Taxpayer Copy

Form 990-E7

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

2011

Department of the Treasury Internal Revenue Service

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No. 1545-1150

For the 2011 calendar year, or tax year beginning 2011, and ending Check if applicable: C Name of organization D Employer identification number Address change LOVING THUNDER THERAPEUTIC RIDING, 01-0927472 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Telephone number Initial return PO BOX 44517 (505) 250-3535 Terminated City or town, state or country, and ZIP + 4 Amended return Group Exemption Application pending RIO RANCHO NM 87174 Number X Accrual Other (specify) Accounting Method: Cash Н Check ► |X| if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Website: ► N/A X 501(c)(3) Tax-exempt status (ck only one) — 501(c) () ◀(insert no.) 4947(a)(1) or Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ...... 23,164. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I X Contributions, gifts, grants, and similar amounts received 1 4,820. Program service revenue including government fees and contracts 2 16,115 Membership dues and assessments 3 4 5a Gross amount from sale of assets other than inventory c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) <u>2,</u>229 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6d 2,229. 7a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 23,164. 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 2,000. 13 Professional fees and other payments to independent contractors 13 14 14 15 Printing, publications, postage, and shipping 15 193. 16 16 20,991. Total expenses. Add lines 10 through 16 17 17 23,184. 18 18 -20. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 -3,600. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 -3,620.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Form	990-EZ (2011) LOVING THUNDER II Balance Sheets. (see the ins	THERAPEUTIC RIDI	NG, INC.	01	-0927472	. Page :
ran	Check if the organization used Sch	edule O to respond to any qu	estion in this Part II			77
	oneok ii tile olganization acca com	edule o to respond to any qu	escontinuis ratti , ,	(A) Beginning of ye	or (P)	End of year
22	Cash, savings, and investments			1,176		
23	Land and buildings				. 23	2,826.
24	Other assets (describe in Schedule O)			1,876		0.
25	Total assets					1,140.
26	Total liabilities (describe in Schedule O	Soc 1-26 Ct	-m+	3,052		3,966.
27	Net assets or fund balances (line 27 of	column (R) must agree with I	ino 21)	6,652		7,586.
Parl	Statement of Program Ser	vice Accomplishments	(soo the inetre for Part	-3,600		-3 , 620.
[I CI 1	Check if the organization used So	chedule O to respond to any	(See the mous for Part	·····		penses
What is Descr meas benef	the organization's primary exempt purpose? Excibe the organization's program service a ured by expenses. In a clear and concisited, and other relevant information for a	QUINE RIDING INSTRUCT accomplishments for each of e manner, describe the servi each program title.	IONAL PROGRAM FOI its three largest program ces provided, the numb	R THE DISABLED n services, as er of persons	(Required for 501(c)(3) an organization 4947(a)(1) to for others.)	or section d 501(c)(4) s and section usts; optional
28	PROVIDE SUPPORTED HORSEI	B <u>ACK RIDING LESSO</u>	V FOR PEOPLE			
	WITH DISABILITIES TO IM	PROVE BALANCE, MOT	COR_SKILLS,			
	COORDINATION AND SOCIAL	IZATION-BENEFITED	81 RIDERS]]	
	(Grants \$ 4,740.) If the	nis amount includes foreign g	rants, check here		28a	23,184.
29						
	(Grants \$) if the	nis amount includes foreign q	rants, check here		29a	
30					234	
,						
	(Grants \$	nis amount includes foreign g	rants shock have		20	
	Other program services (describe in Sch	nedula (1)	rants, check here	········	30 a	
٥.	(Grants \$	ieuule O)				
	Total program contine expenses (add li-	nis amount includes foreign g	rants, check here		31 a	
Part	Total program service expenses (add in	nes 28a through 31a)			32	23,184.
raru		irustees, and Key Emp	Noyees. List each one eve	en if not compensated. (see the instructio	ns for Part IV.)
	Check if the organization used So	nequie O to respond to any o	question in this Part IV			
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health beneficontributions to emp benefit plans, ar deferred compensa	oloyee othe	timated amount of or compensation
TWU	ANA RAUPP			adiorioa compensa	(IOI)	
PO	BOX 44517	PRESIDENT				
RIO	BOX 44517 RANCHO NM 87174	13.00	2,000			^
DONI	NA KWILOSZ		2,000.	•	0.	0.
	30X 44517	SECRETARY				
PTO	RANCHO NM 87174	3.00				
	I DEAN	3.00	0.	•	0.	0.
	BOX 44517	VICE PRESIDENT				
KIO	RANCHO NM 87174	3.00	0.		0.	0.
						
	_ 					
BAA		TEEA0812 (72/14/12	1		990 F7 (2011)

TEEA0812 02/14/12

Form **990-EZ** (2011)

	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			П
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	+
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)			X
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
ı	a If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35b		- 25
•	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice. reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c		x
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 Do Did the organization file Form 1120-POL for this year?	<u>.</u> 37 b		X
38 8	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	0.557799333	X	
	amount involved	-		lahe.
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ►			
i	o Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	. 40ь		x
	s Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	(Takah		
/ 11	List the states with which a copy of this return is filed \blacktriangleright	. 40e		X
	The organization's books are in care of TWUANA RAUPP Located at 5701 JACKSON LOOP NE RIO RANCHO NM ZIP + 4 8714 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:		_353	35 No X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	. 42c		<u>X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44a	. 63	X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44b		X
	Did the organization receive any payments for indoor tanning services during the year?	. 44 c		X
Ċ	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	AA -1		
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	. 44d . 45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	14.00		
		. 45 b orm 990	- EZ (X 2011)

Form 990 -	EZ (2011) LOV	ING THUNDER THE	RAPEUTIC RIDIN	IG, INC.	01-092	27472	Page 4
							es No
46 Did t	the organization didates for public	engage, directly or indirect office? If 'Yes,' complete	ctly, in political campaig Schedule C. Part I	n activities on behalf of	or in opposition to	46	37
Part VI	Section 50	1(c)(3) organizations	and section 4947	a)(1) nonexempt cl	naritable trusts only	v Allsection	<u> </u>
<u> </u>	501(c)(3) c	organizations and sec	tion 4947(a)(1) noi	nexempt charitable	trusts must answer	questions	1
	47-49b and	d 52, and complete th	ne tables for lines 5	50 and 51.		•	
	Check if the o	organization used Schedul	e O to respond to any o	question in this Part VI	<u></u>		
				_		Ye	es No
47 Did t	the organization plete Schedule (engage in lobbying activit C, Part II	ies or have a section 5	01(h) election in effect d	uring the tax year? If 'Y	es,' 47	37
48 Is th	e organization a	school as described in se	ection 170(b)(1)(A)(ii)?	f 'Yes.' complete Sched	ule F	48	X
49 a Did t	the organization	make any transfers to an	exempt non-charitable	related organization?		49a	X
b If 'Ye	es,' was the rela	ited organization a section	527 organization?			49Ь	
50 Com	nolete this table	for the organization's five I	hinhest compensated e	mnlovees (other than of	ficare directors trustes		
emp	loyees) who ead	ch received more than \$10	0,000 of compensation	from the organization. It	there is none, enter 'N	one.'	
	(a) Name and addre	ss of each employee ean \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee	(e) Estimated ar other compen	
	paid more tr	ran \$100,000	devoted to position		benefit plans, and	•	
NONE					deferred compensation		
1,01,0				-			

				-			

	·						
			<u> </u>				
- Tota	I number of other	er employees paid over \$1	00.000				
			· · · · · · · · · · · · · · · · · · ·				
com	picto tilio table i						
COIII	pensation from t	the organization. If there is	nignest compensated in s none, enter 'None.'	dependent contractors v	vho each received more	than \$100,000) of
	pensation from t	the organization. If there is each independent contractor paid	s none, enter 'None.'	dependent contractors v		(c) Compens	
	pensation from t	ne organization. It there is	s none, enter 'None.'	T			
(a) [pensation from t	ne organization. It there is	s none, enter 'None.'	T			
(a) [pensation from t	ne organization. It there is	s none, enter 'None.'	T			
(a) [pensation from t	ne organization. It there is	s none, enter 'None.'	T			
(a) [pensation from t	ne organization. It there is	s none, enter 'None.'	T			
(a) [pensation from t	ne organization. It there is	s none, enter 'None.'	T			
(a) [pensation from t	ne organization. It there is	s none, enter 'None.'	T			
(a) [pensation from t	ne organization. It there is	s none, enter 'None.'	T			
(a) [pensation from t	ne organization. It there is	s none, enter 'None.'	T			
(a) 1 NONE	Name and address of	ne organization. If there is each independent contractor paid	in more than \$100,000	(b) Type (of service		
(a) 1 NONE e Total 52 Did t	Name and address of	r independent contractors	each receiving over \$1	(b) Type (of service		
(a) TONE NONE e Total 52 Did tochari	I number of othe	er independent contractors complete Schedule A? Nost attach a completed Sche	each receiving over \$1 ote: All section 501(c)(3 edule A	(b) Type (of service	(c) Compens	
(a) TONE NONE e Total 52 Did t chari	I number of othe	er independent contractors complete Schedule A? Nost attach a completed Sche	each receiving over \$1 ote: All section 501(c)(3 edule A	(b) Type (of service	(c) Compens	ation
(a) TONE NONE e Total 52 Did t chari	I number of other the organization itable trusts muses of perjury. I declar and complete. Declar	er independent contractors complete Schedule A? Not attach a completed Schere that I have examined this returnation of preparer (other than office	each receiving over \$1 ote: All section 501(c)(3 edule A	(b) Type (of service	(c) Compens	ation
e Total 52 Did t charit true. correct.	I number of othe	er independent contractors complete Schedule A? Not attach a completed Schere that I have examined this returnation of preparer (other than office	each receiving over \$1 ote: All section 501(c)(3 edule A	(b) Type (of service	(c) Compens	ation
e Total 52 Did t chariture. correct,	I number of othe the organization itable trusts must es of perjury, I declar and complete. Declar	er independent contractors complete Schedule A? Nost attach a completed Sche te that I have examined this return ration of preparer (other than officer	each receiving over \$1 ote: All section 501(c)(3 edule A	(b) Type (r(a)(1) nonexempt the best of my knowledge and beledge.	(c) Compens	ation
e Total 52 Did t charit true. correct.	I number of other the organization itable trusts muses of perjury. I declar and complete. Declar Type or print r	er independent contractor paid er independent contractor paid er independent contractors complete Schedule A? No st attach a completed Sche e that I have examined this return ration of preparer (other than office	each receiving over \$1 ote: All section 501(c)(3) edule A including accompanying sche er) is based on all information	(b) Type ((a)(1) nonexempt the best of my knowledge and beledge. Date	(c) Compens . ► X Yes elief, it is	ation
e Total 52 Did t charit true. correct. Sign Here	I number of other the organization itable trusts must be sof perjury. I declar and complete. Declar Type or print reprint/Type prepare	er independent contractors complete Schedule A? Not attach a completed Sche that I have examined this return ration of preparer (other than officer	each receiving over \$1 ote: All section 501(c)(3 edule A	(b) Type (r(a)(1) nonexempt Te best of my knowledge and be ledge. Date Check if P1	(c) Compens . ► X Yes elief, it is	ation
e Total 52 Did t charit true. correct. Sign Here	I number of other the organization itable trusts muses of perjury, I declar and complete. Declar Type or print reference of the Print/Type prepare FRANK S.	er independent contractor paid er independent contractor paid er independent contractors complete Schedule A? No est attach a completed Sche re that I have examined this return ration of preparer (other than office	each receiving over \$1 each receiving over \$1 ote: All section 501(c)(3) edule A	00,000 Organizations and 4947 Owhich preparer has any know	r(a)(1) nonexempt Te best of my knowledge and be ledge. Date Check if P1	(c) Compens . ► X Yes elief, it is	ation
e Total 52 Did t charit true. correct. Sign Here	I number of other the organization itable trusts muses of perjury. I declar and complete. Declar Type or print reference FRANK S. Firm's name	er independent contractor paid er independent contractor paid er independent contractor paid er independent contractors complete Schedule A? No et attach a completed Sche re that! have examined this return ration of preparer (other than office COCOLO CO fficer WULLIA RA TAIL TITLE TO THE SET OF	each receiving over \$1 each receiving over \$1 ote: All section 501(c)(3) edule A including accompanying scheen) is based on all information Preparer's signature Preparer's signature EENT & TAX SERY	(b) Type (of service (a)(1) nonexempt The best of my knowledge and beliedge. Date Check if PT self-employed P	(c) Compens X Yes elief, it is FIN 00183219	No
e Total 52 Did t chari Under penaltitue. correct. Sign Here Paid Preparer	I number of other the organization itable trusts muses of perjury. I declar and complete. Declar Type or print reference FRANK S. Firm's name	er independent contractor paid er independent contractor paid er independent contractors complete Schedule A? No est attach a completed Sche re that I have examined this return ration of preparer (other than office	each receiving over \$1 each receiving over \$1 ote: All section 501(c)(3) edule A including accompanying scheen) is based on all information Preparer's signature Preparer's signature EENT & TAX SERY	00,000 Organizations and 4947 dules and statements, and to the of which preparer has any known part of the statements and the of which preparer has any known part of the statements and the statements and the statements and the statements and the statements are statements are statements.	of service (a)(1) nonexempt The best of my knowledge and beliedge. Date Check if PT self-employed P Firm's EIN	(c) Compens X Yes Yes	No No
e Total 52 Did t chari Under penaltitrue. correct, Sign Here Paid Preparer Use Only	I number of other the organization itable trusts must es of perjury. I declar and complete. Declar Type or print reprint/Type prepare FRANK S. Firm's name Frim's address	er independent contractor paid er independent contractor paid er independent contractor paid er independent contractor paid er independent contractors complete Schedule A? No est attach a completed Sche re that I have examined this return ration of preparer (other transflice COULD Q fficer WULLIA R A EXAMOVA SUNLAND MANAGEM 801 SAN DIEGO L	each receiving over \$1 ote: All section 501(c)(3 edule A including accompanying scheen) is based on all information Preparer's signalus Preparer's signalus OOP	00,000 Organizations and 4947 dules and statements, and to the of which preparer has any known to the full of the preparer has a full of the	of service (a)(1) nonexempt The best of my knowledge and briedge. Date Check if PT self-employed P Firm's EIN	(c) Compens X Yes Yes Yes Yes X Yes Yes X Yes	No No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number LOVING THUNDER THERAPEUTIC RIDING, INC. 01-0927472 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 Х June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes 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 that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated C d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of your support? (vi) Is the (vii) Amount of support organization in column (i) organized in the U.S.? (see instructions)) your governing document? Yes No Yes No Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 LOVING THUNDER THERAPEUTIC RIDING, INC. 01-0927472 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	endar year (or fiscal year Inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			History Caracteristics		The Control of the Co	
Sec	tion B. Total Support				1		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ities, etc (see instr	ructions)			12	
	First five years. If the Form 990 is organization, check this box and	stop nere		, third, fourth, or t	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pur	Diic Support Pe	ercentage				
14 15	Public support percentage for 20	11 (line 6, column	(f) divided by line	11, column (f))		14	%
	Public support percentage from 2					· · · · · · · · · · · · · · · · · · ·	%
16a	33-1/3% support test $-$ 2011. If the and stop here. The organization \circ	ne organization dic qualifies as a publ	I not check the bo icly supported org	x on line 13, and lanization	the line 14 is 33-1	/3% or more, chec	ck this box
b	33-1/3% support test — 2010. If the and stop here. The organization of	ne organization dic qualifies as a publi	l not check a box icly supported org	on line 13 or 16a, anization	and line 15 is 33-	1/3% or more, che	eck this box
	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	-and-circumstance	s' test. The organ	test, check this be ization qualifies as	ox and stop here. s a publicly suppo	Explain in Part IV rted organization .	how ▶
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	l-circumstances' te	est. The organizat	test, check this bi ion qualifies as a p	ox and stop here. oublicly supported	Explain in Part IV Lorganization	how the
BAA	Private foundation. If the organiz	adon did not chec	k a box on line 13	, 10a, 16b, 1/a, o			ctions ► 00 or 990-EZ) 2011
					Ju	nedule A (FUIII 99	/U UI 33U~E,Z.) ZU

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

(Complete only if you checked the box on line 9 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.)

	tion A. Public Support	-,					
	ndar year (or fiscal yr beginning in) -	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
2	any 'unusual grants.') Gross receipts from admis-				9,220.	4,820.	14,040.
-	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				17.604		
3	Gross receipts from activities that are not an unrelated trade				11,604.	18,344.	29,948.
4	or business under section 513 Tax revenues levied for the 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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons				20,824.	23,164.	43,988.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						43,988.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6				20,824.	23,164.	43,988.
1 0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from					20,101.	13,300.
b	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	similar sources						
c 11	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
11 12	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.)				20.824	23.164	43 000
11 12	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.)	s for the organiza	tion's first, second	i, third, fourth, or f	20,824. Fifth tax year as a	23, 164. section 501(c)(3)	43,988.
11 12 13 14	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and	s for the organization here	tion's first, second	i, third, fourth, or f	20,824.	23,164. section 501(c)(3)	43,988.
11 12 13 14 Sec	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pub	olic Support Pe	ercentage		fifth tax year as a	section 501(c)(3)	
11 12 13 14 Sec 15	similar sources Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pub Public support percentage for 20	olic Support Pe 11 (line 8, column	ercentage (f) divided by line	2 13, column (f)) .	fifth tax year as a	section 501(c)(3)	100.00 %
11 12 13 14 Sec: 15 16	similar sources Durrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pub Public support percentage from 20	plic Support Pe 11 (line 8, column 2010 Schedule A, l	ercentage (f) divided by line Part III, line 15	: 13, column (f)) .	fifth tax year as a	section 501(c)(3)	
11 12 13 14 Sec 15 16 Sec	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pub Public support percentage from 20 Public support percentage from 2	Dlic Support Pe 11 (line 8, column 2010 Schedule A, l estment Incom	ercentage (f) divided by line Part III, line 15 Te Percentage	13, column (f)) .	fifth tax year as a	15 16	100.00 %
11 12 13 14 Sec: 15 16 Sec: 17	similar sources Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pub Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inve	Dic Support Pe 11 (line 8, column 2010 Schedule A, l estment Incom or 2011 (line 10c, c	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	by line 13, column	fifth tax year as a	15 16 17	100.00 % 100.00 %
11 12 13 14 Sec 15 16 Sec 17 18	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pub Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inve	Dic Support Pe 11 (line 8, column 2010 Schedule A, l estment Incom or 2011 (line 10c, com 2010 Schedule	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided a A, Part III, line	by line 13, column	fifth tax year as a	15 16 17 18	100.00 % 100.00 %
11 12 13 14 Sec 15 16 Sec 17 18 19 a	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pub Total support percentage for 20 Public support percentage from 2 tion D. Computation of Inve Investment income percentage from 33-1/3% support tests — 2011. If is not more than 33-1/3%, check	Dic Support Per 11 (line 8, column 2010 Schedule A, lestment Incom or 2011 (line 10c, com 2010 Schedule the organization di this box and stop	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line lid not check the l here. The organiz	by line 13, column (f)) by line 13, column by column by column by column by line 14, and by column	ifith tax year as a (f)) l line 15 is more the a publicly support	15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	100.00 % 100.00 % % % ne 17
11 12 13 14 Sec 15 16 Sec 17 18 19 a b	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3% support tests — 2011. If	Dic Support Period (Inc.) 11 (line 8, column 2010 Schedule A, period (Inc.) 2011 (line 10c, com 2010 Schedule the organization did this box and stop the organization did check this box ar	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line lid not check the i here. The organiz lid not check a bo nd stop here. The	by line 13, column (f)) by line 13, column by line 14, and cation qualifies as a con line 14 or line organization quali	ifith tax year as a (f)) l line 15 is more the a publicly support in 19a, and line 16 fies as a publicly services.	15 16 17 18 18 18 13 1/3%, and lied organization 15 19 19 19 19 19 19 19 19 19 19 19 19 19	100.00 % 100.00 % 8 100.00 % % % x % ne 17

Schedule A	(FOITH 990 OF 990-E	EZ) ZUTT LOVII	NG THUNDER T	HEKAPEUTIC F	RIDING, INC.	01-0927472	Page 4
Part IV	Supplemental Part II, line 17a (See instruction	Information. Cor a or 17b; and Pa ns).	mplete this part art III, line 12. A	to provide the Iso complete th	explanations req nis part for any a	01-0927472 uired by Part II, li dditional informat	ne 10; ion.
			·				
			· — — — — — — —				
			· 				
					~		
			. — — — — — — —				
							
				· — — — — — — — — —			
		·					

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(8) (9) (10)

Complete if the organization answered
 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number LOVING THUNDER THERAPEUTIC RIDING, INC. 01-0927472 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b, 1 (a) Name of disqualified person (c) Corrected? (b) Description of transaction Yes No (1) (2)(3)(4) (5) (6) 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Part Il Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (e) In default? (f) Approved by board or committee? (g) Written agreement? To No Yes Yes No (1) TWUANA RAUPP VEHICLE Χ 4,100 4,100. Х X Χ (2) TWUANA RAUPP VARIOUS ITEMS Х 1,589 1,589 Χ Х Х (3)(4) (5)(6) (7) (8) (9) (10)Total ▶\$ 5,689. Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance (1)(2)(3)(4) (5) (6) (7)

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

Schedule L (Form 990 or 990-EZ) 2011

(a) Name of interested parent	(b) Deletienable between	6-3 8 6		
(a) Name of interested person	interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
VIII.				Yes No
· Madded annual · · · · · · · · · · · · · · · · · · ·				
				-
Cumplemental lafe				
Complete this part to provide additional	l information for reanence	to according an Oak-al	de l'Assert de la S	
complete this part to provide additional	i information for responses	s to questions on Schedi	JIE L (see instructions).	
			-,	
	Supplemental Information Complete this part to provide additiona	interested person and the organization Supplemental Information	Supplemental Information	

Schedule L (Form 990 or 990-EZ) 2011 LOVING THUNDER THERAPEUTIC RIDING, INC.

01-0927472

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number
	01-0927472

Form **4562**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return. OMB No. 1545-0172

2011

Attachment Sequence No. 179

Identifying number

	VING THUNDER THEF		DING, INC.				01	-0927472
	ess or activity to which this form rela						1 = ==	
	rm 990 / Form 990							
Pai	Note: If you have a	ny listed property,	Property Under Sec complete Part V before	e you complete P				
1	Maximum amount (see ins	structions)					1	
2	Total cost of section 179 p	roperty placed in s	ervice (see instructions	s)		. , <i>. ,</i> .	2	
3	Threshold cost of section	179 property before	e reduction in limitation	(see instructions)		3	
4	Reduction in limitation. Su	btract line 3 from I	ine 2. If zero or less, e	nter -0		· · · · · · · · · · · · · · · · · · ·	4	
5	Dollar limitation for tax yea separately, see instruction	ar. Subtract line 4 t	rom line 1. If zero or le	acc antar O If n	parriad filing		5	
6	(a)	Description of property		(b) Cost (business	s use only)	(c) Elected cost		400.000 militari
						•		ar Dark of United States of the Control of the Cont
7	Listed property. Enter the	amount from line 2	9		7			
8	Total elected cost of section	on 179 property. Ad	id amounts in column	(c), lines 6 and 7			8	and the state of t
9	Tentative deduction. Enter	the smaller of line	5 or line 8				9	
10	Carryover of disallowed de	duction from line 1	3 of your 2010 Form 4	562			10	
11	Business income limitation	i. Enter the smaller	of business income (r	not less than zero) or line 5 (see	instrs)	11	
12	Section 179 expense dedu	ction. Add lines 9	and 10, but do not ente	er more than line	11 <u></u>		12	
13 Note		duction to 2012. A	dd lines 9 and 10, less	line 12	▶ 13			aanasajäinksuutakkirikkisiökajutangaa
D	Do not use Part II or Part	III below for listed	property. Instead, use	Part V.				
Par	t II Special Depreci	ation Allowand	e and Other Depre	eciation (Do no	t include listed	property.) (Se	e in	structions.)
14	Special depreciation allows tax year (see instructions)	ance for qualified p	roperty (other than list	ed property) place	ed in service d	uring the	14	
15	Property subject to section	168(f)(1) election					15	
16	Other depreciation (including	ng ACRS)				-	16	
Par	t III MACRS Depred	iation (Do not in	clude listed property) (See instructions	١		10	
			Section)			
17	MACRS deductions for ass	ets placed in servi					17	200
	If you are electing to group asset accounts, check here	any assets nlaced	in service during the	tay waar into one		al 👝	(G) (111)	736.
	Section B	- Assets Placed	in Service During 2011	Tay Year Using t	he General Do	prociption Su	69112001 -•-	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	stem	(g) Depreciation deduction
19a	3-year property		only occurrented to the second					
	5-year property						\rightarrow	
	7-year property						\dashv	
	10-year property							
	15-year property	1					\dashv	
	20-year property		· · · · · · · · · · · · · · · · · · ·					
	25-year property			25			\rightarrow	
	Residential rental	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		25 yrs		S/L	\dashv	
	property			27.5 yrs	MM	S/L		
	Nonresidential real			27.5 yrs	MM	S/L		
	property			39 yrs	MM	S/L		
					MM	S/L		
20 -	Section C -	- Assets Placed in	Service During 2011 T	ax Year Using the	Alternative D	epreciation Sy	yster	n
	Class life	-				S/L		
	12-year		· · · · · · · · · · · · · · · · · · ·	12 yrs		S/L		
c n.L.ப	40-year			40 yrs	MM	S/L		
Parl								
	Listed property. Enter amou			• • • • • • • • • • • • • • • • • • • •		21		
22	Total. Add amounts from line 12, the appropriate lines of your return	lines 14 through 17, line i. Partnerships and S co	s 19 and 20 in column (g), a rporations — see instruction	nd line 21. Enter here s	and on	22		736.
23	For assets shown above an the portion of the basis attr	nd placed in service ibutable to section	e during the current yea 263A costs	ar, enter	23		laideil	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete *only* 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A — Depreciation and Other Information (Caution: See the instructions for limits for passenger at 24 a Do you have evidence to support the business/investment use claimed?	en? X Y (h) Depreciation deduction	Yes No (i) Elected section 179 cost
Type of property (list vehicles first) Date placed in service Date placed in service depreciation (business/investment use only) Date placed in service depreciation Date pl	Depreciation deduction	Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use:		nikili (liberi) (c. 7
26 Property used more than 50% in a qualified business use:		of distribution assembly their
27 Property used 50% or less in a qualified business use:		
27 Property used 50% or less in a qualified business use:		
27 Property used 50% or less in a qualified business use:		
	102	ANGERSTERNATION OF THE STATE OF
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1		iden i kulturur i del
Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1		Me wybaise
Section B — Information on Use of Vehicles	29	
Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person.	16	
to your employees, first answer the questions in Section C to see if you meet an exception to completing this section fo	If you provided r those vehicle	d vehicles
(a) (b) (c) (d)		
30 Total business/investment miles driven	(e) ehicle 5	(f) Vehicle 6
commuting miles)	Stille 5	verilcie 0
31 Total commuting miles driven during the year		
32 Total other personal (noncommuting) miles driven		
33 Total miles driven during the year. Add lines 30 through 32		
Yes No Yes No Yes No Yes No Yes	s No Y	'es No
Was the vehicle available for personal use during off-duty hours?		- 110
35 Was the vehicle used primarily by a more than 5% owner or related person?		
36 Is another vehicle available for personal use?		
Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees		
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees 5% owners or related persons (see instructions).	who are not m	nore than
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting,	Y	es No
by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use vehicles, and retain the information received?	of the	
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
Part VI Amortization		
(a) (b) (c) (d) (e) Description of costs Date amortization begins Amortizable amount Section Period or percentage	Amorti	(f) tization is year
42 Amortization of costs that begins during your 2011 tax year (see instructions):		
43 Amortization of costs that began before your 2011 tax year		
AA Total Add amounts in solvers (5) Constituting to the constitution of the constituti		
FDIZ0812 05/20/11		4562 (2011)

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
ADVERTISING	739.
DUES AND SUBSCRIPTIONS	95.
AUTO EXPENSE	2,432.
BANK CHARGES	66.
EMPLOYEE BENEFITS	371.
PENALTIES	50.
INSURANCE	1,369.
LICENSES & FEES	45.
PAYROLL TAXES	552.
OFFICE SUPPLIES	476.
ACCOUNTING FEES	1,779.
PROGRAM EXPENSES	10,722.
SUPPLIES	227.
TRAVEL	479.
Depreciation	736.
CONTINUED ED	70.
INTEREST EXPENSE	24.
PORTA POTTY	125.
PROFESSIONAL INSTRUCTION	465.
FUNDRAISING EXPENSE	169.
Total	20,991.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
UNEARNED PREPAID LESSONS	2,608.	1 650
SWH PAYABLE	179.	1,650. 0.
N/P TO TWUANA	3,865.	5,689.
FICA PAYABLE		113.
FWH PAYABLE		134.
Total	6,652.	7,586