BURDETTE SMITH & BISH LLC 4035 RIDGE TOP ROAD, SUITE 550 FAIRFAX, VA 22030-7411

NORTHERN VA THERAPEUTIC RIDING PROGRAM, INC. 6429 CLIFTON RD. CLIFTON, VA 20124-0184

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CLIENT'S COPY

Burdette Smith & Bish LLC

4035 Ridge Top Road, Suite 550 Fairfax, VA 22030-7411 703-591-5200

November 8, 2018

Northern VA Therapeutic Riding Program, Inc. 6429 Clifton Rd. Clifton, VA 20124-0184

Dear Kelsey,

Enclosed are the original and one copy of the 2017 Exempt Organization return, as follows...

2017 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate the opportunity to serve you. Tax, financial and estate planning are important considerations year-round. Please contact us if you have any questions concerning the tax returns or for guidance on these critical issues. Also, if any of your friends and colleagues need tax assistance, please send them our way. Have a great year!

Very truly yours,

Jeffrey A. Smith, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2017

Prepared	For:

Northern VA Therapeutic Riding Program, Inc. 6429 Clifton Rd. Clifton, VA 20124-0184

Prepared By:

Burdette Smith & Bish LLC 4035 Ridge Top Road, Suite 550 Fairfax, VA 22030-7411 703-591-5200

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Return Must be Mailed On or Before:

Special Instructions:

This copy of the return is provided for state filing purposes.

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

1 Go to www.irs.gov/Form990 for instructions and the latest information Inspection

A I	For the	201/ calendar year, or tax year beginning and	ending				
В (Check if applicable Addres	C Name of organization NORTHERN VA THERAPEUTI C RI DI NG PROGRAM		D Employer ider	ntification nu	ımber	
	change Name	I NO.		54.	- 189724	1.1	
64 F1	change Initial		Poom/crito	E Telephone num			-
13 []	return Final return/	6429 CLI FTON RD.	noonisule		03) 764-	0269	
١	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,	440,024.	_
	Amend return	[∞] CLIFTON, VA 20124-0184		H(a) Is this a grou	p return		
	Application	Finance and address of principal difficer		for subordina		Yes X No	j
	pendin	6429 CLIFTON RD., CLIFTON, VA 20124-01	84	H(b) Are all subordina	tes included?	Yes 🛭 No	ı
1	Tax-exe	mpt status: 🛛 X 501(c)(3) 🛱 501(c)()§ (insert no.) 🖟 4947(a)(1) (or 527	If "No," attac	ch a list. (see	instructions)	
_	Websit			H(c) Group exem			_
		organization: [IX Corporation [I Trust [I Association [I Other I	I Year	of formation: 1991	3 M State of	legal domicile: V A	4
P	art I	Summary		CIL I NDI VI E	DE	ALLZE	_
q	1 !	Briefly describe the organization's mission or most significant activities: TO HE	NE ACC	CH I NOI VI L	JUAL HE	ALI ZE	_
Activities & Governance		THÉIR HIGHEST POTENTIAL BY PROVIDING EQUI				, 10	-
Ğ	2	Check this box I if the organization discontinued its operations or dispos				12)
Š	3 3	Number of voting members of the governing body (Part VI, line 1a)		•	3	12	
ď	4	Number of independent voting members of the governing body (Part VI, line 1b)			5	17	-
ġ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) ~~~			6	796	_
<u> </u>	6	Total number of volunteers (estimate if necessary)				0.	_
٥	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 ~~~~~~			7a 7h	0.	
	 	Net unrelated business taxable income from Form 990-T. line 34. 🕅 🖺 🗓 🗓 🗓 🗓 🗓 🗓 🗓 🗓	400000				-
		Contributions and greats (Cost VIII line 4 la)		Prior Year 1, 093, 122		rrent Year 444, 498.	-
Revenue	8	Contributions and grants (Part VIII, line 1h)		290, 300		282, 926.	
97	9	Program service revenue (Part VIII, line 2g) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		- 4, 522		10, 030.	_
ď	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		- 104, 109		100, 323.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1, 274, 791		637, 131.	_
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	l l). · · · ·	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	_		
	ا جدا	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	L	320, 197		334, 627.	_
Evnencee	162	Professional fundraising fees (Part IX, column (A), line 11e) $\sim \sim \sim$			5.	0.	_
9	n h	Fotal fundraising expenses (Part IX, column (D), line 25)			See The William Pile		36
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		315, 893	3.	334, 399.	-
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~		636, 090		669, 026.	
	1	Revenue less expenses. Subtract line 18 from line 12. 8 8 8 8 8 8 8 8 8 8 8 8 8	,	638, 701		968, 105.	
ğ	8		1	ginning of Ourrent Ye		nd of Year	_
State.	20 21 21 22	Fotal assets (Part X, line 16)		4, 331, 754		288, 947.	_
Ø.	# 21 ·	Total liabilities (Part X. line 26)		1, 057, 189		042,634.	-
콜	1 22	Net assets or fund balances Subtract line 21 from line 20 0000000000000000000000000000000000	300	3, 274, 565		246, 313.	
	art II	Signature Block					
Unc	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best o	f my knowledo	ae and belief, it is	_
rue	correc	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge			
			//				
Sig		Signature of officer		Date 1	[[[]]	(0)	
He	re	KELLY HARBITTER, TREASURER			11 / 1	8	
		Type or print name and title		/			_
		Print/Type preparer's name J EFFREY A. SMI TH, CPA	[Date Cneo	· [] PI	ΠN	
Paid				sett-e		139935	_
	parer	Firm's name OBURDETTE SMITH & BISH LLC		Firm's AN	9 45-4	1037800	_
use	: Only	Firm's address 4035 RI DGE TOP ROAD, SUITE 550 FAI RFAX, VA 22030-7411		٠			
					703-591		
via:	v ine ih	S discuss this return with the preparer shown above? (see instructions) [1] [1] [1]	nnnnn	ппаловове	іпп ПХ	Von Fl. No.	

	1990 (2017) INC.	54-1897241	Page 2
Pai	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO HELP EACH INDIVIDUAL REALIZE THEIR HIGHEST POTENTIAL		
	EQUINE-ASSISTED ACTIVITIES TO PEOPLE WITH DISABILITIES,	YOUTH-AT-RIS	Κ,
	RECOVERING MILITARY PERSONNEL, AND OTHERS IN NEED IN AN	INCLUSIVE,	
	COMMUNITY SETTING.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	nd
	revenue, if any, for each program service reported.	no, are total experience, ar	
4a	(Code:) (Expenses \$ 487,539 • including grants of \$) (Rever	282	926.)
Tu	PROVIDE 3,965 UNITS OF SERVICE OF EQUINE PROGRAMMING TO		
	442 INDIVIDUALS IN 2017. HORSEBACK RIDING AND INTERACTI		
			69
		SERVICES WERE	
	PROVDED WITH THE HELP OF 796 VOLUNTEERS CONTRIBUTING APP		
	23,739 HOURS OF SERVICE. NVTRP SUBSIDIZES THE COST OF A		ND
	SUBSIDIZES THE ENTIRE COST OF LESSONS FOR YOUTH-AT-RISK	AND MILITARY	
	SERVICE PERSONNEL.		
	FOR OVER THIRTY-FIVE YEARS NVTRP HAS HELPED RIDERS TO RE	COGNIZE THE	
	UNEXPECTED POTENTIAL IN THEIR LIVES. STUDENTS IMPROVE FI	TNESS LEVEL 7	AND
	MOBILITY THROUGH PROGRAMS BY GAINING CORE STRENGTH, MUSC	LE CONTROL AI	ND
	BALANCE. WORKING CLOSELY WITH HORSES AND VOLUNTEERS INSP		
	TO BUILD SELF-ESTEEM AND FURTHER SOCIALIZATION, AND ALSO		
4b		nue \$	
	/ (cook) / (cook) / (cook)		′
			
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
	· · · · · · · · · · · · · · · · · · ·		
		-	
4d	Other program services (Describe in Schedule O.)		
-	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ▶ 487,539.		

om	990 (2017) INC. 54-1897	241	Р	age 3
Par	t 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)?	1		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	
	public office? If "Yes," complete Schedule C, Part I	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
	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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
	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		İ	
	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	1	}	
	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	uten (v		
	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	
	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	
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ł	
	assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VIII	11c		X
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	
	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	i	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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	İ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	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	1	x
	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 IV	16		x
	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	17]	x
	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 II	18	x	
	veriples veriousle of t with			_

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"

Form 990 (2017)

complete Schedule G. Part III

INC. Page 4 Part IV | Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 X 21 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 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X Schedule J 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 X 24<u>a</u> Schedule K. If "No", go to line 25a 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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? If "Yes," complete X 25b Schedule L. Part L. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." X 26 complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R. Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% 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 X 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Page 5

Form 990 (2017) INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

	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	1a	6	- Y		7.44		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			(24)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			هندسو چانه زاد		
	(gambling) winnings to prize winners?	· 		1c	X			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					43.3		
	filed for the calendar year ending with or within the year covered by this return	2a	17			l- i - i		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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 Ar	count	s (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a								
	any contributions that were not tax deductible as charitable contributions?	3		6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	aifts					
_	were not tax deductible?		3	6b				
7	Organizations that may receive deductible contributions under section 170(c).	••••••						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices o	rovided to the payor?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs real	ired					
Ī	to file Form 8282?			7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		X		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7f 7g				
h				7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					10.7		
	sponsoring organization have excess business holdings at any time during the year?	•		8				
9	Sponsoring organizations maintaining donor advised funds.					ALC: E		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b			••••••	9b				
10	Section 501(c)(7) organizations. Enter:			A 100	47-21			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			Partierity Die ers			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a			la de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela com			
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b	}					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				2.54			
	Is the organization licensed to issue qualified health plans in more than one state?			13a				
_	Note. See the instructions for additional information the organization must report on Schedule O.			Art Agricolo				
ь	Enter the amount of reserves the organization is required to maintain by the states in which the				1			
-	organization is licensed to issue qualified health plans	13b						
c	Enter the amount of reserves on hand	13c		¥	2			
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b				
				Form	990	(2017)		

Form 990 (2017) INC.

[Part VI] Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes in Schedule O. See instructions.

6-0	Check if Schedule O contains a response or note to any line in this Part VI			•••••	••••	X					
Sec	tion A. Governing Body and Management										
		1.1	1.01	01 Bios	Yes	<u>No</u>					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12								
	If there are material differences in voting rights among members of the governing body, or if the governing	1 1									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		12								
	Enter the number of voting members included in line 1a, above, who are independent	1b									
2											
_	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	•	1			**					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form			5		X					
5											
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or	l								
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, c	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	ar by the followi	ing:								
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 rea	ached at the	i								
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)									
		•			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such c										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a											
b											
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12a 12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If										
	in Schedule O how this was done	,		12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approv										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
9	The organization's CEO, Executive Director, or top management official			15a	X						
h	Other officers or key employees of the organization	••••••	***************	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•••••		100							
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a									
iva				16a		X					
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		etion	104							
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization the organization that the organization the organization that the organization that the organization that the organization the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organization that the organization the organization that the o		10011								
				40%	Access 1	35, 5					
500	exempt status with respect to such arrangements?tion C. Disclosure			16b		L					
17	List the states with which a copy of this Form 990 is required to be filed VA	T/Oachter For	(n)(0) =! \	-11-1							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Section 501	(c)(ട)s only) av	anable	3						
	for public inspection. Indicate how you made these available. Check all that apply.										
	, ,	in in Schedule	•	_							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	inflict of interes	st policy, and t	linanc	ial						
	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 bo	oks and recor	ds: 🕨								
	THE PROGRAM'S TREASURER - 703-764-0269										
	6429 CLIFTON RD. CLIFTON, VA 20124-0184										

Form 990 (2017) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See 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 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, 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.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	i than c	one	Reportable	Reportable	Estimated
	hours per	box.	unle:	ss per	rson is both an irector/trustee)			compensation	compensation	amount of
	week	<u> </u>	cer an	oac	recto	rrous	(88)	from	from related	other
	(list any	recto			l			the	organizations	compensation
	hours for	or di	88			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		g	Deus		(W-2/1099-MISC)		organization and related
	below	ual tr	ional		ploy	2 8 E S	١.			organizations
	line)	Individual trustee or director	institutional trustee	Officer	By en	Highest compensated employee	Former			Organizations
(1) LOUISE FOREMAN	1.00		1)	×-	± ω	٣			
MEMBER		X						0.	0.	0.
(2) JEFFREY WILKLOW	10.00	[
CHAIR		X		X				0.	0.	0.
(3) KELLY HARBITTER	1.00								·	
TREASURER		X		X				0.	0.	0.
(4) MITCH MARTIN	1.00									
SECRETARY		X		X				0.	0.	0.
(5) GARY CUBBAGE	1.00									
VICE-CHAIR		X		X				0.	0.	0.
(6) ANN G. MARLOW	1.00		1	'				_		_
GOVERNANCE COMMITTEE CHAIR		X			<u> </u>	_	_	0.	0.	0.
(7) JOHN TUTHILL	1.00		1							
BUILDING COMMITTEE CHAIR		X	<u> </u>	L	L_	<u> </u>		0.	0.	0.
(8) ELIZABETH BILLE	1.00		l		l			_	_	
MEMBER		X			_	╙	<u> </u>	0.	0.	0.
(9) ALLA CLINE	1.00	l	1							
MEMBER		X	<u> </u>		<u> </u>	L.	<u> </u>	0.	0.	0.
(10) DEBBY MICHELSON	1.00				1					•
MEMBER	1 00	X	-	<u> </u>	-	H	┝	0.	0.	0.
(11) RITA NORTON MEMBER	1.00	x						0.	0.	0.
(12) WILL THOMAS	1.00	₽	 -	-	┢	╁	<u> </u>	0.		<u></u>
MEMBER	1.00	x				ļ		0.	0.	0.
(13) KELSEY GALLAGHER	30.00					\vdash			·	
EXECUTIVE DIRECTOR		1		x		ļ		55,344.	0.	0.
		Г	\vdash		<u> </u>		 	00,000		
		1								
						Ī				
			$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}$		L	上				
]						1		
		l	1	l	i	1		I	l	L

Page 7

INC.

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C					
(A)	(B)	l		•	C)			(D)	(E)		•	F)
Name and title	Average hours per	Position (do not check more than one box, unless person is both as				than o	one	Reportable	Reportable			nated
	week					is both x/trus		compensation from	compensation from related			unt of her
	(list any	à						the	organizations			nsation
	hours for	giec	1		1	, ,			(W-2/1099-MIS			n the
	related	ige E	ustee			ensat		(W-2/1099-MISC)	•		organ	ization
	organizations below	真	E E		loyee	g g				- 1		elated
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē				organi	izations
		투	투	۴	2	===	<u> </u>			\neg		
				_	-	-	-			_		
		ł										
			<u> </u>			_	_					
		<u> </u>	<u> </u>	-	_	├-	ļ					
						Ì						
		Γ										
	<u> </u>	-	-	-	<u> </u>	┝				-		
		1	İ					j				
1b Sub-total								55,344.		0.		0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	55,344.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization											Y	es No
3 Did the organization list any former officer,	, director, or tru	uste	e, ke	у ег	nplo	yee,	orl	highest compensated er	nployee on	ſ		
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su	-		-					•	_	ļ.		
and related organizations greater than \$15										····· -	4	<u> </u>
5 Did any person listed on line 1a receive or a										ŀ		x
rendered to the organization? If "Yes." con Section B. Independent Contractors	nplete Scheduk	e <i>J f</i>	or st	JCh J	oers	on					5	<u> </u>
Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs th	nat received more than \$	100,000 of comp	ensati	ion from	1
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith o	or wi	thin		ear.			
(A) Name and business	address	N	ONI	E				(B) Description of s	ervices	C	(C) ompens	ation
							╗					
							_					
												
							_					
						•						
2 Total number of independent contractors 5	neludina but -	ot II-	mita	d to	the	eo lie	,to	shove) who received m	ore than			
2 Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot III	me	u lO		se iis O	nea.	above) wito received mi	ne ulali			
								·	<u> </u>		Earm 90	90 (2017

Form 990 (2017) INC.
Part VIII Statement of Revenue

INC.

54-1897241 Page 9

			Check if Schedule O conti	ains a resp	onse	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
25 25	1 :	a	Federated campaigns	1	a	13,594.				
Contributions, Gifts, Grants and Other Similar Amounts.	ı		Membership dues		ь					
28		c	Fundraising events		c	279,175.				
T P			Related organizations		d					
, a			Government grants (contributi		le					
Sig	1		All other contributions, gifts, grant							
je të		•	similar amounts not included abov		ıf	1,151,729.				
캶		_	Noncash contributions included in lines		<u> </u>	211,339.				
ξā		_	Total. Add lines 1a-1f				1,444,498.			
<u> </u>		"	Total. Add lines ra-11	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••	Business Code				
_		_	RIDING LESSONS			900099	177,781.	177,781.		
ice	2 8	-	CAMP, SHOWS, & OTHER EV	rpame	—	900099	92,524.	92,524.		-
<u> </u>	١ '		HORSE BOARDING	ZM15		900099				
Program Service Revenue	•	C	HORSE BOARDING		—	900099	12,621.	12,621.		-
gra Bey	•	đ								
Š	•	e								
•			All other program service reve						Time a section	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_		g_	Total. Add lines 2a-2f				282,926.			
	3		Investment income (including							1
							6,291.			6,291.
	4					proceeds				
	5		Royalties	· <u>····</u>						
				(i) Re	al	(ii) Personal				
	6 :	а	Gross rents							
	ı	b	Less: rental expenses			_				
			Rental income or (loss)							
			Net rental income or (loss)			•			December 1981 and 1981 and 1981 and 1981 and 1981 and 1981 and 1981 and 1981 and 1981 and 1981 and 1981 and 19	
	7 :		Gross amount from sales of	(i) Secur	rities	(ii) Other				
	•	_	assets other than inventory	1,705						
		h	Less: cost or other basis							بقيام ويداده
		_	and sales expenses	1,701,	132.	1,438.				
		_	Gain or (loss)		177.					
1			Net gain or (loss)	<u> </u>			3,739.	Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de La compansión de la compa	l in afterne statemente at n	3,739.
			Gross income from fundraising							
en en	0 (a		,175. of	iOt	İ				
venue						[
			contributions reported on line				Agida jama ka		respectively.	
Other Re			Part IV, line 18			100,323.				
8			Less: direct expenses			100,323.	100 222			-100.323.
			Net income or (loss) from fund	_			-100,323.		ej kortjula i taleti a	-100,323.
	9 8	a	Gross income from gaming ac				얼마 된 나 16의			
			Part IV, line 19		_					
						·		교육의 사이 시간 (1000 중요)		
			Net income or (loss) from gam	_	es	······			rought 1	NO. PER CONTRACTOR OF THE PER CONTRACTOR OF
	10 :	а	Gross sales of inventory, less							
			and allowances		а					
			Less: cost of goods sold							pikin in difi
		C	Net income or (loss) from sales	s of invent	ory .	. <u>,,,,,,</u>				
			Miscellaneous Revenue	е		Business Code				
	11 (а								
	1	b								
	(С								
		d	All other revenue							
			Total. Add lines 11a-11d			>				
	12		Total revenue. See instructions.			>	1,637,131.	282,926.	0.	-90,293.

Form 990 (2017) INC.
Part IX Statement of Functional Expenses

54-1897241 Page 10

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	X
	not include amounts reported on lines 6b, 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 domestic organizations		<u> </u>	general expenses	CAPCINGO
	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	55,344.	16,603.	22,138.	16,603.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	055 500	450 440	00.00	
7	Other salaries and wages	255,503.	158,119.	23,897.	73,487.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	72 700	12 200	3 535	C 001
10	Payroll taxes	23,780.	13,322.	3,537.	6,921.
11	Fees for services (non-employees):				
a	Management				
b	Legal	17,000.		17,000.	
c	U	17,000.		17,000.	
d	• • • • • • • • • • • • • • • • • • • •				
9	Professional fundraising services. See Part IV, line 17	654.	<u> 1. Santa a la la la la la la la la la la la la </u>	654.	
f	Investment management fees	024.		034.	
9	column (A) amount, list line 11g expenses on Sch 0.)	1,975.	1,975.		
12	Advertising and promotion	1,022.	1,022.		
13	Office expenses	5,287.	4,878.	409.	· · · · · · · · · · · · · · · · · · ·
14	Information technology	3,2074	2,0700	103.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	49,233.	49,233.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,006.	28,006.		
23	Insurance	29,619.	29,619.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	HORSE EXPENSES	75,628.	75,628.		
b	PROGRAM SUPPLIES & EXPE	56,069.	56,069.		
C	TAXES & LICENSES	19,799.	19,799.		
d	REPAIRS & MAINTENANCE	18,539.	18,539.		4 4 4 4 4
е	All other expenses SEE SCH O	31,568.	14,727.	6- 65-	16,841.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	669,026.	487,539.	67,635.	113,852.
26	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 if following SOP 98-2 (ASC 958-720)				Form 990 (2017)

Form 990 (2017)
Part X Balance Sheet

INC.

54-1897241 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	198,955.	1	239,480.
	2	Savings and temporary cash investments	564,616.	2	1,702,691.
	3	Pledges and grants receivable, net		3	251,425.
	4	Accounts receivable, net	1,632.	4	3,261.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		_5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		11.	
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,478.	9	3,131.
	10a				
		basis. Complete Part VI of Schedule D 10a 2,770,374 Cless: accumulated depreciation 10b 229,500 cless			
	b			10c	2,540,874.
	11	Investments - publicly traded securities		11	
	12	Investments · other securities. See Part IV, line 11	545,308.	12	548,085.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,331,754.	16	5,288,947.
	17	Accounts payable and accrued expenses	14,722.	17	16,395.
	18	Grants payable		18	
	19	Deferred revenue	20,145.	19	27,390.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
တ္ဆ	22	Loans and other payables to current and former officers, directors, trustees,			
litie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	1,022,322.	23	998,849.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		Ì	}
		parties, and other liabilities not included on lines 17-24). Complete Part X of		Į.	İ
		Schedule D	1 057 100	25	1 040 634
	26	Total liabilities. Add lines 17 through 25	1,057,189.	26	1,042,634.
		Organizations that follow SFAS 117 (ASC 958), check here X and		17.6	
68		complete lines 27 through 29, and lines 33 and 34.	0 167 000		0 600 351
anc anc	27	Unrestricted net assets	2,167,229.	27	2,600,351.
3al	28	Temporarily restricted net assets	1,107,336.	28	1,645,962.
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
3		Organizations that do not follow SFAS 117 (ASC 958), check here			
ğ		and complete lines 30 through 34.			มี มามา เพิ่มพี่สิ่ง การเปล่าสมัย และ
30 ts	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
é	32	Retained earnings, endowment, accumulated income, or other funds	3,274,565.	32	1 245 212
-	33	Total net assets or fund balances	4,331,754.	33	4,246,313.
	34	Total liabilities and net assets/fund balances	1 4,331,134.	34	5,288,947.

Form **990** (2017)

	MORIMENN VA IMENAPEUTIC RIDING PROGRAM,				
Form	990 (2017) INC.	54-18	97241	Pa	ige 12
Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,63		
2	Total expenses (must equal Part IX, column (A), line 25)	2			26.
3	Revenue less expenses. Subtract line 2 from line 1	3			05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,27	4,5	65.
5	Net unrealized gains (losses) on investments	5		3,6	43.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,24	<u>6,3</u>	<u>13.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:		1.22		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2tb	X	<u>L</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	77 A 77 77 A 77	5 E.S.	
	consolidated basis, or both:			V	
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	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	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?	. 	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or sudite, explain why in Schedule O and describe any stens taken to undergo such audits		25		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NORTHERN VA THERAPEUTIC RIDING PROGRAM, 54-1897241 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations (iv) is the organization listed in your governing Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 INC. 54-1897241 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-				· · · · · · · · · · · · · · · · · · ·		
_	ization's benefit and either paid to						
	or expended on its behalf						
•	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3		ika kamanan			pasterio della della contra di la contra	
5	The portion of total contributions						
	by each person (other than a				· 中本性及400%		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support	 					
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	!					
	securities loans, rents, royalties,	ļ					
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						-
	Gross receipts from related activities,	etc. (see instruction	ne)	<u> </u>		12	
	First five years. If the Form 990 is for	•	• ••••••				
	organization, check this box and stor	-			•		▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the c	organization did no				ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization		•••••		▶□
b	33 1/3% support test - 2016. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation	*****		
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not d				
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	_				•	
	organization meets the "facts-and-circ				-		▶□
18	Private foundation. If the organization		•	•		***************************************	→

Schedule A (Form 990 or 990-EZ) 2017 INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

e .	qualify under the tests listed by	elow, please comp	lete Part II.)				
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	224 054	565 060	400 600	4000400		2005254
	include any "unusual grants.")	334,274.	565,860.	489,620.	1093122.	1444498.	3927374.
2	Gross receipts from admissions,		1				
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose	265,356.	257,593.	251,276.	290,300.	282,926.	1347451.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 through 5	599,630.	823,453.	740,896.	1383422.	1727424.	5274825.
	Amounts included on lines 1, 2, and	000,000	020,1000	, 10,0300	20002220	2,2,121	32710231
<i>1</i> a	3 received from disqualified persons	7,077.	115,153.	51,227.	19,656.	103,634.	296,747.
h	Amounts included on lines 2 and 3 received	,,,,,,	113,1330	31,2274	13,030.	103,034.	250,141.
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						^
	amount on line 13 for the year	7,077.	115,153.	51,227.	10 656	103,634.	<u>0.</u> 296,747.
	Add lines 7a and 7b	7,011.	113,133.	31,441.	19,656.	103,634.	
<u>8</u>	Public support (Subtract line 7c from line 6.)						4978078.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	599,630.	823,453.	740,896.	1383422.	1727424.	5274825.
10a	Gross income from interest, dividends, payments received on			ŀ			
	securities loans, rents, royalties,						
	and income from similar sources	2,118.	428.	1,049.	-4,522.	10,030.	9,103.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	2,118.	428.	1,049.	-4,522.	10,030.	9,103.
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	601.748.	823,881.	741.945.	1378900.	1737454.	5283928.
	First five years. If the Form 990 is for						
• •			•		•		o, ▶□
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (I			olumn (fl)		15	94.21 %
	Public support percentage from 2016					16	95.17 %
	ction D. Computation of Inves					,,	
	Investment income percentage for 20			e 13 column (fi)		17	.17 %
	· · · · · · · · · · · · · · · · · · ·	•			••••••	18	4.6
	Investment income percentage from 3			n line 14 and line			
าษส	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar	· ·	•	• •	• •	***************************************	> X
b	33 1/3% support tests - 2016. If the	-					na
	line 18 is not more than 33 1/3%, che		•	•		_	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? # "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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8 9a 9b 9c	(1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
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	dule A (Form 990 or 990-EZ) 2017 INC •	<u>54-189724</u>	1 P	age 5
Pa	t IV Supporting Organizations (continued)			т
		<u>rana an</u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
_	A family member of a person described in (a) above?	11a	 	├
		11b	\vdash	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c	<u>. </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		<u></u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		19.	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	15 and 16 di	100	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	_	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1.15
Sac	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	3	<u> </u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	etructions)		
, a	The organization satisfied the Activities Test. Complete line 2 below.	a dodonoj.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instructions	1	
2	Activities Test. Answer (a) and (b) below.	ty (see instructions	Yes	No
_ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	*13.3		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	1	Late to 1
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		İ		1
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	ļ	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			T
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	The state of the s			

Sche	edule A (Form 990 or 990-EZ) 2017 INC.			4-1897241 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	·
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5_		
6	Portion of operating expenses paid or incurred for production or	- 1		
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	7 - 1		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		-
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	27 May 25		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	į	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_ _ _	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	And an are the second of the second of the Case Case Case	
4	Enter greater of line 2 or line 3	4		
 -	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
•	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting organ	nization (see
•	instructions).	,		

Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990-EZ) 2017 INC. Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	1	4-1897241 Page 7
	on D - Distributions	(a)(a) Supporting Orga	inizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	emnt nurnoses		Our ent rear
2	Amounts paid to perform activity that directly furthers exemp	· · · · · ·		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
4	Amounts paid to acquire exempt-use assets	oo or oupported organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		, , , , , , , , , , , , , , , , , , , 	
7	Total annual distributions. Add lines 1 through 6.			· · · · · · · · · · · · · · · · · · ·
8	Distributions to attentive supported organizations to which to	he organization is responsive		
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	<u> </u>	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	,		Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017		建筑的产业的企业	
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 INC.	54-1897241	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit	s 1 and 2; Part IV, Section t V. Section B. line 1e; Par	C, rt V,
	(See instructions.)		"
			-
		9 , 1	
			
			·

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

NORTHERN VA THERAPEUTIC RIDING PROGRAM,

OMB No. 1545-0047

Employer identification number

2017

INC.		54-1897241				
Organization type (chec	k one):					
Filers of:	Section:					
Form 990 or 990-EZ	3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	on is covered by the General Rule or a Special Rule . I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.				
General Rule						
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contributo	• • •				
Special Rules						
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 outor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the am EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from				
year, total conti	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contribution is checked, ento purpose. Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • •				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization NORTHERN VA THERAPEUTIC RIDING PROGRAM, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, audress, and ZIF +4	\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,180.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization NORTHERN VA THERAPEUTIC RIDING PROGRAM, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll

INC.

Name of organization
NORTHERN VA THERAPEUTIC RIDING PROGRAM,

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>25,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$10,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$10,000.	Person Payroll Noncash (Complete Part Il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll

Name of organization NORTHERN VA THERAPEUTIC RIDING PROGRAM, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$30,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$16,239	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll
723452 11-01-	-17	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2017)

Name of organization
NORTHERN VA THERAPEUTIC RIDING PROGRAM,
INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
25		\$10,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
26		\$5,000 <u>.</u>	Person X Payroll Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
27		\$ 33,000.	Person X Payroli	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
28		\$ <u>20,000.</u>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
29		\$5,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
30		\$ <u>10,000.</u>	Person X Payroll	

Name of organization
NORTHERN VA THERAPEUTIC RIDING PROGRAM, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$51,500.	Person X Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll Oncash Occash (Complete Part II for noncash contributions.)
723452 11-01-	-17	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2017)

Name of organization NORTHERN VA THERAPEUTIC RIDING PROGRAM, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
37		\$8,836.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
38		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
39		\$11,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
40		\$5,500.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
41		\$5,905.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
42		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization
NORTHERN VA THERAPEUTIC RIDING PROGRAM,

Employer identification number

54-1897241

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	PROMISE TO GIVE			
14				
				
J		\$ 10,000.	12/31/17	
(a)				
No.	(b)	(c)	(d)	
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received	
Part I		(Gee mad dedons.)		
Í	PROMISE TO GIVE			
<u> 15</u>				
- 1				
- 1		\$ <u>25,000.</u>	02/25/17	
(a)		(c)		
No.	(b)	FMV (or estimate)	(d)	
from Part I	Description of noncash property given	(See instructions.)	Date received	
Parti	PROVINCE OF CHIEF			
16	PROMISE TO GIVE			
<u> 16</u>				
	-	10,000.	10/21/17	
- 1		\$ 10,000.	12/31/17	
(a)				
No.	(b)	(c)	(d)	
from	Description of noncash property given	FMV (or estimate)	Date received	
Part I		(See instructions.)		
	PROMISE TO GIVE			
17				
- 1		s 10,000.	12/31/17	
(a)		(0)		
No.	(b)	(c) FMV (or estimate)	(d)	
from	Description of noncash property given	(See instructions.)	Date received	
Part I		(000 11102 20201101)		
4.	100 SHARES OF WELLS FARGO CORP STOCK			
41				
			10/15/15	
		\$ 5,905.	12/15/17	
(2)				
(a) No.	n.s	(c)	4.45	
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received	
Part I	Description of noncast property given	(See instructions.)	Date received	
	PROMISE TO GIVE		,	
42				
				
		\$ 10,000.	12/31/17	
			990, 990-EZ, or 990-PF) (20	

Employer identification number

NORTHERN	VA	THERAPEUTIC	RIDING	PROGRAM,
- NT.CT				

NOKTHERN	VA	THERAPEUTIC	KIDING	PROGRAM
TNC.				

turio in terminal de la companya de la companya de la companya de la companya de la companya de la companya de Companya de la companya e year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	olumns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations sets for the year. (Enter this info. once.)				
Ų	Jse duplicate copies of Part III if additional	space is needed.				
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ti —	(b) Fulpose of gift	(c) Ose of grit	(d) Description of now girt is need			
		(e) Transfer of gif	t			
	Transferee's name, address, and		Relationship of transferor to transferee			
ło. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
$- \equiv$						
	<u> </u>	(e) Transfer of gif	t			
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee			
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
	Į.	(e) Transfer of gif	of gift			
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee			
		·				

SCHEDULE D

(Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NORTHERN VA THERAPEUTIC RIDING PROGRAM,

INC.

Employer identification number 54-1897241

Par	Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring			
	impermissible private benefit?		Yes No			
Pai	til Conservation Easements. Complete if the or					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	torically important land area			
	Protection of natural habitat	Preservation of a cert	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel					
	year ▶					
4	Number of states where property subject to conservation eas	sement is located -				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it	holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year			
						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for			
200	conservation easements.					
Pai	Till Organizations Maintaining Collections of		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS	•	•			
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, provide the following amounts			
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
			\			
2	If the organization received or held works of art, historical tre		l gain, provide			
	the following amounts required to be reported under SFAS 1	, ,				
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X		🕨 💲			

	dule D (Form 990) 2017 INC.							<u> 4-18</u>	<u>97241</u>	Page 2
Pai	till Organizations Maintaining C	-								
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that a	re a signi	ificant u	se of its c	ollection i	tems
	(check all that apply):		_							
а	Public exhibition	C	; <u> </u>	Loan or exc	hange program	18				
b	Scholarly research	•	· 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organization	's exemp	t purpos	e in Part	XIII.	
5	During the year, did the organization solicit of		-		-			_	_	
	to be sold to raise funds rather than to be m								Yes	No
Pai	tiv Escrow and Custodial Arran		ete if the	e organizatio	n answered "Y	es" on Fo	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod								٦	
	on Form 990, Part X?							∟	_ Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
							\vdash		Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						<u> 1f </u>		٦	
2a	Did the organization include an amount on F					•	?	∟	_l Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII.							************		
Fai	tV Endowment Funds. Complete								T	
_		(a) Current year	(b) ⊦	Prior year	(c) Two years	Dack (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance		-							
b	Contributions				 				<u> </u>	
C	Net investment earnings, gains, and losses		-		 		_			
d	Grants or scholarships	·	<u> </u>		-					
е	Other expenditures for facilities				[Ì	
	and programs									
f	Administrative expenses	·		 	·	i -			-	
9	End of year balance	L	<u> </u>		<u> </u>					
2	Provide the estimated percentage of the cur	-	e (line 10	g, column (a)) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are held ai	nd administered	d for the	organiza	ition	Г.	
	by:								Γ	Yes No
	(i) unrelated organizations								3a(i)	$-\!\!\!+\!\!\!\!-$
									3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza				•••••		· · · · · · · · · · · · · · · · · · ·	•••••	3b	
4 Desi	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	unds.						
rai			D-4 B	/ U 44- C	Fa 000 F	74 V II-	- 10			
	Complete if the organization answere								(-0.5)	
	Description of property	(a) Cost or o		, , ,	or other		umulate	a	(d) Book	value
		basis (investr	nentj		(other)		eciation	10.00	1 501	405
	Land				1,425.				1,541	,425.
ь	Buildings				4,627.	···	$\frac{75,47}{3,10}$,149.
C	Leasehold improvements				0,667.	1 -	3,19			473.
	Equipment				2,878.		36,03			,845.
	Other				0,777.	_	14,79	73.		982.
Tota	. Add lines 1a through 1e. (Column (d) must a	anual Form 990 Part	Y colun	nn (R) line 1	Oc)				4.34U	.874.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 INC. Part VII Investments - Other Securities.			54	-1897241 Page 3
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990.	Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) MONEY MARKET	5,352.		YEAR MARKET	VALUE
(B) EQUITY AND MUTUAL FUNDS	46,263.		EAR MARKET	
(C) FIXED INCOME	496,470.	END-OF-Y	EAR MARKET	VALUE
(D)				
(E)			·	
<u>(F)</u>				
(G)				
(H)	E40 00E		July 400 July 1 00 See NACC	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	548,085.		aratiful (1, 1981), ili a sull'estitut e	
	- Farm 000 Bart N/ Bara	14 - Caa Farm 000	Dark V. Brando	
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value			d-of-year market value
	(b) Book value	(0) 11101101101	Valuation: Oost of Cit	d'Orycai market value
(1) (2)				·
(3)			 -	
(5)				
(6)				
(7)				
(8)			····	
(9)			· · · · · · · · · · · · · · · · · · ·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990,	Part X, line 15.	
	Description		,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		·		
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<u>15.)</u>		>	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Fon	n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)			The state of the s	
(5)			1	
(6)				
(7)			1	
(8)				
(9)			4	
Total. (Column (b) must equal Form 990. Part X. col. (B) line			<u> 1 </u>	
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote to	the organization's 1	inancial statements t	hat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

	dule D (Form 990) 2017 INC.		<u> 1897241</u>	Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	1,747	112
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	1,/2/	, 114.
a	Net unrealized gains (losses) on investments			
h	Donated services and use of facilities 2b 645,618.	1		
c	Recoveries of prior year grants 2c	7		
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	2e	649	,261.
3	Subtract line 2e from line 1	3	1,097	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) 4b 538,626			
	Add lines 4a and 4b	4c	539	,280.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	1,637	
Pai	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returr		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		4 040	
1	Total expenses and losses per audited financial statements	1	1,313	<u>,990.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 645,618.	4 1		
b	Prior year adjustments	Lange of the		
C	Other losses	_		
đ	Other (Describe in Part XIII.)	4 1	645	640
е	Add lines 2a through 2d	2e		<u>,618.</u>
3	Subtract line 2e from line 1	3	668,	<u>,372.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4		
	Other (Describe in Part XIII.)	4		C
-	Add lines 4a and 4b	4c	660	654.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t:XIII Supplemental Information.	5	669	026.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	1: Dort V	line 2: Bort V	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	+, rail /	., IIII c 2, Fait A	u,
	and to, and that say, and the said so the complete and part to provide any additional anomation.			
PAF	T X, LINE 2:			
FIN	1 48 DISCLOSURE: MANAGEMENT HAS EVALUATED THE PROGRAM'S TAX	C POS	SITIONS	
<u>ANI</u>	CONCLUDED THAT THE PROGRAM HAD TAKEN NO UNCERTAIN TAX PO	SITIC	ONS THAT	<u> </u>
REC	QUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.			
,			·	
PAI	T XI, LINE 4B - OTHER ADJUSTMENTS:			
TNC	REASE(DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS		538,6	526
<u> 111/</u>	REASE (DECREASE) IN TEMPORARILI RESTRICTED NEI ASSETS		330,0	20.
			<u> </u>	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization NORTHERN VA THERAPEUTIC RIDING PROGRAM, **Employer identification number** 54-1897241 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e 🗆 Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ No Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts have custody or control of (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NORTHERN VA THERAPEUTIC RIDING PROGRAM. Schedule G (Form 990 or 990-EZ) 2017 INC . 54-1897241 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL (add col. (a) through GIVING CAMPAPOLO col. (c)) (event type) (total number) (event type) 53,354. 199,500 26,321. 279,175. Gross receipts 53,354. 199,500. 26,321. 279,175. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Food and beverages 8 Entertainment 3,545. 85,866. 10,912. 100,323. 9 Other direct expenses 100,323. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -100,323. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Exper 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

	nedule G (Form 990 or 990-EZ) 2017 INC.	54-18972	41 Pag	e 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	🗀 Y	'es 🔲	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility			<u>%</u>
	o An outside facility			<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	is:		
	Name			
	Address >		· . · · · · · · · · · · · · · · · · · ·	
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Д	'es 🔲	No
ı	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	ount		
	of gaming revenue retained by the third party >\$			
•	c If "Yes," enter name and address of the third party:			
	Name			
	Address >			—
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			—
		-		
	☐ Director/officer ☐ Employee ☐ Independent contractor			
47	Mandaton distributions			
17	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	• • • • • • • • • • • • • • • • • • • •	Пγ	/oc 🗔	No
	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i		es	NO
•	organization's own exempt activities during the tax year > \$	n uie		
Ps	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III lings Q Qi	10b 15b	—
-04	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, IIIIes 9, 9t	J, 10D, 13D	,
SC	CHEDULE G, LINES 1, 2, AND 9			_
			-	
GR	OSS RECEIPTS AND CONTRIBUTIONS AND DIRECT EXPENSES FOR POLO) EAEMI.		—
IN	CLUDE \$49,456 OF IN-KIND AUCTION ITEMS.			
_				

Schedule G (Form 990 or 990-EZ) INC. 54-1897241 Page 4 NORTHERN VA THERAPEUTIC RIDING PROGRAM,

Schedule G (Form 990 or 990-EZ)

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

NORTHERN VA THERAPEUTIC RIDING PROGRAM,

Employer identification number 54-1897241

-	INC.			<u> </u>	54-189	<u>7241</u>	
Pai	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution		ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications		and the first				
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		3	204,903.	FMV ON DATE O	F DO	NAT
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or				···		
	trust interests		l				
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential	 					
16	Real estate - Commercial						
17	Real estate - Other	-					
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (EQUIPMENT)	X	2	6 436	VALUE ON DATE	OF .	DOM
26	Other ()			0,250.	VALUE ON DATE	<u>Or</u>	DOM
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi	ization during	the tay year for e	ontributions			
25	for which the organization completed Form 82		= =	1 1			
	of which the organization completed Form oz	.05, Fait IV, I	Donee Acknowledg	Jennent [29]		Yes	LNIa
200	During the year, did the organization receive b	v contributio	n any proporty ron	verted in Port I. lines 1 through	n 20 that it	Tes	No
30a	must hold for at least three years from the dat				7.04		
		_		•	I	4.	~
	exempt purposes for the entire holding period	·				<u>a </u>	X
	If "Yes," describe the arrangement in Part II.					i de la composição	
31	Does the organization have a gift acceptance	· -	· ·	· ·	ons? 31	+	X
328	Does the organization hire or use third parties		_	•		_w	
						a X	
	If "Yes," describe in Part II.			. Kanada kataba wa kataba ka kataba ka			
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	tor which column (a) is chec	кеа,		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Sched	ule M (Form 990		IN									54-18			Page 2
Part		is reporti	ng in Parti	l, col	ormation. lumn (b), the nal informat	e number of	e informat contributi	ion requi ons, the	ired by Pa number o	rt I, lines 301 f items recei	b, 32b, ived, o	and 33 r a comi	, and whethe oination of b	er the o	rganizati so compl	on ete
SCH	<u>EDUI</u>	E M,	LINE	32	2B:											
THE	PRO	GRAM	USES	A	THIRD	PARTY	ORGA	NIZA'	rion,	VEHIC	LES	FOR	CHANGI	3, T	0	
<u>ACC</u>	EPT	AND	PROCE	SS	THE C	AR DON	ATION	AND	THEN	SENDS	THE	PRO	GRAM A	4		
DON	ATIC	ON CH	ECK.												<u> </u>	
																
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

OMB No. 1545-0047

NORTHERN VA THERAPEUTIC RIDING PROGRAM,

INC.

Employer identification number 54-1897241

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PEOPLE WITH DISABILITIES, YOUTH-AT-RISK, RECOVERING MILITARY PERSONNEL,
AND OTHERS IN NEED IN AN INCLUSIVE, COMMUNITY SETTING.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROVIDE BOTH STUDENTS AND THEIR FAMILIES WITH A SENSE OF COMMUNITY AND
BELONGING. NVTRP'S STAFF INCLUDES 10 PATH CERTIFIED INSTRUCTORS, 2
THERAPISTS, AND 12 HORSES.
SCHOLARSHIPS: NVTRP SUBSIDIZES THE COST OF ALL LESSONS AND PROVIDES
SCHOLARSHIPS AS NEEDED FOR WEEKLY RIDERS. SERVICES ARE PROVIDED AT NO
COST TO THE YOUTH-AT-RISK CLIENTS AND RECOVERING MILITARY SERVICE
PERSONNEL CLIENTS SO THAT COST IS NOT A BARRIER TO PARTICIPATION.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS SENT TO NVTRP FINANCE COMMITTEE FOR REVIEW AND DISCUSSION AND
THEN TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD ROUTINELY MONITORS AND ANNUALLY REAFFIRMS THE ADHERANCE TO THE
CODE OF ETHICS AND CONFLICT OF INTEREST POLICIES.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION AMOUNTS ARE SET BY LOOKING AT SIMILAR POSITIONS IN OTHER
SIMILAR ORGANIZATIONS. ANNUAL REVIEWS ARE CONDUCTED BY THE BOARD TO
DETERMINE WHETHER COMPENSATION ARRANGEMENTS ARE REASONABLE.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization NORTHERN VA THERAPEUTIC RIDING PROGRAM, INC.	Employer identification number 54-1897241
FORM 990, PART VI, SECTION C, LINE 19:	
THE PROGRAM'S BYLAWS AND OTHER GOVERNING DOCUMENTS ARE	AVAILABLE UPON
REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON ITS	S WEBSITE
WWW.NVTRP.ORG.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPER	NSES:
CAPITAL CAMPAIGN EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	16,841.
TOTAL EXPENSES	16,841.
EDUCATION & TRAINING:	
PROGRAM SERVICE EXPENSES	5,380.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,380.
UTILITIES:	
PROGRAM SERVICE EXPENSES	5,341.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,341.
VOLUNTEERS:	· · · · · · · · · · · · · · · · · · ·
PROGRAM SERVICE EXPENSES	2,997.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0. Schodulo 0 /Form 990 or 990 EZ/ /2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization NORTHERN VA THERAPEUTIC RIDING PROGRAM, INC.	Employer identification number 54–1897241
TOTAL EXPENSES	2,997.
RELOCATION :	
PROGRAM SERVICE EXPENSES	1,009.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,009.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 31,568.
FORM 990, PART XII, LINE 2C.	
THE BOARD OF GOVERNORS HAS RESPONSIBILITY FOR OVERSIGHT	OF THE ANNUAL
AUDIT OF THE PROGRAM'S FINANCIAL STATEMENTS AND THE SELEC	CTION OF AN
INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FRO	OM PRIOR YEAR.
	-

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
1	PEACHES 19 YRS OLD IN 1999	09/05/98	SL	3.00		16	4,500.				4,500.	4,500.		0.	4,500.
2	DELL COMPUTER	07/24/02	SL	5.00		16	595.				595.	595.		0.	595.
3	CINDER-8 YRS OLD	05/03/05	SL	7.00		16	3,000.				3,000.	2,967.		0.	2,967.
4	HORSE TRAILER	09/14/05	SL	5.00		16	8,000.				8,000.	8,000.		0.	8,000.
5	RAMP	09/21/05	SL	3.00		16	1,746.				1,746.	1,746.		0.	1,746.
6	60' ROUND PEN	06/10/06	SL	5.00		16	3,070.				3,070.	3,070.		0.	3,070.
7	8X8 SHED	02/07/07	SL	5.00		16	630.				630.	630.		0.	630.
8	LIFT SYSTEM	04/16/07	SL	5.00	-	16	8,807.				8,807.	8,807.		0.	8,807.
9	5 RUN-IN SHEDS	11/27/07	SL	5.00		16	10,900.				10,900.	10,900.		0.	10,900.
10	KIEFFER DRESSAGE SADDLE	09/02/07	SL	5.00		16	600.				600.	600.		0.	600.
11	15" PESSOA ALL PURPOSE SADDLE	09/26/07	SL	5.00		16	825.				825.	825,		0.	825.
12	WINTEC ISABEL WERTH DRESSAGE	08/21/07	SL	5.00		16	900.				900.	900.		0.	900.
13	CROSBY SOFT RIDE DRESSAGE	09/30/07	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
14	EXSELLE JUMPING SADDLE	09/30/07	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
15	KIEFFER JUMPING SADDLE	09/30/07	SL	5.00		16	900.				900.	900.		0.	900.
16	THOROUGHBRED DRESSAGE	09/30/07	SL	5.00		16	800.				800.	800.		0.	800.
17	SADDLE	12/28/08	SL	5.00		16	775.				775.	775.		0.	775.

FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	Cocy	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	TRUCK	01/29/08	SL	5.00		16	22,337.				22,337.	22,337.		0.	22,337.
	PESSOA SADDLE (FROM GANNETT			J. Pry	£										
19	FOUNDATION GRANT) BLACK VEGA DRESSAGE SADDLE	03/02/08	SL	5.00		16	1,999.				1,999.	1,999.		0.	1,999.
20	(FROM GANNETT FOUNDATION GRAFULL CRY FARM-5.5 ACRES OF	02/28/08	SL	5.00		16	1,488.				1,488.	1,488.		0.	1,488.
21	LAND FULL CRY FARM - BUILDING	02/05/09	L	.000			540,100.		10 4 4 5 10 5 24 1		540,100.			0.	
22	1.8% OF PROPERTY VALUE	02/05/09	SL	40.00		16	9,900.				9,900.	1,963.	ļ	248.	2,211.
	ACQUISITION COSTS-FULL CRY														
23	PARM	02/05/09		480M	HY	43	58,913.				58,913.	11,661.		1,473.	13,134.
24	PIERRE, 9 YR-OLD HORSE	01/01/09	SL	7.00		16	5,000.		n Ambaka	i finali da gira	5,000.	5,000.	l no nomenta o	0.	5,000.
25	BOOKER, 15 YR-OLD HORSE	12/31/09	SL	3.00		16	4,500.				4,500.	4,500.		0.	4,500.
26	HORSE-SILKY-15 YEARS OLD	08/04/10	SL	3.00		16	4,999.			nint sim was sind .	4,999.	4,999.	n onto on Water	0.	4,999.
27	APPRAISAL	03/25/11		480M	НY	43	700.				700.	103,		18.	121.
28	APPRAISAL	04/12/11		480M	нд	43	1,175.				1,175.	167.		29.	196.
29	INSPECTION	06/29/11		480M	HY	43	499.				499.	66.		12.	78.
30	DRAIN FIELD STUDY	09/30/11	I to para second	480M	на	43	6,185.	.,		esternas, aus	6,185.	814.	e a service de la compansión de la compa	155.	969.
31	HEAVENLY	02/03/11	SL	3.00		16	5,368,				5,368.	5,368.		0.	5,368.
32	SOFTWARE LICENSE	12/27/11	SL	3.00		16	1,000.			was needed and the second	1,000.	1,000.		0.	1,000.
33	COMPUTER	10/14/11	SL	5.00		16	523.				523.	523.		0.	523.
	era kan at merupakan di sebagai kan di sebagai kan di sebagai kan di sebagai kan di sebagai kenada di sebagai						and the state of t	and the state	an an earlier t	Heritalita en la literatura de la litera		l sera i i i i i i i i i i i i i i i i i i i	g in the decimal of I	[August 1 November 2 (1914)
34	SHED	02/23/11	SL	40.00		16	2,790.	15, 255			2,790.	408.		70.	478.
35	PAVING	06/14/11		40.00		16	5,250.				5,250.	731.		131.	862.

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Coc>	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
36 37	FULL CRY FARM - 11.5 ACRES OF LAND FULL CRY FARM - BUILDING	01/05/12 01/05/12		.000 40,00		16	981,325. 488,457.				981,325. 488,457.	61,055.		0. 12,211.	73,266.
38 39	(D)HORSE - COOPER 8 YRS OLD EQUIPMENT ACQUIRED WITH PURCHASE OF FULL CRY FARM	10/04/12		7.00 5.00		16 16	5,500.				5,500.	3,341.		721.	4,062.
40 41	HANDI RAMP 2013 RIDING ARENA - PREPARATION	01/03/12	SL	5.00		16 16	6,640. 2,498. 121,476.				6,640. 2,498. 121,476.	6,640. 2,417.		81. 0.	6,640. 2,498.
42 43	12X14 SHED ERNST & YOUNG DONATED FURNITURE	01/20/12 10/03/12		5.00 7.00	100 m 100 m	16 16	3,230. 505.				3,230. 505.	3,176. 306.		54. 72.	3,230. 378.
44 45	FAIRFAX COUNTY DONATED FURNITURE RIDING ARENA PREP COST	11/09/12 01/01/14		7.00 40.00	T.	16 16	2,587. 2,795.				2,587. 2,795.	1,540.		370. 0.	1,910.
46 47	COMPUTER EQUIPMENT MISC, EQUIPMENT	02/24/13 05/25/13		5.00 5.00		16 16	4,469. 569.				4,469. 569.	3,427. 409.	(4) かかが かは、 が みが、	894. 114.	4,321. 523.
48 49	LIGHTING (LEEP GRANT) RIDING ARENA PREP	02/04/13 02/01/14		40.00		16 16	881. 3,556.				881. 3,556.	86.		22. 0.	108.
50	RIDING ARENA PREP	03/01/14	SL	40.00		16	6,896.	Market Mark			6,896.			0.	surreizena ezabet ha gerrei ezabeteakoa 4. gerreiakoa
51 52	RIDING ARENA PREP	04/01/14 05/01/14		40.00		16 16	4,841. 735.				4,841. 735.			0.	
53	RIDING ARENA PREP	06/01/14	SL	40,00		16	8,363.				8,363.			0.	w ₃

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Corv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
54 55	RIDING ARENA PREP	07/01/14 08/01/14		40.00		L6 L6	1,465. 2,790.				1,465. 2,790.			o. o.	
56 57	RIDING ARENA PREP	09/01/14 10/01/14	A State	40.00 40.00		L6 L6	705. 1,135.				705. 1,135.			o. ō.	
58	RIDING ARENA PREP RIDING ARENA PREP - PLAYGROUND EQUIPMENT	11/01/14	SI.	40.00	1	l.6	1,855. 55,948.				1,855. 55,948.			0.	
60 61	PIANO (DONATED)	10/10/14	SL	7.00	1	L 6	3,450.				3,450. 1,200.	1,109. 700.		493. 240.	1,602. 940.
e e transi	MIDDLEBURY TACK SADDLE DOVER SADDLERY, ADAM'S PET MINI-HORSE (DONATED)-7 YEARS OLD	02/07/14	SL	5.00 5.00 7.00	1	.6	1,200. 561. 500.				561. 500.	317. 154.		112. 71.	429. 225.
64	2004 FORD EXPEDITION	10/17/14	SL	5.00]	L6	5,871.				5,871.	1,174.	Park alan M Park District Park British	1,174.	2,348.
65 66	2015 RIDING ARENA PREP 2015 RIDING ARENA PREP	01/01/15	,	40.00		L6 L6	473.				310. 473.			0.	
67 68	2015 RIDING ARENA PREP 2015 RIDING ARENA PREP	03/01/15		40.00		L6 L6	10,103. 3,252.				10,103. 3,252.		13.250 to 13.250 to 2	0.	
69 70	2015 RIDING ARENA PREP 2015 RIDING ARENA PREP	05/01/15 06/01/15		40.00 40.00		L6 L6	20, 479 . 22,326.				20,479. 22,326.			0. 0.	
71	2015 RIDING ARENA PREP	07/01/15	SL	40.00	1	6	6,018.				6,018.			0,	

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
72	2015 RIDING ARENA PREP	08/01/15	SL	40.00	etheen	16	5,725.				5,725.			0.	
73	2015 RIDING ARENA PREP	09/01/15	SL	25.00		16	2,277.				2,277.			0.	
74	2015 RIDING ARENA PREP	10/01/15	SL	25.00		16	9,210.				9,210.			0.	
75	2015 RIDING ARENA PREP	11/01/15	SL	25.00		16	1,142.				1,142.			0.	
76	2016 RIDING ARENA PREP	01/01/16	SL	40.00		16	1,483.				1,483.			0.	
77	LOAN COSTS	09/30/15		300M	НУ	43	3,305.				3,305.	165.		132.	297.
78	DONATED HORSE ROMEO (14 YRS OLD)	01/01/16	SL	3.00		16	25,000.				25,000.	8,333.		8,333.	16,666.
79	2016 RIDING ARENA PREP	02/01/16	SL	40.00		16	2,300.				2,300.			0,	
80	2016 RIDING ARENA PREP	03/01/16	SL	40.00		16	785.				785.			0.	
81	2016 RIDING ARENA PREP	04/01/16	SL	40.00		16	270.				270.			0.	
82	2016 RIDING AREA PREP	05/01/16	SL	40.00	rancon	16	55,903.				55,903.			0.	
83	2016 RIDING ARENA PREP	06/01/16	SL	40.00		16	2,508.				2,508.			0.	
84	2016 RIDING ARENA PREP	07/01/16	SL	40.00		16	1,436.				1,436.			0.	
85	2016 RIDING ARENA PREP	09/01/16	SL	40.00	9	16	1,021.				1,021.			0.	
86	2016 RIDING ARENA PREP	10/01/16	SL	40.00		16	238.				238.			0.	
87	2016 RIDING ARENA PREP	12/01/16	SL	40.00		16	3,500.				3,500.			0.	
88	2017 RIDING ARENA PREP	12/29/17	SL	40.00		16	4,466.				4,466.			0.	
89	FURNITURE	06/20/16	SL	7.00		16	500.				500.	36.		71.	107.

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
90	SHED	10/18/16	SL	5.00	1	16	847.				847.	28.		169.	197.
91	TAFFY-10 YEARS OLD	05/12/17	SL	7.00	1	16	4,500.				4,500.			429.	429.
92	2017 RIDING ARENA PREP	03/01/17	SL	40,00	1	16	425.				425.			0.	
93	2017 RIDING ARENA PREP	05/01/17	SL	40.00	1	16	428.				428.			0.	
94	2017 RIDING ARENA PREP	06/01/17	SL	40.00	1	16	998.				998.			0.	
95	RIDING ARENA - PREPARATION VSMP FFX CO PEMIT FEE	06/13/12	SL	40.00	1	16	95,028.				95,028.			0.	
96	PRE-CONSTRUCTION PHASE OF AR	12/05/17	SL	40.00	1	16	25,000.	physical			25,000.			0.	
97	2017 RIDING ARENA PREP	07/01/17	SL	40.00	1	16	6,207.				6,207.			0.	
98	2017 RIDING ARENA PREP	09/01/17	SL	40.00	1	16	10,400.	ndenicernality			10,400.			0.	
99	COUNTY DRESSAGE SADDLE	11/20/17	SL	5.00	1	16	1,500.				1,500.			25.	25.
100	STEUBEN DRESSAGE SADDLE	11/20/17	SL	5.00	1	16	4,936.		Partice and the last		4,936.			82.	82.
	* 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10						2,775,876.				2,775,876.	205,555.		28,006.	233,561.
	DEPR & AMORT		ACRES TOTALS		1000000	and the same	2,775,876.				2,775,876.	205,555.		28,006.	233,561.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE				nterior in	Name of Street	2,717,016.			0.	2,717,016.	205,555.			233,025.
	ACQUISITIONS						58,860.			0.	58,860.	0.			536.
	DISPOSITIONS				Michigan		5,500.			0.	5,500.	3,341.			4,062.
	ENDING BALANCE						,770,376.			0.	2,770,376.	202,214.			229,499.

FORM 95	FORM 990 PAGE 10			1	1]		990		+			4		
Asset No.	Description	Date Acquired	Method	Life	< = 0 O	Line No.	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	4	Basis For Depreciation		Basis For Depreciation	Basis For Beginning Depreciation Accumulated Depreciation
	ENDING ACCUM DEPR LESS DISPOSITIONS										4		229,499.	229,499.	229,499.
	ENDING BOOK VALUE												2,540,877.	2,540,877.	2,540,877.

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

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

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Identifying number

Part II Bestion To Expense Cartain Property Under Section 179 Nets: If you have any listed property, complete Part V before you complete 1 Maximum amount (see instructions)	NORTHERN VA THERAPEU INC.	TIC RIDING	PROGRAM,				identifying named
1 5 Total cost of section 179 property before reduction in limitation. 2 2 Total cost of section 179 property before reduction in limitation. 3 2 2, 0 4 Reduction in limitation, Subtract line 3 from line 2.1 Iz zero or less, enter -0		nerty Under Section 1	70 Note: If you have	FORM 990 P	AGE 10	1375-6	54-189724:
2 Total coest of section 179 property placed in service (see instructions) 3 Threshold coest of section 179 property before reduction in limitation 3 Threshold coest of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2.1 zero or less, enter -0 4 A Reduction in limitation for tax yers. Subtract line 4 from line 1.1 zero or less, enter -0 6 (ii) Description of property 6 (iii) Description of property 7 Listed property. Enter the amount from line 29 7 Listed property. Enter the amount from line 29 8 Total elected coest of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative decluration. Enter the smaller of line 5 or line 8 9 Tentative decluration. Enter the smaller of line 5 or line 8 10 Carryover of disellowed deduction from line 13 of your 2016 Form 4562 11 Dusliness income limitation. Enter the smaller of lousiness income (not less time zero) or line 5 11 Dusliness income limitation. Enter the smaller of lousiness income (not less time zero) or line 5 11 Dusliness income limitation. Enter the smaller of lousiness income (not less time zero) or line 5 11 Dusliness income limitation. Enter the smaller of lousiness income (not less time zero) or line 5 11 Dusliness income limitation. Enter the smaller of lousiness income (not less time zero) or line 5 11 Dusliness income limitation. Enter the smaller of lousiness income (not less time zero) or line 5 11 Dusliness income limitation. Enter the smaller of lousiness income (not less time zero) or line 5 11 Dusliness income limitation. Enter the smaller of lousiness income (not less time zero) or line 5 11 Dusliness income limitation. Enter the smaller of line 5 or line 452 2 Section 179 septimes of line 5 or line 5	The state of the s						
3 Incashold cost of section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2.1 trans or less, enter -0. 5 Debte limitation for tax year. Subtract line 4 from line 2.1 trans or less, enter -0.1 (e) Cost (business use only) (c) Description of property. 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 or ly our 2016 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Section 179 expense deduction to 2018. Add lines 9 and 10, less line 12 13 John 19			instructions)	•••••	••••••	 -	
A Reduction in limitation. Subtract line 3 from line 2. If zar or less, enter -0. 5 Dote limitation for tay wer, Subbert of the folia 1: It zer or less, enter -0. If married filting secaristy, so instructions 6 (a) Description of property (b) Cent (business use only) 7 Listed property. Enter the amount from line 29 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Part and the deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 10 or line 13 or line 10 or line 13 or line 10 or line 13 or line 10 or line 13 or line 10 or line 13 or line 10 or line 13 or line 11 or line 11 or line 11 or line 11 or line 11 or line 12 or line 12 or line 12 or line 12 or line 12 or line 12 or line 12 or line 12 or line 12 or line 13 or line 12 or line 12 or line 13 or line 12 or line 14 or line	3 Threshold cost of section 179 prope	rtv before reduction	in limitation			2	
5 Debts inhalation for tax year. Subchear lime 4 from lime 29 (a) Description of property (b) Cost floatiness use only) (c) Cost floatiness use only) (c) Description of property (c) Description of p	4 Reduction in limitation. Subtract line	3 from line 2. If zero					4,030,000
(a) Description of property (b) Cost (business use only) (c) Elected cost Carry C						 - -	-
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10 10 10 10 10 10 10 10	9 Tentative deduction. Enter the small	ler of line 5 or line 8				۵	
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3 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	2 Section 179 expense deduction. Add	lines 9 and 10, but	don't enter more tha	an line 11		12	
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5 Property subject to section 168(f)(1) election 6 Other depreciation (including ACRS) 15 16 7 7 7 7 7 7 7 7 7	4 Special depreciation allowance for quality	ualified property (other	er than listed proper	ty) placed in service	during		
5 Property subject to section 188(f)(1) election 6 Cother depreciation (including ACRS) RACRS Depreciation (Don't include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2017 Bit you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service Durring 2017 Tax Year Using the General Depreciation System (e) Classification of property (b) Classification of property (c) Classification of property (e) Convention (f) Method (g) Depreciation (g) Recovery period (h) Method (g) Depreciation (g) Property (h) Section P - Assets Placed (h) Section P - Asset	the tax year					14	
MACRS Depreciation (Including ACRS) Part III MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 7 MACRS deductions for assets placed in service in tax years beginning before 2017 8 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (a) Classification of property (b) Convention (I) Method (I) Method (II) Method (III) Method	5 Property subject to section 168(f)(1)						
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