

May 15, 2024

M.A.R.E. Riding Center P.O. Box 21916 Bakersfield, CA 93390

Dear Board:

Your 2022 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2022 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$100 payable by May 15, 2024. Make the check or money order payable to "Department of Justice" and mail your California report on or before May 15, 2024 to:

### REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

The returns, as you know, were prepared from data made available to but not audited by us. Before executing the returns, you should review the information reported on them to determine that there are no omissions or misstatements of material facts.

We recommend mailing all tax filings via certified mail, return receipt requested, for substantiation that your documents were mailed by the required due dates.

Please be sure to call if you have any questions.

Sincerely,

BROWN ARMSTRONG ACCOUNTANCY CORPORATION

Charlis McCarthy

By: Charlie McCarthy

Enclosure(s)

## Form **8879-TE**

#### IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning  $\frac{7}{01}$ , 2022, and ending  $\frac{6}{30}$ , 20  $\frac{2023}{000}$ 

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN 77-0297678 M.A.R.E. RIDING CENTER Name and title of officer or person subject to tax CHARLIE MCCARTHY TREASURER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . . . 2a Form 990-EZ check here . . 3a Form 1120-POL check here 4a Form 990-PF check here... 5a Form 8868 check here . . . . 6a Form 990-T check here.... **7a Form 4720** check here . . . . 8a Form 5227 check here . . . . 9a Form 5330 check here . . . 10a Form 8038-CP check here. **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22).... 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or I I am a person subject to tax with respect to Under penalties of perjury, I declare that and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only e

							=
X I authorize	BROWN	ARMSTRONG	ACCOUNTANCY	CORP	to enter my PIN	50205	as my signatui
_			ERO firm name		_	Enter five numbers, but do not enter all zeros	

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

#### **Certification and Authentication** Part III

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77508823900 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

CHARLIE MCCARTHY

#### **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

inter	nai Rev	enue Service		G	o to www.	irs.gov/Form990 for instru	actions and the	e latest info	rmation.			spcc	tion.
Α	For the	he 2022 calen	dar	year, or tax y	ear begir	nning 7/01	, 2022,	and ending	6/3	30	,	<b>20</b> 2023	
В	Check	if applicable:	С							<b>D</b> Employ	er identi	fication numb	er
	Ad	ddress change	Μ.	A.R.E. R	IDING	CENTER				77-	0297	678	
		ame change		O. BOX 2					T T	E Telepho			
	-	itial return		KERSFIEL		93390				166	1) 59	39-1877	
									-	(00	1) 50	33 1011	
		nal return/terminated								<b>^</b> -		, ,	06 155
	$\vdash$	mended return	Ļ					[		G Gross r		1 1	96 <b>,</b> 155.
	Ap	oplication pending		Name and addres		al officer: JOHN WALL			l(a) Is this a				Yes X No
				ME AS C			<del></del>	"	l(b) Are all s	attach a list	. See ins	tructions.	Yes No
<u> </u>	Tax-	exempt status:	X	501(c)(3)	501(c) (	) (insert no.)	4947(a)(1) or	527					
J	We	bsite: WW	W.I	MARERIDIN	IGCENT	ER.COM		н	I(c) Group e	xemption nu	ımber		
K	Form	n of organization:	X	Corporation	Trust	Association Other	LY	ear of formation	n: 1991	. M s	State of le	egal domicile:	CA
Pa	art I	Summar	'n										
_	1	Briefly descri	be t	he organization	on's miss	ion or most significant	activities:TEA	CHES HO	RSE RI	DING	TO H	ANDICAP	PED
a		INDIVIDU											
Activities & Governance								. — — — —					
Шa													
Š	2	Check this bo	ΟX	if the or	ganizatio	on discontinued its oper	rations or dispo	osed of mor	e than 25	% of its	net ass	sets.	
Ğ	3					rning body (Part VI, Iin					3		11
య	4			_		s of the governing body		•			4		11
Ë	5					n calendar year 2022 (F					5		11
₹	6					necessary)					6		50
Ă						Part VIII, column (C), I					7a		0.
	b	Net unrelated	d bus	siness taxable	e income	from Form 990-T, Part	: I, line 11				7b		0.
										ior Year			nt Year
Φ	8					1h)				990,4			45,866.
Revenue	9	-		•		e 2g)				89,9			77,732.
eve	10			•		A), lines 3, 4, and 7d).					51.		10,883.
Œ	11					nes 5, 6d, 8c, 9c, 10c,				114,3	357.		63,971.
	12					(must equal Part VIII,			1	,194,7	95.	5	98,452.
	13	Grants and s	imila	ar amounts pa	aid (Part	IX, column (A), lines 1	-3)						
	14	Benefits paid	l to d	or for member	rs (Part I	X, column (A), line 4).							
	15	Salaries, other	er co	ompensation,	employe	e benefits (Part IX, col	umn (A), lines	5-10)		206,3	373.	2	70,399.
ses	16a	Professional	func	draising fees	(Part IX,	column (A), line 11e)				-			
Expenses	h			-		lumn (D), line 25)		7,549.					
X	17		-			· · · · —				156.1			01 564
	17			•		nes 11a-11d, 11f-24e).				156,1			81,564.
	18					equal Part IX, column				362,5			51,963.
	19	Revenue less	exp	penses. Subtr	act line 1	8 from line 12				832,2			46,489.
Net Assets or Fund Balances										g of Curren			f Year
sets	20			-					1	,864,C			01,212.
t As d B	21	Total liabilitie	s (F	art X, line 26	))					516,4	40.	5	07,902.
		Net assets or	r fun	d balances. S	Subtract I	ine 21 from line 20			1	,347,6	29.	1,4	93,310.
Pa	art II	Signatur	e B	lock									
Unde	er penal	Ities of perjury, I de	eclare	that I have exam	ined this ret	urn, including accompanying so all information of which prepar	chedules and staten	nents, and to th	e best of my	/ knowledge	and belie	ef, it is true, co	orrect, and
com	plete. D	eclaration of prepa	arer (d	other than officer)	is based on	all information of which prepare	rer has any knowled	lge.					
Siç	n	Signature of	office	er					Date				
Hè	re	CHARL	ΙE	MCCARTHY				TF	REASURI	ER			
		Type or prin	t nam	e and title									
		Print/Type p	orepai	rer's name		Preparer's signature		Date		Check	if	PTIN	
Pa	id	CHART	ΓF	MCCARTHY		CHARLIE MCCAR	ТНҮ			self-employe	_	P016441	31
	iu epare				итомя и	ONG ACCOUNTANCE		ı		p.oy		. 0.1.0.1.1	
IJc	e On						ı CONE			Firm's EIN	0 E	-210010	2
<b>-</b> 3		Firm's addr	555			AVE STE 300						-310918	
1/1-	, +b = 1	IDS discuss th	nio =			CA 93309	atruatio = =			Phone no.	(661		
ıvıa	y trie i	ins discuss tr	iis re	alum with the	prepare	shown above? See in:	รแนะแงกร					X Yes	No

	1990 (2022) M.A.R.E. RIDING CENTER	77-0297678	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TEACHES HORSE RIDING TO HANDICAPPED INDIVIDUALS.		
2	Did the organization undertake any significant program services during the year which were not listed on the p		
	Form 990 or 990-EZ?	Y	'es X No
	If "Yes," describe these new services on Schedule O.	<u> </u>	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	services?	res X No
	If "Yes," describe these changes on Schedule O.	<u>—</u>	<u>—</u>
4	Describe the organization's program service accomplishments for each of its three largest program se	rvices, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ons to others, the to	tal expenses,
	and revenue, if any, for each program service reported.		
1-	(Code: ) (Expenses \$ 377,017. including grants of \$ )	(Dayanua Č	77 720 \
<b>4</b> a			77,732.)
	CENTER TEACHES PHYSICALLY AND/OR MENTALLY HANDICAPPED INDIVIDUA		
	AREA HOW TO RIDE HORSES FOR PHYSICAL THERAPY AND RECREATIONAL E		
	TREATS OVER 25 DIFFERENT DIAGNOSED DISABILITIES WITH THE USE OF		
	PATH CERTIFIED RIDING INSTRUCTORS. FOR THE YEAR ENDED JUNE 30, 2		
	INSTRUCTION WERE PROVIDED. M.A.R.E ALSO PROVIDED SCHOLARSHIPS TO	O_OVER_51%_OF	<u>RIDERS.</u>
4b	(Code: ) (Expenses \$ including grants of \$ )	(Revenue \$	)
		. – – – – – – –	
		. – – – – – – –	
		^	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	S	)
4e	Total program service expenses 377,017.		·

# Form 990 (2022) M.A.R.E. RIDING CENTER Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	21
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	-11	X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

# Form 990 (2022) M.A.R.E. RIDING CENTER Part IV Checklist of Required Schedules (continued)

	<u> </u>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
		1c		
BAA	TEEAUTU4L 09/01/22	Form	990	(2022)

Form 990 (2022) M.A.R.E. RIDING CENTER

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
Ĭ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	٥		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	75		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		Λ
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would	17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* ... .SEE .SCHEDULE . O ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. KIMIKO KOBAYASHI P.O. BOX 21916 BAKERSFIELD CA 93390 (661)

# Part VII 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relati			con	ner	nsate	d anv	CII	rrent officer direct	or or trustee	
Oncer this box in neither the organization nor any relati	Cu organiz			(C)	)			Trent officer, direct	or, or trustee.	
<b>(A)</b> Name and title	(B) Average hours	Position (do not check mo than one box, unless pers is both an officer and a director/trustee)					re on	(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) KIMIKO KOBAYASHI	40			v				(1 040	0	C 402
EXECUTIVE DIR.  (2) DIANA B. OWENS	0			X				61,848.	0.	6,483.
VICE PRESIDENT	0	Х		Χ				0.	0.	0.
(3) TONY MARRION	1									
BOARD MEMBER	0	X						0.	0.	0.
(4) CHARLIE MCCARTHY	1									
TREASURER	0	Х		Χ				0.	0.	0.
BOARD_MEMBER	1	Х						0.	0.	0.
(6) DIANE HOPKINS	1	1						<u> </u>	••	<u> </u>
BOARD MEMBER	0	Х						0.	0.	0.
(7) JOHN WALL	1									
PRESIDENT	0	Х		Χ				0.	0.	0.
(8) BOB WIEBE	1									
BOARD MEMBER	0	X						0.	0.	0.
	<u> </u>	Х		Х				0.	0.	0.
(10) MARK BARNES	1	Λ		Λ				0.	0.	0.
BOARD MEMBER		Х						0.	0.	0.
(11) FELICIA MEARS	1									
BOARD MEMBER	0	Х						0.	0.	0.
(12)										
(13)										
(14)		-								
	1	1	1 1		1	1 1				

Form 990 (2022) M.A.R.E. RIDING CENTER									77-029767			ge <b>8</b>
Part VII   Section A. Officers, Directors, Tru		Key	En			es, a	and	d Highest Com	pensated Emp	loyees	(contin	nued)
<b>(A)</b> Name and title	Average hours per week	offic	, unle	check ess pe nd a o	sition more erson directe	than is both	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	0	(F) ated amo	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the or	nsation f ganizati I related Inization	on
(15)												
(16)		-										
(17)		-										
(18)		-										
(19)		-										
(20)												
(21)		-										
(22)												
(23)												
(24)												
(25)												
1b Subtotal								61,848.	0.		6,4	83.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								0. 61,848.	0.		6 4	0.
2 Total number of individuals (including but not limited from the organization 0										pensation		.05.
3 Did the organization list any former officer, direct	tor, truste	e, ke	ev e	mple	ovee	e, or l	high	nest compensated	employee		Yes	No
on line 1a? If "Yes,"compléte Schedule J for suc.  4 For any individual listed on line 1a, is the sum of	h individu	al								. 3		Х
the organization and related organizations greate such individual	er than \$1	50,0	00?	If "`	Yes,	" con	nple 	ete Schedule J for		. 4		Χ
5 Did any person listed on line 1a receive or accrume for services rendered to the organization? <i>If "Yes</i> "	e comper s," comple	isatio ete S	on fr Sche	om <i>dule</i>	any • <i>J fo</i>	unre or su	iate ch p	ed organization or person	ındıvidual	. 5		Χ
1 Complete this table for your five highest compensation from the organization. Report compen	sated indes	epen the c	den alen	t coi	ntrad year	ctors endir	tha	t received more the vith or within the or	nan \$100,000 of ganization's tax yea	r.		
(A) Name and business addi	ress							(B) Description of	of services	Compe	<b>:)</b> nsatio	n
Total number of independent contractors (including b \$100,000 of compensation from the organization)	out not lim O	ited to	o the	se I	isted	abo	ve)	who received more	than			

		Check if Schedule O contains a re	esponse or note to any	y line in this Part VI	III		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Š, Š	1a	Federated campaigns 1	la				
Contributions, Gifts, Grants, and Other Similar Amounts	b		b				
ع ق	_	·					
βŽ	٦		c 54,575.				
<u>.</u>	a		-				
Si ji	e	3 (	le				
ig di	T	All other contributions, gifts, grants, and similar amounts not included above 1	lf 391,291.				
로	_	Noncash contributions included in	lf 391,291.				
ΕĐ	y	lines 1a-1f	lg				
್ರಿ ಕ	h	Total. Add lines 1a-1f		445,866.			
ø			Business Code	110,0001			
n H	2a	PROGRAM SERVICE INCOME	900099	77,732.	77,732.		
ě	b			11,152.	11,152.		
ë			-				
ξ	ا		-				
Š	a						
띭	е						
Program Service Revenue	f	All other program service revenue. $\!\!.$					
Ā	g	Total. Add lines 2a-2f		77,732.			
	3	Investment income (including dividend	s, interest, and				
		other similar amounts)		1,505.			1,505.
	4	Income from investment of tax-exer	npt bond proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses <b>6b</b>					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		(i) Socuritio					
	7a	Gross amount from	s (II) Other				
		sales of assets other than inventory 7a 89, 21	17.				
	b	Less: cost or other basis					
		and sales expenses 7b 79,83					
	С	Gain or (loss)	78.				
	d	Net gain or (loss)		9,378.			9,378.
Other Revenue	8a	Gross income from fundraising events (not including \$ $54,575$ . of contributions reported on line 1c). See Part IV, line 18	<b>8a</b> 181,835.				
<u>a</u>		Less: direct expenses	<b>8b</b> 117,864.				
ᅙ	С	Net income or (loss) from fundraising	ng events	63,971.			63,971.
		Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	С	Net income or (loss) from gaming a	ctivities				
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
		Net income or (loss) from sales of in					
(A	Ť	22 22 (222) 52.55 61 11	Business Code				
ă ~	11a						
医豆	h		-				
<u> </u>			-				
වූ වූ	11a b c d	All other revenue	-				
Miscellaneous Revenue		All other revenue					
_		Total. Add lines 11a-11d		_			
	12	<b>Total revenue.</b> See instructions		598,452.	77,732.	0.	74,854.

# Form 990 (2022) M.A.R.E. RIDING CENTER Part IX | Statement of Functional Expenses

Partix	Statement of Functional Expen	ises								
Section 501	ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX										
	lude amounts reported on lines 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1 0	-+									

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	75,492.	52,844.	15,099.	7,549.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	137,079.	137,079.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1377073.	1017073.		
9	Other employee benefits	7,209.	7,209.		
10	Payroll taxes	50,619.	34,272.	16,347.	
11	Fees for services (nonemployees):	, ,	- ,		
а	Management				
b	Legal				
С	Accounting	4,782.		4,782.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	1,724.		1,724.	
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	310. 1,180.		310. 1,180.	
13	Office expenses	8,164.	4,715.	3,449.	
14	Information technology	0,104.	4,713.	3,449.	
15	Royalties.				
16	Occupancy	35,505.	35,505.		
17	Travel	4,118.	4,118.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		
	Conferences, conventions, and meetings				
	Interest	21,599.	17,279.	4,320.	
	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,093.	36,093.		
23 24	Other expenses. Itemize expenses not	11,786.		11,786.	
24	covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EQUINE EXPENSES	39,039.	39,039.		
b		5,969.		5,969.	
C	<del>2</del> 2	2,408.	2,408.		
d	DUES AND SUBSCRIPTIONS	2,337.	2,337.		
	All other expenses	6,550.	4,119.	2,431.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	451,963.	377,017.	67,397.	7,549.
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)				

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			56,177.	1	33,802.
	2	Savings and temporary cash investments			42,974.	2	38,617.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			102,639.	4	122,503.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contribu	r, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		· · · · ·		7	
S	8	Inventories for sale or use	-		8		
Assets	9	Prepaid expenses and deferred charges		L-		9	
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1				
		Less: accumulated depreciation		313,525.	819,669.	10c	1,260,585.
	11	Investments – publicly traded securities			742,115.	11	545,705.
	12	Investments – other securities. See Part IV, line 11		F		12	
	13	Investments – program-related. See Part IV, line 11.		H		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	100,495.	15			
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,864,069.	16	2,001,212.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue		L L		19	
	20	Tax-exempt bond liabilities				20	
ē	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ıtor. or 3	35%		22	
	23	Secured mortgages and notes payable to unrelated th		<b> </b>	516,440.	23	507,902.
	24	Unsecured notes and loans payable to unrelated third		<b> </b>	,	24	,
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rela plete Pa	ated third parties, art X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			516,440.	26	507,902.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	!				
쿌	27	Net assets without donor restrictions				27	
m	28	Net assets with donor restrictions		<u></u>		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	X			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	ent func	d		30	
188	31	Retained earnings, endowment, accumulated income,	or other	r funds	1,347,629.	31	1,493,310.
3t /	32	Total net assets or fund balances		L	1,347,629.	32	1,493,310.
ž	33	Total liabilities and net assets/fund balances			1,864,069.	33	2,001,212.
	Δ			L 09/01/22			Form <b>990</b> (2022)

Pai	rt XI 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	5	98,4	52.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	51,9	63.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	46,4	89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,3	47,6	29.
5	Net unrealized gains (losses) on investments	5			308.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,4	93,3	<u> 10.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe				
	s <u>ep</u> arate basis, consolidat <u>ed</u> basis, or both:	ou on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	ate			
	basis, consolidated basis, or both:				
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?		3a		Х
t	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA				9 <b>90</b> (	(2022)
DAP			1 0111	1 330 (	ردندد)

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

## **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

2022

Open to Public Inspection

	ame of the organization Employer identification number							
		.E. RIDING CENTER			77-0297678			
Par		Reason for Public Cha						ctions.
The o	orga	anization is not a private found				•	•	
1		A church, convention of church	•		,	b)(1)(A)(	(i).	
2		A school described in <b>section</b>	<b>n 170(b)(1)(A)(ii).</b> (At	tach Schedule E (Form	990).)			
3		A hospital or a cooperative h	iospital service organ	nization described in <b>sec</b>	ction 17	0(b)(1)(A	\)(iii).	
4		A medical research organiza	tion operated in conj	unction with a hospital o	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii). E	inter the hospital's
		name, city, and state:						
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in
6		A federal, state, or local gove	ernment or governme	ental unit described in <b>s</b>	ection 1	<b>70(b)(</b> 1)	(A)(v).	
7	Χ	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described
8		A community trust described	in section 170(b)(1)(	(A)(vi). (Complete Part I	l.)			
9		An agricultural research organi				oniunctio	on with a land-grant colle	eae
•	<u> </u>	or university or a non-land-granuniversity:					_	_
10		An organization that normally		han 22 1/20/ of its supr	ort from		utions mombarship fo	os and gross receipts
	<u> </u>	An organization that normally from activities related to its investment income and unre June 30, 1975. See section 5	lated business taxabl	le income (less section	ns; and 511 tax)	(2) no r	more than 33-1/3% of it usinesses acquired by	ts support from gross the organization after
11		An organization organized ar		·	ety. See	section	1 509(a)(4).	
12		An organization organized ar or more publicly supported o	rganizations describe	ed in <b>section 509(a)(1)</b> c	r section	n 509(a	)(2). See section 509(a	ut the purposes of one <b>)(3).</b> Check the box on
а		lines 12a through 12d that de Type I. A supporting organization	21	11 3 3			, ,	the currented
а		organization(s) the power to re complete Part IV, Sections A	gularly appoint or elec	t a majority of the directo	rs or trus	stees of t	the supporting organization	on. <b>You must</b>
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). <b>You</b>
С		Type III functionally integrated organization(s) (see instruction	. A supporting organiza	tion operated in connection	n with, a <b>A. D. an</b>	nd function	onally integrated with, its	supported
d		Type III non-functionally integrated. The control of the control o	rated. A supporting org	ganization operated in cor y must satisfy a distribu	nection	with its	supported organization(s t and an attentiveness	) that is not requirement (see
е		instructions). <b>You must com</b> Check this box if the organiz	ation received a writt	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally
f	Fr	integrated, or Type III non-funter the number of supported of						
q		rovide the following information	J					
_		ame of supported organization		(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other
				(described on lines 1-10 above (see instructions))	organizat	ion listed overning	support (see instructions)	support (see instructions)
					docui	ment?		
					Yes	No		
(A)								
(B)								
(C)								
(D)	o)							
-								
(E)								
_								
Total							l	Ī

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	294,169.	309,426.	474,054.	990,485.	445,866.	2,514,000.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.				·		0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	294,169.	309,426.	474,054.	990,485.	445,866.	2,514,000.	
6	<b>Public support.</b> Subtract line 5 from line 4						2,514,000.	
Sec	tion B. Total Support						,	
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total	
7	Amounts from line 4	294,169.	309,426.	474,054.	990,485.	445,866.	2,514,000.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34.	34.	47.	51.	1,505.	1,671.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	5 2 0	320			=,,,,,,	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI	83,003.	49,169.	74,690.	114,828.	63,971.	385,661.	
	Total support. Add lines 7 through 10						2,901,332.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	218,135.	
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)		
Sec	tion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 20 Public support percentage from 2						86.65 %	
	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	ne organization di	d not check the bo	ox on line 13, and	d line 14 is 33-1/3	S% or more, check	88.07 %  this box	
b	33-1/3% support test—2021. If the and stop here. The organization	e organization did	I not check a box	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, o	theck this box	
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how	
	b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							

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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		picase complete i	<u> </u>			
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(5) 2513	(0) 2020	(a) 2321	(C) ZOZZ	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
	tion B. Total Support				1	T	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included on 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.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					
	tion C. Computation of Pul						
	Public support percentage for 20	•	.,,		•		<u> </u>
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
17		•		-	***		<u> </u>
	Investment income percentage f						% 
		this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	
	is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						

### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI,</b> 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
c	Did a disqualified person (as defined on 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.	9с		
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)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Parl	: IV	Supporting Organizations (continued)			
11	Hac f	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		governing body of a supported organization?	11a		
b	A far	mily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
	or mo	the governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more		Yes	No
	than were	one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers and the tax year.	1		
	that of the state	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such effit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the corting organization.	2		
Sect	ion	C. Type II Supporting Organizations		<u>                                     </u>	
		71 11 3 3		Yes	No
	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
		porting organization was vested in the same persons that controlled or managed the supported organization(s).	'		
sect	ion	D. All Type III Supporting Organizations		Yes	No
	orgaı vear.	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		103	
	orgai	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re voice all tir	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1	Choo	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
a	吕				
b	吕	The organization is the parent of each of its supported organizations. Complete line 3 below.	: <b>4</b>	4 :	- \
С	Ш'	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	IIISIII	ictions	5).
2	Activ	rities Test. Answer lines 2a and 2b below.		Yes	No
	suppo orga	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> inizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
	more	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities			
		for the organization's involvement.	2b		
		int of Supported Organizations. <i>Answer lines 3a and 3b below.</i> The organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
а	each	of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). <b>See</b> through E.
Sec	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 collection of gross income or for management, conservation, or 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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
6	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
(	e Discount claimed for blockage or other 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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

Par	art V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5				
6	Other distributions (describe in Part VI). See instructions.	6				
_ 7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details					
	in <b>Part VI</b> ). See instructions.	8				
9	Distributable amount for 2022 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Line 6 amount divided by line 5 amount		1.0	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2022	_	2021	 2020	 2019	 2018
SPECIAL EVENTS SALES	;	\$ 63,971.	\$	114,828.	\$ 74,690.	\$ 49,169.	\$ 82,753. 250.
	TOTAL	\$ 63,971.	\$	114,828.	\$ 74,690.	\$ 49,169.	\$ 83,003.

#### **ADDITIONAL SUPPLEMENTAL INFORMATION**

GAIN ON SALE OF STOCK FOR THE PERIOD ENDING JUNE 30, 2023 WAS \$9,378.

# Schedule B (Form 990)

**Schedule of Contributors** 

2222

Employer identification number

**2022** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

M.A.R.E. RIDING CENTER 77-0297678 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Employer identification number

Name of organization

M.A.R.E. RIDING CENTER

77-0297678

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONFIDENCE FOUNDATION		Person X Payroll
	625 FAIR OAKS AVE, STE 360	\$ 30,000.	Noncash
	SOUTH PASADENA, CA 91030		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT GRIMM FAMILY FOUNDATION		Person X
	6900 MOUNTAIN VIEW RD	\$ 10,000.	Payroll
	BAKERSFIELD, CA 93307		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FULL CIRCLE SUPPORT, INC		Person X Payroll
	1703 3RD STREET	\$ <u>12,000.</u>	Noncash
	BAKERSFIELD, CA 93304		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WHITTIER TRUST COMPANY		Person X
	1600 HUNTINGTON DRIVE	\$160,000.	Payroll
	SOUTH PASADENA, CA 91030		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	BES FOUNDATION		Person X
	131 DARTMOUTH ST, FLOOR 3	\$ <u>10,000.</u>	Payroll
	BOSTON, MA 02116		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	HEARTLAND CHARTER SCHOOL		Person X Payroll
	5060 CALIFORNIA AVE STE 420	\$13,900.	Noncash
	BAKERSFIELD, CA 93309		(Complete Part II for noncash contributions.)

M.A.R.E. RIDING CENTER

77-0297678

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	HPS MECHANICAL, INC		Person X
	3100 E BELLE TERRACE	\$16,460.	Payroll Noncash
	BAKERSFIELD, CA 93307		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	KERN COUNTY WOUNDED HEROES FUND		Person X
	3121 STANDARD STREET	\$9,086.	Payroll Noncash
	BAKERSFIELD, CA 93308		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	OLIVER HOFFMAN FOUNDATION		Person X
	1905 MARKETVIEW DR STE 146	\$25,000.	Payroll Noncash
	YORKVILLE, IL 60560		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	SEMLOH FOUNDATION		Person X
	625 FAIR OAKS AVENUE STE 360	\$ 55,000.	Payroll Noncash
	SOUTH PASADENA, CA 91030		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	BOB WIEBE		Person X
	304 BREE DR	\$ 28,752.	Payroll Noncash
	SHAFTER, CA 93307		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	ANONYMOUS		Person X
	DO DOV 21016	\$ 11,318.	Payroll
	PO BOX 21916	<del></del>	Noncash
	BAKERSFIELD, CA 93390		(Complete Part II for noncash contributions.)

M.A.R.E. RIDING CENTER

77-0297678

ı artı	<b>Noncasii i Toperty</b> (see instructions). Ose dupiicate copies of Fart ii ii additional s	Jace is fleeded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
	<u></u>		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	L		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	<sup>5</sup>	-
RΛΛ	TEFA0703L 07/22/22	Schodulo	B (Form 990) (2022)

Page 4 Name of organization Employer identification number M.A.R.E. RIDING CENTER 77-0297678 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and

	the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. See i							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	N/A								
	(e) Transfer of gift								
	Transferee's name, addres	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, addres		Relationship of transferor to transferee						
		P							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, addres		Relationship of transferor to transferee						
	<b> </b>								
	<u> </u>								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			+						
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee						
	<b> </b>								

# 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.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

M. A	A.R.E. RIDING CENTER			77-0297	1678				
Pa			r Similar F	unds 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 do are the organization's property, subject to the				Yes No				
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writing tit of the donor or donor advisor, or	hat grant fun for any other	ds can be used only r purpose conferring	Yes No				
Pa	t II Conservation Easements.								
	Complete if the organization answered								
1	Purpose(s) of conservation easements held b	,	11 27						
	Preservation of land for public use (for exam	ple, recreation or education)		ion of a historically impo					
	Protection of natural habitat		Preservat	ion of a certified historic	structure				
	Preservation of open space								
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contribu	ition in the for	m of a conservation easem	ent on the				
	last day of the tax year.			Held at the E	nd of the Tax Year				
i	Total number of conservation easements			2a					
ı	Total acreage restricted by conservation ease	ements		2b					
	: Number of conservation easements on a cert	ified historic structure included in (	a)	2c					
	Number of conservation easements included	in (c) acquired after July 25, 2006	and not on a						
	historic structure listed in the National Registe	er		2d					
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or to	erminated by t	the organization during the					
1	tax year  Number of states where property subject to c	oncorvation assument is located							
5	Does the organization have a written policy re		spection ha	 andling of violations					
J	and enforcement of the conservation easeme				Yes No				
6	Staff and volunteer hours devoted to monitoring,				ng the year				
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and en	forcing conser	vation easements during the	ne year				
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requir	ements of se	ection 170(h)(4)(B)(i)	Yes No				
9	In Part XIII, describe how the organization reinclude, if applicable, the text of the footnote conservation easements.	ports conservation easements in it to the organization's financial state	s revenue an ements that o	d expense statement and describes the organization	d balance sheet, and n's accounting for				
Pa		ollections of Art, Historical 7 "Yes" on Form 990, Part IV, line 8.	reasures,	or Other Similar As	sets.				
1 8	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	eld for public exhibition, education,	or research	tatement and balance sh in furtherance of public s	eet works of art, service, provide in				
I	If the organization elected, as permitted unde historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education, or res	earch in furth	erance of public service, pr	works of art, rovide the				
	(i) Revenue included on Form 990, Part VIII,	, line 1		\$					
	(ii) Assets included in Form 990, Part X			\$_					
2	If the organization received or held works of art, amounts required to be reported under FASB	ASC 958 relating to these items:			wing				
	Revenue included on Form 990, Part VIII, line	∋ I		\$_					

Part III	Organizations Main	taining Collectio	ns of Art, mis	toric	ai ireasures,	or Otne	er Similar As	ssets (	contir	iuea)
3 Using items	g the organization's acquisition s (check all that apply):	, accession, and other	records, check a	ny of th	ne following that m	ake signi	ficant use of its	collection	1	
a F	Public exhibition		<b>d</b> Loan	or excl	nange program					
b Scholarly research e Other										
c   F	Preservation for future gener	ations								
4 Provi	de a description of the organiz XIII.	ation's collections and	explain how they	furthe	r the organization's	s exempt	purpose in			
5 Durin	ng the year, did the organiza sold to raise funds rather the	nan to be maintained	as part of the o	rganiz	ation's collection	?		Yes		No
Part IV	Escrow and Custod reported an amount on Fo	ial Arrangement rm 990, Part X, line 2	<b>s.</b> Complete if th 21.	ie orga	nization answered	l "Yes" or	n Form 990, Par	t IV, line	9, or	
<b>1 a</b> Is the	e organization an agent, trus	stee, custodian or oth	ner intermediary	for co	ntributions or othe	er assets	not included .		_	_
on Fo	orm 990, Part X?							Yes		No
		·	· ·					Amount		
<b>c</b> Begir	nning balance					1c				
<b>d</b> Addit	tions during the year					1 d				
<b>e</b> Distri	ibutions during the year					1е				
<b>f</b> Endir	ng balance					1f				
2 a Did t	he organization include an a	mount on Form 990,	Part X, line 21,	for es	crow or custodial	account	liability?	Yes		No
<b>b</b> If "Ye	es," explain the arrangemen	t in Part XIII. Check	here if the expla	nation	has been provide	ed on Pa	rt XIII	<del></del>	[	]
Part V	Endowment Funds.	Complete if the organ	nization answere	d "Yes'	' on Form 990, Pa					
		(a) Current year	(b) Prior year	r	(c) Two years back	(d)	Three years back	<b>(e)</b> Fo	our years	back
J	nning of year balance									
<b>b</b> Conti	ributions									
and I	nvestment earnings, gains, osses									
	ts or scholarships									
and p	r expenditures for facilities programs									
	inistrative expenses									
-	of year balance									
	ide the estimated percentage	•	•	ne 1g,	column (a)) held	as:				
<b>a</b> Boar	d designated or quasi-endov		<del></del> %							
<b>b</b> Perm	nanent endowment	%								
	endowment	<u> </u>								
The p	percentages on lines 2a, 2b, a	nd 2c should equal 100	)%.							
3 a Are th	here endowment funds not in t	he possession of the o	organization that a	are held	d and administered	I for the		_		
orgar	nization by:								Yes	No
• • •	Unrelated organizations							3a(i)		
	Related organizations							3a(ii)		
	es" on line 3a(ii), are the rel	-						. 3b		
	ribe in Part XIII the intended		ation's endowme	ent fun	ds.					
Part VI	Land, Buildings, an									
	Complete if the organizati	on answered "Yes" or	Form 990, Part	IV, line	e 11a. See Form 9	90, Part 1	X, line 10.			
	Description of property		t or other basis vestment)	<b>(b)</b>	Cost or other asis (other)	(c) Ad dep	ccumulated reciation	<b>(d)</b> B	ook va	lue
1 a Land					714,136.				714,	136.
<b>b</b> Build	ings				44,318.		30,631.		13,	687.
	ehold improvements				532,756.		63,229.		469,	527.
<b>d</b> Equip	oment				218,194.		179,970.			224.
	r				64,706.		39,695.			011.
Total. Add	lines 1a through 1e. (Colum	ın (d) must equal For	rm 990, Part X, o	columr	n (B), line 10c.)		· · · · · · · · · · · · · · · · · · ·	1,		585.

BAA Schedule D (Form 990) 2022

Complete   Column (b) must equal Form 990, Part X, column (B) line 12.   Column (b) must equal Form 990, Part X, column (B) line 12.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 13.   Column (b) must equal Form 990, Part X, column (B) line 15.   Column (b) must equal Form 990, Part X, column (B) line 15.   Column (b) must equal Form 990, Part X, column (B) line 15.   Column (b) must equal Form 990, Part X, column (B) line 15.   Column (b) must equal Form 990, Part X, column (B) line 15.   Column (b) must equal Form 990, Part X, column (B) line 15.   Column (b) must equal Form 990, Part X, column (B) line 15.   Column (b) must equal Form 990, Part X, column (B) line 25.   Column (b) must equal Form 990, Part X, column (B) line 25.   Column (b) must equal Form 990, Part X, column (B) line 25.   Column (b) must equal Form 990, Part X, column (b) line 25.   Column (b) must equal Form 990, Part X, column (b) line 25.   Column (b) must equal Form 990, Part X, column (b) line 25.   Column (b) must equal Form 990, Part X, column (b) line 25.   Column (b) must equal Form 990, Part X, column (b) line 25.   Column (b) must equal Form 990, Part X, column (b) line 25.   Column (b) must equal Form 990, Part X, column (b) line 25.   Column (b) must equal Form 990, Part X, column (b) line 26.   Column (b) line 26.   Column (b) line 26.   Colum			Other Securities.	n Form 990 Part IV line	N/A a 11h See Form 990 Part Y line 12	
(2) Closely held equity interests						nd-of-vear market value
(2) Closely held equity interests. (3) Cherry (4) (5) Closely and service sequel Form 980, Part X, colorm (8) interests and sequel Form 990, Part X, line 13. (5) Closely Closely and Form 990, Part X, colorm (8) interests and sequel Form 990, Part X, line 13. (6) Book value (7) Closely Closely and Form 990, Part X, colorm (8) interests and sequel Form 990, Part X, line 13. (6) Book value (7) Closely Clos				. ,		,
(3) Other (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
(A) Color (A) must equal Form 990, Part X, column (B) line 13.  (B) Book value  (C) Book value  (D) Book value  (E) Book value  (D) Book value						
(5) (5) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
(5) (5) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	<u>`</u> (B)					
(5) (5) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(C)					
(5) (5) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(D)					
(G) Column (D) must equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).	(E)					
(G) Column (D) must equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 12).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 15).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).  (Discontinuous equal Form 920, Part X, column (B) line 25).	(F)					
Otal. (Column (b) must equal Form 990, Part X, column (b) line 12).   N/A	(G)					
Part Vill						
Investments — Program Related.   N/A   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.						
Complete if the organization answered 'Yes' on Form '990, Part IV, line 11c. See Form '990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Total. (Column (b) I	nust equal Form 990,	Part X, column (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (10) (10) must equal Form 990, Part X, column (8) line 13) (10) Part IX (10) Total. (Column (b) must equal Form 990, Part X, column (b) line 13) (10) Part IX (10) Total. (Column (b) must equal Form 990, Part X, column (b) line 15) (10) Forter a labilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (c) Forter 1 (b) Book value (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Part VIII In	vestments –	Program Related.			
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(3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (18) (18) (18) (18) (18) (18		Description of in	vestment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
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					inancial statements that reports the organization	on's liability for uncertain

Part XI   Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Ro	eturn. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b.		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per	Return. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		1
<ul><li>1 Total expenses and losses per audited financial statements</li><li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li></ul>		1
		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2 a	1
Amounts included on line 1 but not on Form 990, Part IX, line 25:     a Donated services and use of facilities	2 a 2 b	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2 a 2 b 2 c	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.	2 a 2 b 2 c 2 d	1 2e
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)	2 a 2 b 2 c 2 d	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	2 a 2 b 2 c 2 d	2 e
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.	2a 2b 2c 2d	2 e
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2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	2a 2b 2c 2d 4a 4b	2e 3
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	2e 3

Provide 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 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2022

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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 instructions and the latest information.

2022

Open to Public Inspection

M.A.R.E. RIDING CENTER					77-029767	8
<b>Part I</b> Fundraising Activities. Comple Form 990-EZ filers are not re	te if the organiza	ation answe	ered "Yes" part	on Form 990, Part IV, Iin	ie 17.	
1 Indicate whether the organization						
a X Mail solicitations		3 3	е			
<b>b</b> X Internet and email solicitations	5		f	Solicitation of gove	rnment grants	
c X Phone solicitations			q	X Special fundraising	events	
<b>d</b> X In-person solicitations			3			
<b>—</b>	r oral agreemen	t with anv i	individual (i	includina officers, directo	rs. trustees. or kev	
2 a Did the organization have a written o employees listed in Form 990, Par						
<b>b</b> If "Yes," list the 10 highest paid indivious compensated at least \$5,000 by the	riduals or entities ne organization	s (fundraise	ers) pursua	nt to agreements under v	which the fundraiser is to	be
	T organization	· 			(v) Amount paid to	T T
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		of contr	dy or control ributions?	from activity	fundraiser listed in column (i)	organization
		Yes	No			
1						
2						
3						
3						
4						
5						
6						
7						
•						
8						
9						
10						
10						
	<u> </u>	1	1			
Гоtal						0.
3 List all states in which the organization	on is registered	or licensed	to solicit c	ontributions or has been	notified it is exempt from	
or licensing.						

BAA

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. (d) Total events (c) Other events (a) Event #1 (b) Event #2 (add column (a) DIAMONDS TO DE EVENING AT THE NONE through column (c) (event type) (event type) (total number) Revenue **1** Gross receipts..... 162,625. 62,914. 225,539. 2 Less: Contributions..... 40,275 14,300. 54,575. **3** Gross income (line 1 minus line 2)..... 122,350 48,614. 170,964. Direct Expenses Rent/facility costs..... 4,088. 4,088. **7** Food and beverages ..... 39,769. 13,413. 53,182. 6,500. 3,750. 10,250. **9** Other direct expenses..... 21,194. 5,767. 26,961. 94,481. Net income summary. Subtract line 10 from line 3, column (d)..... 76,483. **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. Part III (b) Pull tabs/instant (d) Total gaming Revenue (add column (a) through column (c)) (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... Direct Expenses **2** Cash prizes..... Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in 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: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?..... **b** If "Yes," explain:

Schedule G (Form 990) 2022 M.A.R.E. RIDING CENTER	77-0297	678	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:	12-		0
a The organization's facilityb An outside facility	<del></del>		%
14 Enter the name and address of the person who prepares the organization's gaming/special events b			ે
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives b If "Yes," enter the amount of gaming revenue received by the organization \$ of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:  Name	and the amoun	t	∏No
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming procee state gaming license?		Yes	No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanations required by Part and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Als information. See instructions.	I, line 2b, columns (i so provide any addition	iii) and (v onal	);

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 Schedule G (Form 990) 2022

#### SCHEDULE O (Form 990)

### 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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

M.A.R.E. RIDING CENTER

Employer identification number

77-0297678

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXECUTIVE DIRECTOR REVIEWS AND APPROVES THE 990.

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS MUST DISCLOSE AT BOARD MEETINGS IF THERE ARE ANY CONFLICTS.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AVAILABLE UPON REQUEST

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

(c)
Legal domicile (state or foreign country)

(d) Total income OMB No. 1545-0047

Open to Public Inspection

(f) Direct controlling

entity

Department of the Treasury Internal Revenue Service

Name of the organization

(1)

Employer identification number

(e) End-of-year assets

M.A.R.E. RIDING CENTER 77-0297678

Primary activity

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<u>(3)</u>							
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt organized	<b>rganizations.</b> Complete anizations during the ta	if the organization ax year.	answered "Yes	s" on Form 990, Par	t IV, line 34, beca	use it	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512 controlled	(b)(13) d entity?
						Yes	No
(1) THE STEVEN E HABERFELDE FOUNDATION  18200 JOHNSON ROAD  BAKERSFIELD, CA 93314  26-3422762	RAISE FUNDS TO DONATE TO MARE	CA	501(C) 3	11	N/A		Х
(2)							
<u>(4)</u>							

(a)
Name, address, and EIN (if applicable) of disregarded entity

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line partnership during the tax year.
ı artın	34, because it had one or more related organizations treated as a p	partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	h) ropor- nate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	,	nging ner?	<b>(k)</b> Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
	-											
(2)												
<u>(3)</u>												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlle	( <b>i)</b> 2(b)(13) ed entity?
		Yes	No
	Share of end-of- year assets	Share of end-of-year assets  Percentage ownership	Share of end-of-year assets  Percentage ownership  Yes

#### Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a		X
b	Gift, grant, or capital contribution to related organization(s)	1 b		Χ
c	Gift, grant, or capital contribution from related organization(s)	1 c		X
d	Loans or loan guarantees to or for related organization(s).	1 d		X
е	Loans or loan guarantees by related organization(s)	1 e		X
f	Dividends from related organization(s).	1 f		Χ
g	Sale of assets to related organization(s)	1 g		X
_	Purchase of assets from related organization(s)	1 h		X
	Exchange of assets with related organization(s)	1i		X
	Lease of facilities, equipment, or other assets to related organization(s)	1 j		X
,		• ,		21
k	Lease of facilities, equipment, or other assets from related organization(s).	1 k		X
	Performance of services or membership or fundraising solicitations for related organization(s).	11		X
	n Performance of services or membership or fundraising solicitations by related organization(s).	1 m		X
	1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			
		1 n		X
C	Sharing of paid employees with related organization(s)	10		X
•	Reimbursement paid to related organization(s) for expenses	1 p		X
q	Reimbursement paid by related organization(s) for expenses.	1 q		X
	Other transfer of cash or property to related organization(s).	1r		X
	S Other transfer of cash or property from related organization(s)	1 s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization  (b) Transaction Amount involved at type (a-s)	nod of mount	<b>d)</b> determ involv	nining ed
l)				
•				
2)				
<del>-</del> /_				
٥,				
5)				
1)				
5)				
5)				
AΑ	TEEA5003L 07/21/22 Schedule <b>R</b>	(Forr	n 990)	2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all	partners etion (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	tion	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr	nal or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No	•		Yes	No	(1 01111 1 0 0 0 )	Yes	No	+
(1)													
	_												
	_												
(2)													
	]												
	_												
(2)													
(3)	-												
	1												
<u>(4)</u>	-												
	+												
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(5)													
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(7)													
32	†												
	]												
	-												
	-												

Schedule **R** (Form 990) 2022 M.A.R.E. RIDING CENTER 77-029767

Part VII Provide additional information for responses to questions on Schedule R. See instructions.

# 2022 California Exempt Organization Annual Information Return

FORM

199

M.A.R.E. RIDING CENTER  Additional information. See instructions.  FEIN 77-0297  Street address (suite or room) P.O. BOX 21916  City BAKERSFIELD  Foreign country name  State CA 93390 Foreign province/state/country Foreign postal  A First return.  B Amended return.  C IRC Section 4947(a)(1) trust D Final information return?  In Cash 2 XAccrual 3 Other  F Federal return filed? 1 • 990T 2 • 990-PF 3 • Sch H (390) A Other 990 series G Is this a group filing? See instructions.  H Is this organization in a group exemption.  T Yes X No W Middle organization have any changes to its guidelines not reported to the FTB? See instructions.  I Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  I Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  I Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  I Exempt under R&TC Section 23701d, has the organization exempt under R&TC Section 23701g?.  E Check accounting method:  I Cash 2 XAccrual 3 Other  F Federal return filed? 1 • 990T 2 • 990-PF 3 • Sch H (390)  A Other 990 series  G Is this a group filing? See instructions.  I St the organization a limited liability company?.  M Did the organization file Form 100 or Form 109 to report taxable income?  N Is the organization under audit by the IRS or has the IRS audited in a prior year?.	7678  code  Yes
Additional information. See instructions.    FEIN	7678  code  Yes
Street address (suite or room) P.O. BOX 21916  City BAKERSFIELD Foreign country name  A First return. B Amended return C IRC Section 4947(a)(1) trust D Final information return? I Cash 2 X Accrual 3 Other E Check accounting method: 1 Cash 2 X Accrual 3 Other F Federal return filed? 1 • 990T 2 • 990-PF A State C Ist the organization have any changes to its guidelines not reported to the FTB? See instructions.  K Is the organization exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  K Is the organization exempt under R&TC Section 23701g?.  E Check accounting method: 1 Cash 2 X Accrual 3 Other F Federal return filed? 1 • 990T 2 • 990-PF A Other 990 series G Is this a group filing? See instructions.  M Did the organization in a group exemption If "Yes," what is the parent's name?  O Is federal Form 1003/1024 pending? Date filed with IRS  Date filed with IRS  Date filed with IRS  Did the organization under audit by the IRS or has the IRS audited in a prior year?  O Is federal Form 1023/1024 pending? Date filed with IRS	
Street address (suite or room) P.O. BOX 21916  City BAKERSFIELD Foreign country name  A First return.  B Amended return C IRC Section 4947(a)(1) trust D Final information return?  C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C C IRC Section 4947(a)(1) trust D Final information return?  C Rewmpt under R&TC Section 23701d, has the organization engaged in political activities?  See instructions  K Is the organization exempt under R&TC Section 23701g?  If "Yes," enter the gross receipts from nomember sources  F Federal return filed? 1	
P.O. BOX 21916  City BAKERSFIELD  Foreign country name  State CA 93390  Foreign province/state/county Foreign postal  A First return. B Amended return C IRC Section 4947(a)(1) trust D Final information return? D Final information return? D C IRC Section 4947(a)(1) trust D Final information return? C IRC Section 4947(a)(1) trust D Final information return? C IRC Section 4947(a)(1) trust C IRC Section 4947(a)(1) trust D Final information return? C IRC Section 4947(a)(1) trust C IRC Section 494	Yes
State   Zip code   93390	Yes
Foreign country name    Foreign province/state/county   Foreign postal	Yes
A First return.  B Amended return  C IRC Section 4947(a)(1) trust  D Final information return?  C C IRC Section 4947(a)(1) trust  D Final information return?  C C C C C C C C C C C C C C C C C C C	Yes
A First return.  B Amended return.  C IRC Section 4947(a)(1) trust.  D Final information return?  Dissolved  Enter date: (mm/dd/yyyy)  E Check accounting method:  1	Yes
A First return.  B Amended return.  C IRC Section 4947(a)(1) trust.  D Final information return?  Dissolved  Enter date: (mm/dd/yyyy)  E Check accounting method:  1	Yes
B Amended return  C IRC Section 4947(a)(1) trust  D Final information return?      □ Dissolved  Enter date: (mm/dd/yyyy)  C Check accounting method:  1    □ Cash 2    ▼ Accrual 3    □ Other  F Federal return filed? 1    □ 990T 2    □ 990-PF  4    □ Other 990 series  G Is this a group filing? See instructions  Pyes    ▼ No  H Is this organization in a group exemption  If "Yes," what is the parent's name?  Pyes    ▼ No  If exempt under R&TC Section 23701d, has the organization engaged in political activities?  See instructions  F Ederal return filed? 1    □ 990T 2    □ 990-PF  A □ Other 990 series  G Is this a group filing? See instructions  Pyes    ▼ No  If "Yes," what is the parent's name?  O Is federal Form 1023/1024 pending?  Date filed with IRS	Yes
C IRC Section 494/(a)(1) trust	Yes
D Final information return?  □ Dissolved □ Surrendered (Withdrawn) □ Merged/Reorganized  Enter date: (mm/dd/yyyy) □ E Check accounting method:  1 □ Cash 2 ☒ Accrual 3 □ Other  F Federal return filed? 1 □ □ 990T 2 □ □ 990-PF 3 □ □ Sch H (990) 4 □ Other 990 series G Is this a group filing? See instructions. □ Yes ☒ No  H Is this organization in a group exemption. □ Yes ☒ No  If "Yes," what is the parent's name?  See instructions. □ K Is the organization exempt under R&TC Section 23701g?. □  If "Yes," enter the gross receipts from nonmember sources. ⑤  Is the organization a limited liability company?. □  Is the organization file Form 100 or Form 109 to report taxable income?. □  N Is the organization under audit by the IRS or has the IRS audited in a prior year?. □  O Is federal Form 1023/1024 pending? □  Date filed with IRS	Yes
Enter date: (mm/dd/yyyy)    E Check accounting method:  1	Yes
E Check accounting method:  1	Yes
The content accounting method:  I	Yes
F Federal return filed? 1 • 990T 2 • 990-PF 3 • Sch H (990) 4 Other 990 series G Is this a group filing? See instructions • Yes X No H Is this organization in a group exemption	Yes X No
4 Other 990 series  G Is this a group filing? See instructions.  • Yes X No  H Is this organization in a group exemption.  If "Yes," what is the parent's name?  • Yes X No  M Did the organization file Form 100 or Form 109 to report taxable income?.  • Is the organization under audit by the IRS or has the IRS audited in a prior year?.  • Is the organization of ill form 1023/1024 pending?  • In the organization of ill form 1023/1024 pending?  • In the organization of ill form 1023/1024 pending?  • In the organization of ill form 100 or Form 109 to report taxable income?  • In the organization of ill form 100 or Form 109 to report taxable income?  • In the organization of ill form 100 or Form 109 to report taxable income?  • In the organization of ill form 100 or Form 109 to report taxable income?  • In the organization of ill form 100 or Form 109 to report taxable income?  • In the organization of ill form 100 or Form 109 to report taxable income?  • In the organization of ill form 100 or Form 109 to report taxable income?  • In the organization of ill form 100 or Form 109 to report taxable income?  • In the organization of ill form 100 or Fo	Yes X No
H Is this organization in a group exemption.  If "Yes," what is the parent's name?  O Is federal Form 1023/1024 pending?  Date filed with IRS	Yes X No
H Is this organization in a group exemption	Yes X No
If "Yes," what is the parent's name?  O Is federal Form 1023/1024 pending?	= =
Date filed with IRS	
	X Yes No
Part   Complete Part I unless not required to file this form. See General Information B and C.	
A     Outplock   art   articles not required to the this form, see deneral information B and 6.	
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	350,289.
2 Gross dues and assessments from members and affiliates.	330,203.
Receipts 3 Gross contributions, gifts, grants, and similar amounts received SEE SCH. B a 3	445,866.
Revenues 4 Total gross receipts for filing requirement test. Add line 1 through line 3.	,
This line must be completed. If the result is less than \$50,000, see General Information B ● 4	796,155.
5 Cost of goods sold	
6 Cost or other basis, and sales expenses of assets sold • 6 79,839.	
7 Total costs. Add line 5 and line 6	79 <b>,</b> 839.
8 Total gross income. Subtract line 7 from line 4	716,316.
Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18	569,827.
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	146,489.
Total payments	
12 Use tax. See General Information K	
14 Use tay halance of line 12 is more than line 11 subtract line 11 from line 12	
Filing Fee 15 Penalties and interest. See General Information J	
To reliables and interest, see deficial informations.	
	0.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge are correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	id belief, it is true,
Here Signature of officer Title Date Telephone	
of officer TREASURER (661) 5  Date Check if → PTIN	589-1877 
Preparer's Signature CHARLIE MCCARTHY  Preparer's Self- employed ► Proparer's Self- e	31
Preparer's BROWN ARMSTRONG ACCOUNTANCY CORP	
Use Only (or yours, if self-employed) 4200 TRUXTUN AVE STE 300 95-3109	182
and address  BAKERSFIELD, CA 93309  Telephone	е
May the FTB discuss this return with the preparer shown above? See instructions	324-4971 No

#### M.A.R.E. RIDING CENTER

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		rcga	ruless of alliquit of gloss receipts –	complete rait ii or iaiiiisi	T Substitute Information			
		1	Gross sales or receipts from all b	ousiness activities. See i	nstructions	•	1	
		2	Interest			•	2	1,505.
_		3	Dividends				3	<u> </u>
Rece		4	Gross rents				4	
Othe	r	5	Gross royalties				5	
Sour	ces	6	Gross amount received from sale	e of assets (See instructi	ons)		6	89,217.
		7	Other income. Attach schedule.		SEE ST	ATEMENT 1	7	259,567.
		8	Total gross sales or receipts from other s				8	350,289.
		9	Contributions, gifts, grants, and similar ar	nounts paid. Attach schedule		•	9	•
		10	Disbursements to or for members	S		•	10	
		11	Compensation of officers, director	ors, and trustees. Attach	schedule	EE STMT 2	11	75,492.
		12	Other salaries and wages				12	137,079.
Expe and	nses	13	Interest			•	13	21,599.
	urse-	14	Taxes				14	50,619.
ment	:s	15	Rents				15	35,505.
		16	Depreciation and depletion (See	instructions)			16	36,093.
		17	Other expenses and disbursemen				17	213,440.
		18	Total expenses and disbursements. Add li				18	569,827.
Sch	edule	L	Balance Sheet	Beginning of			of taxa	ble year
Asse				(a)	(b)	(c)		(d)
1				.,	99,151.	· · ·	•	72,419.
2			receivable		102,639.		•	122,503.
3	Net not	es rec	eivable				•	·
4	Invento	ries					•	
5	Federal	and s	tate government obligations				•	
6	Investm	ents i	n other bonds				•	
7	Investm	ents i	n stock		742,115.		•	545,705.
8	Mortgag	je loai	ns				•	
9	Other in	ivestn	nents. Attach schedule				•	
10 a	Depreci	able a	issets	382,965.		859,9		
b	Less ac	cumul	ated depreciation	277,432.	105,533.	313,52	25.	546,449.
11	Land				714,136.		•	714,136.
12	Other a	ssets.	Attach schedule		100,495.		•	
13	Total a	ssets			1,864,069.			2,001,212.
Liabi	lities a	nd n	et worth					
14			able				•	
15			, gifts, or grants payable				•	
16	Bonds a	and no	otes payable				•	
17	•		yable		516,440.		•	507,902.
18			es. Attach schedule					
19			or principal fund				•	
20			pital surplus. Attach reconciliation		1 045 600		•	1 100 010
21			nings or income fund		1,347,629.		•	1,493,310.
			ies and net worth	1 1 11 1	1,864,069.			2,001,212.
Scn	edule	IVI-	1 Reconciliation of income per Do not complete this schedule			(d) is loss than \$	50 000	
	Nation.					books this year not incli		
			er books	140,409.	=	ch schedule		
			ital losses over capital gains		8 Deductions in this		··· 🖺	
			ecorded on books this year.		against book incom	•		
-			ile				–	
5			orded on books this year not deducted			nd line 8		
	-		. Attach schedule		10 Net income per			
6	Total. A	dd lin	e 1 through line 5	146,489.	Subtract line 9	from line 6		146,489.
								_

Side 2 Form 199 2022 059 3652224 CACA1112L 01/10/23

## Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

M.A.R.E. F	IDING CENTER	77-0297678					
Organization ty	e (check one):						
Filers of:	Section:						
Form 990 or 990	-EZ X 501(c)( 3 ) (enter number) organiz	ation					
	4947(a)(1) nonexempt charitable trust <b>not</b> to	reated as a private foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treat	ed as a private foundation					
	501(c)(3) taxable private foundation						
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule							
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules							
regulat 16b, a	organization described in section 501(c)(3) filing Form 990 or 9 ons under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schod that received from any one contributor, during the year, total of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 9	edule A (Form 990), Part II, line 13, 16a, or contributions of the greater of (1) \$5,000; or					
contrib literary	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contrik contrik during <b>Gener</b>	organization described in section 501(c)(7), (8), or (10) filing F utor, during the year, contributions <i>exclusively</i> for religious, chautions totaled more than \$1,000. If this box is checked, enter he the year for an <i>exclusively</i> religious, charitable, etc., purpose. I al <b>Rule</b> applies to this organization because it received <i>nonexclustry</i> \$5,000 or more during the year.	aritable, etc., purposes, but no such ere the total contributions that were received Don't complete any of the parts unless the usively religious, charitable, etc., contributions					
must answer "No	anization that isn't covered by the General Rule and/or the Specton Part IV, line 2, of its Form 990; or check the box on line H of its it doesn't meet the filing requirements of Schedule B (Form 990)	Form 990-EZ or on its Form 990-PF, Part I, line					

M.A.R.E. RIDING CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONFIDENCE FOUNDATION 625 FAIR OAKS AVE, STE 360 SOUTH PASADENA, CA 91030	\$30,000.	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	DIANE_HOPKINS  9620 BRACKEN OAK WAY  BAKERSFIELD, CA 93311	\$7,085.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROBERT GRIMM FAMILY FOUNDATION 6900 MOUNTAIN VIEW RD BAKERSFIELD, CA 93307	\$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
4	FULL CIRCLE SUPPORT, INC  1703 3RD STREET  BAKERSFIELD, CA 93304	\$12,000.	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
5	WHITTIER TRUST COMPANY  1600 HUNTINGTON DRIVE  SOUTH PASADENA, CA 91030	\$160,000.	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
<u>6</u>	BES FOUNDATION  131 DARTMOUTH ST, FLOOR 3  BOSTON, MA 02116	\$10,000.	Person X Payroll

M.A.R.E. RIDING CENTER

raiti	Contributors (see instructions). Ose duplicate copies of Part I if additional s	pace is ricoaca.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BEN H. AND GLADYS ARKELIAN FOUNDATI		Person X
	PO BOX 1825	\$5,000.	Payroll Noncash
	BAKERSFIELD , CA 93303		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	HARRY AND ETHEL WEST FOUNDATION		Person X Payroll
	PO BOX 1825	\$5,000.	Noncash
	BAKERSFIELD , CA 93303		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HEARTLAND CHARTER SCHOOL		Person X
	5060 CALIFORNIA AVE STE 420	\$ <u>_13,900.</u>	Payroll Noncash
	BAKERSFIELD, CA 93309		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	HPS MECHANICAL, INC		Person X
	3100 E BELLE TERRACE	\$ <u>16,460.</u>	Payroll Noncash
	BAKERSFIELD, CA 93307		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11			
<u>11                                   </u>	KERN COUNTY WOUNDED HEROES FUND		Person X
<u>+</u> +-	KERN COUNTY WOUNDED HEROES FUND 3121 STANDARD STREET	\$9,086.	Person X Payroll Noncash
<u>+</u> +_		\$ <u>9,086.</u>	Payroll
(a) No.	3121 STANDARD STREET	\$9,086. (c)	Payroll Noncash  (Complete Part II for
	3121 STANDARD STREET  BAKERSFIELD, CA 93308  (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)  Type of contribution  Person  X
(a) No.	3121 STANDARD STREET  BAKERSFIELD, CA 93308  (b)  Name, address, and ZIP + 4	(c)	Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution

Schedule B (Form 990) (2022)							
Name of organization							
M.A.R.E.	RIDING	CENTER					

Employer identification number

Parti	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _	OLIVER HOFFMAN FOUNDATION  1905 MARKETVIEW DR STE 146  YORKVILLE, IL 60560	\$ <u>25,000</u> .	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
14_	PRENTICE AG CONSULTING  2108 N STREET STE C  SACRAMENTO, CA 95816	\$ <u>5,275.</u>	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
<u>15</u> _	SEMLOH FOUNDATION 625 FAIR OAKS AVENUE STE 360 SOUTH PASADENA, CA 91030	\$55,000.	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
<u>16</u> _	ARLANA ST. CLAIR  3401 WIBLE ROAD  BAKERSFIELD, CA 93309	\$6,559.	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
<u>17</u> _	VICTORY CIRCLE  700 MT VERNON AVE  BAKERSFIELD , CA 93307	\$8,230.	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
18_	BOB WIEBE  304 BREE DR  SHAFTER, CA 93307	\$ <u>28,752.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

M.A.R.E. RIDING CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	ANONYMOUS PO BOX 21916 BAKERSFIELD, CA 93390	\$ <u>11,318.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

1 1 Pa

M.A.R.E. RIDING CENTER

ı artı	INOTECASITY TOPETTY (See instructions). Ose duplicate copies of Fart II if additional sp	Dace is fleeded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
	<u></u>		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	L		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	<sup>5</sup>	-
RΛΛ	TEFA0703L 07/22/22	Schodulo	B (Form 990) (2022)

Page 4 Name of organization Employer identification number M.A.R.E. RIDING CENTER 77-0297678 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and

	the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. See i				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	N/A					
		(e) Transfer of gift				
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, addres		Relationship of transferor to transferee			
			, , , , , , , , , , , , , , , , , , ,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			+			
		(e) Transfer of gift				
	Transferee's name, addres		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	L					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			
	<b> </b>					
	<b> </b>					

CALIFORNIA FORM

#### 2022 Corporation Depreciation and Amortization

3885

Attac	ch to Form 100 or For	m 100W. FORM	1 199							
Corpoi	ration name						Califo	ornia corpora	ation number	
M. <i>F</i>	A.R.E. RIDING	CENTER					168	35308		
Part		pense Certain Pro								
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,000	
2	Total cost of IRC Se	ction 179 property	placed in service					2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in limitation.					\$200,000	
4	Reduction in limitation									
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero or les	s, enter -0			5		
6	(a)	Description of property		(b) Cost (busine	ess use only)	(c) Elec	ted cost			
7	Listed property (elec	ted IRC Section 17	9 cost)		7					
8	Total elected cost of					line 7		8		
9	Tentative deduction.	•		•				9		
10	Carryover of disallov	ved deduction from	prior taxable years	S				10		
11	Business income lim	nitation. Enter the s	maller of business	income (not les	s than zero)	or line 5		11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not er	iter more than	n line 11		12		
13	Carryover of disallov	ved deduction to 20	23. Add line 9 and	l line 10, less lin	e 12	13				
Parl	Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Deduct	on Under R&	TC Section 2	4356			
14	(a)	(b)	(c)	(d)	(e)	(f)	(	(g)	(h)	
	Description	Date acquired	Cost or	Depreciation	Depreciatio		Deprec	iation for		
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	tnis	year	year depreciation	
				earlier years					a oproviditori	
BUI	LDING	1/01/1996	44,318.	29,49	5. S/L	3	9	1,136		
IME	ROVEMENTS	1/01/1996	27,196.	18,09	7. S/L	3	9	697		
ARE	NA RAILING	9/19/2007	2,527.		0.150DB	1.	5	77		
TRE	EES	9/26/2007	1,424.		2. 150DB	1.	5	42.		
ARE	NA REHAB	3/27/2008	4,000.		0.150DB	1.	5	120		
15	Add the amounts in	column (g) and col			•	ed				
	\$2,000. See instruct	ions for line 14, co	umn (h)	<u></u>	<u> </u>	15	3	6,093		
Parl	t III Summary									
16	Total: If the corporat	tion is electing:	10	. 15						
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	unt on line 12 and R&TC Section 243	ine 15, column 356, add the amo	(g) <b>or</b> ounts on line	15. columns	(a) and (b	1) <b>or</b>		
	Depreciation (if no e									
17	Total depreciation cl	aimed for federal p	urposes from fede	ral Form 4562, I	ine 22			17		
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter the differ	ence here an	d on Form 1	00 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 1/ is	less than line 16, dia denreciation am	enter the differe	nce here and to determine	on Form 10	U or before			
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necessar	y)			18		
Par	IV Amortization		·						•	
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)	
	Description	Date acquire	d Cost o	r Am	ortization I or allowable	R&TC Section	Perio		Amortization	
	of property	(mm/dd/yyyy	) other bas		i of allowable arlier years	(see instr	percen	lage	for this year	
				30	. ,	(======================================				
						1	1			
						+	1	-		
						+	1	-		
20	T							20		
	Total. Add the amou	(0)						20		
21	Total amortization cl		•					21		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the differ	ence here an	d on Form 1	00 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 12	iess triati line 20,	enter the attere	nce here and	on Form 10	וט טו	22		
	Tomin 100 vv, Olde Z,	14								

TAXABLE YEAR CALIFORNIA FORM

### 2022 Corporation Depreciation and Amortization

3885

	th to Form 100 or For	m 100W. FORM	1 199									
Corpoi	ration name								Califor	nia corp	oratio	n number
M. P	.R.E. RIDING	CENTER							168	5308		
Parl		pense Certain Pro										
1	Maximum deduction									1		\$25 <b>,</b> 000
2	Total cost of IRC Se		•							2		
3	Threshold cost of IR									3		\$200,000
4	Reduction in limitation									4		
5	Dollar limitation for t	-	act line 4 from line							5		
6	(a)	Description of property		<b>(b)</b> Co	ost (business i	use only)	(c)	Elected	cost			
	1:11		10 11									
7	Listed property (elec		•				: 7			8		
8 9	Total elected cost of Tentative deduction.									9		
10	Carryover of disallov									10		
11	Business income lim									11		
12	IRC Section 179 exp									12		
13	Carryover of disallow					_						
Parl		nd Election of Additi						n 2435	56			
14	(a)	(b)	(c)		(d)	(e)	(f	)	((	a)		(h)
	Description	Date acquired	Cost or	Depr	eciation	Depreciation	1 Life	or	Deprecia	ation f	or	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rat	.e	this	year		year depreciation
					er years							<u> </u>
ARE	NA REHAB	4/15/2008	16,000.	1	L5 <b>,</b> 529.			15		47	1.	
EQU	JIPMENT	1/01/1996	5,480.		3,562.			7				
DRI	VING EQUIPME	1/31/2000	1,752.		1,752.			7				
HAF	RNESS PAD	10/16/1999	51.		51.	200DB		7				
DRI	VING EQUIPME	1/01/2000	77.		77.	200DB	1	7				
15	Add the amounts in							15				
Parl	\$2,000. See instruct Summary	ions for line 14, co	lumn (n)					15				
	Total: If the corporat	tion is alacting:								1		
10	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15,	column (g)	or						
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1					_	
17	Depreciation (if no e Total depreciation cl	•									7	
										· · · ├ '	<del>'</del>	
	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Forn	1 100 c	or			
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	na depreciation am	nounts ai	re used to (	determine i	net inco	me be	tore	١,	8	
Parl		11 01111 100 01 1 0111	1 100vv, 110 aujustii	HEHL IS H	iecessaiy).					'	0	
19	(a)	(b)	(c)		((	d)	(e	)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti	zation	R&T	C	Period			Amortization
	of property	(mm/dd/yyyy	other bas	SIS	allowed or in earlie		Section (see in		percenta	age		for this year
					iii cailic	30010	(330 11	.507				
							1					
							1					
20	Total. Add the amou	ints in column (a)					1			20		
21	Total amortization cl	(0)								21		
			•		,					<u>-1</u>		
~~	Amortization adjustn Form 100W, Side 1,	line 6. If line 21 is g	less than line 20,	, enter the	e difference	here and	on Forn	า 100 ต	or			
	Form 100W, Side 2,									22		

TAX	(ABLE YEAR											C/	ALIFORNIA FORM
	2022	Corpo	ration Dep	reciation ar	nd Amorti	izati	ion						3885
Atta	ch to Form 100	or Form 1	00W. FORM	199									
Corpo	ration name									Califo	rnia corp	oratio	n number
М.	A.R.E. RID	ING CE	NTER							168	5308	3	
Par				erty Under IRC S	ection 179								
1				179 for California.							1		\$25,000
2	Total cost of IF	RC Section	n 179 property p	laced in service							2		
3				erty before reducti							3		\$200,000
4				om line 2. If zero							4	L	
5	Dollar limitatio			ct line 4 from line	1. If zero or I	ess, e	enter -0				5	Щ	
6		(a) Desc	ription of property		(b) Cost (bus	siness ı	use only)	(c)	Elected	cost	-		
											-		
											-		
											4		
7	Listed property	/ (alacted	IBC Section 170	cost)			7				-		
8				operty. Add amou				ne 7			8		
9				of line 5 or line 8.							9		
10				orior taxable year							10		
11	-			naller of business							11		
12				d line 9 and line 1	•		•				12		
13		•		23. Add line 9 and	•								
Par	t II Deprecia	tion and E	lection of Additio	nal First Year Dep	reciation Dedu	ction	Under R&TC	Section	on 243	56			
14	(a)		(b)	(c)	(d)		(e)	(1	f)	(	g)		(h)
	Description		ate acquired	Cost or	Depreciation		Depreciation		or	Depreci	iation 1	for	Additional first
	of property	'   (n	nm/dd/yyyy)	other basis	allowed o allowable		method	ra	ıe	triis	year		year depreciation
					earlier yea								
DR:	VING CART	8	/31/1999	1,571.	1,5	71.	200DB		7				
CAI	RT IMPROVE	MEN 2	/18/2000	520.	5	20.	200DB		7				
WAC	ON	3	/01/2000	340.	3	40.	200DB		7				
BEI	RCHTOLD	3	/07/2001	16,122.	16,1	22.	200DB		7				
MAS	SEY FERGU	SON 4	/15/2001	7,784.	7,7	84.	200DB		7				
15				mn (h). The total ımn (h)					15				
Par			•										
16	Total: If the co												
	IRC Section 17	79 expens	e, add the amou	nt on line 12 and R&TC Section 243	line 15, colun	nn (g)	or ts on line 15	5 colu	mnc (	a) and (h	) Or		
				ter the amount from								16	
17			•	rposes from fede	-		,				_	17	
	Depreciation a	djustment	. If line 17 is gre	eater than line 16.	enter the diff	erenc	e here and	on Fo	rm 100	or or			
	Form 100W, S	ide 1, line	6. If line 17 is l	ess than line 16,	enter the diffe	rence	here and o	n Forr	n 100	or			
				a depreciation am 100W, no adjustn							-	18	
Par			100 01 1 01111			<u>-</u>					<u> </u>		
19	(a)		(b)	(c)		((	d)	(6	:)	(f)			(g)
. •	Descrip	otion	Date acquired	Cost o	r   A		zation	R&	ЃС	Period	l or		Amortization

of property other basis allowed or allowable Section (mm/dd/yyyy) percentage for this year in earlier years (see instr) 20 Total. Add the amounts in column (g)..... 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... 21 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... 22

> 7621224 CACA3501L 12/22/22 059 FTB 3885 2022

2022 **Corporation Depreciation and Amortization** 

	_				
				С	ALIFORNIA FORM
					3885
					_
		Califor	nia corp	oratio	on number
		168	5308	3	
			-		+0= 000
			1		\$25,000
			2		****
			3		\$200,000
			5		_
(c)	Elected	d coet	,		
(6)	LIEUTE	a 6031			
,			8		
			9		
			10		
e 5			11		-
11			12		
ctio	n 243	356			
(f)	or	(9	g)	c	(h)
.ite rat	or e	Deprecia this	ation 1 year	or	Additional first year
	~	0113	, cai		depreciation
	_				
	7				
	5				
	<u>5</u>				
	5				

	ch to Form 100 or For	m 100W. FORM	<u>4 199                                   </u>				10.17					
Corpo	ration name							California corporation number				
M. A	A.R.E. RIDING	CENTER					168	5308	}			
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179								
1	Maximum deduction							1		\$25 <b>,</b> 000		
2	Total cost of IRC Sec							2				
3	Threshold cost of IRO		-					3		\$200,000		
4	Reduction in limitation							4				
5	Dollar limitation for t	•	act line 4 from line					5				
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost					
7	Listed property (elec	ted IRC Section 17	9 cost)		7							
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ints in column (c), l	ine 6 and li	ine 7		8				
9	Tentative deduction.							9				
10	Carryover of disallow	ved deduction from	prior taxable years	s				10				
11	Business income lim	itation. Enter the s	maller of business	income (not less t	han zero) o	r line 5		11				
12	IRC Section 179 exp				_	line 11		12				
13	Carryover of disallow					13						
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 243	356					
14	(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	(9	g)	.	(h)		
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia	atıon f year	for	Additional first year		
	or property	(ITIITI/dd/yyyy)	Other basis	allowable in	method	Tate	11113	yeai		depreciation		
				earlier years						<u> </u>		
KAU	JFMAN GIFT	4/01/2001	1,000.	1,000.	200DB	7						
JOI	IN DEERE GATO	1/01/2003	7,782.	7,782.	200DB	7						
LAV	NMOWER	9/05/2005	1,366.	1,366.	200DB	5						
LAV	NMOWER	9/05/2005	1,366.	1,366.	200DB	5				_		
LAV	NMOWER	9/08/2005	1,000.	1,000.	200DB	5						
15	Add the amounts in	column (a) and col	umn (h). The total	of column (h) may	not evceer	1						
	\$2,000. See instructi											
Par	· ·	,	. ,			,						
	Total: If the corporat	ion is electing:										
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g)	or			,				
	Additional first year of Depreciation (if no e								16			
17	Total depreciation cl	•							17			
18	Depreciation adjustm		•					···   <del>-</del>		_		
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 100	or					
	Form 100W, Side 2, state adjustments or							١,	18			
Par		I FOITH 100 OF FORH	i 100vv, no adjustn	nent is necessary).				1	0			
19		<b>(b)</b>	(a)		۵۱	(a)	(4)			(m)		
19	<b>(a)</b> Description	(b) Date acquire	d (c) Cost o		d <b>)</b> zation	(e) R&TC	<b>(f)</b> Period	or	Δ	<b>(g)</b> mortization		
	of property	(mm/dd/yyyy		sis allowed or	allowable	Section	percent	age		or this year		
				in earlie	er years	(see instr)						
20	Total. Add the amou	nts in column (a).						20				
21	Total amortization cl	107						21				
	Amortization adjustn		•	•								
~~	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and o	on Form 100	or					
	Form 100W, Side 2,	line 12	· · · · · · · · · · · · · · · · · · ·					22				

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2022 Corporation Depreciation and Amortization

CALIFORNIA FORM
3885

	h to Form 100 or For	m 100W. <b>FORM</b>	4 199						
Corpor	ation name						Califor	nia corpo	ration number
M.A	.R.E. RIDING	CENTER					168	5308	
Part		cpense Certain Pro							
1	Maximum deduction							1	\$25 <b>,</b> 000
2	Total cost of IRC Se		•					2	
3	Threshold cost of IR		-					3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for t	-	act line 4 from line					5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost		
7	Listed property (elec		•			. <u>_</u>			
8	Total elected cost of Tentative deduction.							8	
9								10	
10 11	Carryover of disallov Business income lim		,					11	
12	IRC Section 179 exp			•				12	
13	Carryover of disallow								
Part		nd Election of Additi					356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(9	1)	(h)
17	Description	Date acquired	Cost or	Depreciation	Depreciation		Deprecia	ation fo	
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this	year	year depreciation
				earlier years					depreciation
COM	IPUTERS	12/31/2005	3,773.	_	200DB	5			
	ESTOCK - HOR	8/23/2006	10,300.	10,300.		7			
	IPMENT	12/31/2007	500.	•	200DB	7			
	IN DEERE 3520	6/08/2009	38,668.	24,903.		5			
	TOP	4/27/2009	637.	•	200DB	5			
	Add the amounts in				1	,			
13	\$2,000. See instruct								
Parl	: III Summary	•				, l			<u> </u>
16	Total: If the corporat								
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, column (g	j) <b>or</b>	E columns (	(a) and (h	\	
	Depreciation (if no e								;
17	Total depreciation cl	•		•	107				,
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	, enter the differen	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,								
	state adjustments or							18	3
Part	IV Amortization								•
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			tization r allowable	R&TC Section	Period percenta		Amortization
	or property	(IIIII/dd/yyyy	) Other bas		er years	(see instr)	percent	age	for this year
20	Total. Add the amou	ınts in column (a).						20	
21	Total amortization cl	(0)						21	
22	Amortization adjustn		•	•					
-	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the differenc	e here and	on Form 100	or		
	Form 100W, Side 2,	ine 12						22	

TAXABLE YEAR CALIFORNIA FORM

2022 Corporation Depreciation and Amortization

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	2	0	0	_	
	3	0	0	J	)

	ch to Form 100 or For	m 100W. FORM	1 199							
Corpo	ration name						Californ	nia corp	poratio	n number
M. 7	A.R.E. RIDING	CENTER					1685	5308	3	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179						
1	Maximum deduction						F	1		\$25 <b>,</b> 000
2	Total cost of IRC Se		•				H	2		
3	Threshold cost of IR							3		\$200,000
4	Reduction in limitation							4		
	Dollar limitation for t	-	act line 4 from line		1			5		
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	1 COST			
	Listed property (also	tod IDC Section 17	'O acat)		7					
7 8	Listed property (electronal elected cost of		•			ino 7		8	Ι	
9	Tentative deduction.							9		
10	Carryover of disallov						-	10		
11	Business income lim							11		
12	IRC Section 179 exp			•	-		F	12		
13	Carryover of disallov	ved deduction to 20	23. Add line 9 and	d line 10, less line 1	2	13				
Par	t II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 243	56			
14	(a)	(b)	(c)	(d)	(e)	(f)	_ (g	1)	,	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this		tor	Additional first year
	o. p. spo. ty	(	5.1.6. 2d.6.6	allowable in	111001100			,		depreciation
		2/1 = /222		earlier years		_				
	JLTING EQUIPM	9/15/2008	1,000.	644.	200DB	5				
	LING CABINETS	8/18/2008	2,000.	1,437.		7				
SHE		4/06/2010	972.		200DB	7				
	LL IMPROVEMEN		35,452.	35,452.		10				
	FICE IMPROVEM	4/19/2012	4,600.	4,600.		1 1				
15	Add the amounts in \$2,000. See instruct									
Par		ions for fine 14, co	lullill (II)			13			<u> </u>	
16	Total: If the corporat	tion is electing:								
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g	) or					
	Additional first year Depreciation (if no e								16	
17	Total depreciation cl	•						_	17	
	Depreciation adjustn Form 100W, Side 1,									
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 100	or			
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necessary).				1	18	
Par			•						1	
19	(a)	(b)	(c)	(	d)	(e)	(f)			(g)
	Description of property	Date acquire (mm/dd/yyyy			ization allowable	R&TC Section	Period percenta			Amortization for this year
	or property	(mmaa/yyyy	) out of bac		er years	(see instr)	porcorne	ago		ioi tilis yeai
	·									
20	Total. Add the amou	ints in column (g).						20		
21	Total amortization cl	aimed for federal p	ourposes from fede	eral Form 4562, line	44			21		
22	Amortization adjustn	nent. If line 21 is g	reater than line 20,	, enter the difference	ce here and	l on Form 10	0 or			
	Form 100W, Side 1, Form 100W, Side 2,							22		
	Tomin roow, Side 2,	IIIIG 14							1	

TAXABLE YEAR CALIFORNIA FORM

### 2022 Corporation Depreciation and Amortization

3885

2 Total cost of IRC Section 179 property placed in service		ch to Form 100 or For	m 100W. FORM	1 199									
Part I   Election To Expense Certain Property Under IRC Section 179   1   Maximum deduction under IRC Section 179 for California.   1   \$25, 25, 2   Total cost of IRC Section 179 property placed in service.   2   2   3   Threshold cost of IRC Section 179 property placed in service.   2   3   3   \$200, 4   Reduction in limitation in limitation in limitation in limitation in limitation in limitation subtract line 3 from line 2. If zero or less, enter -0 .   4   5   Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0 .   5   5   5   5   5   5   5   5   5	Corpo	ration name								Californ	nia corpoi	ration nu	umber
1 Maximum deduction under IRC Section 179 property placed in service. 2 Total cost of IRC Section 179 property before reduction in limitation. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 3 \$200, 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 (a) Description of property (b) Cost (business use only) (c) Elected cost (c) Description of property (c) Description (c) Descr	M.2												
2 Total cost of IRC Section 179 property placed in service. 3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 (a) Description of property (b) Cost (business use only)  7 Listed property (elected IRC Section 179 cost). 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 Inc. Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. 13 Carryover of disallowed deduction for 2023. Add line 9 and line 10, less line 12.  14 (a) (b) (c) (c) (c) (c) (d) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 179								
3 Threshold cost of IRC Section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0. 5 Carryoner (a) Description of property (b) Cost (business use only) (c) Elected cost (c) Elected cost (c) Description of property (c) Description of Description of Description of Description Description of Description of Description of Description Descrip	1	Maximum deduction	under IRC Section	179 for California.									\$25,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0.  5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0.  6 (a) Description of property (b) Cost (business use only) (c) Elected cost  7 Listed property (elected IRC Section 179 cost).  7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.  8 Total elected cost of IRC Section 179 property. Add amounts in column (amount the line 1 li	2			•									
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0:  6 (a) Description of property (b) Cost (business use only) (c) Elected cost  7 Listed property (elected IRC Section 179 post).  7 Listed property (elected IRC Section 179 post).  8 Total elected cost of IRC Section 179 post).  8 Total elected cost of IRC Section 179 post).  9 Tentative deduction. Enter the smaller of line 5 or line 8.  9 10 Carryover of disallowed deduction from prior taxable years.  10 In Description 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.  12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.  12 In Description 2 Description 2 Data do line 10 and line 10, but do not enter more than line 11.  13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.  13 Description 3 Data (Cot on of property and line 10, less line 12.  14 (a) Description 2 Data deduction of Additional First Year Depreciation Deduction Under R&TC Section 24356  14 (a) Description 3 Data (Cot on of property 2 Depreciation and Election of Additional First Year Depreciation allowed or													\$200,000
7 Listed property (elected IRC Section 179 cost).													
7 Listed property (elected IRC Section 179 cost)				act line 4 from line							5		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. 8 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from prior taxable years. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. 12 13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12. 13 14 (a) (b) (c) (c) (c) (perciation and Election of Additional First Year Depreciation Deduction Under RRTC Section 24356 14 (a) (b) (c) (c) (c) (d) (perciation of perciation of property (mm/dd/yyyy) (m		(a)	Description of property		(b) Cost (bu	siness u	ise only)	(c)	Elected	cost			
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9 Tentative deduction. Enter the smaller of line 5 or line 8	_			•			• • • • • • • • • • • • • • • • • • • •	no 7			0		
10 Carryover of disallowed deduction from prior taxable years.  11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.  12 IRC Section 179 expense deduction to 2023. Add line 9 and line 10, but do not enter more than line 11.  13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.  13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.  14 (a) (b) (c) (d) (e) (f) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h													
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12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.    13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.    14 (a) (b) (c) (d) (e) (f) (g) (g) (his year of this year of the basis allowed or allow													
Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356  14 (a) (b) (c) (c) (d) Depreciation Depreciation Depreciation Depreciation Depreciation Depreciation of property (mm/dd/yyyy) other basis Depreciation allowed or rate Depreciation of property (mm/dd/yyyy) other basis Depreciation allowed or rate Depreciation of property (mm/dd/yyyy) other basis Depreciation allowed or rate Depreciation of this year Depreciation of Poper Control of Poper C					•								
Table   Description of property   Date acquired (mm/dd/yyyy)   Date acquired (mm/dd/yyyy)   Description of property   Description of property   Date acquired (mm/dd/yyyy)   Description of this pass   Description allowed or allowable in earlier years   Description of this year   Description of this pass   Description of the pass   Description of this pass   Description of the pass   Description of the pass   Description of the pass   Description of this pass   Description of the pass   Description	13				•					L			
Description of property Date acquired (mm/dd/yyyy) other basis Depreciation allowed or a	Par	t II Depreciation an	nd Election of Additi	onal First Year Dep	reciation Dedu	uction	Under R&T0	C Section	n 243	56			
waterman depreciation of property (mm/dd/yyyy) other basis allowable in allowable in earlier years allowable in earlier whether this year depreciation and depreciation allowable in earlier years allowable in earlier years allowable in earlier whether the depreciation in this year depreciation and the partie year depreciation allowable in earlier years allowable in earlier whether the depreciation in the total of the year depreciation and the partie year depreciation and the partie year depreciation and the year allowable in earlier whether the depreciation in the total of the year of the year depreciation and the year of the yea	14	(a)	(b)		(d)		(e)	<b>(</b> f)	)	( <u>c</u>	<u>J)</u>		(h)
WATERMAN DUMP T 6/07/2013 5,383. 5,383. 200DB 5  PUMP REPLACEMEN 6/21/2016 7,608. 7,027. 200DB 7 581.  BOX BLADE FOR T 3/02/2016 645. 645. 200DB 5  TRAILER 4/02/2016 16,800. 15,517. 200DB 7 1,283.  PAINT PONY HAVE 2/13/2017 1,800. 1,414. S/L 7 257.  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  18  Part IV Amortization Of property Date acquired (mm/dd/yyyy) Octor of ther basis allowed or allowable Section percentage for this year												r A	dditional first
WATERMAN DUMP T 6/07/2013 5,383. 5,383. 200DB 5  PUMP REPLACEMEN 6/21/2016 7,608. 7,027. 200DB 7 581.  BOX BLADE FOR T 3/02/2016 645. 645. 200DB 5  TRAILER 4/02/2016 16,800. 15,517. 200DB 7 1,283.  PAINT PONY HAVE 2/13/2017 1,800. 1,414. S/L 7 257.  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (fino election is made), enter the amount from line 15, column (g).  17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)  Part IV Amortization  19 (a) Description Operity Date acquired (mm/dd/yyyy) Operity O		or property	(ITIITI/dd/yyyy)	Other basis			memou	Tal	Е	ulis	yeai		depreciation
PUMP REPLACEMEN 6/21/2016 7,608. 7,027. 200DB 7 581.  BOX BLADE FOR T 3/02/2016 645. 645. 200DB 5  TRAILER 4/02/2016 16,800. 15,517. 200DB 7 1,283.  PAINT PONY HAVE 2/13/2017 1,800. 1,414. S/L 7 257.  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing:  IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation claimed for federal purposes from federal Form 4562, line 22. 17  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary). 18  Part IV Amortization  19 (a) (b) (c) (c) (d) (e) (f) (g) Amortization of property (mm/dd/yyyy) other basis allowed or allowable Section percentage for this year													·
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PAINT PONY HAVE 2/13/2017 1,800. 1,414. S/L 7 257.  15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22. 17  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  18  Part IV Amortization Obscription Date acquired (mm/dd/yyyy) Other basis allowed or allowable Section percentage for this year for this year for this year other basis.													
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  18  Part IV Amortization 19 (a) (b) (c) (d) (e) (f) (g) Description of property (mm/dd/yyyy) other basis allowed or allowable Section percentage for this year										1			
\$2,000. See instructions for line 14, column (h).  Part III Summary  16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  18  Part IV Amortization  19 (a) (b) (c) (d) (e) (f) (g) Amortization of property (mm/dd/yyyy) other basis allowed or allowable Section percentage for this year	PA:	INT PONY HAVE	2/13/2017	1,800.	1,4	114.	S/L	<u> </u>	7		257	<u>' •                                      </u>	
16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  18  Part IV Amortization  19 (a) (b) (c) (c) (d) (e) (f) (g) Amortization of property (mm/dd/yyyy) allowed or allowable Section percentage for this year	15								15				
IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).  17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.  18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  18  Part IV Amortization  19 (a) (b) (c) (d) (e) (f) (g) Amortization of property (mm/dd/yyyy) allowed or allowable Section percentage for this year	Par	t III Summary											
Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16				E 15	(-1)							
Depreciation (if no election is made), enter the amount from line 15, column (g)		Additional first year	depreciation under	R&TC Section 243	356, add the a	moun	or ts on line 1	5, colur	nns (	g) and (h)	or or		
Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).  Part IV Amortization  18    Cost or											16		
Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)											17	'	
Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	Depreciation adjustment to the form 100W Side 1	nent. If line 1 / is g line 6 If line 17 is	reater than line 16, less than line 16	, enter the dif enter the diffe	terenc	e here and here and c	on For on Form	m 100 n 100	or Or			
Part IV Amortization  19 (a) (b) (c) (d) (e) (f) (g) Description of property (mm/dd/yyyy) Other basis of property (mm/dd/yyyy) Other basis of property of property (mm/dd/yyyy) Other basis of property of propert		Form 100W, Side 2,	line 12. (If Californ	iia depreciation am	nounts are use	ed to c	determine n	iet inco	me be	etore			
19 (a) (b) (c) (d) (e) (f) (g)  Description of property (mm/dd/yyyy) Other basis Other bas	Dave		Form 100 or Form	n 100W, no adjustn	nent is necess	sary).					18	3	
Description Date acquired Cost or Amortization allowed or allowable Section percentage for this year			(b)	(6)		- /-	IV.	(6)	. 1	<b>(6)</b>	<u> </u>		(a)
of property (mm/dd/yyyy) other basis allowed or allowable   Section   percentage   for this year	19	Description		d Cost o				R&T	C		or	An	
In earner years (see instr)		of property	(mm/dd/yyyy	other bas						percenta	age	fo	r this year
						carne	ı years	(355 11	isti)				
											+		
20 Total. Add the amounts in column (g)	20	Total Add the amoun	nts in column (a)					I			20		
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.			(0)										
				•		,				ŀ			
Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or	22	Form 100W, Side 1.	line 6. If line 21 is g	less than line 20,	, enter the diffe	erence	here and o	on Form	100	or or			
Form 100W, Side 2, line 12											22		

TAXABLE YEAR CALIFORNIA FORM

	2022 C	orpo	ration De	preciation ar	nd Amortizati	ion				3885
	ch to Form 100 or F	Form 1	00W. FOR	1 199				California	corporati	on number
Ċ	A.R.E. RIDIN	IC CE	NTER					16853		on names
ar				perty Under IRC S	ection 179			110000	00	
1								1		\$25,000
				-	on in limitation					\$200,000
4 5					or less, enter -0  1. If zero or less, e				-	
6			ription of property		(b) Cost (business u		(c) Electe			
_	Listed was subset (s	اممامما	IDC Continu 17	(0 t)		7				
8					ints in column (c), I		ne. 7	8	3	
9				, ,					)	
10	-				s					
					income (not less the					_
					0, but do not enter I line 10, less line 1		3		2	
ar					reciation Deduction			356		
14	(a)		(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description of property		ate acquired mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciatio this yea		Additional first year depreciation
201	L6 WELL IMPR	0 12	/22/2016	30,000.	16,500.	S/L	10	3,	000.	
FUF	RNITURE	5	/30/2019	3,445.	2,412.	S/L	5		689.	
LI	/ESTOCK - HO		/09/2019	54,750.	27,375.	S/L	7		824.	
	V PUMP		/04/2019	3,276.	1,638.	S/L	7	,	468.	
	L10 AND 1820		/12/2021	714,136.			0			
	\$2,000. See instru				of column (h) may		15			
	t III Summary								1	T
16	IRC Section 179 e Additional first year Depreciation (if no	expens ar depi o elect	e, add the amo reciation under ion is made), e	R&TC Section 243 nter the amount from	line 15, column (g) 356, add the amoun om line 15, column	ts on line 15 (g)			16 17	
	Depreciation adju- form 100W, Side Form 100W, Side	stment 1, line 2, line	t. If line 17 is g 6. If line 17 is 12. (If Californ	reater than line 16, less than line 16, lia depreciation am	ral Form 4562, line, enter the difference enter the difference nounts are used to constants.	e here and here and o determine n	on Form 10 n Form 100 et income b	0 or or efore		
<b>.</b>			rm 100 or Forn	n 100W, no adjustn	nent is necessary).				18	
Par 19		n	(h)	(a)		١,	(0)	<b>(6</b> )		(n)
13	(a) Description of property		(b) Date acquire (mm/dd/yyyy			zation allowable	(e) R&TC Section (see instr)	(f) Period or percentage	;	<b>(g)</b> Amortization for this year
20	Total. Add the am	nounts	in column (g).					20	)	

21 Total amortization claimed for federal purposes from federal Form 4562, line 44..... Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. 22

21

7621224 CACA3501L 12/22/22 059 FTB 3885 2022

2022 Corporation Depreciation and Amortization

CALIFORNIA FORM
3885

	ch to Form 100 or For	rm 100W. FOR	м 199							
Corpo	ration name							Califor	nia corpora	ation number
	A.R.E. RIDING	CENTER						168	5308	
Par			perty Under IRC S							
1	Maximum deduction								2	\$25 <b>,</b> 000
_	<ul> <li>Total cost of IRC Section 179 property placed in service.</li> <li>Threshold cost of IRC Section 179 property before reduction in limitation.</li> </ul>									****
3 4			-						3 4	\$200,000
5	Reduction in limitation for the control of the cont								5	
6		Description of property	act line 4 from line		t (business i		(c) Electe		<u> </u>	
	(a)	Description of property		(1) 003	(Dusiness t	use only)	(C) Liecte	u 0031		
7	Listed property (elec	cted IRC Section 17	79 cost)			7				
8	Total elected cost of		•				ne 7		8	
9	Tentative deduction.								9	
10	Carryover of disallov	wed deduction from	prior taxable year	S					10	
11	Business income lim								11	
12	IRC Section 179 exp			-					12	
13	Carryover of disallov							DEC		
Par	•		ional First Year Dep	1			1		>	(6)
14	<b>(a)</b> Description	(b) Date acquired	<b>(c)</b> Cost or	Depred	i) ciation	(e) Depreciation	(f) Life or	(g Deprecia	<b>3)</b> ation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allow	ed or	method	rate	this		year
				allowa earlier						depreciation
LI	ESTOCK - HOR	VARIOUS	6,511.		465.	S/L	7		930	
									2,634	
	NA COVER								5,884	
15	Add the amounts in	column (a) and co	lumn (h). The total	of column	n (h) mav	not exceed				
	\$2,000. See instruct									
Par										
16	Total: If the corporat		unt on line 10 and	line 1E e	رم) مصریات	٠				
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 243	356, add th	ne amoun	ts on line 1	5, columns	(g) and (h)	or or	
	Depreciation (if no e	•								
	Total depreciation cl								17	
10	Depreciation adjustr Form 100W, Side 1,	nent. If line 17 is g line 6. If line 17 is	less than line 16,	, enter the enter the	e ainterence difference	e nere and c here and c	on Form 10 on Form 100	or or		
	Form 100W, Side 2,	line 12. (If Califori	nia depreciation am	าounts are	used to a	determine n	et income b	etore	10	
Par	state adjustments or	n Form 100 or Forr	n 100w, no adjustn	nent is ne	cessary).				18	
19	(a)	(b)	(c)			d)	(e)	(f)		(g)
	Description	Date acquire	ed Cost o		Amorti	ization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	/) other bas	sis a	allowed or in earlie	allowable r vears	Section (see instr)	percenta	age	for this year
					Janie	,	(555 11/50)			
20	Total. Add the amou	ınts in column (a)							20	
21	Total amortization c	(0)							21	
	Amortization adjustr		•		•					
_	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	here and c	n Form 100	or		
	Form 100W, Side 2,	E 10						J	22	

7	n	2
Z	u	ZZ

#### **CALIFORNIA STATEMENTS**

PAGE 1

M.A.R.E. RIDING CENTER

77-0297678

STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

INCOME FROM SPECIAL EVENTS	\$ 181,835.
PROGRAM SERVICE REVENUE	77,732.
TOTAL	\$ 259,567.

#### STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DIANA B. OWENS 18200 JOHNSON ROAD BAKERSFIELD, CA 93314	VICE PRESIDENT 1.00			
TONY MARRION 18200 JOHNSON ROAD BAKERSFIELD, CA 93314	BOARD MEMBER 1.00	0.	0.	0.
CHARLIE MCCARTHY 18200 JOHNSON ROAD BAKERSFIELD, CA 93314	TREASURER 1.00	0.	0.	0.
LINDSEY PRENTICE 18200 JOHNSON ROAD BAKERSFIELD, CA 93314	BOARD MEMBER 1.00	0.	0.	0.
DIANE HOPKINS 18200 JOHNSON ROAD BAKERSFIELD, CA 93314	BOARD MEMBER 1.00	0.	0.	0.
JOHN WALL 18200 JOHNSON ROAD BAKERSFIELD, CA 93314	PRESIDENT 1.00	0.	0.	0.
BOB WIEBE 18200 JOHNSON ROAD BAKERSFIELD, CA 93314	BOARD MEMBER 1.00	0.	0.	0.
RAQUEL IDOLYANTES 18200 JOHNSON ROAD BAKERSFIELD, CA 93314	SECRETARY 1.00	0.	0.	0.
MARK BARNES 18200 JOHNSON ROAD BAKERSFIELD, CA 93314	BOARD MEMBER 1.00	0.	0.	0.

PAGE 2

#### M.A.R.E. RIDING CENTER

77-0297678

#### STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

#### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KIMIKO KOBAYASHI 18200 JOHNSON ROAD BAKERSFIELD, CA 93314	EXECUTIVE DIR. 40.00	\$ 75,492.	\$ 0.	\$ 6,483.
FELICIA MEARS 18200 JOHNSON ROAD BAKERSFIELD, CA 93314	BOARD MEMBER 1.00	0.	0.	0.
	TOTAL	\$ 75,492.	\$ 0.	\$ 6,483.

#### STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES	\$ 4,782.
ADVERTISING AND PROMOTION	1,180.
BANK SERVICE CHARGES.	1,059.
BLISS CAMP	688.
BUSINESS LICENSES	75.
CONTINUING EDUCATION	1,418.
DUES AND SUBSCRIPTIONS	2,337.
EQUINE EXPENSES	39,039.
INSURANCE	11,786.
INVESTMENT MANAGEMENT FEES	1,724.
OFFICE EXPENSES	8,164.
OTHER EMPLOYEE BENEFIT	7,209.
OTHER FEES	310.
POSTAGE AND SHIPPING	1,129.
PROGRAM EXPENSES.	600.
QB PAYMENT FEES	2,408.
SPECIAL EVENT EXPENSES	117,864.
STAFF UNIFORMS.	392.
TELEPHONE	5,969.
TRAVEL	4,118.
VOLUNTEER PROGRAM	 1,189.
TOTAL	\$ 213,440.

#### STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities



# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

			Check if:			
M.A.R.E. RIDING CENTER			Change of	address		
Name of Organization			Amended			
List all DBAs and names the organization uses or h	as used					
P.O. BOX 21916			State Charity	Registration Number 081748		
Address (Number and Street)						
BAKERSFIELD, CA 93390 City or Town, State, and ZIP Code			Corporation o	r Organization No. 1685308		
(661) 589-1877						
Telephone Number	E-mail Add	dress	Federal Empl	oyer ID No. <u>77-0297678</u>		
ANNUAL REGIST	RATION F	RENEWAL FEE SCHEDULE (11 Cal Make Check Payable to Departi				
Total Revenue	Fee	Total Revenue	<u>Fee</u>	Total Revenue	<u>F</u> (	ee
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 and \$1 millio Between \$1,000,001 and \$5 mill Between \$5,000,001 and \$20 mi	ion \$200	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million	ion \$1	
PART A – ACTIVITIES						
For your most recent full accoun	ting peri	od (beginning 7/01/22	ending	6/30/23 ) list:		
Total Revenue \$	.00 4E	2 Noncach Contributions S		0. Total Assets \$ 2,00	1 01	2
		<del></del>		0. Total Assets $\sqrt{2,00}$	1,21	
Program Expense	s \$	377,017.	Total Expense	s \$569,827.		
PART B – STATEMENTS REG	ARDING	G ORGANIZATION DURING	3 THE PERI	OD OF THIS REPORT		
Note: All questions must be answere providing an explanation and d				ou must attach a separate page structions for information required.	Yes	No
During this reporting period, were the officer, director or trustee thereof, either of the control of the	ere any o	contracts, loans, leases or other financial r with an entity in which any such	transactions betv officer, director of	ween the organization and any or trustee had any financial interest?		X
2 During this reporting period, was the	ere any th	neft, embezzlement, diversion or	misuse of the	organization's charitable property or funds?		Χ
3 During this reporting period, were at	ny organi	zation funds used to pay any per	nalty, fine or ju	idgment?		Χ
4 During this reporting period, were the coventurer used?	e service	es of a commercial fundraiser, fundrais	sing counsel fo	or charitable purposes, or commercial		Χ
5 During this reporting period, did the	organiza	tion receive any governmental fu	nding?			Χ
6 During this reporting period, did the	organiza	tion hold a raffle for charitable pu	urposes?			Χ
7 Does the organization conduct a veh	nicle dona	ation program?				Χ
Did the organization conduct an indegenerally accepted accounting prince	ependent iples for	audit and prepare audited finance this reporting period?	cial statements	in accordance with		Χ
9 At the end of this reporting period, of	lid the or	ganization hold restricted net assets,	while reporting	g negative unrestricted net assets?		Χ
I declare under penalty of perjury that and belief, the content is true, correct	and con				wled	ge
Signature of Authorized Agent	Printed		TREASURER Title	C Date		

TAXABLE Y	EAR <b>Califor</b>	nia e-fi	le Return	Autho	rizat	ion for	•			FORM
2022	Exemp	t Orgai	nizations							8453-EO
Exempt Organiza		3							Identifying	number
	. RIDING CENTE	R							77-02	297678
	Electronic Return II		•	•						
	ross receipts (Form 1									796,155.
-	ross income (Form 19									716,316.
<b>3</b> Total e	expenses and disburse	ements (Forn	n 199, line 9)						3	569,827.
Part II	Settle Your Accou	ınt Electro	nically for Ta	xable Ye	ar 2022	2				
4 Ele	ectronic funds withdra	wal <b>4a</b> /	Amount		4	<b>b</b> Withdra	wal date	(mm/dd/yy	уу) _	
	Banking Informati	<b>ion</b> (Have yo	ou verified the ex	xempt orgar	ization's	s banking ir	nformatio	n?)		
5 Routing										
6 Accour					<b>7</b> Type	of account:	: C	hecking	Sa	avings
Part IV [	Declaration of Off	icer								
	he exempt organization or the amount listed o		to be settled as	designated	in Part I	I. If I check	Part II,	box 4, I aut	horize a	n electronic funds
return original correspondir organization's Tax Board (For the fee like statements be	es of perjury, I declare ator (ERO), transmitteng lines of the exempt seturn is true, correct, FTB) does not receive ability and all applicate transmitted to the FTE und is delayed, I auth	er, or interment or organization and complete full and time ole interest as by the ERO,	ediate service pro n's 2022 Californ e. If the exempt or ely payment of the and penalties. I a transmitter, or in	ovider and to a least round to a least r	he amou c return. s filing a organizat e exempt ervice pr	unts in Part To the bes balance due tion's fee lia t organization ovider. If the ediate servi	I above to f my ke return, le return, le ability, thon returne processible province	agree with knowledge a understand le exempt of and acconsing of the ex	the amount that if the that if the that if the the that if the that if the that it is a second to be a second t	ounts on the of, the exempt of Franchise ion will remain liable of schedules and of ganization's
Sign						TREAS	URER			
Here	Signature of officer			Date	!	Litle				
Part V [	Declaration of Ele	ctronic Re	eturn Origina	tor (ERO)	and P	aid Prepa	arer. Se	e instruction	ns.	
the best of n organization officer's sign forms and in Authorized e exempt organ under penalt statements,	at I have reviewed the my knowledge. (If I are 's return. I declare, he nature on form FTB 84 of formation that I will find the file Providers. I will knization return is filed, we ties of perjury, I declar and to the best of my ave knowledge.	m only an intowever, that 153-EO befor le with the Fixeep form FT whichever is late that I have	ermediate service form FTB 8453-E e transmitting th TB, and I have for B 8453-EO on finater, and I will made examined the a	ce provider, EO accurate is return to ollowed all of ile for <b>four</b> y ke a copy av above exem	I unders ly reflect the FTB other rect rears fro ailable to pt organ	stand that I ts the data ; I have pro juirements m the due o the FTB up ization's re	am not in on the recovided the describe date of the contraction and the contraction are contracting as the contraction and the contraction and the contraction are contracting as the contracting as the contraction are contracting as the	responsible eturn.) I have e organizatid in FTB Puhe return or st. If I am al	for review obtainment on office obtainment of the four years of the paying sch	ewing the exempt ned the organization er with a copy of all , 2022 Handbook for ars from the date the aid preparer, edules and
					Date		Check if	Check	if	ERO's PTIN
<b>ED</b> 0	ERO's signature CHARL	IE MCCAR	RTHY				also paid preparer	X self- employ	yed	P01644131
ERO Must	Firm's name (or yours	BROWN A	RMSTRONG A	CCOUNTAI	ICY CO	)RP			Firm's FEI	N
Sign	if self-employed) and address		UXTUN AVE :	STE 300						95-3109182
		BAKERSF						CA	ZIP code	93309
	of perjury, I declare that I ha t, and complete. I make this						a statement	s, and to the b	est of my k	nowledge and belief, they
a. 5 (146, 001160)		assignation pas	oa on an iniormation	or willout I liav	o miowicu(	Date	ļ		ı	Paid preparer's PTIN
De:4	Paid preparer's							Check if		ι αια μισμαισι ο ΕΤΙΙΝ
Paid Preparer	signature							self-employed		NI .
Must	Firm's name								Firm's FEI	N
Sign	(or yours if self- employed) and								ZIP code	
	address								3000	

FTB 8453-EO 2022