GRANDIZIO, WILKINS, LITTLE & MATTHEWS 8370 VETERANS HIGHWAY, SUITE 104 MILLERSVILLE, MD 21108

MARYLAND THERAPEUTIC RIDING, INC. 1141 SUNRISE BEACH ROAD CROWNSVILLE, MD 21032

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CLIENT'S COPY

GRANDIZIO, WILKINS, LITTLE & MATTHEWS, LLP 8370 VETERANS HIGHWAY, SUITE 104 MILLERSVILLE, MARYLAND 21108 (410) 987-3313

MARYLAND THERAPEUTIC RIDING, INC. 1141 SUNRISE BEACH ROAD CROWNSVILLE, MD 21032

MARYLAND THERAPEUTIC RIDING, INC .:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY,

GRANDIZIO, WILKINS, LITTLE & MATTHEWS, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	MARYLAND THERAPEUTIC RIDING, INC. 1141 SUNRISE BEACH ROAD CROWNSVILLE, MD 21032
Prepared by	GRANDIZIO, WILKINS, LITTLE & MATTHEWS 8370 VETERANS HIGHWAY, SUITE 104 MILLERSVILLE, MD 21108
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.
	NOTE: ENCLOSED IS AN EXTRA COPY OF FORM 990. THE FORM SHOULD BE SIGNED, DATED, AND MAILED TO:
	STATE OF MARYLAND SECRETARY OF STATE CHARITABLE DIVISION STATE HOUSE ANNAPOLIS, MARYLAND 21411-0001
	THE STATE OF MARYLAND IMPOSES ADDITIONAL REPORTING REQUIREMENTS IF YOUR ORGANIZATION SOLICITS CHARITABLE CONTRIBUTIONS FROM INDIVIDUALS, CORPORATIONS OR OTHER ENTITIES; OR RECEIVES INCOME FROM SPECIAL FUND RAISING EVENTS. THE REPORTING REQUIREMENTS ARE BASED ON THE AMOUNT OF

Special Instructions	
	CONTRIBUTIONS YOUR ORGANIZATION RECEIVED DURING THE YEAR. PLEASE CONTACT US IF YOU NEED ASSISTANCE WITH FILING THESE ADDITIONAL REPORTS.
20051 04 04 04	

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

ar 2021, or fiscal year beginning	, 2021, and ending	,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

MARYLAND THERAPEUTIC RIDING, INC.

_**

EIN or SSN

JERRY HOUSAND Name and title of officer or person subject to tax TREASURER

Part I	Type of Return and Return	Information
	Type of flotarii and flotarii	miormation

For calendar ver

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

i iui i oi	io into intracti.				
1a	Form 990 check here ► X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	950,444
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)		
7a	Form 4720 check here ▶		Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here >	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22	10b	
Part	II Declaration and Signat	ture	Authorization of Officer or Person Subject to Tax		
Jnder	penalties of perjury, I declare that $oxed{X}$	l am	an officer of the above entity or 🔲 I am a person subject to tax with	respect t	to (name
of entit	y)		, (EIN) and that I	have exar	nined a copy of the
001 0	lectronic return and accompanying sch	hadul	les and statements, and to the hest of my knowledge and helief they	ara trua c	orrect and

2021 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 processary to answer inquiries and resolve issues related to the payment. I have selected a 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
------	---------	-----	-----	------

X I authorize	GRANDIZIO,	WILKINS,	LITTLE	δ.	MATTHEWS		to enter my PIN	21032
	ERO firm name							Enter five numbers, b do not enter all zeros

as my signature on the tax year 2021 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 2021 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

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

52286821204

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print **_**** MARYLAND THERAPEUTIC RIDING, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1141 SUNRISE BEACH ROAD return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CROWNSVILLE, MD 21032 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 1141 SUNRISE BEACH ROAD - CROWNSVILLE, MD 21032 Telephone No. ► 410-923-6800 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

I HA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2022

Form **990**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

	1 01 111	e 2021 Calefful year, or tax year beginning	enung	_				
В	Check if applicab	C Name of organization		D Employer identifi	cation number			
	Addre	MARYLAND THERAPEUTIC RIDING, INC.						
	Name chang	Doing business as	Doing business as					
Г	Initial return	4 5 6 4 7 11 11 11 11 11 11	Room/suite	E Telephone numbe	r			
F	Final	11/1 CIMPTOR DEACH DOAD		410-923-				
_	termir ated			G Gross receipts \$	1,033,987.			
Г	Amen	ded CDOMMCVITTE MD 21022		H(a) Is this a group re				
F	Applic			for subordinates				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—			
$\overline{}$	Ταν.αν	empt status: X 501(c)(3) 501(c) ()	or 527		list. See instructions			
		te: NWW. HORSESTHATHEAL.ORG	01 027	H(c) Group exemptio				
		forganization: X Corporation Trust Association Other	1 Year		A State of legal domicile: MD			
	art I	Summary	L 10ai	or formation.	otate of logal doffficite. 222			
	1	Briefly describe the organization's mission or most significant activities: IMPR	OVTNG	THE OUALITY	OF LIFE OF			
Se	'	CHILDREN, ADULTS, ACTIVE MILITARY AND VE	TERANS	WITH SPECT	AL NEEDS BY			
nar	2	Check this box if the organization discontinued its operations or dispose						
Ver				_	13			
ၓ		Number of independent voting members of the governing body (Part VI, line 1a)			13			
<u>ფ</u>		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			20			
iţie		Total number of volunteers (estimate if necessary)			240			
Activities & Governance	72	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
_	 ~	The difficulties business taxable mostle from one 1,1 art 1, into 11		Prior Year	Current Year			
•	8	Contributions and grants (Part VIII, line 1h)		608,798.	703,718.			
ηne	9	Program service revenue (Part VIII, line 2g)		140,786.	234,929.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		214,853.	11,797.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,804.	0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		959,633.	950,444.			
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		318,293.	332,432.			
Expenses	16a			0.	0.			
ē	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 10,5	76.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		314,516.	316,922.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		632,809.	649,354.			
	19	Revenue less expenses. Subtract line 18 from line 12		326,824.	301,090.			
Net Assets or	3	·		ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		2,451,978.	2,693,995.			
ASS	21	Total liabilities (Part X, line 26)		556,829.	504,140.			
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		1,895,149.	2,189,855.			
P	art II	Signature Block	•					
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is			
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
Sig	jn	Signature of officer		Date				
Не	re	JERRY HOUSAND, TREASURER						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai		JOHN DINO GAVIN		self-employ	P01246701			
	parer	Firm's name → GRANDIZIO, WILKINS, LITTLE & MA		Firm's EIN	**_****			
Use	Only	Firm's address 8370 VETERANS HIGHWAY, SUITE 10	4					
		MILLERSVILLE, MD 21108		Phone no. 41	0-987-3313			
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No			

4d	Other program services (Describe on Schedule O.)

Total program service expenses ► 597,625.

Form **990** (2021)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ _{3,7}
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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 (2021)	MARYLANI	THERAPEUTIC	RIDING,	INC.
Part IV Che				

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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? If "Yes," complete			
	Schedule J	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 "Yes," answer lines 24b through 24d and complete	24a		X
h	Schedule K. If "No," go to line 25a	24a		1
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		X
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-50		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	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	X	
Pai	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			<u> </u>
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1		Yes	No
ıa b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
_	(gambling) winnings to prize winners?	1c	Х	

_**

Form 990 (2021) MARYLAND THERAPEUTIC RIDING, INC.

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

			.,	
_	5. " · · · · · · · · · · · · · · · · · ·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 20			
		01-	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Α.
	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			X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	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).			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		22
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	3C		
6a		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
и 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		Х
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
·		7c		х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.0	If "Yes," complete Form 4720, Schedule O.	10		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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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					X
Sec	tion A. Governing Body and Management					
		1 1	1.7		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	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.		1 2			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					,,,
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					٦,
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					\ _{3,7}
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		,			\ _{3,7}
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			_	37	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					Х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		^_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue (Joae.)		V	
40-	Did the averagination have lead about we have been averafiliated.			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cand branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110				11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	ay belore	filling the form?	Па	21	
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "?			120		
·	on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	- P			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		Х
	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 arrange	ment wit	h a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınization'	S			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶MD					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-	(section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sch	edule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of	interest policy, an	d finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and	records ▶			
	THE ORGANIZATION - 410-923-6800					
	1141 SUNRISE BEACH ROAD, CROWNSVILLE, MD 21032					

Form 990 (2021)

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, 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.

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

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

(A)	(B)			((Pos	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KELLY RODGERS	40.00	,,						00 627	0	_
EXECUTIVE DIRECTOR	1 00	Х				_		89,637.	0.	0.
(2) FRED FUNK	1.00	x						0.	0.	_
DIRECTOR	1.00	^				-	_	0.	0.	0.
(3) CHARLES FAUGHNAN	1.00	х						0.	0.	0.
DIRECTOR (4) HEATHER HIGDON	1.00	Δ				-		0.	0.	<u> </u>
(4) HEATHER HIGDON SECRETARY	1.00	x		x				0.	0.	0.
(5) KERRY FAIRWEATHER	1.00	^		₽		-		0.	0.	0.
CHAIRMAN	1.00	Х		X				0.	0.	0.
(6) JOHN VOIGT JR.	1.00			1		-		0.	0.	•
DIRECTOR	1.00	x						0.	0.	0.
(7) JENNIFER LITWAK	1.00					\vdash				
DIRECTOR		х						0.	0.	0.
(8) JERRY HOUSAND	1.00									
TREASURER		Х		x				0.	0.	0.
(9) LESLIE LEWIS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JACE STIRLING	1.00									
DIRECTOR		Х						0.	0.	0.
(11) BRIAN SMITH	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(12) NANCY SPIESMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DANIELLE WHALEN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(14) WILLIAM GARLOW	1.00								_	_
DIRECTOR		Х				_		0.	0.	0.
		_								

Form **990** (2021)

Part VII Section A. Officers, Directors, Trus	stees, Key Em (B)	ploy	ees		d Hi C)	ighe	st C					(E)	
(A) Name and title	Average			Pos	itior	1		(D) Reportable	(E) Reportable		Ec	(F) timate	ď
realle and the	hours per week	box offi	, unle	ss pe	rson	than is bot or/trus	h an	compensation from	compensation from related	n I	an	nount of other	
	(list any hours for	directo				ъ		the organization	organization (W-2/1099-MIS			pensa om the	
	related	Individual trustee or director	rustee			oensate		(W-2/1099-MISC/	1099-NEC)		org	anizati	on
	organizations below	dual tru	Institutional trustee		Key employee	st com	<u></u>	1099-NEC)				d relate anizatio	
	line)	Indivic	Institu	Officer	Key en	Highest compensated employee	Forme						
		_											
								00 637					
1b Subtotal c Total from continuation sheets to Part V								89,637.		0.			0.
d Total (add lines 1b and 1c)								89,637.		0.			0.
 Total number of individuals (including but r compensation from the organization 								eceived more than \$100	,000 of reportab	le			0
-	-1:						. 1- 1-		1	ı		Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			•		•		_		•		3		Х
4 For any individual listed on line 1a, is the se													
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					•			•			5		Х
Section B. Independent Contractors	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0, 0,		<i>p</i> 0							- 1	
1 Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
(A)					VICI 1	0		(B)			(C		
Name and business	address	N	INC	<u> </u>				Description of s	ervices		ompe	nsatio	า
							_						
2 Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li:	stec	d above) who received m	nore than				
											Form	990 (2	2021)

Ра	rt v	Ш			a in this Dout VIII			
			Check if Schedule O contains a response	or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	4	_	Federated campaigns 1a					000000000000000000000000000000000000000
ant	'		Federated campaigns 1a Membership dues 1b					
m G			Fundraising events 1c	126,458.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d	120,1300				
s, G			Government grants (contributions) 1e	39,780.				
Sir			All other contributions, gifts, grants, and	33,7,000				
ber		•	similar amounts not included above	537,480.				
oğ.		a	Noncash contributions included in lines 1a-1f	35,989.				
Cor		_	Total. Add lines 1a-1f		703,718.			
		<u></u>	Totali / Idd III Ioo Ta Ti	Business Code				
ø.	2	а	THERAPEUTIC RIDING	624100	234,929.	234,929.		
Program Service Revenue	_	b			. ,	, ,		
Ser		c						
am		d						
ogr		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f		234,929.			
	3		Investment income (including dividends, intere					
			other similar amounts)	.	12,583.			12,583.
	4		Income from investment of tax-exempt bond p	ī				
	5		Royalties	> [
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 33,114.					
•		b	Less: cost or other basis	4 4 4 4 5				
Revenue			and sales expenses 76 19,453.					
eve			Gain or (loss) 7c 13,661.		706			706
er R			Net gain or (loss)	·····	-786.			-786.
Othe	8	а	Gross income from fundraising events (not					
0			including \$ 126,458. of					
			contributions reported on line 1c). See	49,643.				
		L-	Part IV, line 18 8a Less: direct expenses 8b	49,643.				
					0.			
	۵		` '	P				
	9	а	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Not be a second of the second					
	10		Gross sales of inventory, less returns					
		_	and allowances 10a	.				
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
S				Business Code				
e goni	11	а						
ane		b						
Miscellaneous Revenue		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d	>				
	12		Total revenue. See instructions	>	950,444.	234,929.	0.	11,797.

_**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D^	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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,	89,637.	80,791.	7,598.	1,248
6	trustees, and key employees Compensation not included above to disqualified	05,057.	00,751.	1,350.	1,240
O	persons (as defined under section 4958(f)(1)) and				
	nersons described in section 40EQ(a)(2)(D)				
7	F	231,080.	208,277.	19,587.	3,216
7 8	Other salaries and wages Pension plan accruals and contributions (include	231,000	200,2110	15,501.	5,210
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,715.	7,780.	3,339.	596
10	Payroll taxes		.,,,,,,,	5,555.	330
11	Fees for services (nonemployees):				
'' a					
a b					
C		9,150.	8,976.		174
	Lobbying	3,2300	0,5,00		
e	D (' ' ' ' ' ' ' ' ' ' ' O D ' ' ' ' ' ' '				
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch O.)	9,650.	9,467.		183
12	Advertising and promotion	8,757.	8,381.	180.	196
13	Office expenses	17,765.	17,765.		
14	Information technology	,	,		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	17,742.	17,742.		
21	Payments to affiliates	-	-		
22	Depreciation, depletion, and amortization	72,063.	68,209.	3,854.	
23	Insurance	18,101.	16,976.	902.	223
24	Other expenses. Itemize expenses not covered		-		
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	пород матыпрыванов	66,252.	66,252.		
b	UTILITIES	20,651.	18,318.	1,129.	1,204
С	REPAIRS AND MAINTENANCE	18,407.	16,933.	1,105.	369
d	MISCELLANEOUS EXPENSES	13,914.	10,802.	413.	2,699
е	All other expenses	44,470.	40,956.	3,046.	468
25	Total functional expenses. Add lines 1 through 24e	649,354.	597,625.	41,153.	10,576
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

ı u	ILΛ	Dalance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			352,105.	1	532,758.
	2	Savings and temporary cash investments			152,139.	2	255,309.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			61,003.	4	10,000.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	2,180,665.			
	b	Less: accumulated depreciation	1,694,419.	10c	1,663,462.		
	11	Investments - publicly traded securities	120,534.	11	132,600.		
	12	Investments - other securities. See Part IV, line	71,778.	12	99,866.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			2,451,978.	16	2,693,995.
	17	Accounts payable and accrued expenses			27,316.	17	8,061.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	mer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
iab		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	elated thi	rd parties	529,513.	23	496,079.
	24	Unsecured notes and loans payable to unrelat	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			556,829.	26	504,140.
S		Organizations that follow FASB ASC 958, ch	eck her	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.					
ag.	27	Net assets without donor restrictions			1,725,010.	27	1,836,493.
Ä	28	Net assets with donor restrictions		<u></u>	170,139.	28	353,362.
Ĕ		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📖			
ř T		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund			29		
sse	30	Paid-in or capital surplus, or land, building, or e		_		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		_	4 00 - 440	31	
Š	32	Total net assets or fund balances			1,895,149.	32	2,189,855.
	33	Total liabilities and net assets/fund balances			2,451,978.	33	2,693,995.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,3		
3	Revenue less expenses. Subtract line 2 from line 1	3			1,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1		5,1		
5	Net unrealized gains (losses) on investments	5		-	3,2	91.	
6	Donated services and use of facilities	6					
7							
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	3,0	93.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2	,18	9,8	55.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	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 separat	e basis	5,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	udit				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990)

Total

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

Open to Public Inspection

Name of the organization Employer identification number **_**** MARYLAND THERAPEUTIC RIDING, INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources (a) Net income from unrelated business activities, whether or not the business is regularly carried on (a) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Net income from unrelated business activities, whether or not the business is regularly carried on (a) 2019 (d) 2020 (e) 2021 (f) Total (c) 2019 (d) 2020 (e) 2021 (f) Total (c) 2019 (d) 2020 (e) 2021 (f) Total (c) 2019 (e) 2021 (f) Total (f) Total (c) 2019 (e) 2021 (f) Total (f) Total (c) 2019 (e) 2021 (f) Total (f) Total (f) 2020 (e) 2021 (f) 2020 (f) 2020 (e) 2021 (f) 2020 (f) 2	Sec	tion A. Public Support									
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 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) 6 Public support, solvest line show in ine 4 8 Cection B. Total Support 6 Ross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources. 9 Net income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources. 9 Net income from interest child public support. Add lines 7 lines from the business activities, whether or not the business activities, whether or not the business is regularly carried on 10 other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support, Add lines 7 lines (In 1904) is first 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. The organization of bublic Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (fi)). 15 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (fi)). 16 Sa 31/3% support test - 2020. If the organization of ind not check a box on line 13, fla, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test. 2021. If the organization of ind not check a box on line 13, fla, or 16b, and line 16 is 10% or more, and if the org	Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
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b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		and if the organization meets the fact	s-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation			
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	s 🕨 🔲			

Page 3

(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	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	662,051.	947,938.	780,696.	605,705.	703,718.	3700108.			
2	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, or facilities furnished in									
	any activity that is related to the organization's tax-exempt purpose	275,686.	211,441.	195,884.	140,786.	234,929.	1058726.			
3	Gross receipts from activities that					-				
_	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
•	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
3	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5	937,737.	1159379.	976 580.	746,491.	938 647	4758834.			
	•	337,737.	1133373.	310,300.	740,4510	330,047.	4730034.			
16	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.			
r	Amounts included on lines 2 and 3 received						<u> </u>			
	from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the						0.			
	amount on line 13 for the year						0.			
	Add lines 7a and 7b						4758834.			
	Public support. (Subtract line 7c from line 6.)						4/30034.			
	•••	(=) 0017	(h) 0010	(-) 0010	(4) 0000	(a) 000d	(f) Tatal			
	endar year (or fiscal year beginning in)	(a) 2017 937, 737.	(b) 2018 1159379.	(c) 2019 976, 580.	(d) 2020 746,491.	(e) 2021 938,647.	(f) Total 4758834 •			
	Amounts from line 6	751,151.	1133313.	270,300.	740,451.	JJ0,047.	4/30034.			
IUa	dividends, payments received on									
	securities loans, rents, royalties,	11,192.	8,544.	12,129.	6,541.	12,583.	50,989.			
	and income from similar sources	11,194.	0,344.	14,149.	0,541.	12,303.	30,303.			
r	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975	11,192.	8,544.	12,129.	6,541.	12,583.	50,989.			
	Add lines 10a and 10b	11,194.	0,344.	14,149.	0,341.	14,303.	30,363.			
"	Net income from unrelated business activities not included on line 10b,									
	whether or not the business is									
40	regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital					49,643.	10 612			
	assets (Explain in Part VI.)	040 000	1167000	000 700	752 022		49,643.			
	Total support. (Add lines 9, 10c, 11, and 12.)	948,929.		988,709.		1000873.	4859466.			
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,			
		:- O D					>			
	ction C. Computation of Publ						07 02			
	Public support percentage for 2021 (15	97.93 %			
	Public support percentage from 2020					16	98.71 %			
<u>Sec</u>	ction D. Computation of Inves						1 05			
17	1 0			ne 13, column (f))		17	1.05 %			
18	Investment income percentage from					18	1.29 %			
19a	33 1/3% support tests - 2021. If the									
	more than 33 1/3%, check this box a						> X			
b	33 1/3% support tests - 2020. If the									
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐			
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									

_**

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

	Yes	No
1		
2		
За		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10h		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.15		
·	detail in Part VI.	11c		
Sac	tion B. Type I Supporting Organizations	110		
<u> </u>	tion B. Type i oupporting organizations		,, l	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sac	the supported organization(s). etion D. All Type III Supporting Organizations			
<u> </u>	tion b. All Type III oupporting Organizations		,, l	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Distributable Amount. 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-function	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

Name of the organization

MARYLAND THERAPEUTIC RIDING, INC.

Employer identification number **_****

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	organization answered Tes Off Offi 990, Partiv, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		_
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year >	, 3 , ,	3
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		Ç ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	mn		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		·
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

132051 10-28-21

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

			<u> </u>	
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	basis (investment)	basis (other)	depreciation	
1a Land		536,704.		536,704.
b Buildings		1,459,737.	421,571.	1,038,166.
c Leasehold improvements				
d Equipment		184,224.	95,632.	88,592.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. colur	mn (B). line 10c.)	•	1,663,462.

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market valu
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o (a) Description of investment			d of year market yel
	(b) Book value	(c) Method of valuation: Cost or en	u-or-year market Vall
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
-	escription		(b) Book value
(1)			, , ,
. ,			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
art X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			1
. ,			+
(4)			+
(5)			+
(6)			-
(7)			
(8)			
			1
(9)			

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Sche	edule D (Form 990) 2021 MARYLAND THERAPEUTIC RIDIN	NG, INC	•		••••••••••••••••••••••••••••••••••••••
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturn.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	947,153.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-3,291.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-3,291.
3	Subtract line 2e from line 1			3	950,444.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	950,444.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	652,447.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)		3,093.		
е	Add lines 2a through 2d			2e	3,093.
3	Subtract line 2e from line 1			3	649,354.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18.)			5	649.354.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO SUBJECT THE FUND TO LOW INVESTMENT RISK. ENDOWMENT ASSETS ARE INVESTED IN ACCORDANCE WITH THE STATEMENT OF INVESTMENT POLICY OBJECTIVES AND GUIDELINES. THE ORGANIZATION SEEKS TO BUILD ENDOWMENT ASSETS THROUGH ADDITIONAL CONTRIBUTIONS. THE ORGANIZATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION IN ACCORDANCE WITH THE STATEMENT OF INVESTMENT POLICY OBJECTIVES AND GUIDELINES. THE CURRENT SPENDING POLICY IS EXPECTED TO ALLOW THE ORGANIZATIONS ENDOWMENT FUND TO GROW AS A RESULT OF INVESTMENT RETURNS. THIS IS CONSISTENT WITH THE ORGANIZATIONS OBJECTIVES TO PRESERVE ENDOWMENT ASSETS WITHOUT SUBJECTING AND PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW THEM TO SUBSTANTIAL RISK,

SCHEDULE G (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

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

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Schedule G (Form 990) 2021

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

Part II 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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DERBY DAY			(add col. (a) through
			EVENT	FOUNDERS DAY	6	col. (c))
<u>e</u>			(event type)	(event type)	(total number)	331. (3)/
Revenue			00 601	F0 001	20.060	156 101
Rev	1	Gross receipts	93,631.	50,201.	32,269.	176,101.
	_		60 016	40 200	17 222	126 450
	2	Less: Contributions	68,846.	40,389.	17,223.	126,458.
	3	Cross income /line 1 minus line 2)	24,785.	9,812.	15,046.	49,643.
	3	Gross income (line 1 minus line 2)	21,703.	3,012.	13,040.	45,045.
	4	Cash prizes				
	-					
	5	Noncash prizes				
Direct Expenses						
nec	6	Rent/facility costs				
Ä						
rect	7	Food and beverages				
莅	_					
	_	Entertainment	24,785.	9,812.	15,046.	49,643.
	9	Other direct expenses Direct expense summary. Add lines 4 through		9,012•		49,643.
		Net income summary. Subtract line 10 from li			_	0.
Pa						•
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3ev						
_	1	Gross revenue				
	_					
ses	2	Cash prizes				
Sens	2	Noncash prizes				
Direct Expenses	3	Noncasii prizes				
rect	4	Rent/facility costs				
亩	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└─ No	└── No	└─ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
		Not consider income accurately. Culaborat line 7	fuene line 4 eelumen (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		<u>P</u>	
۵	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	· · -	states?		Yes No
		No," explain:				
~						
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

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Schedule G (Form 990) 2021 MARYLAND THERAPEUTIC RIDING, INC.		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 entity formed		
		N
to administer charitable gaming?	Yes	└── No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
14 Little the hame and address of the person who prepares the organization's garning/special events books and record	5.	
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	nt	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name ▶		
Address		
16 Gaming manager information:		
Name ▶		
Name P		
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 proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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Schedule G	i (Form 990)	MARYLAND	THERAPEUTIC	RIDING,	INC.	**-****** Pa	ige 4
Part IV	(Form 990) Supplemental Info	rmation (continue	d)				
		· · · · · · · · · · · · · · · · · · ·	·				
							_
<u></u>							
_							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

MARYLAND THERAPEUTIC RIDING, INC. Employer identification number **_****

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	4	17,202.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20 21	Drugs and medical supplies						
22	Taxidermy						
23	Historical artifacts Scientific specimens						
24	Archeological artifacts						
25	Other (HORSES)	X	3	15,000.	APPRAISAL		
26	Other (MISCELLANEOUS)	X	15				
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions			
	for which the organization completed Form 82		-				
	-		_			Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be u	sed for		
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	ıtions?	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

132142 11-17-21

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MARYLAND THERAPEUTIC RIDING, INC. **Employer identification number** **_****

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONNECTING HUMANS AND HORSES IN A HEALING ENVIRONMENT. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD HAS AN EXECUTIVE COMMITTE THAT REVIEWS AND APPROVES THE FORM 990 BEFORE FILING FORM 990, PART VI, SECTION B, LINE 12C: EVERY BOARD MEMBER AND KEY STAFF PERSON COMPLETES A CONFLICT OF INTEREST CERTIFICATION IN ACCORDANCE WITH IRS GUIDELINES. IN THE CASE OF CONFLICTS, THE EXECUTIVE COMMITTEE SERVES AS THE ADJUDICATOR. ANY UNRESOLVED CONFLICTS ARE BROUGHT TO THE BOARD FOR A FULL VOTE. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD EXECUTIVE COMMITTEE PLACES ADS, COLLECTS RESUMES, DOES PHONE INTERVIEWS AND THEN FINAL INTERVIEWS. THE COMMITTEE LOOKS AT COMPARABLE SALARIES FOR EXECUTIVE DIRECTOR POSITION AS WELL AS BUDGET TO DETERMINE SALARY. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO THE ORGANIZATION FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: LOSS ON UNCOLLECTIBLE PLEDGE -3,093.

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

Schedule O (Form 990) 2021	Page 2
Name of the organization MARYLAND THERAPEUTIC RIDING, INC.	Employer identification number
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS REVIEW OR SELECTION	PROCESS DURING
THE YEAR	