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DLN: 93493061005030

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

benefit trust or private foundation)

OMB No 1545-0047

2008

Open to Public

Form **990** 匆

Department of the Treasury

	Revenue	Service	► The or	ganızatıon may have to us	se a copy of this re	eturn to satisfy	state reporting	requirements	Inspection			
A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 0	7-01-2008 and e	ending 06-30-20)9					
B Che	eck if ap	pplicable	Please	C Name of organization NORTH AMERICAN RIDING F	OR THE			D Employer ider	itification number			
☐ Add	lress ch	ange	use IRS label or	HANDICAPPED ASSOCIATION Doing Business As				23-7169769 E Telephone nui				
Nar	ne char	nge	print or type. See	Doing business As								
Init	ıal retur	m	Specific Instruc-	Number and street (or P O	box if mail is not deliv	ered to street addr	ess) Room/suite	(303) 452-1 G Gross receipts				
☐ Ter	mınatıo	n	tions.	7475 DAKIN STREET ROOM/SUITE 600				d dioss receipts	ў 1,003,300			
✓ Am	ended i	return		City or town, state or counti	y, and ZIP + 4							
☐ App	lication	pending		DENVER, CO 80221								
				ne and address of Principa	al Officer		H(a) Is thu	s a group return 1	or			
				A MORRIS OAKIN STREET SUITE 60	0.0		affilia		ΓYes Γ Nο			
			DENVE	R,CO 80221			H(b) Are all	affiliates included	ı?			
I Ta	x-exem	pt status	▽ 501(c)	(3) ◄ (insert no)	7(a)(1) or		(If "N	o," attach a lıst	See instructions)			
J W	eb site	e: 🕨 WW	W NARHA	ORG			H(c) Grou	p Exemption Nun	nber ►			
K Type	e of org	anızatıon	Corporati	ion trust association	other ►		L Year of Fo	mation 1969 M S	itate of legal domicile CO			
Pa	rt I	Sumi	mary									
	1	Briefly	describe the	e organization's mission c	r most significant	activities						
3		TO PRO	мотетн	ERAPEUTIC RIDING SE	RVICES FOR THE	HANDICAPPE	D					
Œ												
Governance	2	Check t	his box [ıf the organization discon	tinued its operatio	ns or disposed	of more than 2	5% of its assets				
9			,	nembers of the governing					13			
			_	dent voting members of t		•			13			
Activities &	5	Total nu	umber of em	nployees (Part V, line 2a)		5 _	22					
ξ	6	Total nu	umber of vo	lunteers (estimate if nece		6 _	180					
ĕ	7a	Total gr	oss unrelat	ted business revenue fror		7a	19,530					
	ь	Net unr	elated busi	ness taxable income from	Form 990-T, line	34		7b				
							Prio	r Year	Current Year			
o.	8			d grants (Part VIII, line 1				112,298	151,538			
Revenue	9	_		revenue (Part VIII, line 2			•	1,574,318	1,540,108			
퓻	10 11			ne (Part VIII, column (A) art VIII, column (A), line:				16,684	8,118			
	12		-	dd lines 8 through 11 (mu			ne ———	111,988	115,552			
		12)			· 			1,815,288	1,815,296			
	13	Grants	and sımıla	ar amounts paid (Part IX,	column (A), lines 1	1-3)		14,430	0			
	14		•	r for members (Part IX, c			0					
88	15	Salarıe 10)	es, other co	ompensation, employee be	enefits (Part IX, co	5-	772,971	757,066				
<u>\$</u>	16a	•	sional fund	raising fees (Part IX, colu	ımn (A), lıne 11e)				0			
Expenses	ь	(Total f	undraising exp	penses, Part IX, column (D), lın	e 25 <u>141,973</u>)						
ш	17	Other	expenses (Part IX, column (A), lines	11a-11d, 11f-2	4 f)		1,035,139	1,037,547			
	18	Total	expenses—	add lines 13–17 (must e	qual Part IX, line 2	25, column (A))		1,822,540	1,794,613			
- 45	19	Reven	ue less exp	enses Subtract line 18 f	rom line 12			-7,252	20,683			
Net Assets or Fund Balances							Beginni	ng of Year	End of Year			
See.	20	Total	assets (Par	t X, line 16)				833,857	912,371			
A A	21	Totall	ıabılıtıes (P	Part X, line 26)				560,091	617,922			
žĒ	22	Netas	sets or fun	d balances Subtract line	21 from line 20			273,766	294,449			
Par	t II		ature Blo									
				rjury, I declare that I have exa correct, and complete Declarat								
Plea		****	**	•		,	2010-	02-27	-			
Sign		Signa	ature of office	er			Date					
Here	•			N TREASURER								
		Туре	e or print name	e and title								
		Preparer		BAUER CPA	Date 2010-03	3-02	Check if self-	Preparer's PTIN (S	See Gen Inst)			
Paid		signature	F LOKI B	, GIOLIN OFA			empolyed •					
Prepa			ame (or yours	JDS PROFESSIONAL GROU	Ρ			EIN Þ				
Use (אוחר		and ZIP + 4	5670 GREENWOOD PLAZA	BLVD STE 200			Phone no 1 (30				
				GREENWOOD VILLAGE, CO	GREENWOOD VILLAGE, CO 80111							

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's r TO PROMOTE THERAPEUTIC RIDIN		PED		
2	Did the organization underta the prior Form 990 or 990-		services during the year w		Yes ▽ No
	If "Yes," describe these nev	v services on Schedule O			
3	Did the organization cease services?	conducting or make signific	ant changes in how it condu	ucts any program	Yes ✓ No
	If "Yes," describe these cha	anges on Schedule O			
4		organizations and 4947(a)(:	1) trusts are required to rep	rgest program services by export the amount of grants and a	
4a	RELATED EXPENSES FOR SUPPO INSTRUCTORS TO BECOME ELIG MAINTAIN STANDARDS THRU TE	IBLE TO TEACH AND ASSIST END STING, TRAINING, EDUCATIONAL	DICAPPED PROGRAMS SUCH AS I USERS OF OUR THERAPEUTIC PR MANUALS AND REVIEW OF OUR I) (Revenue \$ ITHE CERTIFICATION PROGRAM WHIC OGRAM ACCREDITATION PROGRAM INDUSTRIES' PROFESSIONALS IN THE CCORDANCE WITH NARHA STANDAR	ASSISTS THE CENTERS TO FIELD OF EQUINE ASSISTED
4b	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
4c	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (I				
	(Expenses \$	including grants	·) (Revenue \$)
4e	Total program service exp	enses \$ 1,327,	472 Must equal Part IX, Li	ne 25, column (B).	

Part IV	Checklist of	Required	Schedules
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			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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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 I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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 $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	67			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
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	2a	22			
h	If at least one is reported in 2a, did the organization file all required federal employr					
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		Νo
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this			
	return?			3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	•	· ·	_		
_	file Form 8282?		· · · · · · ·	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	nums on a personal			
	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form			7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	ile a F	orm 1098-C as	7h		Νο
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	nd se	ction 509(a)(3)			
•	supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the			8		Νo
9	year?					
a	Did the organization make any taxable distributions under section 4966?			9a		No
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		No
10	Section 501(c)(7) organizations. Enter	•				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
,	facilities		l			
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	l				
-		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b				
	against amounts due or received from them)....................................	110				
	Section $4947(a)(1)$ non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year					

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and Ma	nagement		

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 13							
b	Enter the number of voting members that are independent 13							
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		Νo				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5								
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or 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 in Schedule O	11		Νo				

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ✓ own website ✓ another's website ✓ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE ORGANIZATION 7475 DAKIN ST 600 DENVER, CO 80221 (303) 452-1212

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compens	ate any	offic	er, c	lirec	tor, tru	uste	e or key employee		
		Posit tl	(C non (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
TERESA MORRIS , PRESIDENT	4	Х		Х				0	0	0
KATHY ALM , PRES ELECT	4	Х		Х				0	0	0
PAUL SPIERS , PAST PRES	4	Х		Х				0	0	0
DAVID FORSTER , VICE PRES	4	Х		Х				0	0	0
DEBBIE ANDERSON, SECRETARY	4	Х		Х				0	0	0
KAY MARSH GREEN , TREASURER	4	Х		Х				0	0	0
DALE BROWN , TRUSTEE	4	X						0	0	0
JOSEPH CALLAN , TRUSTEE	4	X						0	0	0
HEATHER HOFF , TRUSTEE	4	X						0	0	0
JON NELSON , TRUSTEE	4	X						0	0	0
MEMREE STUART , TRUSTEE	4	X						0	0	0
PEBBLES TURBEVILLE , TRUSTEE	4	X						0	0	0
TOM WINSOR , TRUSTEE	4	Х						0	0	0
CAROL NICKELL, CEO	40			Х				81,088	0	6,776

Part VIII Continued

(A) Name and Title	(B) Average hours per week	l	on a Institutional Trustee	ppl	у)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total							>	81,088	3	6,776

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation				
7. Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation						

Part VIII		Statement of Revenue					
				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	la		Revenue		312, 313, 01 31
Contributions, gifts, grants and other similar amounts	ь	Membership dues					
	С	Fundraising events	ь ———				
	d	1 Related organizations	.c				
	e		e				
	f	All other contributions, gifts, grants, and	151,538		i		
			.f				
	g	Noncash contributions included lines 1a-1f \$6,38					
Ċω	h	Total (Add lines 1a-1f)	·	151,538			
			Business Code				
anne	2a	MEMBERSHIP DUES		761,484	761,484		
Program Service Revenue	b	CONF & WORKSHOPS	_	480,999	480,999		
16.6	c d	ACCREDI/CERT FEES	_	297,625	297,625		
ær	e		_				
E S	f	All other program service revenu	e e				
¥ og	_	Total. Add lines 2a-2f					
	g	► \$ 1,540,108					
	3	Investment income (including di	·	8,118			8,11
		other similar amounts)	▶	5,115			0,11
	4	Income from investment of tax-exempt	bond proceeds .				
	5	Royalties					
	6a	(1) Real Gross Rents	(II) Personal				
	ь	Less rental expenses					
	С	Rental income					
	d	or (loss) Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising	<u>; </u>				
		events (not including					
ë		\$ of contributions reported on line					
듄		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Other Revenue		\$15,000	a				
her	ь	Less direct expenses					
ŏ	С	Net income or (loss) from fundra	sing events				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	ь		a b				
	С	Net income or (loss) from gaming	g activities ▶				
	10a	Gross sales of inventory, less					
		returns and allowances .	a 122,567				
	ь	Less cost of goods sold					
	С	Net income or (loss) from sales of		72,283	72,283		
	11-	Mascellaneous Revenue	Business Code 541,800	42,393	23,160	19,233	
	11a b	MAGAZINE ADVERTISING MISCELLANEOUS REVENUE	- 541,800	559	559	19,233	
	c	WEB ADVERTISING	541,800	297		297	
		All other revenue	-				
	d e	Total. Add lines 11a-11d					
			\$ 43,249	1,815,296	1,636,110	19,530	8,11
	12	Total Revenue. Add lines 1h, 2g, 8c,	3,4,5,6d,/d,	1,013,290	1,030,110	19,330	6,11

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re).
	not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the U.S. See Part IV, line 21			, , , , , , , , , , , , , , , , , , , ,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	86,000	63,640	14,620	7,740
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	548,371	347,511		58,704
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,955	7,743	2,955	1,257
9	Other employee benefits	60,246	39,021	14,893	6,332
10	Payroll taxes	50,494	32,705	12,482	5,307
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	206,180	111,655	71,859	22,666
12	Advertising and promotion	3,534	245	518	2,771
13	Office expenses	59,898	47,288	4,614	7,996
14	Information technology				
15	Royalties				
16	Occupancy	97,275	55,000	29,714	12,561
17	Travel	85,243	80,008	4,690	545
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	387,098	376,959	7,976	2,163
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,776	7,004	2,048	1,724
23	Insurance	8,155	1,272	6,883	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	READERSHIP COSTS	46,615	46,615		
	PRINTING AND PUBLICATIONS	36,295	28,302	896	7,097
С	BANK & CREDIT CARD FEES	35,544	27,363	5,686	2,495
	CARRIAGE	19,212	19,212	·	·
e	FA CULTY/FEES	19,130	19,130		
f	All other expenses	22,592	16,799	3,178	2,615
25	Total functional expenses. Add lines 1 through 24f	1,794,613	1,327,472	325,168	141,973
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,751,013	2,021,112	323,200	1,1,3/3

Part X	Balance	Sheet

					(A)		(E	
	i				Beginning of year		End o	fyear
	1	Cash—non-interest-bearing			-18,856			487,602
	2	Savings and temporary cash investments			711,111	-		297,202
	3	Pledges and grants receivable, net	5,892	3		20,000		
	4	Accounts receivable, net				4		20,339
	5	Receivables from current and former officers, directors, trustees, other related parties <i>Complete Part II of Schedule L</i>		mployees or		5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			49,778	8		47,257
\$	9	Prepaid expenses and deferred charges			61,452	9		19,863
Assets	10a	Land, buildings, and equipment cost basis	10a	123,316				
*	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	109,374		100		13,942
	11	Investments—publicly traded securities	100	100,074	10,004	11		10,042
	12	Investments—other securities See Part IV, line 11 Complete Part	· VII o	· · f		12		
	13	Schedule D Investments—program-related See Part IV, line 11 Complete Par	t VIII					
	4.4	of Schedule D . Intangible assets				13 14		
	14				4,486			6,166
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			4,400	15		0, 100
	16	Total assets. Add lines 1 through 15 (must equal line 34)			833,857	16		912,371
	17	Accounts payable and accrued expenses .		60,739	17		86,203	
	18	Grants payable				18		
	19	Deferred revenue	499,352	19		531,719		
	20	Tax-exempt bond liabilities			20			
<u>6</u>	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key						
<u>ia</u> k		employees, highest compensated employees, and disqualified		22				
	23	persons Complete Part II of Schedule L		23				
	24	Secured mortgages and notes payable to unrelated third parties				24		
	25	Unsecured notes and loans payable Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25	560,091	26		617,922		
	20	Organizations that follow SFAS 117, check here ► ✓ and comple	to line	no 27	300,031	20		017,322
φ		through 29, and lines 33 and 34.	re illik	es 27				
Balance	27	Unrestricted net assets			121,615	27		136,461
<u> </u>	28	Temporarily restricted net assets			152,151	28		157,988
포	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	compl	ete				_
, or	30	Capital stock or trust principal, or current funds				30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund	_		31			
ASS	32	Retained earnings, endowment, accumulated income, or other fund		32				
Net	33	Total net assets or fund balances			273,766	33		294,449
Ż	34	Total liabilities and net assets/fund balances			833,857	34		912,371
Da	rt XI	Financial Statements and Reporting						
т с		i mandar statements and keporting					V	N-
	۸	unting method used to prepare the Form 990		C 0+50=			Yes	No
1		tunting method used to prepare the Form 990 cash action as a least a least action as a least a lea			nt?	2a		N o
2a b		the organization's financial statements compiled or reviewed by ar the organization's financial statements audited by an independent				2a 2b	Yes	INU
-	.,	and organization of midneral statements addited by an independent	4550U				1 ' 5	

If "Yes" to lines 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? \cdot \cdot \cdot As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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As Filed Data -

DLN: 93493061005030

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		RICAN RIDING FOR THE D ASSOCIATION INC								
			23-7169769	۵۱						
	rt I	Reason for Public Charity Status (to be completed by all organizations) (S zation is not a private foundation because it is (Please check only one organization)	ee instruction	S)						
1	organi.	A church, convention of churches, or association of churches described in Section 170(b)	(1)/A)/i)							
2	<u>'</u>									
3	<u>'</u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)	Wiii) (Attach S	chodulo U	`					
4	<u>'</u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the								
-	,	hospital's name, city, and state	OII 170(D)(1)(A)	(III). Linte	tile					
5	_	An organization operated for the benefit of a college or university owned or operated by a g	overnmental uni	t dos sribo	d in					
,	'	Section 170(b)(1)(A)(iv). (Complete Part II)	overilliental ulli	t describe	u III					
6	_	A federal, state, or local government or governmental unit described in Section 170(b)(1)(Λ \/ψ\							
7	<u>'</u>	An organization that normally receives a substantial part of its support from a government		a ganaral	nublic					
•	'	described in Section 170(b)(1)(A)(vi) (Complete Part II)	ar anic or nom cir	e general	public					
8	г	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)								
9	<u> </u>	An organization that normally receives (1) more than 331/3% of its support from contribu	tions memhersh	ın fees ar	d aros	S				
•	,	receipts from activities related to its exempt functions—subject to certain exceptions, and	,		_	-				
		its support from gross investment income and unrelated business taxable income (less se	• •							
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part 2	•							
10	Г	An organization organized and operated exclusively to test for public safety. See Section 5	•	nstruction	s)					
11	Ţ.	An organization organized and operated exclusively for the benefit of, to perform the functi			•	es of				
	•	one or more publicly supported organizations described in section 509(a)(1) or section 50								
		the box that describes the type of supporting organization and complete lines 11e through		-						
	_	a Type I b Type II c Type III - Functionally Integrated	·	Type III						
е	ı	By checking this box, I certify that the organization is not controlled directly or indirectly lother than foundation managers and other than one or more publicly supported organization	•	•	•					
		section 509(a)(2)	ns described in s	ection 50	J (u)(1	, 01				
f		If the organization received a written determination from the IRS that it is a Type I, Type I	I or Type III su	pporting o	rganıza	ation,				
		check this box	46.			ı				
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?	tne							
		(i) a person who directly or indirectly controls, either alone or together with persons descr	ıbed ın (ıı)		Yes	No				
		and (III) below, the governing body of the the supported organization?		11g(i)						
		(ii) a family member of a person described in (i) above?		11g(ii)						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)						
h		Provide the following information about the organizations the organization supports								

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	1		rganization in the organization in col (i) of your pur governing support?		organiz	s the ation in organized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Fε	(Complete only if you check				2)		
Se	ction A. Public Support			/			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	684,202	736,981	853,072	877,309	936,182	4,087,746
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-	870,074	875,711	822,968	921,187	901,191	4,391,131
3	exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1-5	1,554,276	1,612,692	1,676,040	1,798,496	1,837,373	8,478,877
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	68,773	147,233	72,109	25,535	80,386	394,036
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for						
_	the year or \$5,000 Total of lines 7a and 7b	68,773	147,233	72,109	25,535	80,386	394,036
8	Public Support (Substract line 7c from	00,775	117,233	72,103	23,333	00,300	351,030
0	line 6)						8,084,841
То	tal Support	<u>'</u>		<u> </u>	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	1,554,276	1,612,692	1,676,040	1,798,496	1,837,373	8,478,877
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,758	10,850	1,944	16,684	8,118	40,354
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c	Add lines 10a and 10b	2,758	10,850	1,944	16,684	8,118	40,354
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)	1,950		543	1,709	559	4,761
13	Total Support (Add lines 9, 10c, 11 and 12)						8,523,992
14	First Five Years If the Form 990 is for the o check this box and stop here	rganızatıon's firs	st, second, third	, fourth, or fifth t	ax year as a 50	1(c)(3) organiz	ation, ▶┌

Computation of	f Public S	Support I	Percentage
----------------	------------	-----------	------------

Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))

16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g

15	94 848	%
16	94 040	%

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))

Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h

17	0 473 %	- 6
18	0 300 %	<u>/</u>

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



►V

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)				
	Facts and Circumstances Test				

Schedule A (Form 990 or 990-EZ) 2008

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization **Employer identification number** NORTH AMERICAN RIDING FOR THE HANDICAPPED ASSOCIATION INC 23-7169769

ΡŒ	organizations Maintaining organization answered "Yes"	Donor Advised Funds or Other Similar F 5 Form 990, Part IV, line 6.	runds of Accounts. Complete if the
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	-	donor advisors in writing that the assets held in do ject to the organization's exclusive legal control?	onor advised Yes V No
6	used only for charitable purposes and n impermissible private benefit?	onors, and donor advisors in writing that grant fund for the benefit of the donor or donor advisor or othe	r Yes ▼ No
Pa	rt II Conservation Easements	Complete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Preservation of land for public use Protection of natural habitat	<u> </u>	an historically importantly land area certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organizatio on the last day of the tax year	neld a qualified conservation contribution in the form	
_			Held at the End of the Year
a	rotal number of conservation custiner		2a
b	rotar dorougo rootirotou 2, comocirati		2b
с		certified historic structure included in (a)	2c
d	Number of conservation easements inc	ded in (c) acquired after 8/17/06	2d
3	Number of conservation easements modethe taxable year -	ed, transferred, released, extinguished, or terminat	ted by the organization during
4	Number of states where property subjec	o conservation easement is located 🕨	
5	Does the organization have a written po enforcement of the conservation easem	y regarding the periodic monitoring, inspection, vio ts it holds?	olations, and ☐ Yes
6	Staff or volunteer hours devoted to mon	ring, inspecting and enforcing easements during th	ne year 🗠
7	A mount of expenses incurred in monito	g, inspecting, and enforcing easements during the γ	year ► \$
8	Does each conservation easement repo 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requirements of se	ection Yes V No
9	balance sheet, and include, if applicable the organization's accounting for conse	n reports conservation easements in its revenue and he text of the footnote to the organization's financial tion easements Collections of Art, Historical Treasures,	al statements that describes

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

3	t IIII Organizations Maintaining Collections			cai iicasui	cs, or other	Jillillai Asse	L3 (CC	
	Using the organization's accession and other records, citems (check all that apply)	heck any of th	ne fol	lowing that are	a sıgnıfıcant u	se of its collection	ו	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
ь	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections a Part XIV	nd explain hov	w the	y further the or	ganızatıon's ex	empt purpose ın		
5	During the year, did the organization solicit or receive d assets to be sold to raise funds rather than to be mainta						Yes	√ No
Par	Trust, Escrow and Custodial Arrangen Part IV, line 9, or reported an amount on F				nization answ	ered "Yes" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other included on Form 990, Part X?	r ıntermedıary	for c	ontributions oi	r other assets r		Yes	√ No
b	If "Yes," explain why in Part XIV and complete the follo	wing table						
					<u> </u>	A mou	ınt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			_
2a	Did the organization include an amount on Form 990, Pa	art X, line 21?				Г	Yes	✓ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the orga)Prior			t IV, line 10. Three Years Back (e	\Eour V	oare Back
1a	Beginning of year balance	it feat (D	JPHOI	real (C)IWO	reals back (u)	Tillee feats back (e)roul 1	ears back
ь	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
а	·							
g ว	End of year balance	ca hald as						
2	End of year balance	ce held as						
2 a	End of year balance	ce held as						
2 a b	End of year balance Provide the estimated percentage of the year end balan Board designated or quasi-endowment Permanent endowment	ce held as						
2 a b	End of year balance		that :	aro hold and a	Important for	tho		
2 a b	End of year balance Provide the estimated percentage of the year end balan Board designated or quasi-endowment Permanent endowment		that a	are held and ac	Iministered for	the	Yes	No
2 a b	End of year balance		that a	are held and ac	Iministered for	the 3a(i)	Yes	No No
2 a b	Provide the estimated percentage of the year end balan Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by	organization					Yes	
2 a b c 3a	Provide the estimated percentage of the year end balan Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations listed as	organization	 Sched	 ule R?		3a(i)	Yes	No
2 a b c 3a b	Provide the estimated percentage of the year end balan Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as Describe in Part XIV the intended uses of the organizations	organization s required on Ston's endowm	Sched ent fu	 ule R?		3a(i)	Yes	N o
2 a b c 3a b	Provide the estimated percentage of the year end balan Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations listed as	organization s required on Ston's endowm	Sched ent fu	 ule R?		3a(i)	Yes	N o
2 a b c 3a b	Provide the estimated percentage of the year end balan Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as Describe in Part XIV the intended uses of the organizations	organization s required on Ston's endowm	Schedent fu	 ule R?		3a(i)		No No
2 a b c 3a b Par	Provide the estimated percentage of the year end balan Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as Describe in Part XIV the intended uses of the organizations TVI Investments—Land, Buildings, and Equations	organization s required on Ston's endowm	Schedent fu	ule R?	rt X, line 10.	3a(i) 3a(ii) 3b		No No No
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balan Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	organization s required on Ston's endowm	Schedent fu	ule R?	rt X, line 10.	3a(i) 3a(ii) 3b		No No No
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balan Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as Describe in Part XIV the intended uses of the organizations To violate the related organizations of the organizations listed as Describe in Part XIV the intended uses of the organizations of the organization of investment	organization s required on Ston's endowm	Schedent fu	ule R?	rt X, line 10.	3a(i) 3a(ii) 3b		No No No
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balan Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as Describe in Part XIV the intended uses of the organizat Investments—Land, Buildings, and Equation of investment Land Description of investment	organization s required on Ston's endowm	Schedent fu	ule R?	rt X, line 10.	3a(i) 3a(ii) 3b (c) Depreciation	(d) B	No No No ook value
2 a b c 3a b 4 Par	End of year balance	organization required on S ion's endowm uipment. S	Schedent fu	ule R?	rt X, line 10. (b)Cost or other basis (other)	3a(i) 3a(ii) 3b (c) Depreciation	(d) B	No No No

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,815,296
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,794,613
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	20,683
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	20,683
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	· ·
1	Total revenue, gains, and other support per audited financial statements	1	1,895,755
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 30,175		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	80,459
3	Subtract line 2e from line 1	3	1,815,296
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,815,296
•	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	1,875,072
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	80,459
3	Subtract line 2e from line 1	3	1,794,613
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
с _	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,794,613
	rt XIV Supplemental Information nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	5rt VIV	lines thand th
COL	npiete tino part to provide the descriptions required for Part II, lines 5, 5, and 9, Part III, lines 1a and 4, Pa	31 L X I V	, iiiies ib aliu Zb,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

 $Part\ V, line\ 4, Part\ XI, Part\ XII, line\ 8, Part\ XII, lines\ 2d\ and\ 4b, and\ Part\ XIII, lines\ 2d\ and\ 4b$

Ident if ier	Return Reference	Explanation
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	MERCHANDISE COGS 50,284 MERCHANDISE COST OF GOODS SOLD -50,284
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	MERCHANDISE COGS 50,284
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	MERCHANDISE COST OF GOODS SOLD 50,284

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2008

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for

Name of the organization NORTH AMERICAN RIDING FOR THE HANDICAPPED ASSOCIATION INC Employer identification number 23-7169769

ldentifier	Return Reference	Explanation
AMENDED RETURN EXPLANATION	FORM 990, PAGE 1, ITEM B	THE RETURN IS AMENDED TO REFLECT THE CORRECT CATEGORIZATION OF THE BOARD OF DIRECTORS ON PART VII, SECTION A OF THE 990 THE VOTING MEMBERS THAT ARE OFFICERS WERE PREVIOUSLY LISTED AS ONLY OFFICERS NOW THEY ARE ALSO LISTED AS INDIVIDUAL TRUSTEES OR DIRECTORS

responses to specific questions for the Form 990 or to provide any additional information.

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE 990 IS FIRST REVIEWED BY THE DIRECTOR OF FINANCE, THEN THE CEO AND THEN IT IS REVIEWED AND APPROVED BY THE AUDIT AND FINANCE COMMITTEE

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD AND KEY EMPLOYEES AND SIGNED

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE CEO USING SALARY SURVEY DATA

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	KEY EMPLOYEE COMPENSATION IS DETERMINED USING SALARY SURVEY DATA

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC EITHER THROUGH OUR WEBSITE OR ARE AVAILABLE UPON REQUEST