

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 09-01-2018, and ending 08-31-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Padre Junipero Serra Riders

Number and street (or P O box, if mail is not delivered to street address) Room/suite
32158 Camino Capistrano A-252

City or town, state or province, country, and ZIP or foreign postal code
San Juan Capistrano, CA 92675

D Employer identification number
26-0075744

E Telephone number
(949) 533-0469

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 93,592

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	
2	Program service revenue including government fees and contracts	93,592
3	Membership dues and assessments	
4	Investment income	
5a	Gross amount from sale of assets other than inventory	5a
5b	Less cost or other basis and sales expenses	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	0
6c	Less direct expenses from gaming and fundraising events	0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	7a
7b	Less cost of goods sold	0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	93,592
10	Grants and similar amounts paid (list in Schedule O)	10
11	Benefits paid to or for members	11
12	Salaries, other compensation, and employee benefits	12
13	Professional fees and other payments to independent contractors	13
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe in Schedule O)	99,255
17	Total expenses. Add lines 10 through 16 ▶	99,255
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-5,663
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	43,094
20	Other changes in net assets or fund balances (explain in Schedule O)	20
21	Net assets or fund balances at end of year Combine lines 18 through 20	37,431

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of Patrick Pearson Telephone no (949) 533-0469 Located at 32158 Camino Capistrano A-252 San Juan Capistrano, CA ZIP + 4 92675

Table with columns for question number, description, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, description, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Pat Pearson CPA <small>Type or print name and title</small>	2020-02-04 <small>Date</small>
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Paid Preparer Use Only	Print/Type preparer's name R John Covert CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00519012
	Firm's name ▶ Lavine & Associates CPAs Inc			Firm's EIN ▶ 33-0948616	
	Firm's address ▶ 25201 Paseo De Alicia Ste 120 Laguna Hills, CA 926534627			Phone no (949) 367-1935	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 26-0075744

Name: Padre Junipero Serra Riders

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 Padre Junipero Serra Riders is an organization that is dedicated to preserving the spirit and knowledge of western horsemanship. Through fellowship and annual treks throughout the western United States, the members seek to perpetuate equestrian based activities that are in rapid decline in our increasingly urban environment. Further, the members support charitable causes through volunteerism and financial donations that promote horsemanship in our future generations, protect the well-being of horses, and bolster US Marine Corp personnel with whom the brotherhood originated.</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Padre Junipero Serra Riders

Employer identification number

26-0075744

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$2244

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$1738

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	2019 Trek \$58353

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Donations \$6002

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	2019 Pre ride \$5781

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Tortuga Store \$4882

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	RCC Sorting \$4754

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	2018 Fall Ride \$4324

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Post Ride \$2631

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Member meetings \$1918

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Swallows Day \$1670

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	Facilities \$1307

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	Jackets \$1235

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	Board Meeting expenses \$1092

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	Winter Ride \$423

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	Miscellaneous \$361

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	Roster Committee \$261

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 16	Trailer cleaning \$166

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 17	Fall Ride \$54

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 18	2020 Pre Ride \$33

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 19	Taxes and filing Fees \$20

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 20	Bank Charges \$6