Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2023

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eparin	ont of	the Treasury		Do not e	enter soci	ial security				•			Open to	Public
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] Fin	al retu	rn/terminated					reign postal code					G Gross		
An	nended	l return	YELLOW	V SPRIN	IGS, OI	H 45387-	-9756					\$		364,97
Ap	plicatio	on pending	F Name and ad	Idress of prin	cipal officer:	:					H(a) Is this a g	group return f	for subordinates?	Yes X N
											H(b) Are all	subordinate	es included?	Yes 🔄 N
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	CAROLYN BA	AILEY				
Sign	Signature of officer					Date
Here	CAROLYN BA	AILEY, EXECU	TIVE DIRECTOR			
	Type or print name and title	1				
	Print/Type preparer's nar	me	Preparer's signature	Date	Check	if PTIN
Paid	MATTHEW COLE	СРА		05-22-2024	self-employed	P01630327
Preparer	Firm's name	VILLAGE	ACCOUNTING AND TAX 1	LLP	Firm's EIN	
Use Only	Firm's address	888 DAYI	ON ST STE 107		Phone no.	
		Yellow S	prings OH 45387		93	7-751-7375
May the IRS	discuss this return w	ith the preparer sh	own above? See instructions		•••••	X Yes 🗌 No

Form	n 990 (2023) RIDING CENTRE ASSOCIATION		31-0835665 Page 2
Ра	rt III Statement of Program Service Accom	plishments	
	Check if Schedule O contains a response or note to	o any line in this Part III	
1	Briefly describe the organization's mission:		
	PROVIDE THERAPEUTIC SERVICES AND EDUCA	TION TO THE PUBLIC	
2	Did the organization undertake any significant program servi prior Form 990 or 990-EZ?		Yes 🕱 No
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant c services?		🗌 Yes 🕱 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishmen	ts for each of its three largest program services, as mea	sured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are the total expenses, and revenue, if any, for each program ser		to others,
4a	(Code:) (Expenses \$ 141,301	including grants of \$) (Reven	ue \$ 177,586)
	THE RIDING CENTRE SERVES RESIDENTS AND	SPECIAL NEEDS CHILDREN AND ADULTS I	N THE GREENE COUNTY
	OHIO AREA. RIDING AND BOARD AND CARE O		
	CHILDREN AND ADULTS IS A FINE MEASURE		ON OF HORSES IS THE
	EMPHASIS . SERVES APPROXIMATELY 500 IN	DIVIDUALS.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue)	Je \$)
4c	(Code:) (Expenses \$	including grants of \$) (Reven	Je \$)
40	(Code:) (Expenses \$\$		μe ψ)
ام (/	Other program services (Describe on Schedule O.)		
4d	(Expenses \$ including grants of	\$) (Revenue \$)
4e		,301)
- 		/	Form 000 (2022)

Form	990 (2023) RIDING CENTRE ASSOCIATION 31-08	35665	F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A		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			
	candidates for public office? If "Yes," complete Schedule C, Part L	. 3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	. 5		
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	. 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	• 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III • • • • • • • • • • • • • • • • •	. 8		X
9	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 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-restricted endowments			
	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 in 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			
	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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. <u>11c</u>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		x
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 footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part-X	. 11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	• 12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	• 14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	• 15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	. 16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	. 17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI	. 18		x
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		x
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		
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		x

Form 990 (2023)

Form	990 (2023) RIDING CENTRE ASSOCIATION 31-	-083566	55	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				_
		_		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	•••	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	•••	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease 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		05-		
h.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	•••	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		25b		v
26	If "Yes," complete Schedule L, Part I	•••	290		X
20	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.		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	••••	20		А
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule				
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	Γ			
	"Yes," complete Schedule L, Part IV	•••	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	•••	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M	•••	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	••••	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II	•••	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	•••	33		x
34	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		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	•••	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		0.51		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	•••	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	•••	30		<u>х</u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part-VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	•••	57		•
	19? Note: All Form 990 filers are required to complete Schedule O		38	x	
Par			50	Α	1
rai	Check if Schedule O contains a response or note to any line in this Part V				
			••	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
-	reportable gaming (gambling) winnings to prize winners?		1c	x	
			-		

Form	990 (2023) RIDING CENTRE ASSOCIATION 31-08356	65	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a ⊾	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
100	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			_
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

For	m 990 (2023) RIDING CENTRE ASSOCIATION 31-08	35665	F	age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b bei	ow, and f	or a "l	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule			
	Check if Schedule O contains a response or note to any line in this Part VI	••••		X
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	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			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	8		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		
4	supervision of officers, directors, trustees, or key employees to a management company or other person?			X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?			X X
6	Did the organization become aware during the year of a significant diversion of the organization's assets :			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•		•
74	one or more members of the governing body?	. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	. 8a	x	
b	Each committee with authority to act on behalf of the governing body?	. 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	. 9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	e.)		
			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,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	• 11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	· 12a	-	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? •	. 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100		
13	describe on Schedule O how this was done	· 12c		v
14	Did the organization have a written document retention and destruction policy?	· 13	-	X X
15	Did the process for determining compensation of the following persons include a review and approval by	• 14		•
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a		x
b	Other officers or key employees of the organization	. 15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	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		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	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		x
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Image: Construction of the construc			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
~~	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	CAROLYN BAILEY (937)767-9087, 1117 E HYDE RD, YELLOW SPRINGS, OH 45387-9756			

Form 990 (202	3) RIDING CENTRE ASSOCIATION	31-0835665	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		••
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated	Employees	
	his table for all persons required to be listed. Report compensation for the calendar year ending wit	h or within the	
organization's t	ax year.		
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regard	lless of amount of	
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.		
. List all of	the executional evenent low employees if any. See the instructions for definition of livey employee		

· List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

· List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

E Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	ing related organizati		nper	isaid	eu a	ny cun	ent		liusiee.	
					(C)					
(A)	(B)		Position (do not check more than one					(D)	(E)	(F)
Name and title	Average					nan one s both an		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or In	Ing	q	Ke	en	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	dire	stitut	Officer	y er	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	related organizations	ctor	iona		Key employee	/ee				
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	ě	stee			Highest compensated employee				
						ed				
(1)CAROLYN BAILEY	40.00									
EXECUTIVE DIRECTOR					X			30,479	0	3,833
(2)COLLEEN LUNGERMAN	2.00									
TRUSTEE		х						0	0	0
(3) SYLVIA ELLISON	2.00									
TRUSTEE		х						0	0	0
(4) SUSIE NICKELS	1.00									
		x						0	0	0
(5) CAROL VAN AUSDAL	2.00									
TRUSTEE		x						0	0	0
(6)MARSHA CASDORPH	2.00									
SECRETARY		х						0	0	0
(7) JILL O BANION	2.00									
PRESIDENT		х						0	0	0
(8) JANETTE LEWIS-JENNINGS	2.00									
TRUSTEE		х						0	0	0
(9) STEPHANIE LAWSON	2.00									
		х						0	0	0
(10)										
(11)										
 [12)										
(13)										
<u>(14)</u>										
										E

F

	90 (2023) RIDING CENTRE ASS									835665		2age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp	oloy	ees	s, and	d Highest Comp	ensated Er	nployee	5 (cont	tinued
	(A) Name and title	(B) Average hours per week (list any	box	, unles cer and	Posi eck mo ss pers d a dire	ore tha son is	an one both an rustee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W	c	(F) imated am of other ompensat from the	r
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	T 1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		janization ed organiz	
(15)			-									
<u>(16)</u>	·		-									
<u>(17)</u>			-									
<u>(18)</u>			-									
(19)			-									
(20)			-									
(21)			-									
(22)			-									
(23)			-									
(24)			-									
(25)			-									
1b	Subtotal	• • • • • •	• • • •	•••	• • •	•••	• • •					
С	Total from continuation sheets to Part VII, Sect		•••	••		••	•••					
d	Total (add lines 1b and 1c)									0	3,	833
2	Total number of individuals (including but n		to thos	e lis	ted a	abov	ve) wł	no received more t	han \$100,000) of		
	reportable compensation from the organiza	ation										0
3	Did the organization list any former officer, direct	tor tructoo	kovon	anla		or bi	aboot	componented			Yes	No
3	employee on line 1a? If "Yes," complete Schedu		-				-			3		x
4	For any individual listed on line 1a, is the sum of re-											
-	organization and related organizations greater th	•	•									
	individual									4		x
5	Did any person listed on line 1a receive or accrue			-			-					
Sooti	for services rendered to the organization? If "Yes	s," complete	Sched	lule .	J for :	such	i persc		• • • • • • •	5		X
<u>3ecu</u> 1	on B. Independent Contractors Complete this table for your five highest co	mnonsator	d indor	and	lont	cont	tracto	rs that received m	ore than \$100	000 of		
•	compensation from the organization. Report		-					ear ending with or		anization'		ear.
	(A)	S C						(B) Description of servi	000	C)		
	Name and business addres	33						Description of Servi		Comper	isaliUII	
	Total number of independent contractors (ii	noludina h		limit	od +-	the		tod abova) wha				
2	Total number of independent contractors (in	nciuuiiiy D	ut HOL I	mme	eu iC	ν u iC	Se lis	neu abuvej WIIU				

received more	1 A A A A A A A A A A A A A A A A A A A		a maatia mafua ma		
received more	man \$100 t	JUU OF COMD	ensation from	i me or	nanization

Form 99				ENTRE AS	SOC	IATION			31-08356	65 Page
Part	VIII	Statement of Rev						<i></i>		г
		Check if Schedule O	cor	ntains a res	pons	e or note to any I			•••••	-
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b	Membership dues			1b	2,035				
nts	-	Fundraising events			10	2,000				
Gra					1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contr			1e	99,893				
s, G nila		All other contributions, gif								
i Sir		and similar amounts not in	-		1f	104,282				
ibut	g	Noncash contributions inc	lude	d in						
dut		lines 1a-1f	••		1g	\$				
ສັບັ	h	Total. Add lines 1a-1f	••				206,210			
						Business Code				
	2a	BOARDING AND RIDI	NG			713990	152,045	152,045		
106	b									
	c									
lram serv Revenue	d									
Program Service Revenue	е									
	f	All other program service	revei	nue	••					
	g	Total. Add lines 2a-2f .	••				152,045			
	3	Investment income (includi	na d	ividends. inte	erest. a	and				
		other similar amounts) .					6,720	6,720		
	4	Income from investment of	tax-	exempt bond	proc	eeds				
	5	Royalties	••							
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss)	•			• • • • • • • •				
	7a	Gross amount from		(i) Securitie	es	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses								
ven		Gain or (loss)								
Ве		Net gain or (loss)			• • •	• • • • • • • •				
Other Revenue	1	Gross income from fundra	-							
δ		events (not including \$								
		of contributions reported o								
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b					
		Net income or (loss) from t		raising event	s <u>•</u>	••••				
	9a	Gross income from gaming	-							
		activities. See Part IV, line			9a					
		Less: direct expenses .			9b					
		Net income or (loss) from	-	ng activities	••	•••••				
	10a	Gross sales of inventory, le returns and allowances .			10a					
	_ _	Less: cost of goods sold			108					
		Net income or (loss) from s								
			Jaies	sorniveniory	••	Business Code				
•	119									
n er										
rent	C C									
Revenue		All other revenue								
ž	-	Total. Add lines 11a-11d				•••••				
		Total revenue. See instru					364,975	158,765	0	
	•				. 3		,	===;::::		

RIDING CENTRE ASSOCIATION

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	34,312	24,312	10,000	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	45,288	45,288		
B	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,512	1,512		
9	Other employee benefits				
0	Payroll taxes	8,156	7,000	1,156	
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	2,875		2,875	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,562		5,562	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	4,745	4,745		
2	Advertising and promotion	1,794	1,794		
3	Office expenses	4,620	4,620		
4	Information technology	2,157	2,157		
5	Royalties				
6	Occupancy	7,273	7,273		
7	Travel	1,217	1,217		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization ••••••	15,358	15,358		
3	Insurance	14,142	14,142		
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	ALL FUNDRAISING EXPENSES	9,231			9,23
b	PROG SERVICE SUPPLIES	4,434	4,434		
с	REPAIRS	6,004	6,004		
d					
е	All other expenses	1,445	1,445		
5	Total functional expenses. Add lines 1 through 24e	170,125	141,301	19,593	9,23
6	Joint costs. Complete this line only if the		,		-,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note	to a	ny line in this Part X			•••••
					(A)		(B)
	-				Beginning of year		End of year
	1	Cash - non-interest-bearing		•••••	26,111	1	134,690
	2	Savings and temporary cash investments		•••••	75,735	2	421,216
	3	Pledges and grants receivable, net		•••••		3	
	4	Accounts receivable, net		•••••	6,530	4	7,823
	5	Loans and other receivables from any current or former o	officer	, director,			
		trustee, key employee, creator or founder, substantial con	ntribu	tor, or 35%			
		controlled entity or family member of any of these person	IS	•••••		5	
	6	Loans and other receivables from other disqualified perso	ons (a	as defined			
		under section 4958(f)(1)), and persons described in section	ion 49	958(c)(3)(B)		6	
ú	7	Notes and loans receivable, net		•••••		7	
Assets	8	Inventories for sale or use		•••••	11,982	8	11,407
As	9	Prepaid expenses and deferred charges			5,731	9	5,731
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	376,175			
	b		10b		33,101	10c	17,743
	11	Investments - publicly traded securities		•••••		11	
	12	Investments - other securities. See Part IV, line 11 .	•••	•••••		12	
	13	Investments - program-related. See Part IV, line 11	• • •	•••••		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		•••••	515	15	515
	16	Total assets. Add lines 1 through 15 (must equal line 3	3).	• • • • • • • • • • •	159,705	16	599,125
	17	Accounts payable and accrued expenses			7,992	17	3,298
	18	Grants payable	•••	•••••		18	
	19	Deferred revenue		+		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of				21	
s	22	Loans and other payables to any current or former office					
iliti		trustee, key employee, creator or founder, substantial cor		tor, or 35%			
Liabilities		controlled entity or family member of any of these person		•••••		22	
-	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D		L L L L L L L L L L L L L L L L L L L		25	
	26	Total liabilities. Add lines 17 through 25			7,992	26	3,298
		Organizations that follow FASB ASC 958, check here	Х	•			
es	~=	and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			122,015	27	
Bal	28			••••	29,698	28	595,827
ри		Organizations that do not follow FASB ASC 958, check	скпе	ere 🗌			
Net Assets or Fund Balances		and complete lines 29 through 33.				20	
s ol	29 20	Capital stock or trust principal, or current funds				29 30	
set	30	Paid-in or capital surplus, or land, building, or equipment				30 31	
t As	31 32	Retained earnings, endowment, accumulated income, or Total net assets or fund balances			151,713	32	595,827
R	33	Total liabilities and net assets/fund balances			151,715	33	595,827
	55		•••	• • • • • • • • • • •	159,105	55	377,123

Form 990 (2023) RIDING CENTRE ASSOCIATION

Balance Sheet

Part X

EEA

Form 990 (2023)

31-0835665 Page 11

		31-08356	65	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	• • • • • • •			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		364,	975
2	Total expenses (must equal Part IX, column (A), line 25)	2		170,	125
3	Revenue less expenses. Subtract line 2 from line 1	3		194,	850
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		151,	713
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		249,	264
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		595,	827
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		• • • •		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	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.				
	Separate basis Consolidated basis Both 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		х
	If the organization changed either its oversight process or 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 the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
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		
EEA			Form	990	(2023)

	4562		Depreciatio	on and A	mortizatio	on		OMB No. 1545-0172
Form	4502		(Including Infor			rty)		2023
	nent of the Treasury	Go to	Attacl www.irs.gov/Form4562	n to your tax re		t information		Attachment Sequence No. 179
	Revenue Service s) shown on return	4010	-		hich this form relate			ifying number
	DING CENTRE A	SSOCIATION		-	990 - 1	0		835665
Par			rtain Property Und					
	Note: If yo	u have any listed	property, complete Pa	art V before y	ou complete Pa	art I.		
1			s)				1	
2			placed in service (see				2	
3			perty before reduction			•	3	
4			ne 3 from line 2. If zero				4	
5		-	act line 4 from line 1.			-	5	
6		Description of property	•••••	(b) Cost (busin		(c) Elected cost	5	
	(a)	Description of property	y					
7	Listed property.	Enter the amount	from line 29	• • • • • • •	7			
8	Total elected cos	st of section 179 p	roperty. Add amounts	in column (c), lines 6 and 7		8	
9	Tentative deduct	ion. Enter the sm	aller of line 5 or line 8				9	
10	•		from line 13 of your 2				10	
11			maller of business income	•	,		11	
12			dd lines 9 and 10, but		r		12	
13			to 2024. Add lines 9 a			13		
			for listed property. Ins			lude listed property. Se	oo inot	
			qualified property (otl					
14							14	
15			1) election				15	
			S)				16	12,754
Part			on't include listed pro					
				ection A				T
			ced in service in tax ye	-	-	••••	17	
18	-		sets placed in service	-	-			
							- Cuat	
	Section	(b) Month and yea	(c) Basis for depreciation (business/investment use	2023 188 10	ear Using the		Joysu	3111
(a)	Classification of prope	rty placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) [Depreciation deduction
19a	3-year property	/	3,000	3	НҮ	SL		500
b	5-year property							
	7-year property		29,450	7	НҮ	SL		2,104
d	7 1 1							
f	15-year propert 20-year propert							
	<u> </u>			25 yrs.		S/L		
	Residential rent			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential r	eal		39 yrs.	MM	S/L		
	property			,	MM	S/L		
	Section	C - Assets Place	ed in Service During	2023 Tax Ye	ar Using the A	Iternative Depreciati	on Sy	stem
20a	Class life					S/L		
-	12-year			12 yrs.		S/L		
-	30-year			30 yrs.	MM	S/L	_	
	40-year	<u> </u>		40 yrs.	MM	S/L		
Par		(See instructions.)					04	
		Enter amount from	m line 28 • • • • • • • • • • • • • • • • • •		\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot	and line 21 Enter	21	
22			of your return. Partner				22	15,358
23			ed in service during th					15,556
				•••••		23		

Depreciation Detail Listing

* Item is included in UBIA

for Section 199A calculations.

See "UBIA" in lower right corner.

01-15-2004

09-30-2004

5,303

30,586

100.00

100.00

29 SADDLES & TACK

30 BARN IMPROVMENTS

101 0					<i>.</i>		PIOGIAM SELVIC								PAGE I	
	"UBIA" in lower right corner				(This pag	ge is not filed v	with the return. It	is for your reco	ords o	nly.)						
Name	(s) as shown on return												Social sec	urity number/EI	N	
F	IDING CENTRE ASSOCIATI	ON		1				1					31	-0835665		
No.	Description	Date	Cost	Basis	Business	Section	Bonus	Depreciable	Life		Method	Rate	Prior	Current	Accumulated	AMT
NO.	Description	Dale	COSI	Adjustment	percentage	179	depreciation	Basis	Lile		Method	nale	Depreciation	Depreciation	Depreciation	Current
1	SPLASH 23 YR OLD GELD	04-01-2	2022 1,000		100.00			1,000	3	SL	НҮ	33.333	167	333	500	
2	PLUTO 13 YR OLD PONY	09-27-2	4,500		100.00			4,500	3	SL	НҮ	33.333	750	1,500	2,250	
3	MANURE SPREADER 2	03-22-1	997 900		100.00			900	7			0	900		900	
4	TELEVISION	03-31-1	.997 125		100.00			125	7			0	125		125	
5	MOWER 2	07-26-1	.997 334		100.00			334	7			0	334		334	
6	WEED EATER	02-02-1	.998 103		100.00			103	7			0	103		103	
7	KENMORE WASHER & DRYE	03-01-1	998 250		100.00			250	7			0	250		250	
8	HORSE-WHISPER 7 YR GE	06-26-1	1,250		100.00			1,250	7			0	1,250		1,250	
9	WATER TANK	11-05-1	998 40		100.00			40	7			0	40		40	
10	MANURE SPREADER 3	11-30-1	998 1,850		100.00			1,850	7			0	1,850		1,850	
11	NEW BARN	10-15-2	36,530		100.00			36,530	20			0	36,530		36,530	
12	HORSE-JEB 8 YR GELDIN	03-19-2	2001 3,683		100.00			3,683	7			0	3,683		3,683	
13	LAND IMPROVEMENTS	03-22-2	2,905		100.00			2,905	15			0	2,905		2,905	
14	MCCALLY FENCE & NEW B	03-31-2	2001 6,524		100.00			6,524	10			0	6,524		6,524	
15	MAYER MANURE SPREADER	06-30-2	2001 6,450		100.00			6,450	7			0	6,450		6,450	
16	MCCALLY FENCE (KNIGHT	10-09-2	2,265		100.00			2,265	15			0	2,265		2,265	
17	INVISIBLE FENCE	12-05-2	2001 1,495		100.00			1,495	15			0	1,495		1,495	
18	HORSE-SPECIAL 10 YR M	08-13-2	2,500		100.00			2,500	7			0	2,500		2,500	
19	FENCE	09-09-2	2002 1,697		100.00			1,697	10			0	1,697		1,697	
20	CONCRETE CATCH BASINS	09-09-2	2002 11,132		100.00			11,132	15			0	11,132		11,132	
21	TRACTOR SHED	11-20-2	2002 21,227		100.00			21,227	20			0	21,227		21,227	
22	HORSE-SALTY 18YR GELD	12-31-2	2,000 2,000		100.00			2,000	7			0	2,000		2,000	
23	HORSE-SHELLY YR MARE	02-10-2	2003 1,500		100.00			1,500	3			0	1,500		1,500	
24	INDOOR RING DOOR	02-13-2	2003 1,450		100.00			1,450	20	SL	НҮ	5	1,414	36	1,450	
25	HARROW	04-20-2	2003 1,273		100.00			1,273	7			0	1,273		1,273	
26	MOWER	07-25-2	2003 4,485		100.00			4,485	7			0	4,485		4,485	
27	HORSE-ROXIE 12 YR MAR	09-10-2	800 800		100.00			800	3			0	800		800	
28	SHELTER	09-15-2	2,868		100.00			2,868	20	SL	НҮ	5	2,796	72	2,868	
	1	1		1	1		1	1	1	1		1		1		

Program Services

5,303 7

30,586 20

SL

0

ΗY 5 5,303

28,292

1,529

PAGE 1

2023

5,303

29,821

Depreciation Detail Listing Program Services

* Item is included in UBIA

for Section 199A calculations.

for S	ection 199A calculations.						Program Servi	ces							PAGE 2	
_	"UBIA" in lower right corner				(This pa	ge is not filed	with the return. I	t is for your reco	ords o	only.)						
Name	(s) as shown on return												Social se	ecurity number/El	N	
I	RIDING CENTRE ASSOCIATI	ON	1	T			1					1	3	1-0835665		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	'	Vethod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	FURNACE	11-25-20	930		100.00			930	7			0	930		930	
32	HORSE TRAILER	12-09-20	2,000		100.00			2,000	7			0	2,000		2,000	
33	SECURITY SYSTEM	12-21-20	1,245		100.00			1,245	7			0	1,245		1,245	
34	BARN IMPROVEMENTS	12-31-20	17,072		100.00			17,072	20	SL	НҮ	5	15,792	854	16,646	
35	LEACH BED	02-21-20	3,008		100.00			3,008	15			0	3,008		3,008	
36	BARN IMPROVEMENTS	03-31-20	2,628		100.00			2,628	20	SL	НҮ	5	2,299	131	2,430	
37	HORSE-HONEY PEPPER 8	04-21-20	3,000		100.00			3,000	7			0	3,000		3,000	
38	HORSE-JACK 14 YR GELD	09-17-20	2,500		100.00			2,500	3			0	2,500		2,500	
39	BARN IMPROVEMENTS-5 S	09-30-20	6,159		100.00			6,159	20	SL	НҮ	5	5,390	308	5,698	
40	HORSE-APOLLO	01-12-20	3,500		100.00			3,500	7			0	3,500		3,500	
41	OUTDOOR ARENA	05-05-20	19,024		100.00			19,024	15			0	19,024		19,024	
42	MANURE SPREADER	08-31-20	6,500		100.00			6,500	7			0	6,500		6,500	
43	LAPTOP COMPUTER	05-19-20	1,317		100.00			1,317	5			0	1,317		1,317	
44	PONY CART	06-30-20	1,325		100.00			1,325	7			0	1,325		1,325	
45	MARES SHELTER	10-23-20	6,943		100.00			6,943	20	SL	MQ	5	5,249	347	5,596	
46	CROSS COUNTRY JUMPS	02-01-20	2,500		100.00			2,500	7			0	2,500		2,500	
47	FENCE	05-13-20	4,000		100.00			4,000	15	SL	НҮ	6.667	3,867	133	4,000	
48	FENCE	07-08-20	5,868		100.00			5,868	15	SL	HY	6.667	5,672	196	5,868	
49	PONY CART WHEELS	08-16-20	008 445		100.00			445	7			0	445		445	
50	WATERERS	09-04-20	8,106		100.00			8,106	7			0	8,106		8,106	
51	STALLS	04-07-20	300 300		100.00			300	15	SL	MQ	6.667	273	20	293	
52	HORSE - BONZAI	10-22-20	009 750		100.00			750	3			0	750		750	
53	HORSE - DOTTIE	08-17-20	2,400		100.00			2,400	7			0	2,400		2,400	
54	HORSE JOE BARNES 14 Y	03-15-20	2,000		100.00			2,000	3			0	2,000		2,000	
55	HYDRAULIC LIFT	08-02-20	8,546		100.00			8,546	7			0	8,546		8,546	
56	HAY ELEVATOR	08-10-20	1,650		100.00			1,650	7			0	1,650		1,650	
57	FENCE	09-08-20	1,041		100.00			1,041	15	SL	НҮ	6.667	798	69	867	
58	FURNACE	10-22-20	5,820		100.00			5,820	7			0	5,820		5,820	
59	HORSE ROSCOE	04-01-20	800		100.00			800	3			0	800		800	
60	HORSE IVY	04-01-20	800		100.00			800	3			0	800		800	



Depreciation Detail Listing

* Item is included in UBIA

for Section 199A calcul

See "UBIA" in lower rig

Name(s) as shown on return

No.

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or S	ection 199A calculations.					I	Program Servic	es							PAGE 3	
ee	"UBIA" in lower right corner				(This pa	ge is not filed v	with the return. It	is for your reco	ords or	nly.)						
ame	(s) as shown on return												Social se	curity number/EIN	1	
H	RIDING CENTRE ASSOCIATI	ON											31	-0835665		
				Basis	Business	Section	Bonus	Depreciable					Prior	Current	Accumulated	
0.	Description	Date	Cost	Adjustment	percentage	179	depreciation	Basis	Life	Meth	100	Rate	Depreciation	Depreciation	Depreciation	
61	FENCE	10-03-20	1,880		100.00			1,880	15	SL	MQ	6.667	1,268	125	1,393	
62	OVERHEAD DOOR	10-10-20	1,345		100.00			1,345	7			0	1,345		1,345	
63	WATERER	03-18-20	1,000		100.00			1,000	7			0	1,000		1,000	
64	HORSE-ORCO 14 YR GELD	07-10-20	1,200		100.00			1,200	3			0	1,200		1,200	
65	HORSE-DUKE 15 YR OLD	10-25-20	1,000		100.00			1,000	3			0	1,000		1,000	
66	HORSE NOAH 15 YR GELD	08-01-20	1,500		100.00			1,500	3			0	1,500		1,500	
67	HORSE - TOSCA	03-06-20	1,500		100.00			1,500	3			0	1,500		1,500	
68	GRAVELY MOWER	08-30-20	5,000		100.00			5,000	7			0	5,000		5,000	
69	DOC GELDING	09-16-20	2,000		100.00			2,000	3			0	2,000		2,000	
70	BARN LIGHTS	11-21-20	3,475		100.00			3,475	20	SL	MQ	5	1,066	174	1,240	
71	BUDDY 14 YR OLD GELDI	11-22-20	1,000		100.00			1,000	3			0	1,000		1,000	
72	HORSE SANTANA 20 YR O	04-19-20	1,000		100.00			1,000	3			0	1,000		1,000	
73	HORSE MAISIE 12 YR OL	06-14-20	4,000		100.00			4,000	3			0	4,000		4,000	
74	КИВОТА МХ5200	09-20-20	28,300		100.00			28,300	7	SL	НҮ	14.286	22,236	4,043	26,279	
75	HORSE BERWICK	10-30-20	2,250		100.00			2,250	3			0	2,250		2,250	
76	HORSE GWEN	02-27-20	2,000		100.00			2,000	3			0	2,000		2,000	
77	HORSE CHESSIE	06-25-20	1,000		100.00			1,000	3			0	1,000		1,000	
	1	1		1	1	1		1	1	1		1		1	(1

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2,104

15,358

15,358

1,667

2,824

2,000

4,000

2,000

2,000

4,167

10,851

2,794 607

500

2,104

2	HODGE CENDDUCK	04 17 2021	F 000	10			F 000	2	SL	1137	22 222	2 5 0 0	
S	HORSE STARBUCK	04-17-2021	5,000		00.00		5,000		நட	ΗY	33.333	2,500	
4	HORSES	01-01-2010	10,851	10	00.00		10,851	4			0	10,851	
5	IMPR	01-01-2010	2,794	10	00.00		2,794	5			0	2,794	
6	EQU	01-01-2010	607	10	00.00		607	6			0	607	
7	HORSE	06-30-2023	3,000	10	00.00		3,000	3	SL	НҮ	16.667		
8	TRACTOR	06-30-2023	29,450	10	00.00		29,450	7	SL	НҮ	7.143		
	Totals		408,623				408,623					346,270	

HORSE SPARKY

HORSE BONASES

HORSE LENNY (DONATED)

11-08-2018

09-24-2019

10-29-2019

01-14-2020

12-10-2020

FENCE

HARLOW

8,269

2,000

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Current

		(This page is not filed w	ith the return. It is for yo	ur records only.)			202	23
	as shown on retui							Number
		ASSOCIATION		_				0835665
m	Multi-Form	Description	Date	Basis	Method		Life	Deduction
3	1	SPLASH 23 YR OLD GELDING	04-01-2022	1,000	SL	НУ	3	333
;	1	PLUTO 13 YR OLD PONY	09-27-2022	4,500	SL	НУ	3	1,500
;	1	MANURE SPREADER 2	03-22-1997	900			7	
ł		TELEVISION	03-31-1997	125			7	
ł		MOWER 2 WEED EATER	07-26-1997	334 103			7 7	
; ;	1	KENMORE WASHER & DRYER	02-02-1998 03-01-1998	250			7	
;	1	HORSE-WHISPER 7 YR GELDI	06-26-1998	1,250			7	
r ¦	1	WATER TANK	11-05-1998	40			7	
ł	1	MANURE SPREADER 3	11-30-1998	1,850			7	
	1	NEW BARN	10-15-2000	36,530			20	
ļ	1	HORSE-JEB 8 YR GELDING	03-19-2001	3,683			7	
;	1	LAND IMPROVEMENTS	03-22-2001	2,905			15	
;	1	MCCALLY FENCE & NEW BARN	03-31-2001	6,524			10	
3	1	MAYER MANURE SPREADER	06-30-2001	6,450			7	
ŀ	1	MCCALLY FENCE (KNIGHT)	10-09-2001	2,265			15	
	1	INVISIBLE FENCE	12-05-2001	1,495			15	
ł	1	HORSE-SPECIAL 10 YR MARE	08-13-2002	2,500			7	
ł	1	FENCE	09-09-2002	1,697			10	
;	1	CONCRETE CATCH BASINS	09-09-2002	11,132			15	
ł	1	TRACTOR SHED	11-20-2002	21,227			20	
	1	HORSE-SALTY 18YR GELDING	12-31-2002	2,000			7	
	1	HORSE-SHELLY YR MARE	02-10-2003	1,500			3	
ł	1	INDOOR RING DOOR	02-13-2003	1,450	SL	ну	20	
	1	HARROW	04-20-2003	1,273			7	
	1	MOWER	07-25-2003	4,485			7	
	1	HORSE-ROXIE 12 YR MARE	09-10-2003	800			3	
	1	SHELTER	09-15-2003	2,868	SL	НҮ	20	
	1	SADDLES & TACK	01-15-2004	5,303			7	
•	1	BARN IMPROVMENTS	09-30-2004	30,586	SL	НҮ	20	765
ł	1	FURNACE	11-25-2004	930			7	
ł		HORSE TRAILER	12-09-2004				7	
;		SECURITY SYSTEM	12-21-2004		CT	****	7	426
; ;	1	BARN IMPROVEMENTS	12-31-2004 02-21-2005	17,072	SL	пĭ	20 15	426
; ;	1	LEACH BED BARN IMPROVEMENTS	02-21-2005		SL	uv	15 20	131
r ¦	1	HORSE-HONEY PEPPER 8 YR	03-31-2005		51	пі	20	131
•	1	HORSE-JACK 14 YR GELDING	09-17-2005				3	
	1	BARN IMPROVEMENTS-5 STAL	09-30-2005	-	SL	ну	20	308
	1	HORSE-APOLLO	01-12-2006				7	
	1	OUTDOOR ARENA	05-05-2006				, 15	
ł	1	MANURE SPREADER	08-31-2006				7	
ł	1	LAPTOP COMPUTER	05-19-2007	1,317			5	
;	1	PONY CART	06-30-2007				7	
	1	MARES SHELTER	10-23-2007		SL	MQ	20	347
	1	CROSS COUNTRY JUMPS	02-01-2008			-	7	
	1	FENCE	05-13-2008		SL	ну	15	
	1	FENCE	07-08-2008		SL		15	
	1	PONY CART WHEELS	08-16-2008				7	
;	1	WATERERS	09-04-2008				7	
ł	1	STALLS	04-07-2009		SL	мQ	15	7
;	1	HORSE – BONZAI	10-22-2009	750			3	

		(This page is not filed w	vith the return. It is for yo	ur records only.)			202	3
ıme(s) a	as shown on retur	n					Tax ID I	lumber
IDIN	G CENTRE	ASSOCIATION		1	1			835665
orm	Multi-Form	Description	Date	Basis	Method		Life	Deduction
RG	1	HORSE - DOTTIE	08-17-2010	2,400			7	
RG	1	HORSE JOE BARNES 14 YR	03-15-2011	2,000			3	
RG	1	HYDRAULIC LIFT	08-02-2011	8,546			7	
RG	1	HAY ELEVATOR	08-10-2011	1,650			7	
RG	1	FENCE	09-08-2011	1,041	SL	НҮ	15	69
RG	1	FURNACE	10-22-2011	5,820			7	
RG	1	HORSE ROSCOE	04-01-2012	800			3	
RG	1	HORSE IVY	04-01-2012	800			3	
RG	1	FENCE	10-03-2012	1,880	SL	MQ	15	125
RG	1	OVERHEAD DOOR	10-10-2012	1,345			7	
RG	1	WATERER	03-18-2013	1,000			7	
RG	1	HORSE-ORCO 14 YR GELDING	07-10-2013	1,200			3	
RG	1	HORSE-DUKE 15 YR OLD GEL	10-25-2013	1,000			3	
RG	1	HORSE NOAH 15 YR GELDING	08-01-2014	1,500			3	
RG	1	HORSE – TOSCA	03-06-2015	1,500			3	
RG	1	GRAVELY MOWER	08-30-2015	5,000			7	
RG	1	DOC GELDING	09-16-2016	2,000			3	
RG	1	BARN LIGHTS	11-21-2016	3,475	SL	MQ		174
RG	1	BUDDY 14 YR OLD GELDING	11-22-2016	1,000			3	
RG	1	HORSE SANTANA 20 YR OLD	04-19-2017	1,000			3	
RG	1	HORSE MAISIE 12 YR OLD M	06-14-2017	4,000			3	
RG	1	KUBOTA MX5200	09-20-2017	28,300	SL	НҮ		2,021
RG	1	HORSE BERWICK	10-30-2017	2,250			3	
RG	1	HORSE GWEN	02-27-2018	2,000			3	
RG	1	HORSE CHESSIE	06-25-2018	1,000			3	
RG	1	FENCE	11-08-2018	8,269	SL	MQ		551
RG	1	HORSE LENNY (DONATED)	09-24-2019	2,000			3	
RG	1	HARLOW	10-29-2019	4,000			3	
RG	1	HORSE SPARKY	01-14-2020	2,000		MQ		
RG	1	HORSE BONASES	12-10-2020	2,000		MQ		
RG	1	HORSE STARBUCK	04-17-2021	5,000	SL	НҮ		833
RG	1	HORSES	01-01-2010	10,851			4	
RG	1	IMPR	01-01-2010	2,794			5	
RG	1	EQU	01-01-2010	607			6	1
RG	1	HORSE	06-30-2023	3,000		нү		1,000
RG	1	TRACTOR	06-30-2023	29,450	SL	НҮ	/	4,207
		TOTAL						12,797