Taxpayer Copy

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For t	he 2013 ca	lendar year, or tax year beginning , 2013, and ending	,			
В	1	if applicable: ss change	C Name of organization	D Employer identification number			
-	1	change	LOVING THUNDER THERAPEUTIC RIDING, INC.	01-0927472			
F	Initial r	-		E Telephone number			
F	Termir		PO BOX 44517	(505) 250-3535			
F	Amend	ded return	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption			
-	4		RIO RANCHO NM 87174	Number			
G	Acco	unting Meth	· · · · · · · · · · · · · · · · · · ·	► X if the organization is not			
1	Web	site: 🟲 N	d to attach Schedule B				
J	Тах-е	xempt status	990, 990-EZ, or 990-PF).				
K	Form of organization: X Corporation Trust Association Other						
L 	Add l	lines 5b, 6c ts (Part II, c	, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	⊳ \$ 30,375.			
Pa	art I	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balances (see the instr	ructions for Part I)			
	,		he organization used Schedule O to respond to any question in this Part I				
	1		ons, gifts, grants, and similar amounts received	<u> </u>			
	2		ervice revenue including government fees and contracts				
	3		nip dues and assessments	3			
	4	Investmen		4			
	1		ount from sale of assets other than inventory				
	b	Less: cost	or other basis and sales expenses				
	6	•	s) from sale of assets other than inventory (Subtract line 5b from line 5a)	<u>5 c</u>			
R	a	Gross inco	ome from gaming (attach Schedule G if greater than \$15,000) 6 a				
V	b		ome from fundraising events (not including \$ of contributions				
N U E			aising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000)				
	C	: Less: dire	ct expenses from gaming and fundraising events 6 c				
	d		e or (loss) from gaming and fundraising events (add lines 6a and otract line 6c)	6 d			
	7 a	Gross sale	es of inventory, less returns and allowances				
	b	Less: cost	of goods sold				
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с			
	8	Other reve	nue (describe in Schedule O)	8			
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9 30,375.			
	10		d similar amounts paid (list in Schedule O)	10			
	11	•	aid to or for members	1 - 1			
E	12	Salaries, c	ther compensation, and employee benefits	12 542.			
	13		al fees and other payments to independent contractors				
PENSE	14		y, rent, utilities, and maintenance				
Ē	15		ublications, postage, and shipping				
	16		enses (describe in Schedule O)				
	17		enses. Add lines 10 through 16				
٨	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)				
A S S E T S	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	19 –3,336.			
TŢ S	20		nges in net assets or fund balances (explain in Schedule O)	1 1			
-	21		or fund balances at end of year. Combine lines 18 through 20				
<u></u>	<u>' </u>		k Deduction Act Nation can the congrete instructions	Form 000 E7 (2012)			

Form **990-EZ** (2013)

Pai	Balance Sheets (see the inst	ructions for Part II)	ion in this Part II			X
	Official the organization used contes	allo o to respond to any quest	OH III CHO I GIVII I	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			1,452		631.
23	Land and buildings			0	*+	0.
24	Other assets (describe in Schedule O)			781	24	742.
25	Total assets			2,233	25	1,373.
26	Total liabilities (describe in Schedule O).	Şee L-26 St	m <u>t</u>	5,569		17,550.
27	Net assets or fund balances (line 27 of c					-16,177.
Pai	t III Statement of Program Service A	ccomplishments (see the in	structions for Part III)			Expenses
	Check if the organization used Scho	edule O to respond to any que	stion in this Part III.			uired for section 501
What	is the organization's primary exempt purpose? EQ	UINE RIDING INSTRUCTI	ONAL PROGRAM F	OR THE DISABLED	(C)(3) organ	and 501(c)(4)
Desc meas	oribe the organization's program service acc sured by expenses. In a clear and concise r fitted, and other relevant information for eac	complishments for each of its to manner, describe the services	nree largest program : provided, the number	services, as of persons	4947	(a)(1) trusts; optional
					lor ot	hers.)
28	PROVIDE SUPPORTED HORSEBA			. 		
	WITH DISABILITIES TO IMPE				. '	
	COORDINATION AND SOCIALIZ	ATION-BENEFITED 8:	<u>l riders</u>			
	(Grants \$ 5,478.) If the	is amount includes foreign gra	nts, check here		28 a	30 , 176.
29						
		is amount includes foreign gra			29 a	
30					1 1	
	75	is amount includes foreign gra				
24					30 a	
31	Other program services (describe in Sche	-		_	ا ـ م ا	
22	(Grants \$) If thi	is amount includes foreign gra	nts, check here	····	31 a	00 156
	t IV List of Officers, Directors,					30,176.
Fai	Check if the organization used School	edule O to respond to any que	stion in this Part IV	even if not compensated -	– see tn	e instructions for Part IV)
		(b) Average hours per	(c) Reportable compensati	(d) Health benefits	, 1	
	(a) Name and Title	week devoted to	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and defe	yee erred	(e) Estimated amount of other compensation
		F	(**************************************	compensation		
	JANA N RAUPP					
	SIDENT	13.00	54	2.	0.	<u>0.</u>
	INA_KWILOSZ					•
	RETARY	3.00		0.	0.	0.
	<u> </u>					•
VIC	E PRESIDENT	3.00		0.	0.	0.
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Page 2

01-0927472

Form 990-EZ (2013) LOVING THUNDER THERAPEUTIC RIDING, INC.

				 -
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>		. 🗌
33	Did the organization engage in any significant activity not previously reported to the IRS?	22	Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O	33	4	X
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	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)?	35 a		X
	o 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		
,	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c		Х
36	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		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
ı	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	Х	
39	amount involved	-		
	a Initiation fees and capital contributions included on line 9			
-	o Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►			
t	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			
c	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
	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			
•	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	40 e		Χ
41	List the states with which a copy of this return is filed			
42 a	the organization's books are in care of TWUANA_N_RAUPP	250-	-353	5
	Located at 5701 JACKSON LOOP NE RIO RANCHO NM ZIP+4 87144	_2_50_		≟
t	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)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country:	72.0		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		_X
	If 'Yes,' enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	•	- 🗀	
	and enter the amount of tax-exempt interest received or accrued during the tax year		L!	
			Yes	Ño
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		<u>X</u>
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		_X
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		Χ
b	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)	45b		Χ

Form 990-E	Z (2013) LOVING THUNDER THER	APEUTIC RIDING	i, INC.	01-092	1412		age 4
46 Did th	ne organization engage, directly or indirectly idates for public office? If 'Yes,' complete So	, in political campaign a	ectivities on behalf of or in	opposition to	46	Yes	No X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		estions 47-49b and 5	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI				. [
			h) alastian in affast during	. the a terr and 15 'Vee '		Yes	No
	ne organization engage in lobbying activities blete Schedule C, Part II				47		X
	e organization a school as described in secti						X
	ne organization make any transfers to an ex						Х
	s,' was the related organization a section 52						
	plete this table for the organization's five hig oyees) who each received more than \$100,0				key		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
NONE							
					 -		
					 _		
f Total	number of other employees paid over \$100	000					
51 Com	olete this table for the organization's five hig	hest compensated inde	pendent contractors who	each received more than	\$100,000 a	f	
	pensation from the organization. If there is n		(h) T		() 0		
	(a) Name and business address of each independent cont	tractor	(b) Type (of service	(c) Comp	ensation	·
NONE		 -		}			
			 				
d Total	number of other independent contractors ea	ach receiving over \$100	000				
52 Did th	ne organization complete Schedule A? Note sable trusts must attach a completed Schedu	e. All section 501(c)(3) o	rganizations and 4947(a)	(1) nonexempt	► X Yes	Γ	No
Under penalties	s of perjury, I declare that I have examined this return, incl nd complete. Declaration of preparer (other than officer), is	uding accompanying schedules	and statements, and to the best of	of my knowledge and belief, it is			
tiue, correct, ar	d complete, besignation of preparer (other trial officer)	1 Raupi	Comprehensia any knowledge.	7/2/14			
Sign Here	Signature of officer / Wuasa	N Ray Of	7	Pate Rasurer			
пете	Type or print name and title	11.1 MACGOG		eusurer .			—
	Print/Type preparer's name	Preparer's signature/	Date /20	Check if	TIN		
Paid	FRANK S. CASANOVA M.B.A.	LUU,	1 4/30	self-employed P	0018321	9	
Preparer	Firm's name ► SUNLAND MANAGEM		ICES INC. '	Firm's EIN	05 0010	1.00	
Use Only	Firm's address ► 801 SAN DIEGO LO JEMEZ SPRINGS	JOP	NM 87025-8		<u>85-0318</u> 5) 459-9		
May the IPS	JEMEZ SPRINGS S discuss this return with the preparer show	n ahove? See instruction		120 Tribule 10. (30.	<u>5) 459-8</u> .► X Yes		No
	O GISCUSS WITS TELLITY WITH THE PREPARET SHOW	n above: Gee mandello			Form 990	<u> </u>	

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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service Information about Sched

at www.irs.gov/form990.

			RAPEUTIC RIDIN							92747.			
				(All organizations i				oart.) S	ee inst	ruction	ns.		
The c	rganiza	ation is not a private	foundation because it	t is: (For lines 1 through	11, chec	k only o	ne box.)						
1	A (church, convention	of churches or associa	ation of churches describ	ed in se	ction 17	0(b)(1)(<i>i</i>	۹)(i).					
2	A :	school described in	section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	∏ A I	nospital or a coope	rative hospital service	organization described ir	section	170(b)	(1)(A)(iii).					
4	ΠA	medical research o	rganization operated ir	conjunction with a hosp	ital desc	ribed in	section	170(b)(1)(A)(iii)	. Enter ti	ne hospital's	;	
*	na	me, city, and state:											
5	☐ An	organization opera 0(b)(1)(A)(iv). (Co	ated for the benefit of a mplete Part II.)	college or university ow	ned or o	perated	by a gov	ernmen	tal unit d	escribed	in section		
6			•	ernmental unit described		•		•					
7	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.)												
8	∐A	community trust de	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II.)								
9	fro inv Ju	m activities related restment income ar ne 30, 1975. See s	to its exempt functions and unrelated business to ection 509(a)(2). (Con	· ·	ceptions, tion 511	and (2) tax) fror	no more n busine	than 33 sses ac	3-1/3% o	f its supp	port from gr	ÖSS	
10			•	clusively to test for public	•								
11	de.	ore publicly support scribes the type of	ed organizations desci supporting organizatio	clusively for the benefit of ribed in section 509(a)(1) n and complete lines 116 Type III — Function	or section of the organization of the organiza	on 509(a ı 11h.	functions a)(2). Se	e sectio	n 509(a)	(3). Che	eck the box	that	
	a — p	1.75.		L 1 *'		•					ınctionally ir	ntegran	ea
е	└-J oth	cnecking this box, her than foundation ction 509(a)(2).	managers and other th	ization is not controlled d nan one or more publicly	support	ed organ	nizations	e or mor describ	ed in sec	tion 509	rsons 9(a)(1) or		
f	lf t	he organization red eck this box	eived a written determ	ination from the IRS that	is a Typ	e I, Typ	e II or Ty	pe III su	pporting	organiz	ation,		
g	Sir	nce August 17, 200	6, has the organizatior	accepted any gift or co	ntributio	n from a	ny of the	followir	ng persor	ns?			
												Yes	No
	(i)	below, the gove	rning body of the supp	trols, either alone or toge orted organization?							11 g (i)		
	(ii)	A family member	er of a person describe	d in (i) above?							. 11 g (ii)		ļ
	(iii) A 35% controlle	d entity of a person de	scribed in (i) or (ii) above	?						· 11 g (iii)		
h	Pro	ovide the following	information about the s	supported organization(s)).							i	<u> </u>
	(i) ¹	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organize column (i) your gov docur	ation in listed in verning	(v) Did yo the organi column (i) supp	of your	(vi) Is organiza colum organized U.S	ation in an (i) d in the	(vii) Amoun sup	t of mon port	etary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)							l	l					
<u></u>													
(C)							<u> </u>						
(D)													
/ E\							<u> </u>						
(E)					 								
Total													

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

Schedule A (Form 990 or 990-EZ) 2013

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	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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			1865 <u>, 464</u> 5 <u>11</u>	P. C. Printer		
Sec	tion B. Total Support		r	·			
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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			10 mg			
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	for the organization for the o	on's first, second,	third, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ ∏
	tion C. Computation of Pu						
	Public support percentage for 2013						%
15	Public support percentage from 20	112 Schedule A, Pa	art II, line 14			15	%
16 a	33-1/3% support test $-$ 2013. If t and stop here. The organization \mathbf{q}						
b	33-1/3% support test — 2012. If the and stop here. The organization of	he organization did qualifies as a public	I not check a box on the classical land and a	on line 13 or 16a, a nization	ınd line 15 is 33-1/3	% or more, check	this box
	10%-facts-and-circumstances te or more, and if the organization methe organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	st, check this box a	ind stop here. Exp	ain in Part IV how	
	10%-facts-and-circumstances te or more, and if the organization meorganization meets the 'facts-and-circumstant' or a second control of the c	eets the 'facts-and- circumstances' test	circumstances' tes i. The organization	st, check this box a nqualifies as a pub	and stop here. Exp licly supported orga	ain in Part IV how anization	the ▶
18	Private foundation. If the organiza	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruction	ns ▶ 🔲

01-0927472

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						
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include		0.220	4 020	F 107	F 470	24 645
2	any 'unusùal grants.') Gross receipts from admis-		9,220.	4,820.	5,127.	5 , 478.	24,645.
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		11,604.	18,344.	25,451.	24,897.	80,296.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1					
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
6	Total. Add lines 1 through 5		20 024	22 1 64	20 570	20 275	104 041
	Amounts included on lines 1, 2, and 3 received from disqualified persons		20,824.	23,164.	30,578.	30,375.	104,941.
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						
8	Public support (Subtract line 7c from line 6.)						104,941.
Sec	tion B. Total Support	, - 					
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6		20,824.	23,164.	30,578.	30,375.	104,941.
_	acquired after June 30, 1975 Add lines 10a and 10b						ļ <u>-</u>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12.)		20,824.	23,164.	30,578.	30,375.	104,941.
14	First five years. If the Form 990 is organization, check this box and s	for the organization for the organization for the organization to the organization for the or	on's first, second, th	ird, fourth, or fifth	tax vear as a section	on 501(c)(3)	, . , ▶ □
	tion C. Computation of Pu						
	Public support percentage for 201						100.00 응
16	Public support percentage from 20	112 Schedule A, Pa	rt III, line 15		· · · · · · · · · · · ·	16	100.00 %
Sec	tion D. Computation of Inv						
17	Investment income percentage for	2013 (line 10c, co	umn (f) divided by	line 13, column (f))	17	olo
18	Investment income percentage fro	m 2012 Schedule /	A, Part III, line 17 .			18	00
	33-1/3% support tests $-$ 2013. If is not more than 33-1/3%, check the	nis box and stop h e	ere. T he organization	on qualifies as a p	ublicly supported o	rganization	► [X]
	33-1/3% support tests $-$ 2012. If line 18 is not more than 33-1/3%, or	check this box and	stop here. The org	janization qualifies	as a publicly supp	orted organization	on ▶ []
20	Private foundation. If the organiz	ation did not check	a box on line 14, 1	_ 	this box and see in		▶ □

Schedule A	(Form 990 or 990-EZ) ZU13 _ LOVING THUNDER THERAPEUTIC RIDING, INC.	01-092/4/2	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Part II, line 17a	
			- -
		 	· — — — –
			. _
			_
			· _
			· —
	•		·
			- -

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

2013

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LOVING THUNDER THERAPEUTIC RIDING, INC.

Employer identification number

01-0927472

	(a) Name of disqual	ified person			between dis		(c) Description (of transac	ction			(d) Corr	rected
1				person ar	nd organizat	Jon						Yes	No
(1)			<u></u>										
(2)													<u> </u>
(3)													
(4)													
(5)													
(6)												_	
S	ection 4958			• • • •		squalified persons du			•				
3 E	inter the amount of	tax, if any, on li	ine 2, above, reir	nburse	d by the o	organization			▶\$				
	Complete if the	he organization	Interested F answered 'Yes' nount on Form 9	on For	m 990-E	Z, Page V, line 38a o 5, 6, or 22.	Form 990, Part IV,	line 26	; or if	the			
Part	Complete if the	he organization		on For 90, Par (d) Loa frorr	m 990-E	Z, Page V, line 38a of 5, 6, or 22.	Form 990, Part IV,	(g) In d		(h) App	ard or	(i) Wri	
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Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

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	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2013

Page 2

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar organiza reveni
				Yes
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t V Supplemental Information Provide additional information for r	acnoneas to auastions on Schoo	lula I (saa instructions	1	
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
LOVING THUNDER THERAPEUTIC RIDING, INC.	01-0927472
PART 1 LINE 16 FORM 990EZ, PART 1, LINE 16-OTHER EXPENSES, ARE	ALL
ORDINARY & NECESSARY BUSINESS EXPENSES OF THE	
ORGANIZATION LISTED ON THE SUPPLEMENTAL INFORMAT	PION
PART 2 LINE 26 THE ORGANIZATIONS TOTAL LIABILITIES LISTED ON TH	E
SUPPLEMENTAL INFORMATION	

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

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

(99)

LOVING THUNDER THERAPEUTIC RIDING, INC

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No.

Identifying number

01-0927472

Business or activity to which this form relates **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (a) Description of property 6 (b) Cost (business use only) (c) Elected cost Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11... Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶ Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions. Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 301 Property subject to section 168(f)(1) election . 15 15 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2013. . . . 294 Section B — Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) (a) (f) Method (g) Depreciation deduction Convention Classification of property (business/investment use Recovery period year placed in service - see instructions) 19 a 3-year property **b** 5-year property 299 7.0 yrs ΗY c 7-year property 200 DB 44. d 10-year property e 15-year property f 20-year property 25 yrs g 25-year property . . . S/L h Residential rental 27.5 yrs S/L MM 27.5 yrs property MM S/L i Nonresidential real 39 yrs MM S/L MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs S/L **b** 12-year. **c** 40-year. 40 yrs MM S/L Part IV Summary (See instructions.) 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 639 the appropriate lines of your return. Partnerships and S corporations — see instructions . . . For assets shown above and placed in service during the current year, enter

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

than 5% owner or related person? 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 who are not more than 5% owners or related persons (see instructions). 7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 8 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. 9 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (b) Date amortization Description of costs that begins during your 2013 tax year (see instructions):		columns	or any vehicle for (a) through (c) c	of Section A, a	II of Section	on B, and	d Section	Cifap	olicat	ole.				_		2 4 b,	
(e) (g) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b			<u>-</u>			<u>`</u> _					Γ					₩.	<u> </u>
Pipes of properly (list wisches mit) In service (list wisches) and properly placed in service during the tax year and lead more than 50% in a qualified business use (see instructions). 25 Special depreciation allowance for qualified lested property placed in service during the tax year and lested more than 50% in a qualified business use (see instructions). 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 29 Add amounts in column (h), lines 26, Enter here and on line 7, page 1. 29 Section B — Information on Use of Vehicles 29 Section B — Information on Use of Vehicles 29 Complete this section for vehicles used by a side proprietior, partner, or other more than 5% owner, for related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during they year (do not include). 31 Total other personal (noncommuring) miles of the completing in the section of those vehicles. 32 Total other personal (noncommuring) miles driven during the year (do not include). 33 Total other personal (noncommuring) miles driven during the year. Add lines 30 through 32 . 34 Was the vehicle available for personal use during off-duty hours? 35 Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees have during off-duty hours? 36 Was the vehicle available for personal use during the year and observation of the during the year (do not include). 36 Yes in the during the year (and not include) personal use of vehicles, including commuting. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? 38 Do you be treat all use of vehicles by employees as personal use of vehicles, except commuting. 39 Do you maintain a written p	24		T				··· <u>·</u>	_	Ш	NO				e written?	-	XYes	
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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 who are not more than 5% owners or related persons (see instructions). 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 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? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) 42 Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. 43 Amortization (a) (b) (c) (d) (e) Amortization period or percentage 44 Amortization of costs that begins during your 2013 tax year (see instructions):	35	Was the vehicle	used primarily b	y a more						1							
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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? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) 42 Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. 43 Part VI Amortization (a) (b) (c) (d) (c) Amortization period or percentage (f) Amortization for this year 44 Amortization of costs that begins during your 2013 tax year (see instructions):	37															Yes	No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	38																
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Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (b) Date amortization begins Amortizable amount Section Date amortization period or percentage 42 Amortization of costs that begins during your 2013 tax year (see instructions):	40																
(a) Description of costs Date amortization begins (b) Date amortization begins (c) Amortization Section Code Section Amortization period or percentage 42 Amortization of costs that begins during your 2013 tax year (see instructions):	41	Do you meet the Note : If your ans	requirements coswer to 37, 38, 3	oncerning qua 9, 40, or 41 is	lified auto 'Yes,' do	mobile d	emonstr olete Sed	ation us	e? (S or the	ee ii cov	nstruction vered ve	ons.) ehicles.			• • •		
Description of costs Date amortization begins Date amortization amount Description of costs Date amortization begins Date amortization amount Description of costs Amortization period or percentage Amortization for this year Percentage Amortization period or percentage	Pa	rt VI Amorti	zation												1		
Amortization of costs that begins during your 2013 tax year (see instructions):			Date an	Date amortization		Amortizable		Code		de	Amortization period or		Amortization				
43 Amortization of costs that began before your 2013 tax year	42	Amortization of	costs that begins	during your 2	2013 tax y	ear (see	instruction	ons):					1 55		<u> </u>		
43 Amortization of costs that began before your 2013 tax year																	
43 Amortization of costs that began before your 2013 tax year																	
44 Total. Add amounts in column (f). See the instructions for where to report	43 44		•	•	•												-

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	1,621.
DUES AND SUBSCRIPTIONS	1,385.
AUTO EXPENSE	623.
BANK CHARGES	382.
PROFESSIONAL TRAINING	400.
INSURANCE	1,294.
LICENSES & FEES	10.
PAYROLL TAXES	52.
OFFICE SUPPLIES	372.
PROGRAM EXPENSES	30,741.
SUPPLIES	216.
TRAVEL	2,131.
CONTINUED ED	15.
PORTA POTTY	93.
Depreciation	639.
UNCOLLECTIBLE	200.
INTEREST EXPENSE	11.
Total	40,185.

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	140.	-210.
SWH PAYABLE	0.	0.
N/P TO TWUANA	5,107.	17,111.
FICA PAYABLE	113.	154.
FWH PAYABLE	134.	93.
CHASE	75.	402.
Total	5,569.	17,550.