Schedule L, Part IV			
b	A family member of any individual described in line 2002 / approved to Date 1.1.1. Decribed	28a		Χ
	A family member of any individual described in line 28a? ** Yes, " complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? ** If	28b		X
	If"Yes," complete Schedule L, Part IV	.		
29	Did the organization receive more than \$25,000 in ion cash contributions? If "Yes," complete Schedule M.	28c	Х	_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
	conservation contributions? If "Yes," complete subject the M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of transfer more than 25% of its net assets?			
33	If "Yes," complete Schedule N, Part	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If (Yes, "complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.			
35a	Did the organization have a controlled entity within the meaning of section 512/b/(13)3	34	$\rightarrow$	X
D	IT "Yes" to line 35a, and the organization receive any payment from or engage in any transaction with a controlled	35a		X
	endry within the riganing of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b		
00	Security 501(C)(3) Organizations. Did the organization make any transfers to an exempt non charitable related.	000	-	_
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
,,	Bid the organization conduct more than 5% of its activities through an entity that is not a related organization			
10	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ı		
Part	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
ait	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.		_	_
	on basic o contains a response of flote to any line in this Part V			
a l	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b l	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c I	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 2 20 If all least one is reported on line 2a, did the organization file all required feeder employment (ax returns?)  Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 bi ""Yes." has it filed a Form 990-T for this year? If "Wo" to line 3b, provide an explanation or Schedule O.  3 b A 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 accountry. If "Yes." enter the name of the foreign country in the organization was interest in, or a signature or other authority over a financial accountry in a financial accountry. See instructions for filing requirements for FinoEN Form 114, Report of Foreign Bank and Financial Accounts (FIPA).  4 Vest the organization has prohibited tax shelter transaction at any time during the tax year?  5 b Using the party northy the organization that it was or is a perty to a prohibited tax shelter transaction at any time during the tax year?  5 c Using the party northy the organization that it was or is a perty to a prohibited tax shelter transaction at any time during the tax year?  5 c Using the organization shelt may receive deductible as charitable contributions or gifts were not tax deductible?  6 d Using the organization that year explored that a stem or that is seen to tax deductible or organization receive a payment in excess of \$75 made partly as a contribution of partly for goods and services provided to the payor?  6 b If "Yes," did the organization notify the donor of the value of the goods or services are organization organization services a payment in excess of \$75 made partly as a c	Р	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)	ა5455	P	ag
statements, fleet on the calendar year ending with or within the year covered by this return.  2	<b>2</b> a			Yes	N
Note: if the sum of lines is and 2 is greater than 250, you may be required to e-file (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. If "Yes," has if lifed a Forn 990-17 for this year? // "W" or blue \$5, provide an explanation on Schedule O  3a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a filancial account in a foreign country (such as a bank account, securities account, or other financial accountry)?  5b. If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry)?  5c. instructions for filing requirements for Filon 114, Report of Foreign Bank and Filancial Accounts (SBA).  5c. was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c. in "Yes," of line 8 or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c. c. in "Yes," to line 8 or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c. c. in "Yes," to line 8 or 5b, did the organization in line Form 8885." The state of the organization have annual gross receipts that are normally greater than \$100.00 and the programization solicit any contributions in line organization solicit any contributions are not tax deductible.  6c. b. organization solicit any contributions are not provided as charitable contributions or gifts were not tax deductible.  7c. b. did the organization solicit any contributions under section 170(c).  8c. b. did the organization solicit any contributions under section 170(c).  8c. b. did the organization solicit any contributions are section 170(c).  9c. b. did the organization solicit any contributions are section 170(c).  9c. b. did the organization solicit and the provided section 170 and the propr		Statements, filed for the calendar year ending with or within the year sourced by this			
Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 a The stripping of the organization have unrelated business gross income of \$1,000 or more during the year?  3 a The stripping of 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)?  4 a The stripping of the strippi	b	if at least one is reported on line 2a, did the organization file all required federal employment to want to want to be a second or line 2a.	-		
but the organization rove timese observes gross income of \$1,000 or more during the year?  If "res," has it filled a Form 990-T for this year? If Mor' to line 30, provide an explanation on Schedula O  At any time during the catendary year, did the organization have an interest in, or a signature or other authority over, a filamical account in a foreign country. Such as a bank account, securities account, or other financial account?  If "res," enter the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account. If a foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FPAN)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts.  If "res," to line 5a or 50, did the organization file Form 8888-17?  See instructions obtained and seed an explanation of the seed seed organization solicit any contributions that twee not tax deductible as charafield contributions?  If "res," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c)  If "res," did the organization notify the donor of the value of the goods or segrices provided?  Organizations that may receive deductible contributions under section 170(c)  If "res," indicate the number of Forms 8282 filed during the year.  If "res," indicate the number of Forms 8282 filed during the year.  If "res," indicate the number of Forms 8282 filed during the year.  If "res," indicate the number of Forms 8282 filed during the year.  If "res," indicate the number of Forms 8282 filed during the year.  If the organization received a contribution of qualified intellectual proxity, did the organization file from 82827.  If the organization received a contribution of qualified intellectual proxity, did the organization file a Form 10		rester if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (soo instructions)	2b	X	
A Al any time during the calendar year, dir the reparation 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," einer the name of the foreign country \ See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial account; FBAN  Was the organization aprity to a prohibited fax shelter transaction at any time during the tax year?  5a Vas the organization aprity to a prohibited fax shelter transaction at any time during the tax year?  5b If "Yes," of the Sao of St, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes," did the organization have annual gross neolpits that are normally greater than \$100,00%; and an year organization solicit any contributions that were not tax deductible as charitable contributions?  6a If "Yes," did the organization include with every solicitation are express statement that such contributions or gins were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  2b Id the organization receive a payment in excess of \$75 made partly as a contribution of grains were not tax deductible?  7c Did the organization receive a payment in excess of \$75 made partly as a contribution of grains and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor.  7c Did the organization contribution of qualified intellectual property for which it was required to file Form 8282?  7c If "Yes," indicate the number of Forms 8282 filed during the year.  9c Did the organization contribution of qualified intellectual property by the drong property for which it was required to file Form 8282.  17d If the organization received a contribution of qualified intellectual property is grained to grain and property for which it was required to file Form 8289.  17d If the orga		bid the diganization have unrelated pusiness gross income of \$1,000 or more during the year?	32		1
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country \(^{\frac{1}{2}}\) See instructions for filing requirements for incENF form 114, Report of Foreign Bank and Financial Accounts (FEA)  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the "Yes" to line 5 or 5b, did the organization file Form 8885-T?  Does the organization have annual gross receipts that are normally greater than \$100,009 and distributions of the organization include with every solicitation an express statement that is the contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c)  Did the organization include with every solicitation an express statement that is the contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c)  Did the organization notify the donor of the value of the goods or see idea proyund?  To be if "Yes," indicate the number of Forms 8282 filed during the year,  Did the organization sell, exchange, or otherwise dispose of tangible personal proyund?  If "Yes," indicate the number of Forms 8282 filed during the year,  Did the organization receive any funds, directly or indirectly, to say premium, directly or a personal benefit contract?  If "Yes," indicate the number of Forms 8282 filed during the year,  Did the organization receive any funds, directly or indirectly, to say premium, directly, an a personal benefit contract?  To bit the organization received a contribution of qualified intellectual property did the organization file a Form 1098-C?  Sponsoring organization maintaining donor advised time, but we hides, did the organization file a Form 1098-C?  To bit the sponsoring organization make any taxable gradien		in les, has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schodulo O			_
b II "Yes," enter the name of the foreign country."  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts, FSAP.  Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. The property of the fives of the Sap 5th, did the organization file Form 888-77.  5a Does the organization have annual gross receipts that are normally greater than \$100,000 and in the organization solicit any contributions that were not tax deductible as charitable contributions?.  16 I" "Yes," did the organization include with every solicitation an express statement that six hoontributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  16 bid the organization receive a payment in excess of \$75 made partly as a contributional partly for goods and services provided to the payor?  16 bif "Yes," did the organization notify the donor of the value of the goods or see rost, provided or the was required to file Form 8282? (filed during the year.  17 bid the organization sell, exchange, or otherwise dispose of tangible phrsonic property for which it was required to file Form 8282? (filed during the year.  18 bid the organization received a contribution of qualified intellectual probe by professions on a personal benefit contract?  19 bid the organization received a contribution of qualified intellectual probe by did the organization file form 8280 as required?  19 bid the organization received a contribution of qualified intellectual probe by did the organization file form 8280 as required?  19 bid the sponsoring organization makes and distribution to a wond divised by did to the organization file form 8280 as required to make a distribution to a wond to the property organization file form 8280 as required to make a distribution of a wond file form 8280 as required to file	<b>4</b> a	and during the calendar year, did the organization have an interest in or a signature or other outbority area.	100		
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If "Yes," complete Form 4720, Schedule O.  16 X	16	Is the organization on educational institutions and Tile Form 4/20, Schedule N.			A
1703, Complete Form 4720, Schedule O.	-	If "Yes " complete Form 4730, Sahadula O	16	Х	
		1 1es, complete Form 4720, Schedule O.	H &		

Form 990 (2020) Riding Emphasizing Individual Needs & Strengths 33-0035455 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the or

	1a	7		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar	FIF		
	committee, explain on Schedule O.			
b	The state of the s	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			<del>  ^`</del>
	supervision of officers, directors, trustees, or key employees to a management company or other persons.	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was find?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's essets?	5	<del>                                     </del>	X
6	Did the organization have members or stockholders?	6		X
7a		-		<del>  ^</del>
	one or more members of the governing body?	7a		Х
b		74	_	_^
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions by dertaken during	710	11110	_
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in PanVII, Section A, who cannot be reached at the grannization and decay? (6 li) (a. //	8b	X	
9	Is there any officer, director, trustee, or key employee listed in PartVII. Section A who cannot be reached	OD	_^_	_
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about folicies not required by the Internal Revenue of	Codo	1	_ ^
	The interest of the internal Nevenue C	Joue.	/ Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	amiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 110		
12a	Did the organization have a written conflict of interest parcy? If "No " go to line 12	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	$\hat{\mathbf{x}}$	
C	bid the organization regularly and consistering monitor and enforce compliance with the policy? If "Yes "	120	$\stackrel{\sim}{}$	
	describe in Schedule O how this was done.	12c	Х	
13	Did the organization have a written whisting lower policy?	13		X
14	Did the organization have a written document etention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by		^	
	independent persons, comparability data and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	х	
b	Other officers or key employee of the organization	15b	X	
	If "Yes" to line 15a or 45b, lescabe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		Χ
	ion C. Disclosure	100		
7	List the states with which a copy of this Form 990 is required to be filed ► CA			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	- (0)		
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli	CV.		
_	and financial statements available to the public during the tax year.	,		
0	State the name, address, and telephone number of the person who possesses the organization's books and records	•		
	Deborah Shinner (760) 731-9168			
	P.O. Box 1283, Bonsall, CA 92003			

Form 990 (2020) Riding Emphasizing Individual Ne	eds & Strengths	3		33-0035	5455 Page <b>7</b>			
Part VII Compensation of Officers, Dir Employees, and Independent Check if Schedule O contains a	Contractors			pensated	Fage 1			
Section A. Officers, Directors, Trustees, H	Key Employee	es and Highest Com	noncoted Emi	nlavena	· · · <u> </u>			
organization's tax year.	listed. Report co	ompensation for the cale	ndar year ending	with or within th				
<ul> <li>List all of the organization's current officers, of of compensation. Enter -0- in columns (D), (E), and</li> </ul>	(F) if no compen	isation was paid.			ount			
<ul> <li>List all of the organization's current key emple</li> <li>List the organization's five current highest conwhoreceived reportable compensation (Box 5 of Fororganization and any related organizations.</li> </ul>	List all of the organization's current key employees, if any. See instructions for definition of "key employee."  List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$10.00 form the compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$10.00 form the compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC).							
<ul> <li>List all of the organization's former officers, ke</li> <li>\$100,000 of reportable compensation from the organ</li> </ul>	lization and any	related organizations.	•					
<ul> <li>List all of the organization's former directors organization, more than \$10,000 of reportable competence</li> </ul>	or trustees that ensation from the	received in the senseit.	as a former dire	otor or trustee of	the			
See instructions for the order in which to list the pers  Check this box if neither the organization nor an	ons above.		A v					
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C)  Position (do not check more tr in one box, unless person is oth an officer and a director/true or director individual fusites of director or director institution of dire	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			

				(	(C)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	cer an	heck ss pe d a c	more than a cerson is off director/tro. It intercent that it is a state of the compensated in the cerson is off director/tro. It is a state of the cerson is off director/tro. It is a state of the cerson is off director/tro.	Pormer	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Deborah Shinner	40.00	330	is.						
Executive Director	0.00			Χ			87,635		
(2) Shauna Jopes Program Director	0.00								
(3) James Betz	0.00	∉X	$\perp$	Х			52,011		
President	2,00								
(4) John Kearns, CPA Retired	0.00	Х	$\vdash$	Х					
Treasurer	2.00								
(5) Kimberly Brickell	0.00	X	$\vdash$	Х					
Secretary	2.00	Х		V		-			
(6) Dr. Steve Colburn	2.00		$\vdash$	X	-	-			
Director	0.00	Х							
(7) Pamela Farrow	2.00		$\vdash$	$\dashv$	+-+	$\dashv$			
Director	0.00	Х							
(8) Christopher Kim	2.00			_		+			
Director	0.00	Х				- 1		-	
(9) Kimberly Carlson	2.00			$\dashv$		$\dashv$			
Director	0.00	Χ							
(10)						$\dashv$			
(11)				$\top$		$\top$			
(42)									
(12)						T			
(13)			_	$\downarrow$		_			
A:Y/									
(14)			$\dashv$	4		_			
Alik									
		- 1	- 1	- 1		- 1		1	

	Part VII Section A. Officers, Directors, True	ustees, Key Em	ploye	ees,			ghes	t C	ompensated En	ployees (contin	ued)
						C) sition				i	
	(A) Name and title	(B)			heck	тоге	e than		(D)	(E)	(F)
	Name and title	Average hours	office	unle: er an	ss pe d a d	erson Iirect	is both or/trust	ee)	Reportable compensation	Reportable compensation	Estimated amount of other
		per week (list any		1		$\overline{}$	$\overline{}$		from the	from related	compensation
		hours for	a livid		Officer	y er	Highest co employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
		refated organizations	Individual trustee or director	Institutional trustee		Key employee	8 8			(** = *********************************	related organizations
		below	nust	1		y96	mpe				
		dotted line)	8	stee			Highest compensated employee				
/4 F)							8			8	
(15)											
(16)			_								
											ļ
(17)											
(18)				$\vdash$	$\dashv$			- day			
(19)											
(20)						0					
(21)				40	4	er Ma	1	4			
-\		·	ļ								
(22)			•					$\dashv$			
						•					
(23)				2							
(24)			100	<b>N</b> .	-	$\dashv$		$\dashv$			
74.17		- Page -		de.	- 1						
(25)		4 6		$\neg$	+	_	$\rightarrow$	$\dashv$			
		4	8					-			
1b	Subtotal								139,646	0	0
C	Total from continuation sheets to Part VII, Se							▶│	0	0	0
d 2	Total (add lines 1b and 1c).								139,646	0	0
_	Total number of individuals (including but no lim reportable compensation from the organization	liter to those list	ed at	oove	e) WI	ho r	eceiv	ed i	more than \$100,	000 of	
											Yes No
3	Did the organization list any former officer direct	ctor, trustee, key	empl	loye	e, o	r hi	ahest	COI	mpensated	Г	Tes No
	employee on line 1a? If "Yes," complete Schedu	le J for such ind	ividu:	aľ.						3 2 5	3 X
4	For any individual listed on line 1a, is the sum of	f reportable com	pensa	atior	n an	id of	ther c	om	pensation from		
	the organization and related organizations great	er than \$150,000	)? <i>If</i>	"Yes	s, " c	omp	olete	Sch	edule J for such		
	individual										4 X
5	Did any person listed on line receive or accru	e compensation	from	any	/ un	rela	ited o	rga	nization or indivi	dual	
Sac	for services rendered to the organization? If "Ye. tion B. Independent Contractors	s," complete Sch	edul	e J f	or s	uch	pers	on .	<u> </u>		5 X
1	Complete this table for your five highest comper	ested independ	ont or	- ntr	t	ro di	<u></u>			400,000 %	
	compensation from the organization. Report con	npensation for th	e cal	end	acio ar v	ear	endir	icer na v	ved more than \$ vith or within the	100,000 of organization's ta	v vear
	(A)				<u>J</u>				(B)	organization s te	(C)
	Name and business addre	ess					$\dashv$		Description of servi	ces Co	mpensation
							_	_			0
							$\dashv$				0
						_	$\dashv$	_			0
							$\dashv$				0
2	Total number of independent contractors (includi	ng but not limited	d to ti	hose	e lis	ted	abov	e) w	ho received		
	more than \$100,000 of compensation from the o	rganization <b>•</b>						Ó			

12

Total revenue. See instructions.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. . . . . . (A) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants 1a and Other Similar Amounts 0 1b 0 1c 0 1d 0 e Government grants (contributions). 1e 130,826 f All other contributions, gifts, grants, and similar amounts not included above. 1f 523,170 g Noncash contributions included in 1g 86,419 Total. Add lines 1a-1f 653,996 Business Code Program Service 2a Program Fees 900099 156,045 56.045 Horse Boarding Revenue 900099 33.065 33,065 d All other program service revenue . . . Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and 7,372 Income from investment of tax-exempt bond proceeds 0 5 Royalties . . . . . . . 0 (i) Real 6a b Less: rental expenses . 6b c Rental income or (loss) 6c 0 0 d Net rental income or (loss) 0 7a Gross amount from (i) Securities sales of assets other than inventory . . 7a 0 Other Revenue b Less: cost or other basis and sales expenses. . 7b 0 c Gain or (loss) . . . . 0 d Net gain or (loss) . . . 0 Gross income from fundraising events (not including \$ of contributions reported on line 1c See Part IV, line 18. 8a 196,171 Less: direct expenses 42,466 c Net income or (loss) from fundraising events 153,705 153,705 9a Gross income from gaining activities. See Part IValine 19. 0 b Less: direct expenses 0 c Net income or (loss) from gaming activities . 0 10a Gross sales of inventory, less returns and allowances . . . . . . . . . 10a 0 Less: cost of goods sold . . . . . . . . 0 Net income or (loss) from sales of inventory 0 Miscellaneous **Business Code** Miscellaneous Revenue 900099 640 640 0 0 0 Total. Add lines 11a-11d . . 640

1.004.823

189,110

161,717

#### Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	
Section 5(17(c)(3) and 5()1(c)(4) organizations must sometake all astronomic	- All (I
- 9990901 99 110091 and 90 NGR41 ORGANIZANORS INDSLEGRIDIERE AR COMMIS	E All Other organizations must complete column (A)
1717 - 19 19 and a complete an condition	o an outer organizations must comblete commin (A)

	Check if Schedule O contains a response or note	to any line in this Pa	nt IX		X
Do 8b	not include amounts reported on lines 6b, 7b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				САРОПОСО
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic			No. and Company	
	individuals. See Part IV, line 22	42,465	42,465		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0		Last de	
4	Benefits paid to or for members	0			40 a
5	Compensation of current officers, directors,				. P. S. P
	trustees, and key employees	139,645	125,68	13,965	
6	Compensation not included above to disqualified		1000	10,000	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes				
11	Fees for services (nonemployees):	A 46	4		
а	Management	414, 46	260,391	17,301	120.054
b	Legal		200,331	17,301	136,854
С	Accounting	9,415		0.445	
d	Lobbying	0		9,415	
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	2,403		2,403	
g	Other. (If line 11g amount exceeds 10% of line 25, column	2,400		2,403	
	(A) amount list line 11g expenses on Schedule ()	6,538	6,538		
12	Advertising and promotion	3,437	2,437	0	4.000
13	Office expenses	30,222		5.700	1,000
14	Information technology	30,222	22,559	5,793	1,870
15	Royalties	0			
16	Occupancy	21,311	20.200	500	
17	Travel	8,062	20,398	506	407
18	Payments of travel or entertainment expenses	0,002	8,062		
	for any federal, state, or local public pricials	o			
19	Conferences, conventions, and meetings	696	604	7.5	
20	Interest	7,454	621	75	1.000
21	Payments to affiliates .	7,434	4,358	1,217	1,879
22	Depreciation, depletion, and amortization .	30,878	20.070		
23	Insurance	8,050	30,878	0	0
24	Other expenses. Itemize expenses not covered	0,000	7,960	90	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 12% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Horse Feed and Care	64 924	04.004		
b	Maintenance	61,831	61,831		
c	Program	19,387	19,387		
d	Dues and Memberships	106,662	106,662		
e	All other expenses Miscellaneous	2,043	1,993	50	
25	Total functional expenses. Add lines 1 through 24e	3,081	3,081		<del></del>
26	Joint costs. Complete this line only if the	918,126	725,301	50,815	142,010
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here   if   following SOP 98-2 (ASC 958-720)				
	Tollowing SOF 30-2 (ASC 300-720)				

Part X Balance Sheet

		Check if Schedule O contains a response of	or note to any line in this Part >	<b>(</b>		
	T			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		454,929	1	475,68
	2	Savings and temporary cash investments				170,00
	3	Pledges and grants receivable, net				
	4	Accounts receivable, net		4,372		9,72
	5	Loans and other receivables from any current	or former officer director	7,012		9,72
	1	trustee, key employee, creator or founder, sub-	stantial contributor or 35%			
	ł	controlled entity or family member of any of the	ese persons			
	6	Loans and other receivables from other disquali		5		
		under section 4958(f)(1)), and persons describe				
इ	7	Notes and loans receivable, net	6			
Assets	8	Inventories for sale or use			-	
Ä	9	Prenaid expenses and deferred charges		0	8	
	10a	Prepaid expenses and deferred charges		0	9	
	Iva	- and get and equipment. cost of				
	_	other basis. Complete Part VI of Schedule D	<b>10a</b> 817,929	Section and the second		
	b	are a second depression	<b>10b</b> 344,689	435,391	10c	473,240
	11	Investments—publicly traded securities		0	11	
	12	Investments—other securities. See Part IV, line	:11	240,091	12	267,306
	13	Investments—program-related. See Part IV, line	9 11	0	13	(
	14	Intangible assets	0	14		
	15	Other assets. See Part IV, line 11		0	15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)	1,134,783	16	1,225,954
	17	Accounts payable and accrued expenses .		32,324	17	21,038
	18	Grants payable		02,024	18	21,030
	19	Deferred revenue		5,592	19	
	20	Tax-exempt bond liabilities	0,392		0	
	21	Escrow or custodial account liability. Complete I		20		
S	22	Loans and other payables to any current or form	Der Oricer director	0	21	
Liabilities		trustee, key employee, creator or founder, subs	antis contributor or 25%		1122	
abi		controlled entity or family member of any of the	realization, of 35%			A ALEXANDER TO THE
۱	23	Secured mortgages and notes payable to unrela	se persons	0	22	
	24	Unsecured notes and loans payable to unrela		0	23	0
	25	Other liabilities (including foderal income	d third parties	0	24	0
		Other liabilities (including federal income tax parties, and other liabilities not include an liabilities and including federal income tax parties and other liabilities and including federal income tax parties and other liabilities and including federal income tax parties and other liabilities and including federal income tax parties and other liabilities and including federal income tax parties and other liabilities and including federal income tax parties and other liabilities and including federal income tax parties and other liabilities and including federal i	lyables to related third			
		parties, and other liabilities not included on lines	3 17-24). Complete			
	26	Part X of Schedule D.		0	25	0
40	20	Total liabilities. Add lines 17 thingh 2	<del></del>	37,916	26	21,038
ĕ		Organizations that follow FASB ASC 958, che	eck here ► X			
ğ		and complete lines 27, 28, 32, and 33.				
gal	27	Net assets without donor restrictions		1,076,492	27	1,190,116
0	28	Net assets with donor restrictions		20,375	28	14,800
5		Organizations that do not follow FASB ASC 9	58, check here ▶	20,070		14,000
		and complete lines, 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds.	. a era era	0	29	
šet	30	Paid-in or capital surplus, or land, building, or eq	uipment fund	0		
150	31	Retained earnings, endowment, accumulated inc	come or other funds		30	
1	32	Total net assets or fund balances	- I content laries	1,000,007	31	
ž	33	Total liabilities and net assets/fund balances		1,096,867	32	1,204,916
		and the description balances		1,134,783	33	1,225,954

Form	1 990 (2020) Riding Emphasizing Individual Needs & Strengths	33-003	15455	Page 12
Par	rt XI Reconciliation of Net Assets		0400	Page 12
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	.004,823
2	Total expenses (must equal Part IX, column (A), line 25)	2		918,126
3	Revenue less expenses. Subtract line 2 from line 1	3		86,697
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	096,867
5	Net unrealized gains (losses) on investments .	5		21,352
6	Donated services and use of facilities	6		
7 8	Investment expenses	7		
9	Prior period adjustments	88		
10	Other changes in net assets or fund balances (explain on Schedule O)	9		
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32 column (B))			
Part	XII Financial Statements and Reporting	10	1,2	204,916
	Check if Schedule O contains a response or note to any line in this Part XII.			
	the distance of the deathy line in this rate Xi			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	1	Y	es No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independence accountant?.	i	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year we a compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent a soun ant?		2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Loth consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X	
	If the organization changed either its oversight process of selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	[7		
<b>L</b>	the Single Audit Act and OMB Circular A-133?	2 2	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
		ı	Form 99	0 (2020)

### Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

## (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information

2020

Attachment

Nar	ne(s) shown on return	Bus	siness or activity to which this	form relates		Identifying nu		uence No. 1/9
Rid	ing Emphasizing Individual Nee	ds & Strength 99(	)			33-0035455	ımber	
Pai	rt Election To Expen	ise Certain Pro	perty Under Section	179		133-0035455		
	Note: If you have any lis	sted property, comm	olete Part V before you compl	lete Part I				
1	maximum amount (see instruction	ons)					14	Т
2	Total cost of section 179 proper Threshold cost of section 179 po							<del> </del>
								<del> </del>
	The state of the s		II Zern or less enter n			\$ (b) (b) :	3	<del> </del>
							4	
	separately, see instructions .			-o II IIIame	u iiiiig			
_6_	(a) Description	of property	(b) (	Cost (business us		<del></del>	_   5	
			(2)	Jost (Dusiness us	e only)	(c) Elected	cost	
						-		4573
7	Listed property. Enter the amour	nt from line 29						
	rotal elected cost of section 1/9	Infonerty Add an	nounte in column (a) line-	0 1 7				
							9	
							10	
				an line 17.	· · · · · · · · · · · · · · · · · · ·	<del></del>	12	
							0	
Part	Special Depreciation allowance for	on Allowance	and Other Depresiation	m (Dank in	l. I C ( I			
14 5	Special depreciation allowance for	or qualified prope	rty (other than listed areas	חו לוסטיג וחכ	lude listed pro	<u>operty. See ir</u>	struct	ions.)
d	luring the tax year. See instruction	on quannou propo	rty (other than listed prope	πy) placed in	service			
							14	
<b>16</b> C	Other depreciation (including AC)	RS)			$\cdot  \cdot  \cdot  \cdot  \cdot  \cdot  \cdot  \cdot  \cdot  \cdot $		15	
Part	Other depreciation (including ACI	on (Don't include	de listed property. See i		<del></del>	<u> </u>	16	
			Seeding 4	noti dotions.	<i></i>			
17 N	IACDC de de de d		Section A					
17 17	IAURO deductions for assets bla	aced in service in	tay yours haginning before	0000				
18 lf	ACRS deductions for assets playou are electing to group any a	aced in service in ssets placed in se	tax years beginning before	e 2020			17	30,068
							17	30,068
	sset accounts, check here	· · · · · · · ·	ervice during the tax year ii	nto one or mo	ore general	▶ □	3	30,068
	sset accounts, check here	ets Placed in Ser	vice During 2020 Tax Yea	nto one or mo	ore general	▶ □	3	30,068
	sset accounts, check here Section B - Asse	ets Placed in Ser	vice During 2020 Tax Yea  (c) Basis for depreciation	nto one or mo	ore general	▶ □	3	30,068
	sset accounts, check here	ets Placed in Ser (b) Month and year placed	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use	nto one or mo	ore general	▶ □		
a	sset accounts, check here	ets Placed in Ser	vice During 2020 Tax Yea  (c) Basis for depreciation	ar Using the	ore general  General Depre	ciation System		30,068
19 a	Section B - Asset  (a) Classification of property  3-year property	ets Placed in Ser (b) Month and year placed	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use	ar Using the	ore general  General Depre	ciation System		
19 a	Section B - Asset  (a) Classification of property  3-year property  5-year property	ets Placed in Ser (b) Month and year placed	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use	ar Using the	ore general  General Depre	ciation System		
19 a	Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property	ets Placed in Ser (b) Month and year placed	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use	ar Using the	ore general  General Depre	ciation System		
19 a b c d	Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	ets Placed in Ser (b) Month and year placed	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)	ar Using the	ore general  General Depre	ciation System		
19 a b c d	Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	ets Placed in Ser (b) Month and year placed	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use	ar Using the	ore general  General Depre	ciation System		preciation deduction
19 a b c d e f	Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	ets Placed in Ser (b) Month and year placed	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	General Depre	ciation System (f) Method		
19 a b c c d e f g	Section B - Asset  (a) Classification of property  3-year property 5-year property 7-year property 10-year property 20-year property 20-year property 25-year property	ets Placed in Ser (b) Month and year placed	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)	Ito one or mo	General Depre	ciation System  (f) Method		preciation deduction
19 a b c c d e f g	Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental	ets Placed in Ser (b) Month and year placed	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	General Depre	ciation System  (f) Method  SL		preciation deduction
19 a b c d e f g h	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental  property	ets Placed in Ser (b) Month and year placed in service	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	General Depre	ciation System  (f) Method  SL  S/L  S/L		preciation deduction
19 a b c d e f g h	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real	ets Placed in Ser (b) Month and year placed	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)	d) Recovery period  15 25 yrs. 27.5 yrs.	General Depre	Ciation System  (f) Method  SL  S/L  S/L  S/L  S/L		preciation deduction
19 a b c d e f g h	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property	ets Placed in Ser (b) Month and year placed in service	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)  1,593	d) Recovery period  15  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	General Depred  (e) Convention  FM  MM  MM  MM	ciation System  (f) Method  SL  S/L  S/L  S/L  S/L	(g) Dep	preciation deduction
19 a b c d e f g h	Section B - Asset  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	ets Placed in Ser (b) Month and year placed in service	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)  1,593	d) Recovery period  15  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	General Depred  (e) Convention  FM  MM  MM  MM	ciation System  (f) Method  SL  S/L  S/L  S/L  S/L	(g) Dep	preciation deduction
19 a b c d e f g h	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life	ets Placed in Ser (b) Month and year placed in service	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)  1,593	d) Recovery period  15  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	General Depred  (e) Convention  FM  MM  MM  MM	SL  S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Dep	preciation deduction
19 a b c d e f g h i	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Nonresidential rental property  Section C - Assets  Class life  12-year	ets Placed in Ser (b) Month and year placed in service	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)  1,593	d) Recovery period  15  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	General Depred  (e) Convention  FM  MM  MM  MM	SL  S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Dep	preciation deduction
19 a b c d e f g h i 20 a b c	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Nonresidential rental property  Section C - Assets  Class life  12-year  30-year	ets Placed in Ser (b) Month and year placed in service	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)  1,593	d) Recovery period  15  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Using the Alt	General Depred  (e) Convention  FM  MM  MM  MM  MM  MM  MM  MM  MM  M	SL  S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Dep	preciation deduction
19 a b c d e f g h i 20 a b c d	Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  30-year  40-year	ets Placed in Ser  (b) Month and year placed in service  6/30/2020	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)  1,593	to one or modern Using the (d) Recovery period  15  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Using the Alt  12 yrs. 30 yrs.	General Depred  (e) Convention  FM  MM  MM  MM  MM  MM  MM  MM  MM  M	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Dep	preciation deduction
19 a b c d e f g h c c d Part I	Section B - Asset  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year V Summary (See instru	ets Placed in Ser  (b) Month and year placed in service  6/30/2020  Placed in Service	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)  1,593	d) Recovery period  15  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Using the Alt	General Depred  (e) Convention  FM  MM  MM  MM  MM  MM  MM  MM  MM  M	SL  S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Dep	preciation deduction
19 a b c d e f g h 20 a b c d Part I 21 Lis	Section B - Asset  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year V Summary (See instructed property. Enter amount from	ets Placed in Ser  (b) Month and year placed in service  6/30/2020  Placed in Service	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)  1,593  59,034  ce During 2020 Tax Year	d) Recovery period  15  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Using the Alt 12 yrs. 30 yrs.	General Depres  (e) Convention  FM  MM  MM  MM  MM  MM  MM  MM  MM  M	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Dep	preciation deduction
19 a b c d e f g h 20 a b c d Part I 21 Lis 22 To	Section B - Asset  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property  Section C - Assets Class life 12-year 30-year 40-year  V Summary (See instructed property. Enter amount fron tal. Add amounts from line 12. Ji	ets Placed in Ser  (b) Month and year placed in service  6/30/2020  6/30/2020  Flaced in Service  actions.) In line 28 Ines 14 through 1	vice During 2020 Tax Yea  (c) Basis for depreciation (business/investment use only—see instructions)  1,593  59,034  ce During 2020 Tax Year	d) Recovery period  15  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Using the Alt 12 yrs. 30 yrs.	General Depres  (e) Convention  FM  MM  MM  MM  MM  MM  MM  MM  MM  M	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Dep	preciation deduction
19 a b c d e f g h i 20 a b c d Part I 21 Lis 22 To hei	Section B - Asset  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property  Section C - Assets Class life 12-year 30-year  V Summary (See instructed property. Enter amount from tal. Add amounts from line 12, life and on the appropriate lines of	ets Placed in Ser  (b) Month and year placed in service  6/30/2020  6/30/2020  6 Placed in Service  actions.) In line 28 Ines 14 through 1	(c) Basis for depreciation (business/investment use only—see instructions)  1,593  59,034  ce During 2020 Tax Year	ar Using the (d) Recovery period  15  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Using the Alt  12 yrs. 30 yrs. 40 yrs.	General Depres  (e) Convention  FM  MM  MM  MM  MM  MM  MM  MM  MM  M	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Dej	53
19 a b c d e f g h i 20 a b c d Part I 21 Lis 22 To hei 23 Foi	Section B - Asset  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year V Summary (See instructed property. Enter amount from	6/30/2020  6/30/2020  6 Placed in Service  6/30/2020  6 Placed in Service  6/30/2020  6 Placed in Service  6/30/2020	(c) Basis for depreciation (business/investment use only—see instructions)  1,593  59,034  ce During 2020 Tax Year  7, lines 19 and 20 in column therships and S corporation the current year enter the current year.	ar Using the (d) Recovery period  15  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  Using the Alt  12 yrs. 30 yrs. 40 yrs.	General Depres  (e) Convention  FM  MM  MM  MM  MM  MM  MM  MM  MM  M	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Dep	preciation deduction

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

		mphasizing Individual Needs 8					33-0	035455	
Pa		Reason for Public Cha	rity Status. (All c	organizations must o	complete	this part.	) See instructions	3.	
	orga	anization is not a private founda	ation because it is: (	For lines 1 through 12,	check or	lly one box	.)		
1	<u> </u>	A church, convention of church					(A)(i).		
2	느	A school described in section							
3		A hospital or a cooperative ho	spital service organi	ization described in <b>se</b>	ction 170	(b)(1)(A)(ii	i).		
4		A medical research organization hospital's name, city, and state	on operated in conju e:	unction with a hospital	described	in section	170(b)(1)(A)(iii). E	nter the	
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local govern	nment or governme	ntal unit described in s	ection 17	'0(b)(1)(A)(	(v).		
7		An organization that normally described in section 170(b)(1)	receives a substanti <b>)(A)(vi).</b> (Complete l	ial part of its support fr Part II.)	om a gove	ernmental (	unit or from the gen	eral public	
8		A community trust described in	section 170(b)(1)(	(A)(vi). (Complete Part	: 11.)				
9		An agricultural research organ				ed in conjur	action with a land-di	ant college	
	_	university:	nt college of agricul	ture (see instructions).	Enter the	name, city	, and state of the co	ollege or	
10	[X]	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt function income and unrelated the control of the con	ons—subject to certair ted business taxable ir	n exception	ns, and (2) ss section !	no more than 33 1/511 tax) from busine	3% of its	
11						,			
12	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3)								
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b		Type II. A supporting organic control or management of the organization(s). You must o	zation supervised on ne supporting organ	r controlled in connect ization vested in the sa	ion with its ame perso	s supported ons that col	d organization(s), by ntrol or manage the	/ having supported	
C		Type III functionally integr	ated. A supporting of	organization operated	in connec	tion with, a	nd functionally inted	rated with	
	г	its supported organization(s	i) (see instructions).	You must complete F	Part IV, Se	ections A.	D. and E.		
d	L	Type III non-functionally in that is not functionally integred requirement (see instruction	rated. The organizat	tion generally must sat	isfy a dist	ribution rec	uirement and an at	anization(s) tentiveness	
е	Γ	Check this box if the organiz	zation received a wr	itten determination from	m the IRS	that it is a	<b>v.</b> Tyne I Tyne II Tyn	o III	
	_	functionally integrated, or Ty	/pe III non-functiona	ılly integrated supportir	ng organiz	ation.	Type I, Type II, Typ	e III	
f	- 1	Enter the number of supported	organizations		. , . ,			9 8 79	0
g	43.1	Provide the following informatio							_
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	ŀ
					- Vac			,	
A)					Yes	No			
B)									
C)									
D)	_								
=\									
E)									
otal	_				The same				_

	Califul Support Schedule for Ord	mphasizing Individ	cribed in Sec	tions 170/h)/1	)(A)(iv) and 17	33-00354 <b>70(b)(1)(A)(vi</b> )	
	(Combiere only if you clied	kea the box on II	ne 5.7 or 8 of	Part I or if the	organization fo	عنامانه	nder
S	Part III. If the organization tection A. Public Support	ans to quanty un	ider the tests in	sted below, plea	ase complete	Part III.)	
	alendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(4) 2010	T (a) 2000 T	
1		(1)	(2) 2017	(6) 2016	(d) 2019	(e) 2020	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						•
2	tax to to fide a fet file					<del>   </del>	0
	organization's benefit and either paid						
_	to or expended on its behalf						0
3	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by				TEXA HET THE	THE RESERVE OF THE PERSON NAMED IN	
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount			Market State			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						0
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(4) 2010	( ) 0000 I	
7	Amounts from line 4	0	(B) 2017 0		(d) 2019	(e) 2020	(f) Total
8	Gross income from interest, dividends,	0		0	0	0	0
	payments received on securities loans,		1				
	rents, royalties, and income from		1				
	similar sources				1		
9	Net income from unrelated business						0
	activities, whether or not the business is						
40	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI.)						0
12	Total support. Add lines 7 through 10						0
13	Gross receipts from related activities, etc. (se	e instructions)				12	
	First 5 years. If the Form 990 is for the organization, check this box and stop here	nization's first, secor	id, third, fourth, or	fifth tax year as a s	section 501(c)(3)		
Sec	organization, check this box and stop here . ction C. Computation of Public Sup	nort Porcentes		· · · · · · · ·	· · · · · · · · ·	· · · · · · · · ·	
14	Public support percentage for 2020 (line 6, co	lumn (f) divided by	line 44 maluman (0)				
15	Public support percentage from 2019 Schedu	le A Part II line 14	inie 11, column (1)			14	0.00%
16a	33 1/3% support test—2020. If the organization qualifies and	tion did not check th	e hay an line 12 e			15	0.00%
	and stop here. The organization qualifies as	a publicly supported	organization	ind line 14 is 33 1/3	3% or more, check	this box	
b	33 1/3% support test—2019. If the organiza	tion did not check a	hox on line 13 or 1	62 and line 15 is 3	22 4/20/	1 - 1 - 1 - 1	
	box and stop here. The organization qualifies	s as a publicly suppo	rted organization .	oa, and line 15 is 3	os 1/5% or more, (	check this	. 🗂
ra	10%-Tacts-and-circumstances test—2020.	If the organization d	id not check a hav	on line 40 40	401 111		1 (8) (8) (6)
	10% or more, and if the organization meets the Part VI how the organization meets the facts-a organization.	ie racts-and-circums and-circumstances te	tancor toot about	this box and <b>stop</b> l on qualifies as a pu	here. Explain in ublicly supported		
b	10%-facts-and-circumstances test—2019. 15 is 10% or more, and if the organization me	If the organization d	cumetanese test -	on line 13, 16a, 16	4 4	Э	© x x · ▶
	s.c vi now the organization meets the fact	s-and-circumstances	s test. The organiza	ation qualifies as a	publicly supported	d	
	organization					· * **: • * * • * *	
8	Private foundation. If the organization did no	t check a box on line	∋ 13, 16a, 16b, 17a	a, or 17b, check this	s box and see		- 🗀
_	instructions	<u> </u>		<u></u>	<u></u>	* 00 * * * * * * * *	

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support				process and may		
Cal	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees			(1)	(4) 23 13	(0) 2020	(I) Iolai
	received. (Do not include any "unusual grants.")	367,732	543,070	422,339	526,479	850,167	2,709,78
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the				020, 110	000,107	2,709,70
	organization's tax-exempt purpose	474,452	541,582		223,099	189,110	1 400 044
3	Gross receipts from activities that are not an				220,000	109,110	1,428,243
	unrelated trade or business under section 513						,
4	Tax revenues levied for the					<del></del>	
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						(
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	842,184	1,084,652	422.220	740.570	4 222 2	
	Amounts included on lines 1, 2, and 3	042,104	1,004,652	422,339	749,578	1,039,277	4,138,030
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						C
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		ł	1			_
С	Add lines 7a and 7b	0	0	0			0
	Public support (Subtract line 7c from	30			0	0	0
	line 6.)						
Sec	tion B. Total Support						4,138,030
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) T-1-1
	Amounts from line 6	842,184	1,084,652	422,339	749,578		(f) Total
	Gross income from interest, dividends,		1,001,002	422,000	148,370	1,039,277	4,138,030
	payments received on securities loans, rents,		1				
	royalties, and income from similar sources	1,876	2,584	5,883	10,626	7,372	00.044
b	Unrelated business taxable income (less		2,001	0,000	10,020		28,341
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1,876	2,584	5,883	10,626	7,372	0
	Net income from unrelated business	,			10,020	7,312	28,341
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
	Other income. Do not include gain or						0
	loss from the sale of capital assets				1		
	(Explain in Part VI.)					640	640
13	Total support. (Add lines 9, 10c, 11,					040	040
	and 12.)	844,060	1,087,236	428,222	760,204	1,047,289	4 167 011
4	First 5 years. If the Form 990 is for the organ	ization's first, secor	nd, third, fourth, or	fifth tax year as a s	ection 501(c)(3)		4,167,011
	organization, check this box and stop here .						
Sec:	tion C. Computation of Public Sup	port Percentac	ie				
5	Public support percentage for 2020 (line 8, col	lumn (f), divided by	line 13. column (f)	)		15	00.20%
6	Public support percentage from 2019 Schedul	e A. Part III. line 15		,		16	99.30%
Sect	tion D. Computation of Investment	Income Perce	ntage	· · · · · · · · · ·			99.39%
7	Investment income percentage for 2020 (line 1	10c. column (f), divi	ded by line 13, colu	umn (fl)		17	0.000/
8	Investment income percentage from 2019 Sch	edule A, Part III. lin	e 17	······ (1// · · · · ·		18	0.68%
ya .	33 1/3% support tests—2020. If the organiza	ation did not check t	the box on line 14.	and line 15 is more	e than 33 1/3% as	nd line 17 is	0.61%
	not more than 33 1/3%, check this box and <b>st</b> o	op here. The organ	ization qualifies as	a publicly supporte	ed organization		<b>►</b> X
D.	33 1/3% support tests—2019. If the organiza	ation did not check a	a box on line 14 or	line 19a, and line 1	16 is more than 33	3 1/3% and	_
ı	ine 18 is not more than 33 1/3%, check this bo	ox and stop here. T	The organization qu	ualifies as a publich	y supported organ	nization	
0	Private foundation. If the organization did no	t check a box on lin	e 14 19a or 19h	check this hovered	loop instructions		· · · ·

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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2		
3a		13
3b	11	
3c		
4a		-187
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New No.   New No.	Par	t IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11b below, the governing body of a supported organization?  b A family member of a person described in line 11a above?  A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11b  Total the governing body, member of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c  Total the governing body, member of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or rotundes at all times during that say ear? If "No" "describe" in Part V how the supported organization's officers, directors, or rotundes and surported, organization describe how the powers to appoint and/or mone officors, directors, or trustees and many and the confidence or restrictions, if any, agained to such provise during the say year.  Did the organization operate for the benefit of any supported organization other than the supported organization of granization of the organization of the organization of the organization of the supporting organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization, supported organization or trustees of each of the organization's apporting organization or trustees of the organization organi	44			Yes	No
The Lectow, the governing body of a supported organization?  A ASSW, controlled entity of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, efficars adding in their official capacity, or membership of one or more supported organizations have the power to regulative appoint or elect at least an agonity of the organization's efficace, directors, or trustees at all times during the tax year? If "Yo." discerbie in Part V how the supported organizations and what conditions or entanctions. If any applied to suph organization organization or granization organization, describe how the powers to appoint another remove officers, directors or trustees were allocated among the supported organization organization or entanctions. If any applied to suph owners during the tax year.  2 Did the organization operate for the benefit of any supported organization or trustees were allocated among the supported organization or entanctions. If any applied to suph owners during the tax year.  2 Did the organization operate for the benefit of any supported organization or trustees during the tax year also a majority of the directors.  3 Section C. Type II Supporting Organizations  1 Were a majority of the organizations' directors or trustees during the tax year also a majority of the directors or trustees of each of the organization organization of the appropried organization or management of the supporting organization was vested in the same persons that controlled or managed the susporting organization was vested in the same persons that controlled or managed the susporting organization was vested in the same persons that controlled or managed the susported organization organization is vested. If a within a proper describing the type and amount of support provided during the prior tax organization is operated organization organizations. In the supported organization is officed.  3 Pers		Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in line 11a above?  A 35% controlled entity of a person described in line 11a above? if "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B: Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at a line due during the xyse? if "No" describe in Part VI how the supported organizations officers, effectively operated, supervised, or controlled the organization describe how the power's to appoint and/or providing appoint or organization of the supported organization operate for the benefit of any supported organization of the trust were allocated among the supported organization operated organization operated organization operated or controlled the purposes of the supported organization of the trust were a supported organization operated organization operated organizations or trustees of each of the organizations are supported organizations or trustees of each of the organizations supported organizations or trustees of each of the organizations supported organizations of the supporting organization or wasted in the same persons that controlled or managed the susported organizations (so the form supported organizations).  Section D. All Type III Supporting Organizations  1 Were a majority of the Form 950 that was most recently filed as of the date of notification, and (ii) copies of the organizations operating documents in effect on the date of notification, and (ii) copies of the organizations operating documents in effect on the date of notification, of the extent not previously provided?  1 Were any of the organization of the relationship described in line 2, above, did notification, to the extent not previously provided organizations in the purpose of the organization is the purpose of the organization is t	а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 bit the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to egulatival spenior or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's describe how the powers to appoint and/or remove different organization and male remove different organization and the supported organization or the supported organization or supported organization or different than the supported organization or the supported organization organizations or trustees of each of the organization's supported organization organization organization organization organizations.  1 Did the organization organization's under the supported organization organization's provided to each of its supported organizations organization's provided organization's and organization's provided organization's provided organization's provided organization's provided organization's provided organization's p		11c below, the governing body of a supported organization?	11a		
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Section B. Type I Supporting Organizations   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes	С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		TP	
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Supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part W how providing such benefit carried out the purposes of the supporting organization(s) that operated, supervised, or controlled the supporting organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organizations was vested in the same persons that controlled or managed this supported organizations of the supported organizations of the supported organizations of the supported organizations are supported organizations of the relations of the supported organizations of the relationship described in line 2, above, did the organization's supported or		organization, describe how the nowers to appoint and/or remove efficient directors, at trustees were than one supported			157
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how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  3 Parent of Supported Organizations. Answer lines 3a and 3b below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
<ul> <li>b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> <li>3 Parent of Supported Organizations. Answer lines 3a and 3b below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>		those supported organizations and explain how these activities directly furthered their exempt purposes,			
<ul> <li>b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> <li>3 Parent of Supported Organizations. Answer lines 3a and 3b below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>		that these activities asset that a large to those supported organizations, and how the organization determined	304		
one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  3 Parent of Supported Organizations. Answer lines 3a and 3b below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	h		2a		
Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  3 Parent of Supported Organizations. Answer lines 3a and 3b below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	IJ	one or more of the acceptable and line 2a, above, constitute activities that, but for the organization's involvement,			
these activities but for the organization's involvement.  3 Parent of Supported Organizations. Answer lines 3a and 3b below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		Part VI the reasons for the erganization's supported organization(s) would have been engaged in? If "Yes," explain in			
Parent of Supported Organizations. Answer lines 3a and 3b below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		those activities but for the organization's position that its supported organization(s) would have engaged in			
<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i></li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	3	Parent of Supported Organizations Anguar lines 2s and 6th to the	2b		
trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		Did the organization have the power to requirely appoint as also the majority of the organization have the power to requirely appoint as also the majority of the organization of the organization have the power to requirely appoint as also the majority of the organization of the organization have the power to requirely appoint as also the majority of the organization of the organization have the power to require the organization of the organization of the organization of the organization of the organization have the power to require the organization of the orga	in the		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	u	trustees of each of the supported organizations? If "Voe" or "No." provide details in Barth 11		400	Ε.
of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	b	Did the organization exercise a substantial degree of direction over the policion programs, and activities of the stantial degree of direction over the policion programs.	3a		- 10
		of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ	izations	Page (
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust	on Nov. 20, 1970 (evoluin	in Part VII) Soo
instructions. All other Type III non-functionally integrated supporting org	ıanizatio	ns must complete Sections	s A through F
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
1 Net short-term capital gain	-		(optional)
2 Recoveries of prior-year distributions	1		<del></del>
3 Other gross income (see instructions)	2		
4 Add lines 1 through 3.	3		
5 Depreciation and depletion	4	0	C
6 Portion of operating expenses paid or incurred for production or collection of	_   5		
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)			
7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	7		
	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		0
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
emergency temporary reduction (see instructions).	6		^
7 Check here if the current year is the organization's first as a non-functional	Ilv integr	rated Type III supporting or	O O
instructions).	,togi	area Type in supporting of	gariization (See

	Type in Non-1 unctionally integrated 509(a)(	o) Supporting Organ	<b>izations</b> (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2		int purposes of supported	1	
	organizations, in excess of income from activity	Pr Parpoods of Supporter	4	
3				
4		or an angeline	4.0110	
5		provide details in Part V	1)	
6		piorido dotano in i die V	·/	
7				
8	Distributions to attentive supported organizations to which	the organization is respon	nsive	
	(provide details in Part VI). See instructions.		110140	
9	Distributable amount for 2020 from Section C, line 6			(
10	Line 8 amount divided by line 9 amount			0.000
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 0			
b	From 2016			
С	From 2017			
d	From 2018 0			
e	From 2019 0			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
	Applied to 2020 distributable amount			0
i	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from			THE PERSON
_	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2020 distributable amount			0
	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2020, if			The Strain Colors and
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			PER LEADING
a	Excess from 2016			
b	Excess from 2017 0			
С	Excess from 2018 0			
d	Excess from 2019 0			
е	Excess from 2020			

Schedule A (F	orm 990 or 990-EZ) 2020 Riding Emphasizing Individual Needs & Strengths	33-0035455	_ 0
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; PB, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and I lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	17a or 17b; Part art IV, Section	Page 8
			<b></b>
			·
	¥		

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Riding	Emphasizing Individual I	Veeds & Strengths	33-0035455		
Organ	ization type (check one)				
Filers	of:	Section:			
Form 9	990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	dation		
		527 political organization			
Form 9	90-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation	n		
		501(c)(3) taxable private foundation			
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
Genera	al Rule				
X	X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Specia	Rules				
	regulations under sectio 13, 16a, or 16b, and tha	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 9 t received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Com	990-EZ), Part II, line the greater of (1)		
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number Riding Emphasizing Individual Needs & Strengths 33-0035455 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Kandis Pinamonti 1 Person P.O. Box 1332 **Payroll** Fallbrook CA 92088 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Fallbrook Regional Health District 2 Person 138 South Brandon Road Payrol! \$ 107,933 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution God's Gift Charitable Foundation 3 Person P.O. Box 890515 **Payroll** Temecula CA 92589 20,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Legacy Endowment 4 Person 5256 Mission Road, Suite 1210 Pavroll \$ \_\_\_\_ 5,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Air Warrior Courage Foundation, Inc 5 Person 261 Fox Ridge Road Payroll Thousand Oaks CA 91361 20,800 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution Harry & Judith Collins Foundation 6 Person P. O. Box 165 **Payroll** Loomis CA 95650 \$ 20,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country:

noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number Riding Emphasizing Individual Needs & Strengths 33-0035455 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Linda Heald -----------Person P.O. Box 1707 Payroll Fallbrook CA 92088 5,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution LA 84 Foundation 8 Person 2141 West Adams Blvd. **Payroll** Los Angeles CA 90018 \$ 10,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Pacific Western Bank 9 Person 130 S. STATE COLLEGE BLVD **Payroll** 5,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 The Country Friends Person P.O. Box 142 **Pavroll** Rancho Santa Fe CA 92067 5,625 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Linda Searcy 11 Person 4407 N Cambridge Ave. **Payroll** Prescott Valley AZ 86314 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution H&H Lee Charitable Foundation 12 Person 29482 Integrity Ct. **Payroll** \$ 75,000 CA 92084 Noncash Foreign State or Province: (Complete Part II for

Foreign Country:

noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number Riding Emphasizing Individual Needs & Strengths 33-0035455 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Donegan-Burns Foundation 13 Person 35766 South Lemon Rock Court Payroll AZ 85739 30,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Witman Family Foundation 14 Person P.O. Box 1959 **Payroll** Escondido CA 92033 5,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Debbie Howard 15 Person 7117 Via Mariposa Norte **Payroll** Bonsall CA 92003 \$ 15,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution John Zublin 16 Person 39693 Calle Cabernet Payroll

	Foreign State or Province: Foreign Country:		Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Bradford World Renowned Portrature  2651 Irvine Ave Ste 152  Costa Mesa  CA  92627-6649  Foreign State or Province:  Foreign Country:	\$8,000	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Jere McFarland  1440 Broken Arrow Lane Fallbrook CA 92028 Foreign State or Province: Foreign Country:	\$26,560	Person X Payroll Noncash (Complete Part II for noncash contributions.)
		Schedule B	(Form 990, 990-EZ, or 990-PF) (2020

Name of or			Employer identification number
Part I	phasizing Individual Needs & Strengths		33-0035455
	Contributors (see instructions). Use duplicate con	pies of Part I if additional space i	s needed.
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Matthew Sutkowski 8387 Kern Cres San Diego CA 92127 Foreign State or Province: Foreign Country:	\$5,350	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	Foreign State or Province: Foreign Country:	\$	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(0)	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
,	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Riding Emphasizing Individual Needs & Strengths

Employer identification number 33-0035455

Part II	Noncash Property (see instructions). Use duplicat	e copies of Part II if additional sp	ace is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org			Employer identification number
Part III	phasizing Individual Needs & Strengths		22 0025455
	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year the following line entry. For organizations of contributions of \$1,000 or less for the year.  Use duplicate copies of Part III if additional	ear from any one contributor. Completing Part III, enter the total of Enter this information once. See	omplete columns (a) through (e) and
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Touris	(e) Transfer of gift	
	Transferee's name, address, and ZI	P + 4 Relat	onship of transferor to transferee
(a) No.	For. Prov. Country		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
İ		(e) Transfer of gift	
-	Transferee's name, address, and ZIF	onship of transferor to transferee	
	For. Prov. Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and ZIP	+4 Relation	nship of transferor to transferee
	For. Prov. Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Transfer of -15	
	Transferee's name, address, and ZIP	(e) Transfer of gift + 4 Relation	nship of transferor to transferee
	,		To transferee
	For. Prov. Country		

## SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Riding Emphasizing Individual Needs & Strengths Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

Sc	hedule D (Form 990) 2020 Riding Emphasizing I	ndividual Nasala 0 00				
	Triding Emphasizing in	ndividual Needs & Stree	ngths		33-0	0035455 Page
3	art III Organizations Maintaining Co	nections of Art, His	storical Tr	easures, or	Other Similar As:	sets (continued)
	Using the organization's acquisition, acce collection items (check all that apply):	ession, and other record	ds, check ar	ny of the follow	ring that make signific	ant use of its
i	Public exhibition	ا م				
1	Scholarly research	d		or exchange pr	_	
		e	Other			
4						
-	Provide a description of the organization's XIII.					urpose in Part
5	During the year, did the organization solic	it or receive donations	of art, histor	ical treasures,	or other similar	
Do	assets to be sold to raise jurius rather thai	n to be maintained as p	art of the o	rganization's o	ollection?	Yes No
ГС	Int IV Escrow and Custodial Arrange	ements.				
	Complete if the organization ans 990, Part X, line 21.	wered "Yes" on Forn	n 990, Par	t IV, line 9, o	r reported an amoi	unt on Form
1a	000, 1 art /1, inte 21.					
	is an organization an agent, trustee, cust	odian or other intermed	iary for conf	tributions or ot	her assets not	
b	included on Form 990, Part X?  If "Yes," explain the arrangement in Part X	III and complete the fel		- W	£	Yes No
	Too, explain the arrangement in Part X	ili and complete the fol	lowing table	<del>)</del> :		
С	Beginning balance					Amount
d	Additions during the year .		₹6 Ø	t : t.t. r :	1c	(
е	Distributions during the year			3 % 6 % 6 B	1d	
f	Ending balance		S . S . S .	6 6 8 · 3 ×	1e	
2a	Did the organization include an amount on	Form 900 Part V line	24 6	101 W	1f	
b	Did the organization include an amount on	II Ohnelder it I	21, for escr	ow or custodia	al account liability?	Yes X No
	If "Yes," explain the arrangement in Part XI  **T V Endowment Funds.		planation ha	as been provid	ed on Part XIII	
ı aı						
	Complete if the organization answ			IV, line 10.		
1a	Beginning of year balance		rior year	(c) Two years b	ack (d) Three years ba	ck (e) Four years back
b	Contributions	0				
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance	0	0			
2	Provide the estimated percentage of the cui	rrent vear end balance	(line 1g. col	umn (a)) hold	0	0 0
а	board designated or quasi-endowment	%	( 19, 001	amir (a)) riela	as.	
b	Permanent endowment	%				
C	Term endowment ► %					
	The percentages on lines 2a, 2b, and 2c she	ould equal 100%.				
3a	Are there endowment funds not in the posse	ession of the organization	on that are I	neld and admir	nistered for the	
	organization by.					Yes No
	(i) Unrelated organizations	8 d a m. a m.	e 10.00	300 106 400 00	44 Y	3a(i) 163 140
<b>L</b>	(ii) Related organizations	St 15				3a(ii)
b	" res on the sa(ii), are the related organiz	ations listed as required	d on Schedi	Ile R2		3b
4 Part	Describe in Fait Aili the intended uses of the	e organization's endowi	ment funds.			
all						
	Complete if the organization answer	ered "Yes" on Form 9	990, Part I	<u>V, line 11a.</u> S	See Form 990, Par	t X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or	other basis	(c) Accumulated	(d) Book value
1a	Land	(investment)	(oth	ner)	depreciation	
b	Buildings .	0		85,000		85,000
c	Leasehold improvements	0		345,335	152,257	193,078
d	Equipment	0		202,132	47,496	154,636
е	Other	0		130,436	96,043	34,393
Total.	Add lines 1a through 1e. (Column (d) must e	gual Form 990 Port V	column (D)	55,026	48,893	6,133
	Jan 19 Todiamin (a) mast 6	quair oim 330, Pail X,	colulinn (B).	une 10c.)	<b>▶</b>	473 240

Part VII Immediate College Control of C	ial Needs & Strengths		33-0035455 Page
Part VII Investments—Other Securities.  Complete if the organization answere	ed "Yes" on Form 990	Part IV line 11h See Form	
(a) Description of security of category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-yea	r market value
(1) Financial derivatives	0		
(2) Closely held equity interests	0		
(A) Rancho Santa Fe Foundation	98,978		
(B) Legacy Fund	146,428		
(C)	21,900	F	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .	▶ 267,306		
Part VIII Investments—Program Related.			
Complete if the organization answere	d "Yes" on Form 990. I	Part IV. line 11c. See Form 9	200 Part V line 12
(a) Description of investment	(b) Book value	(c) Method of v	
(4)	(-)	Cost or end-of-year	market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . I			
Part IX Other Assets.	0		
Complete if the organization answered	"Vec" on Form 000 D	and D. Command and D. Command	
(a) Desi	crintion	art IV, line 11d. See Form 9	
(1)			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		0
Part X Other Liabilities.			
Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 11e or 11f. See Fe	orm 990, Part X.
1			,,
(a) Descrip	tion of liability		(b) Book value
(2) Rounding			0
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) II	no 25 )		
· Liability for directially lax positions. In Part XIII provide the te	vt of the footpate to the arms	administration of the second	0
rganization's liability for uncertain tax positions under FASB AS	C 740. Check here if the tex	the features that	t reports the
	o . 70. Officer field if tile te	tt of the footnote has been provider	d in Part XIII..

1 2	OUTDICE IT HE OTOBILIZATION SNEWARA "VAS" AN FARE ANA PLA	s With Revenue per		
_	Complete if the organization answered "Yes" on Form 990, Part	1\/ line 10=		
	Total revenue, gains, and other support per audited financial statements.		. 1	1,026,175
a	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	and a game (1000c3) of investillents	<b>2a</b> 21,3	352	
C	The control and age of facilities .	2b	75	
d	Recoveries of prior year grants .	2c		
	Other (Describe in Part XIII.)	2d	12 13	
е 3	Add lines 2a through 2d Subtract line 2e from line 1		2e	21,352
4	The state of the s		3	1,004,823
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1,004,020
a b	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b	F 31	
5	Add lines 4a and 4b		4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		_	1,004,823
_rar	TATE RECONCINGUOI OF EXPENSES DEL AUDITED Financial Statement	O Midle Comment	r Return	1,004,025
1	on form on Dad	IV, line 12a.		
2	rotal expenses and losses per audited financial statements		1	918,126
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			910,120
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	52416	
C	Other losses	2c		
d	Other (Describe in Part XIII.)	24		
e	Add lines 2a through 2d		2e	0
3	Cabract line 2e norm line 1.		3	918,126
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			\$10,120
a	investment expenses not included on Form 990. Part VIII, line 7h	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b.		4c	0
	Total expenses. Add lines 3 and 40, (Tills must equal Form 900 Part 1 line 40)			0
			1 5 1	918 126
Amount of all	Aut Supplemental Information		5	918,126
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	Aut Supplemental Information	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
Provid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		
rovid	e the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 10, and 4. De	and D. C		

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Riding Emphasizing Individual Needs & Strengths 33-0035455 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations a Solicitation of non-government grants Internet and email solicitations b f Solicitation of government grants С Phone solicitations g Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (i) Name and address of individual (vi) Amount paid to (iv) Gross receipts (ii) Activity custody or control of (or retained by) or entity (fundraiser) (or retained by) from activity contributions? fundraiser listed in organization col. (i) Yes No 1 0 0 0 2 0 0 0 3 0 0 0 0 0 0 5 0 0 0 6 0 0 0 0 0 0 8 0 0 0 0 0 0 10 0 0 0 Total 0 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing

	art II	Fundraising Events.	Riding Emphasizing Indivi Complete if the organi fundraising event conti	zation answered "Yes	s" on Form 990, Part IV acome on Form 990-EZ	33-0035455 Page 2
		events with gross rece	ipts greater than \$5,00	00.		, mico i ana op. Elst
			(a) Event #1	(b) Event #2	(c) Other events	40.7
			Fundraiser		NONE	(d) Total events (add col. (a) through
<u>o</u>	}		(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	196,171		0	196,171
II.	2	Less: Contributions				
	3	Gross income (line 1 minus			0	°
		line 2)	196,171		0	   196,171
						190,171
	4	Cash prizes			0	0
	_	Managabas				
	5	Noncash prizes			0	0
Direct Expenses	6	Rent/facility costs			0	0
X	7	Food and beverages				
정		in the same postering of the same postering			0	0
Dire	8	Entertainment			0	0
	9	Other direct expenses .	42,466		0	42,466
	10	Direct expense summary. Add	l lines 4 through 9 in colur	nn (d)		
	11	Net income summary. Subtract	t line 10 from line 3 colu	nin (a)		(42,466)
Pa	rt III	Gaming. Complete if th	e organization answer	ed "Yes" on Form 99	0 Part IV line 19 or re	153,705
		than \$15,000 on Form 9	990-EZ, line 6a.		5, 1 dic 10, 11 C	ported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ş		0				
$\exists$	_1	Gross revenue				0
S	2	Cash prizes				
Sus						0
Expenses	3	Noncash prizes				0
Direct	4	Rent/facility costs				0
	_					
+	5	Other direct expenses				0
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add	lines 2 through 5 in colum	un (d)		0)
		Net gaming income summary.			Г	0)
		segming meeting daminary.	odbirdet inte i from lifte i	, column (a)	<u> </u>	0
9	Ent	er the state(s) in which the org	anization conducts gamin	g activities:		
a b	ls th	ne organization licensed to con	duct gaming activities in e	each of these states?.	· · · · · · · · · · · · · · · · · · ·	Yes No
10a	Wei	re any of the organization's gar	ming licenses revoked, su	spended or terminated	during the tay year?	□ Vaa □ Na
b	lf "Y	es, explain:				

Sche	dule G (Form 990 or 990-EZ) 2020 Riding Emphasizing Individual Needs & Strengths	33	-003	5455	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		_	Yes [	No
13	Indicate the percentage of gaming activity conducted in:	÷)	ш	res [	NO
а	The organization's facility	1 13a	ſ		%
b	An outside facility	13h			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books at records:	nd			
	Name ▶				
	Address •				
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	<del>-</del>	Yes [	No
b	if res, enter the amount of gaming revenue received by the organization \( \bigs \) \$  \( \text{and the } \)	14 01		res [	140
С	amount of gaming revenue retained by the third party  If "Yes," enter name and address of the third party:				
	Name ▶		· <b>-</b> -		
	Address ►				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation > \$0				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_			
D	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$	[	Y	es	No
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	(iii) ai inform	nd (	v); an n.	<u>0</u> d
				<b>-</b>	

SCHEDULE (Form 990) Department of the Treasury

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Inspection

Employer identification number

°N □ (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance × Yes 33-0035455 (g) Description of noncash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance (d) Amount of cash grant General Information on Grants and Assistance the selection criteria used to award the grants or assistance?. (c) IRC section (if applicable) Riding Emphasizing Individual Needs & Strengths (p) EIN 1 (a) Name and address of organization or government Part I Part II  $\Xi$ 3 3 4 2 (10)

9

6

8

6)

3

(12)

Schedule I (Form 990) 2020

.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Page 2 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 42,465 (c) Amount of cash grant Part III can be duplicated if additional space is needed. 23 (b) Number of recipients (a) Type of grant or assistance Scholarships Part III ന 4 2 ဖ

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Riding Emphasizing Individual Needs & Strengths

Employer identification number 33-0035455

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d) nod of do	etermin	ing mounts
1	Art—Works of art			Tomi 990, Fait VIII, line Ig	+			
2	Art—Historical treasures				<del>                                      </del>			
3	Art—Fractional interests .							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,				<del>                                     </del>			
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles .							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( Program related gc)	Х	0.775					
26	Other ▶ (		2,775	86,419	FMV			
27	Other ▶ (							
28	Other ▶ (							
29	Number of Forms 8283 received by	the organiz	ration during the tay year for	t nombribustions for				
	which the organization completed F	orm 8283	Part V. Donee Acknowledge	contributions for				
	J ====================================	5.111 OZOO, 1	art v, bonce Acknowledge	ment. Drag and a L	29			
30a	During the year, did the organization	n receive hy	contribution any property	and the Bound Co.			Yes	No
	28, that it must hold for at least thre	e vears from	the data of the initial contri-	eported in Part I, lines 1 thro	ough			
	to be used for exempt purposes for	the entire h	olding period?	ibution, and which isn't requ	iired			4.15
b	If "Yes," describe the arrangement in	n Dort II	olding period?		St 30	30a		X
31	Does the organization have a gift as	ri Fait II. Scoptopoo p	oliou that we arrive all			13.4	100	
	Does the organization have a gift accontributions?	ceptance p	olicy that requires the review	v of any nonstandard				
32a	Contributions?	ird nortice =	a related some	9 9 9 9 9 9 9 9 9 9	¥ . ¥	31	Х	
	Does the organization hire or use the	nu parties 0	related organizations to so	plicit, process, or sell				
b	noncash contributions?			计光度 电阻力回应 高麗	N	32a		X
		maint la!	human (a) fau a f			N DE		TE
	If the organization didn't report an auchecked, describe in Part II	mount in col	umn (c) for a type of proper	ty for which column (a) is			Jung	
	and all addition in the contract of the c							

Part II	Supplemental Information Provide the Strengths	33-0035455	Page 2
I alt II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and the organization is reporting in Part I, salumn (b), the provide the information required by Part I, lines 30b, 32b, and the organization is reporting in Part I, salumn (b), the provide the information required by Part II, lines 30b, 32b, and the organization is reporting in Part I.	d 33, and whe	
	the organization is reporting in Part I, column (b), the number of contributions, the number or a combination of both. Also complete this part for any additional information.	of items received	ved,
	additional information.		_
		~	
			<b>-</b>
		·	

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Riding Emphasizing Individual Needs & Strengths	33-0035455
Form 990, Part VI, Line 11b: The Board receives a copy of Form 990 prior to it being approved.	
Form 990, Part VI, Section B, Line 12c: Board Members are required to disclose any potential	
conflcts of interest on an annual basis.	·
Form 990, Part VI, Section B, Line 15a: The Board of Directors reviews and approves the salary	· <b></b>
of the Executive Director on an annual basisafter budget and market review.	·
Form 990, Part VI, Section B, Line 15b: The Executive Director reviews the staff salaries on	
an annual basis. After budget review and performance evaluations, the Executive Director makes	<del></del>
salary decisions for the staff.	·
Form 990, Part VI, Section C, Line 19: The documents are made available to the public upon	
request.	
Form 990, Part IX, Line 11f: The Organization enrolled in a PEO relationship with another	·
party. Therefore, they report their salaries as contract labor and is included on this line.	·
***************************************	
***************************************	***************************************
***************************************	
***************************************	
***************************************	
	***************************************

TAXABLE YEAR California Exempt Organization

 FORM

2020 **Annual Information Return** 199 Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy) Corporation/Organization name California corporation number RIDING EMPHASIZING INDIVIDUAL NEEDS & STRENGTHS 1242514 Additional information. See instructions. FEIN 33-0035455 Street address (suite or room) PMB no. P.O. BOX 1283 Zip code BONSALL 92003 Foreign country name Foreign province/state/county Foreign postal code Did the organization have any changes to its guidelines not reported to the FTB? See instructions. . . . . . . . ● ☐ Yes 🗵 No J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. . . . ● ☐ Yes ☒ No D Final information return? ■ Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt under R&TC Section 23701g? . . . . . ● ☐ Yes ☒ No Enter date: (mm/dd/yyyy) If "Yes," enter the gross receipts from nonmember sources . . . . \$ E Check accounting method: (1) Cash (2) X Accrual (3) Other (1) • 990T (2) • 990PF (3) • Sch H (990) M Did the organization file Form 100 or Form 109 to F Federal return filed? (4) X Other 990 series N Is the organization under audit by the IRS or has the If "Yes," what is the parent's name? O Is federal Form 1023/1024 pending? . . . . . . . . . . . . Yes 🗵 No Date filed with IRS Part I Complete Part I unless not required to file this form. See General Information B and C. 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ..... 2 Gross dues and assessments from members and affiliates ..... 653,99600 Receipts 4 Total gross receipts for filing requirement test. Add line 1 through line 3. and This line must be completed. If the result is less than \$50,000, see General Information B . . . . . . Revenues 1,047,28900 7 Total costs. Add line 5 and line 6 ..... 7 1,047,28900 9 Total expenses and disbursements. From Side 2, Part II, line 18 ..... 960**,**59200 **Expenses** 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ..... 86,69700 10 00 11 00 12 Filing Fee 13 14 15 Penalties and Interest. See General Information J 00 15 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result . . . . 00 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 taxpayer) is based on all information of which preparer has any knowledge. Sign Неге Signature Telephone of officer Date Preparer's Check if self-PTIN signature -06/28/2021 P01871456 employed > Paid Firm's FEIN Firm's name (or yours, Preparer's ►MUNGER & COMPANY, CPAS 47-3342732 if self-employed) Use Only and address Telephone 2170 SOUTH EL CAMINO REAL, SUITE 217, OCEANSIDE, CA760-730-8020 

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information

	regardless of amount of gross receipts — complete	e Part II or turnish substitu	ité information.		
	1 Gross sales or receipts from all business				385,28100
	2 Interest	The state of the s	0110		7,37200
Receipts	1 O District of a			2	7,37200
from	4 Gross rents				00
Other	5 Gross royalties				
Sources	5 Gross arrount received from colo of cook	5	00		
	6 Gross amount received from sale of asse	is (see instructions) .			00
	7 Other income. Attach schedule				64000
	8 Total gross sales or receipts from other sources. A	add line 1 through line 7. Ent	ter here and on Side 1, Part I, I	ine 1 8	393,29300
	9 Contributions, gifts, grants, and similar an	nounts paid. Attach sch	edule		00
	10 Disbursements to or for members			. <sub>∞</sub>	00
	11 Compensation of officers, directors, and t	rustees. Attach schedu	le		139,64600
	12 Other salaries and wages				
Expense					7,45400
and Disburse	14 Taxes				00
ments	To fronts				21,31100
	16 Depreciation and depletion (See instruction	ons)		● 16	30,87800
	17 Other expenses and disbursements. Attac	ch schedule			761,30300
	18 Total expenses and disbursements. Add I	ine 9 through line 17. E	nter here and on Side 1,	Part I, line 9 . 18	960,59200
Schedul	e L Balance Sheet	Beginning of			axable year
Assets		(a)	(b)	(c)	(d)
			454,929		475,683
	ccounts receivable		4,372		9,725
	otes receivable				•
	tories				•
	al and state government obligations				•
	ments in other bonds			R I ALT THE	•
	ments in stock		240,091		<ul><li>267,306</li></ul>
	age loans				•
	investments. Attach schedule				•
10 a De	epreciable assets	642,803		732,929	
	ess accumulated depreciation	292,412)	350,391(	344,689)	388,240
			85,000		85,000
	assets. Attach schedule				•
	assets		1,134,783		1,225,954
	and net worth			MA STREET,	
14 Accou	nts payable		32,324		21,038
	outions, gifts, or grants payable				•
	and notes payable				•
	ages payable				•
	liabilities. Attach schedule		5,592		
	I stock or principal fund				•
	or capital surplus. Attach reconciliation				•
	ed earnings or income fund		1,096,867		<ul><li>1,204,916</li></ul>
	iabilities and net worth		1,134,783		1,225,954
Schedule	The second second policy	with income per retu	ırn		
4	Do not complete this schedule if the an	nount on Schedule L, lin			
	ome per books	86,697	7 Income recorded on b	ooks this year	
	Il income tax		not included in this ref	urn. Attach schedule	•
	8 Deductions in this return not charged				
	not recorded on books this year.		against book income t	- 1	
Attach schedule					•
	ses recorded on books this year not	Y HERVIS AFTE	9 Total. Add line 7 and li		
	ed in this return. Attach schedule	1	10 Net income per return		
6 Total. A	dd line 1 through line 5	86,697	Subtract line 9 from lin	L	86,697

## 2020 Depreciation and Amortization

3885F

			_		
ttach to Forn	1 541.	. Form	109	or Form	100

Name as shown on tax return
RIDING EMPHASIZING INDIVIDUAL NEEDS & STRENGTHS

FEIN 33-0035455

4.1	angible and intangible assets placed in service during the 2020 taxable year:			Depreciation			Amortization		
(a) Description of property	(b) Date placed in service (mm/dd/yyyy)	(c) Cost or other basis	(d) Method of figuring depreciation	(e) Life or rate	(f) Depreciation for this year	(g) Code section	(h) Period or percentage	(i) Amortization for this year	
1STUDENT LIFT	06/30/2020	1,593	SL	15	53		<del>                                     </del>		
FFICE REMODEL	06/30/2020	59,034	SL	39	757				
							<del>                                     </del>		
Add line 1 column (f) and colum	nn (i) amounts. See	instructions			810				

#### Depreciation

2	California depreciation for assets placed in service beginning before the 2020 taxable year	2	30,068
	Be sure to make adjustments for any basis differences.		30,000
3	Total California depreciation. Add line 1(f) and line 2	3	30,878
Amo	ortization		
4	California amortization for intangibles placed in service beginning before the 2020 taxable year	4	
	Be sure to make adjustments for any basis differences.	* —	
5	Total California amortization. Add line 1(i) and line 4	-5	
6	Total depreciation and amortization. Add line 3 and line 5. See instructions	6	30.878

#### **General Information**

In general, for taxable years beginning on or after January 1, 2015, California law conforms to the Internal Revenue Code (IRC) as of January 1, 2015. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to ftb.ca.gov and search for conformity. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments.

The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the California Revenue and Taxation Code (R&TC) in the instructions. Taxpayers should not consider the instructions as authoritative law.

#### A Purpose

Use form FTB 3885F, Depreciation and Amortization, to compute depreciation and amortization allowed as a deduction on Form 541, California Fiduciary Income Tax Return, Form 109, California Exempt Organization Business Income Tax Return, or Form 199, California Exempt Organization Annual Information Return. Attach form FTB 3885F to Form 541, Form 109, or Form 199.

Depreciation is the annual deduction allowed to recover the cost or other basis of business or income producing property with a determinable useful life of more than one year. Land is not depreciable.

Amortization is an amount deducted to recover the cost of certain capital expenses over a fixed period.

#### **B Federal/State Differences**

California law has not always conformed to federal law regarding depreciation methods, special credits, or accelerated write-offs. Consequently, the recovery periods and the basis on which the depreciation is calculated may be different from the amounts used for federal purposes. Reportable differences may occur if all or part of your assets were placed in service:

 Before January 1, 1987. California disallowed depreciation under the federal Accelerated Cost Recovery System (ACRS). California depreciation is calculated in the same manner as in prior years for those assets.

- On or after January 1, 1987. California provides special credits and accelerated write-offs that affect the California basis for qualifying assets. California does not conform to all the changes to federal law enacted in 1993. Therefore, the California basis or recovery periods may be different for some assets.
- On or after September 11, 2001. California has not conformed to the federal Job Creation and Worker Assistance Act of 2002 which allows taxpayers to take an additional first year depreciation deduction and Alternative Minimum Tax depreciation adjustment for property placed in service after September 10, 2001.

Line 7, Part II (CA 199) - Other Income

Other Income		
Other Income	1	640
	2	
	3	
	4	
	5	
	°	
	7	
	8	
	0	
Total		
Total	. 10	640

Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits .		
2	Legal fees .	· ¦ -	
3	Accounting fees	2 _	0
4	Accounting fees Other professional fees	<sub>ະ</sub> 3 _	9 <u>,415</u>
5	Other professional fees	· 4 _	423,487
_	mator, conferences, and meetings	=	8,758
7	Trinang and publications		0
	opedial events direct expenses	7	42.466
•	Cinico expenses	Q	30,222
-	Other expenses.	` <u>`</u> -	204,491
10	Scholarships	40 -	
11		- 10 –	42,464
12	Total	- 11 -	
	Total	12	761,303

Line 18, Sch L (CA 199) - Other Liabilities

1	В	seginning of Year	End of Year
2 Deferred Revenue	1 2	5,592	0
4	3		
6	5		
8	7 8		
10 Total	9 10	5,592	0

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code

11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

Laboration and the second second					
Riding Emphasizing Individual Needs & Street Name of Organization	engths	Check	if:		
Name of Organization			Change of address		
List all DBAs and names the organization uses of	or has used	A	mended report		
P.O. Box 1283					
Address (Number and Street)		State	Charity Registration Number54	1585	
Bonsall, CA 92003		1 - 10.11		1000	
City or Town, State, and ZIP Code		Corpor	ation or Organization No 1242	E11	
760-731-9168		100.00	1242	514	
	-mail Address	Feder	al Employer I.D. No 33-00354		
		1	33-00354	55	
	RENEWAL FEE SCHEDULE (11 Cal. Co Make Check Payable to Departmen	de Regs. t of Justi	sections 301-307, 311, and 312)		
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	<u>F</u>	ee
Less than \$25,000 0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million		
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million		150 225
			Greater than \$50 million		300
PART A - ACTIVITIES					
For your most recent full accounting p		endir	ng 12/31/2020 ) list:		
Gross Annual Revenue \$1,004,82		86	6,419 Total Assets \$1,2	<u>25,954</u>	
Program Expenses \$			918,126		
PART B - STATEMENTS REGARDING ORGANIZ	ZATION DURING THE PERIOD OF THIS	REPORT			
Note: All questions must be answered. If you ans	wer "yes" to any of the questions below, vo	u must at	tach a senarate page		
providing an explanation and details for each	ch "yes" response. Please review RRF-1 ins	tructions	for information required.		<del>  </del>
During this reporting period, were there any conficer, director or trustee thereof, either directly	ntracts, loans, leases or other financial tran	continue		Yes	No
officer, director or trustee thereof, either directly	or with an entity in which any such officer	director	petween the organization and any	] [	
					X
<ol><li>During this reporting period, was there any thef</li></ol>	t, embezzlement, diversion or misuse of the	e organiza	ation's charitable property or funds?		
					X
During this reporting period, were any organization	tion funds used to pay any penalty, fine or j	udgment1	?		
During this reporting period, were the services of					X
coventurer used?	or a commercial fundraiser, fundraising cou	nsel for c	haritable purposes, or commercial		
					X
<ol> <li>During this reporting period, did the organization</li> </ol>	n receive any governmental funding?				- 1
					Х
<ol> <li>During this reporting period, did the organization</li> </ol>	hold a raffle for charitable purposes?			i	
					X
. Does the organization conduct a vehicle donation	on program?				
. Did the organization conduct an independent ou	idit and present and the different				X
<ul> <li>Did the organization conduct an independent au generally accepted accounting principles for this</li> </ul>	reporting period?	ts in acco	rdance with		
				_ X	
. At the end of this reporting period, did the organ				T	
declare under penalty of perjury that I have exa nd belief, the content is true, correct and comp	amined this report, including accompanilete.	ying dod	cuments, and to the best of my knowled	lge	Х
	laha Kasus				
Signature of Authorized Agent	John Kearns	<u>Tre</u>	easurer		
organical or Authorized Agent	Printed Name		Title	Date	

## MUNGER & COMPANY, CPAs

2170 S. El Camino Real, Suite 217 Oceaside, CA 92054 (760) 730-8020 www.mungercpa.com

# RIDING EMPHASIZING INDIVIDUAL NEEDS AND STRENGTHS

Audited Financial Statements For the Year Ended December 31, 2020

### Table of Contents

	Pages
INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS	
Statement of Financial Position	3
Statement of Activities	4
Statement of Functional Expenses	5
Statement of Cash Flows	6
Notes to Financial Statements	7-16

#### MUNGER & COMPANY, CPAs

2170 S. El Camino Real, Suite 217 Oceaside, CA 92054 (760) 730-8020 www.mungercpa.com

#### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Riding Emphasizing Individual Needs and Strengths

We have audited the accompanying financial statements of Riding Emphasizing Individual Needs and Strengths (REINS), a nonprofit organization, which comprise the statement of financial position as of December 31, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the corporation's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Riding Emphasizing Individual Needs and Strengths as of December 31, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

June 2, 2021

Munger & Company, CPAs

#### STATEMENT OF FINANCIAL POSITION December 31, 2020

ASSETS	
Cash	\$ 460,883
Restricted Cash	14,800
Receivables	9,725
Investments	98,978
Legacy Non-Endowment Fund	21,900
Rancho Santa Fe Foundation Non-Endowment Fund	146,428
Vehicles	43,500
Equipment and Other	774,429
Less: Accumulated Depreciation	(344,689)
TOTAL ASSETS	\$1,225,954
LIABILITIES AND NET ASSETS	
LIABILITIES	
Accounts Payable	\$ 11,766
Accrued Payroll	9,272
TOTAL LIABILITIES	21,038
NET ASSETS WITHOUT DONOR RESTRICTIONS	
Undesignated	548,548
Invested in fixed assets, net	473,240
Board-Designated	168,328
Net Assets Without Donor Restrictions	1,190,116
NET ASSETS WITH DONOR RESTRICTIONS	
Program Related	14,800
TOTAL NET ASSETS	1,204,916
TOTAL LIADILITIES AND NEW ASSESSED	<b>***</b>
TOTAL LIABILITIES AND NET ASSETS	\$1,225,954

## STATEMENT OF ACTIVITIES For The Year Ended December 31, 2020

	Without Donor	With Donor	
REVENUES AND SUPPORT	Restrictions	Restrictions	Total
Donations	\$ 436,751 \$	- \$	436,751
Special Events, net of expense of \$42,466	153,705		153,705
Donated Goods and Services	86,419		86,419
Program Fees	156,045		156,045
Horse Boarding	33,065		33,065
Other	640		640
Investment Income	7,372		7,372
Unrealized Gains	21,352		21,352
Forgiveness of debt	130,826		130,826
Net Assets Released from Restrictions	5,575	(5,575)	
Total Revenue and Support	1,031,750	(5,575)	1,026,175
EXPENSES			
Program Services	725,301		725,301
Supporting Services			
Management and General	50,815		50,815
Fundraising	142,010		142,010
Total Operating Expenses	918,126	~	918,126
Change in Net Assets	113,624	(5,575)	108,049
Net Assets Without Donor Restrictions, Beginning of Year	1,076,492	20,375	1,096,867
Net Assets Without Donor Restrictions, End of Year	\$1,190,116_\$	14,800 \$	1,204,916

## STATEMENT OF FUNCTIONAL EXPENSES

For The Year Ended December 31, 2020

		Supporting Services						
					_	Services		
		Duo omores		Management		D 1 ' '		
EXPENSES	-	Program		& General	-	Fundraising	_	Total
Contract Labor	\$	386,061	¢	21.266	φ	126.054	ф	554101
Insurance	4	7,960	Ф	31,266	Þ	136,854	\$	554,181
Office and Supplies		7,372		90 5 782				8,050
Accounting		1,372		5,782				13,154
Advertising		2,437		9,415		1 000		9,415
Bank Charges		4,358		1,217		1,000		3,437
Education		621		75		1,879		7,454
Maintenance		19,387		73				696
Special Events		19,507				10 166		19,387
Horse Care		61,831				42,466		42,466
Other Program		2,128						61,831
Dues and Memberships		1,993		50				2,128
Postage and Printing		1,993		50		1.070		2,043
Program Supplies				11		1,870		17,068
Property Taxes		18,115		100				18,115
Scholarships		10		180				190
Therapy Consults		42,465						42,465
Transportation		6,538						6,538
Donated Goods		8,062						8,062
Investment Fees		86,419		2.402				86,419
Depreciation		20.070		2,403				2,403
Rent and Utilities		30,878						30,878
Bad Debts		20,398		326		407		21,131
Miscellaneous		370						370
wiscenaneous	_	2,711	-		-			2,711
Total Expenses by Function	\$	725,301	\$	50,815	\$	184,476 \$	S	960,592
Less expenses included with revenues	_		=		=			
on the statement of activities								
Direct benefit to donors	_		_		_	(42,466)	_	(42,466)
Total expenses included in the expense	e							
section on the statement of activities		725,301	\$_	50,815	\$	142,010_\$		918,126
			=		=	· - · · · · · · · · · · · · · ·	_	710,120

## STATEMENT OF CASH FLOWS

## For The Year Ended December 31, 2020

CASH FLOWS FROM OPERATING ACTIVITIES Change in Net Assets Adjustments to reconcile change in net assets to net cash provided by operating activities:	\$ 108,049
Depreciation	30,878
Donated Equipment	(8,100)
Unrealized Gain on Investments	(21,352)
(Increase) / Decrease in operating assets:	
Receivables	(5,353)
Increase / (Decrease) in operating liabilities	
Accounts Payable	324
Accrued Wages	(11,610)
Deferred Revenue	(5,592)
Net Cash Provided by Operating Activities	87,244
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchases of Investments	(5,863)
Purchases of Equipment	(60,627)
	(00,027)
Net Cash Used by Investing Activities	(66,490)
NET CHANGE IN CASH	20,754
CASH AT BEGINNING OF YEAR	454,929
CASH AT END OF YEAR	\$ 475,683
Supplementary Information	
Cash	\$ 460,883
Restricted Cash	14,800
Total Cash and Restricted Cash	\$ 475,683
	<del>* * * * * * * * * * * * * * * * * * * </del>
Cash paid during the year for Interest (bank charges)	\$ 7,454

# RIDING EMPHASIZING INDIVIDUAL NEEDS AND STRENGTHS Notes to the Financial Statements For the Year Ended December 31, 2020

#### Note 1. <u>Organization</u>

#### Nature of Organization

Riding Emphasizing Individual Needs and Strengths (REINS) is a non-profit public benefit corporation incorporated in California in 1984. REINS's mission is to support the physical, mental and emotional health of disabled children and adults with therapeutic equine-assisted activities.

### Note 2. <u>Summary of Significant Accounting Policies</u>

#### Cash and Cash Equivalents

REINS considers all cash and highly liquid financial instruments with original maturities of three months or less, which are neither held for nor restricted by donors for long-term purposes, to be cash and cash equivalents. Cash and highly liquid financial instruments restricted to endowments that are perpetual in nature, or other long-term purposes are excluded from this definition.

#### Receivables and Credit Policies

Accounts receivable consist primarily of noninterest-bearing amounts due for REINS activities. REINS determines the allowance for uncollectable accounts receivable based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Accounts receivable are written off when deemed uncollectable. At December 31, 2020, no allowance was deemed necessary.

#### Property and Equipment

REINS records property and equipment additions over \$1,000 at cost, or if donated, at fair value on the date of donation. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the assets ranging from 7 to 39 years, or in the case of capitalized leased assets or leasehold improvements, the lesser of the useful life of the asset or the lease term. When assets are sold or otherwise disposed of, the cost and related depreciation or amortization are removed from the accounts, and any resulting gain or loss is included in the statements of activities. Costs of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed currently.

## RIDING EMPHASIZING INDIVIDUAL NEEDS AND STRENGTHS Notes to the Financial Statements For the Year Ended December 31, 2020

### Note 2. <u>Summary of Significant Accounting Policies (continued)</u>

The carrying values of property and equipment are reviewed for impairment whenever events or circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. When considered impaired, an impairment loss is recognized to the extent carrying value exceeds the fair value of the asset. There were no indicators of asset impairment during the year ended December 31, 2020.

#### Non-Endowment Funds

REINS transferred \$5,000 to the RSF Foundation during the year ended December 31, 2011. In addition, REINS transferred \$15,000 to the Legacy Community Foundation, Inc. during the year ended 2014. REINS granted variance power to the Legacy Community Foundation, Inc. to carry out the purposes of the fund established by the transfer including but not limited to the power to retain, invest and reinvest the funds in any manner with the "prudent investor" standard and the power to commingle the assets of the established fund with those of other funds for investment purposes. Further, the Foundations were granted the ability to modify any restrictions or condition of the distribution of funds for any specified charitable purpose or to any specified organizations, if, in the sole discretion of the Foundation Boards of Directors, such restriction or condition becomes unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community or area served.

The established fund is charged approximately one percent as an administrative fee. This fee shall be calculated based upon the average daily balance in the established fund and assessed on a monthly basis. Any costs of the RSF Foundation or Legacy Community Foundation, Inc. in accepting, transferring or managing property donated to those foundations for the established funds shall also be paid from those established funds. The account balance as of December 31, 2020 at the Rancho Santa Fe Foundation was \$146,428 and the balance at Legacy Community Foundation, Inc. was \$21,900 for the year ended December 31, 2020.

#### Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions. The governing board has designated, from net assets without donor restrictions.

## RIDING EMPHASIZING INDIVIDUAL NEEDS AND STRENGTHS Notes to the Financial Statements

For the Year Ended December 31, 2020

## Note 2. <u>Summary of Significant Accounting Policies (continued)</u>

Net Assets With Donor Restrictions – Net assets subject to donor- (or certain grantor-) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Gifts of long-lived assets and gifts of cash restricted for the acquisition of long-lived assets are recognized as revenue when the assets are placed in service. REINS reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

#### Revenue and Revenue Recognition

Revenue is recognized when the services are provided. REINS records special events revenue equal to the cost of direct benefits to donors, and contribution revenue for the difference. With the exception of goods and services provided in connection with membership dues, which are transferred over the period of membership, all goods and services are transferred at a point in time.

REINS recognizes contributions when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Our federal and state contracts and grants are conditioned upon certain performance requirements and the incurrence of allowable qualifying expenses.

#### In-Kind Contributions

Contributed services are recognized in the financial statements when the contributed services received create or enhance non-financial assets, and because the services require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. REINS received donated goods totaling \$86,419 and have been reflected in the financial statements for donated goods for the year ended December 31, 2020. These donated goods are also recorded at their respective fair values. See Note 9.

#### **Advertising Costs**

Advertising costs are expensed as incurred.

#### RIDING EMPHASIZING INDIVIDUAL NEEDS AND STRENGTHS

Notes to the Financial Statements For the Year Ended December 31, 2020

## Note 2. <u>Summary of Significant Accounting Policies (continued)</u>

#### Functional Allocation of Expenses

The costs of program and supporting services activities have been summarized on a functional basis in the statements of activities. The statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

#### **Income Taxes**

REINS is exempt from income taxes in accordance with Section 501(c)(3) of the Internal Revenue Code, and Section 23701(d) of the California Revenue and Taxation Code. Income tax returns are generally open for the last three years for the Internal Revenue Service and four years for the State of California.

#### Financial Instruments and Credit Risk

REINS manages deposit concentration risk by placing cash, money market accounts, and certificates of deposit with financial institutions believed by us to be creditworthy. At times, amounts on deposit may exceed insured limits or include uninsured investments in fixed income or mutual funds.

To date, REINS has not experienced losses in any of these accounts. Credit risk associated with accounts receivable and promises to give is considered to be limited due to high historical collection rates and because substantial portions of the outstanding amounts are due from Board members, governmental agencies, and foundations supportive of our mission. Investments are made by diversified investment managers whose performance is monitored by us and the investment committee of the Board of Directors. Although the fair values of investments are subject to fluctuation on a year-to-year basis, REINS believes that the investment policies and guidelines are prudent for the long-term welfare of REINS.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

#### Note 3. <u>Liquidity and Availability</u>

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

## RIDING EMPHASIZING INDIVIDUAL NEEDS AND STRENGTHS Notes to the Financial Statements For the Year Ended December 31, 2020

#### Note 3. <u>Liquidity and Availability (continued)</u>

Cash	\$ 460,883
Accounts receivable	9,725
Investments	98,798
	\$569,406

Income from board-designated endowments is restricted for specific purposes, with the exception of the amounts available for general use.

As part of the liquidity management plan, REINS may invest cash in excess of daily requirements in short-term investments, fixed income and mutual funds.

#### Note 4. Fair Value Measurements and Disclosures

REINS reports certain assets at fair value in the financial statements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction in the principal, or most advantageous, market at the measurement date under current market conditions regardless of whether that price is directly observable or estimated using another valuation technique. Inputs used to determine fair value refer broadly to the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk. Inputs may be observable or unobservable.

Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability based on the best information available. A three-tier hierarchy categorizes the inputs as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that REINS can access at the measurement date. Equities totaled \$35,047 and fixed income totaled \$63,931. These investments are considered Level 1 investments.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, and market-corroborated inputs.

Level 3 – Unobservable inputs for the asset or liability. In these situations, REINS develops inputs using the best information available in the circumstances.

## RIDING EMPHASIZING INDIVIDUAL NEEDS AND STRENGTHS

Notes to the Financial Statements For the Year Ended December 31, 2020

#### Note 4. Fair Value Measurements and Disclosures (continued)

In some cases, the inputs used to measure the fair value of an asset or a liability might be categorized within different levels of the fair value hierarchy. In those cases, the fair value measurement is categorized in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement. Assessing the significance of a particular input to entire measurement requires judgment, taking into account factors specific to the asset or liability. The categorization of an asset within the hierarchy is based upon the pricing transparency of the asset and does not necessarily correspond to our assessment of the quality, risk, or liquidity profile of the asset or liability.

The fair values of the beneficial interest in assets held by the Rancho Santa Fe Foundation and Legacy Community Foundation, Inc. are based on the fair value of fund investments as reported by the foundations. These are considered to be Level 3 measurements.

The following table presents assets and liabilities measured at fair value on a recurring basis, as identified in the following, at December 31, 2020:

The following is a reconciliation of the beginning and ending balances of assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2020:

	A	Fair Value Me Significant ssets Held by ncho Santa Fe		
Voor onded David 1 21 2000		Foundation	ndation, Inc.	Totals
Year ended December 31, 2020				
Balance at December 31, 2019	\$	129,526	\$ 19,214	\$ 148,740
Purchases/contributions of investment	t	-	-	_
Investment return, net		16,902	2,686	19,588
Distributions	_		 2	 <del></del>
Balance at December 31, 2020	\$	146,428	\$ 21,900	\$ 168,328

#### Note 5. <u>Board-Designated Endowment</u>

The board-designated endowment (the Endowment) consists of two individual funds established by Board of Directors with the Rancho Santa Fe Foundation and Legacy Community Foundation, Inc. to provide annual funding for specific activities and general operations.

### RIDING EMPHASIZING INDIVIDUAL NEEDS AND STRENGTHS

Notes to the Financial Statements For the Year Ended December 31, 2020

#### Note 5. <u>Board-Designated Endowment (continued)</u>

The Board of Directors has interpreted the California Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the date of the donor-restricted endowment funds, unless there are explicit donor stipulations to the contrary. At December 31, 2020, there were no such donor stipulations. As a result of this interpretation, REINS retains as board-designated (a) the original value of initial and subsequent gift amounts (including promises to give net of discount and allowance for doubtful accounts donated to the Endowment and (b) any accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added. Donor-restricted amounts not retained in perpetuity are subject to appropriation for expenditure by us in a manner consistent with the standard of prudence prescribed by UPMIFA.

REINS considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purposes of REINS and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of REINS
- The investment policies of REINS

As of December 31, 2020, REINS had the following board-designated endowment net asset composition by type of fund:

December 31, 2020		ithout Donor Restriction	With Donor Restriction		Totals
Board-designated endowment funds				_	101410
Original board-designated gift amounts Accumulated investment gains	\$	108,868 59,460	\$	\$	108,868 59,460
	_			-	
	\$	168,328	\$ _	\$_	168,328

From time to time, certain board-designated endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). REINS has interpreted UPMIFA to permit spending from underwater endowments in accordance with prudent measures required under law. At December 31, 2020, there were no underwater endowments.

## RIDING EMPHASIZING INDIVIDUAL NEEDS AND STRENGTHS Notes to the Financial Statements For the Year Ended December 31, 2020

#### Note 5. <u>Board-Designated Endowment (continued)</u>

#### **Investment and Spending Policies**

REINS has adopted investment and spending policies for the Endowment that attempt to provide a predictable stream of funding for operations while seeking to maintain the purchasing power of the endowment assets. Over time, long-term rates of return should be equal to an amount sufficient to maintain the purchasing power of the Endowment assets, to provide the necessary capital to fund the spending policy, and to cover the costs of managing the Endowment investments. The investment strategy for endowments funds emphasizes total return, which is the aggregate return from capital appreciation, dividends and interest income. Funds are invested in a manner that balances income and capital growth. Under normal circumstances, this means that the expected total return and expected risk should be less than or equal to a well-diversified portfolio comprised of investment grade fixed income securities and common equity securities representative of major U.S. market indexes. Risk is measured by the standard deviation of quarterly returns, and, if applicable, beta factors or other measure of total return volatility. The target minimum rate of return is the Consumer Price Index plus 5 percent on an annual basis. Actual returns in any given year may vary from this amount. To satisfy this long-term rate-of-return objective, the investment portfolio is structured on a total-return approach through which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). A significant portion of the funds are invested to seek growth of principal over time.

Changes in Endowment net assets for the years ended December 31, 2020 are as follows:

Year ended December 31, 2020	Without Donor Restriction	With Donor Restrictions	Total
Endowment net assets, beginning of year Investment return, net Contributions Appropriation of endowment assets	\$ 148,740 19,588	\$	\$ 148,740 19,588
pursuant to spending-rate policy  Endowment net assets, end of year	\$ 168,328	\$ -	\$ 168,328

#### RIDING EMPHASIZING INDIVIDUAL NEEDS AND STRENGTHS

Notes to the Financial Statements For the Year Ended December 31, 2020

#### Note 6. Revenue from Contracts with Customers

The following table provides information about significant changes in deferred revenue for the year ended December 31, 2020:

Deferred revenue, beginning of year	\$ 5,592
Decreases in deferred revenue from cash received during the year	(5,592)
Deferred revenue, end of year	\$ -

#### Note 7. Payroll Protections Program (PPP) Loan

During 2020, the Organization obtained a PPP Loan totaling \$130,826. In December 2020, the Organization received the loan forgiveness letter for the entire balance of this loan. As a result, the Organization has recorded this amount as forgiveness of debt on the statement of activities.

#### Note 8. Net Assets With Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes or periods.

Subject to expenditure for specified purpose:

Scholarships	14,800
Net assets with donor restrictions at December 31, 2020	\$ 14,800

Net assets were released from donor restrictions for the year ended December 31, 2020 were \$2,000 for horse care and \$3,575 for scholarships.

#### Note 9. **Donated Rent and Materials**

Donated rent and materials received were as follows during the year ended December 31, 2020:

		rogram ervices	Management and General		Fundra	aising	Total		
December 31, 2020									
Goods	\$_	86,419	\$		_\$	_	\$	86,419	
	\$_	86,419	\$		\$	_	\$	86,419	

#### Note 10. <u>Functionalized Expenses</u>

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include contract labor, insurance, office, postage, and utilities, which are allocated on the basis of estimates of time and effort.

# RIDING EMPHASIZING INDIVIDUAL NEEDS AND STRENGTHS Notes to the Financial Statements For the Year Ended December 31, 2020

#### Note 11. <u>Date of Management Review</u>

REINS has performed an evaluation of subsequent events through June 2, 2021, which is the date the financial statements were available to be issued. Management is not aware of any subsequent events that would require adjustment to, or disclosures in, the financial statements.