

Filing Instructions

JOYRIDE CENTER INC

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due: November 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

GERMAN & COHN, P.C.  
745 HEIGHTS BLVD  
HOUSTON, TX 77007-1539

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

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)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2022 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**C** Name of organization: **JOYRIDE CENTER INC**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **29550 TUDOR WAY**  
 City or town, state or province, country, and ZIP or foreign postal code: **MAGNOLIA TX 77355-5206**

**D** Employer identification number: **27-1077468**  
**E** Telephone number: **281-356-5900**  
**G** Gross receipts\$: **1,944,577**

**F** Name and address of principal officer: **ROGER WAGNER**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **JOYRIDECENTER.ORG** **H(c)** Group exemption number \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **2009** **M** State of legal domicile: **TX**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>JOYRIDE CENTER PROVIDES THERAPEUTIC HORSEMANSHIP ACTIVITIES AND THERAPIES TO IMPROVE THE PHYSICAL AND COGNITIVE CONDITIONS OF PEOPLE WITH DISABILITIES AGES 3 TO ADULT.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	97
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	19,060
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	93,248	
Revenue	8 Contributions and grants (Part VIII, line 1h)	601,684	587,031
	9 Program service revenue (Part VIII, line 2g)	68,770	99,320
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,353	806
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	227	-51,381
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	668,328	635,776
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		354,811	436,610
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		206,752	255,104
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		561,563	691,714
19 Revenue less expenses. Subtract line 18 from line 12		106,765	-55,938
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	1,039,297
	21 Total liabilities (Part X, line 26)	22,404	2,257
	22 Net assets or fund balances. Subtract line 21 from line 20	1,016,893	960,955

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: **GUY HUNTER** Date: \_\_\_\_\_  
 Type or print name and title: **TREASURER**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **MARK GERMAN** Preparer's signature: **MARK GERMAN** Date: **11/12/23** Check  if self-employed PTIN: **P00098590**  
 Firm's name: **GERMAN & COHN, P.C.** Firm's EIN: **76-0064484**  
 Firm's address: **745 HEIGHTS BLVD HOUSTON, TX 77007-1539** Phone no.: **713-622-1098**

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**JOYRIDE CENTER PROVIDES THERAPEUTIC HORSEMANSHIP ACTIVITIES AND THERAPIES TO IMPROVE THE PHYSICAL AND COGNITIVE CONDITIONS OF PEOPLE WITH DISABILITIES AGES 3 TO ADULT.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **402,531** including grants of \$ ) (Revenue \$ **99,320** )

**JOYRIDE PROVIDES EQUINE-ASSISTED ACTIVITIES AND THERAPIES TO CHILDREN AND ADULTS WITH DISABILITIES. CLASSES/SESSIONS ARE HELD DURING 39 WEEKS OF THE YEAR. EQUINE-ASSISTED ACTIVITIES AND THERAPIES, ALSO KNOWN AS THERAPEUTIC HORSEMANSHIP AND HIPPO THERAPY, STRENGTHENS MUSCLES, IMPROVES GROSS AND FINE MOTOR SKILLS, ENHANCES POSTURE AND BALANCE AND BUILDS SELF-ESTEEM AND CONFIDENCE.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

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

(Expenses \$ **184,081** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **586,612**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>18</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		<b>X</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **TX**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records

**CAROLYN KENNEDY**  
**MAGNOLIA**  
**29550 TUDOR WAY**

**TX 77355-5206 281-356-5900**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT VANN ..... PRESIDENT	1.00 0.00	X		X				0	0	0
(2) ROGER WAGNER ..... VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(3) GUY HUNTER ..... TREASURER	1.00 0.00	X		X				0	0	0
(4) MARY BREZINA ..... SECRETARY	1.00 0.00	X		X				0	0	0
(5) MADELINE BROGAN ..... DIRECTOR	1.00 0.00	X						0	0	0
(6) LEONARD KALFAYAN ..... DIRECTOR	1.00 0.00	X						0	0	0
(7) BRYCE SPEER ..... DIRECTOR	1.00 0.00	X						0	0	0
(8) .....										
(9) .....										
(10) .....										
(11) .....										





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	399,195				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	187,836				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 44,761				
	<b>h Total.</b> Add lines 1a-1f		587,031				
<b>Program Service Revenue</b>	<b>2a</b> CLIENT SERVICES	Business Code	93,189			93,189	
	<b>b</b> EVALUATIONS AND FEES		6,021			6,021	
	<b>c</b> MERCHANDISE		110			110	
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		99,320				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		6			6	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		3,000			
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	2,200				
	<b>c</b> Gain or (loss)	<b>7c</b>	800				
<b>d</b> Net gain or (loss)		800	800				
<b>8a</b> Gross income from fundraising events (not including \$ 399,195 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
	<b>b</b> Less: direct expenses	<b>8b</b>	73,936				
<b>c</b> Net income or (loss) from fundraising events		-73,936					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>	1,251,725					
	<b>b</b> Less: direct expenses	<b>9b</b>	1,232,665				
<b>c</b> Net income or (loss) from gaming activities		19,060		19,060			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b> OTHER INCOME	Business Code	16,877			16,877	
	<b>b</b> INCOME FROM PARTNERSHIP		-13,382			-13,382	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		3,495				
<b>12 Total revenue.</b> See instructions		635,776	800	19,060	102,821		

**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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	399,482	399,482		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	37,128	37,128		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	5,575		5,575	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	75		75	
<b>12</b> Advertising and promotion	1,795	1,795		
<b>13</b> Office expenses	17,638	8,557	9,081	
<b>14</b> Information technology	3,949	3,949		
<b>15</b> Royalties				
<b>16</b> Occupancy	7,365	7,365		
<b>17</b> Travel	635	635		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,049	3,049		
<b>20</b> Interest	40		40	
<b>21</b> Payments to affiliates	830	830		
<b>22</b> Depreciation, depletion, and amortization	50,401	50,401		
<b>23</b> Insurance	39,860		39,860	
<b>24</b> 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 O.)				
<b>a</b> <b>EQUINE EXPENSES</b>	48,812	48,812		
<b>b</b> <b>FACILITY EXPENSES</b>	43,954		43,954	
<b>c</b> <b>FEDERAL INCOME TAX</b>	19,582	19,582		
<b>d</b> <b>CLIENT SUPPLIES</b>	6,368		6,368	
<b>e</b> All other expenses	5,176	5,027	149	
<b>25</b> Total functional expenses. Add lines 1 through 24e	691,714	586,612	105,102	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	469,107	1	389,008
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	9,215	3	16,521
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,016,013		
	10b	Less: accumulated depreciation	531,264	10c	484,749
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	71,096	15	72,934
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,039,297	16	963,212	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	13,392	17	2,257
	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	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,012	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	22,404	26	2,257
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
27		Net assets without donor restrictions	1,016,893	27	960,955
28		Net assets with donor restrictions		28	
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
29		Capital stock or trust principal, or current funds		29	
30		Paid-in or capital surplus, or land, building, or equipment fund		30	
31		Retained earnings, endowment, accumulated income, or other funds		31	
32		<b>Total net assets or fund balances</b>	1,016,893	32	960,955
33	<b>Total liabilities and net assets/fund balances</b>	1,039,297	33	963,212	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>635,776</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>691,714</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-55,938</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>1,016,893</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>960,955</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

**JOYRIDE CENTER INC**

Employer identification number

**27-1077468**

**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)**.
- 4  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: .....
- 5  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)**.
- 7  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.)
- 9  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  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.
  - a  **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.**
  - 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	530,475	766,001	330,519	601,684	587,031	2,815,710
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,908	-1,058	200			3,050
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	122,437	111,116	70,864	68,770	116,197	489,384
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	656,820	876,059	401,583	670,454	703,228	3,308,144
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3,308,144

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	656,820	876,059	401,583	670,454	703,228	3,308,144
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	885	27,756	10,486	11,705	-13,376	37,456
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	24,691	22,816	67,661	10,603	14,267	140,038
<b>c</b> Add lines 10a and 10b	25,576	50,572	78,147	22,308	891	177,494
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	682,396	926,631	479,730	692,762	704,119	3,485,638

**14 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)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	94.91 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	93.12 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	5 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	7 %

**19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on 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**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** 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?
  - b** A family member of a person described on line 11a above?
  - c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 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.*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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?
- 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).*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section 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 year (see instructions).
  - a** 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.*
  - c** The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

- 2** Activities Test. *Answer lines 2a and 2b below.*
  - a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 that these activities constituted substantially all of its activities.*
  - 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.*
- 3** Parent of Supported Organizations. *Answer lines 3a and 3b below.*
  - a** 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.*
  - 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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

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

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



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

JOYRIDE CENTER INC

27-1077468

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

JOYRIDE CENTER INC

27-1077468

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY BREZINA 36968 POST OAK CIRCLE MAGNOLIA TX 77355	\$ 8,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	DEBORAH JENNING 21175 ST HWY 249 # 164 HOUSTON TX 77070	\$ 5,202	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROBERT & SARAH MUSICK 204 MORGAN ISLE LANE DICKENSON TX 77539	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	AIRLINE GRAPHICS 1818 AIRLINE DR HOUSTON TX 77009	\$ 5,517	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	JACQUELYN CHAZMON 26718 HYPATIA TRACE RICHMOND TX 77406	\$ 5,510	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	BILL & JACKIE MCDONALD 26 CHERRY LAKE CIRCLE TOMBALL TX 77377	\$ 13,215	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

JOYRIDE CENTER INC

27-1077468

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ROBERT ALBRECHT 1300 THOMAS STREET WHARF BALTIMORE MD 21231	\$ 7,540	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ROD KING 9 ROCKY LANE HOUSTON TX 77040	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	APEX INVESTMENT HOLDINGS 11402 CYPRESSWOOD TRAIL DR HOUSTON TX 77070	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	H.E.B. 4301 WINDFERN RD HOUSTON TX 77041	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE RANCHERS RIDE INC 5353 W ALABAMA ST # 500 HOUSTON TX 77056	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	LESLY & KEVIN SEILER 14338 WINEMA VIEW LANE CONROE TX 77384	\$ 5,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**JOYRIDE CENTER INC**

Employer identification number

**27-1077468**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	TREE TRIMMING	\$ 8,000	11/17/22
4	PRINT MEDIA	\$ 5,517	04/09/22
5	TACK	\$ 5,510	05/09/22
12	2 HORSE TRAILER	\$ 5,000	12/16/22
		\$	
		\$	

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

2022

Open to Public Inspection

Name of the organization

Employer identification number

JOYRIDE CENTER INC

27-1077468

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

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

- |   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            |                  |                |                    |                      |                     |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ..... %
  - b** Permanent endowment ..... %
  - c** Term endowment ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>284,010</b>		<b>284,010</b>
<b>b</b> Buildings .....		<b>90,521</b>	<b>31,470</b>	<b>59,051</b>
<b>c</b> Leasehold improvements .....		<b>276,666</b>	<b>144,555</b>	<b>132,111</b>
<b>d</b> Equipment .....		<b>186,752</b>	<b>185,680</b>	<b>1,072</b>
<b>e</b> Other .....		<b>178,064</b>	<b>164,232</b>	<b>13,832</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>490,076</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) .....		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) .....		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>INVESTMENT IN PARTNERSHIP</b>	<b>67,323</b>
(2) <b>PREPAID FEDERAL INCOME TAX</b>	<b>5,611</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) .....	<b>72,934</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

**U Attach to Form 990 or Form 990-EZ.**

**U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**JOYRIDE CENTER INC**

Employer identification number

**27-1077468**

**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.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**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.

.....  
.....  
.....  
.....  
.....

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>FUND RAISING EV</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	399,195		399,195
	2	Less: Contributions	399,195		399,195
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	73,936		73,936
	10	Direct expense summary. Add lines 4 through 9 in column (d)			73,936
11	Net income summary. Subtract line 10 from line 3, column (d)			-73,936	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue		1,251,725	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		1,232,665		1,232,665
	6	Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				1,232,665	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				19,060	

9 Enter the state(s) in which the organization conducts gaming activities: **TX**  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: .....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: .....





**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open To Public  
Inspection**

Name of the organization

**JOYRIDE CENTER INC**

Employer identification number

**27-1077468**

**Part 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 determining noncash contribution amounts
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				
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 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>IN-KIND</b> )	<b>X</b>	<b>1</b>	<b>9,609</b>	<b>FMV CAPITAL CONTRIBUTED</b>
26 Other ( <b>IN-KIND</b> )	<b>X</b>	<b>3</b>	<b>17,142</b>	<b>FMV OF PRODUCT OR SERVICE</b>
27 Other ( <b>IN-KIND</b> )	<b>X</b>	<b>2</b>	<b>10,510</b>	<b>FMV OF EQUIPMENT</b>
28 Other ( <b>IN-KIND</b> )	<b>X</b>	<b>3</b>	<b>7,500</b>	<b>FMV OF LIVESTOCK</b>

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29	0
----	---

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization <b>JOYRIDE CENTER INC</b>	Employer identification number <b>27-1077468</b>
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**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

**JOYRIDE PROVIDES EQUINE-ASSISTED ACTIVITIES AND THERAPIES TO CHILDREN AND**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**A COPY OF THE FORM 990 IS PROVIDED TO THE MEMBERS OF THE ORGANIZATION'S  
GOVERNING BODY BEFORE IT IS FINALIZED AND FILED, INVITING REVIEW FEEDBACK.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**THROUGHTOUT THE YEAR, AS PART OF AN ONGOING REVIEW PROCESS, THE BOARD  
REQUIRES THAT THERE BE A MONITORING AND DISCLOSURE OF CONFLICTS OF  
INTERESTS THAT COULD GIVE RISE TO CONFLICTS.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**COMPENSATION IS BASED ON THE GOING RATE, AS COMPARABLE WITH TRENDS AND  
PRACTICES IN THE THERAPUTIC HORSEBACK RIDING COMMUNITY.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**THE ENTITY MAKES AVAILABLE ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS  
AND CONFLICTS OF INTEREST POLICY AVAILABLE UPON REQUEST.**

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2022**

Attachment  
Sequence No. **179**

**JOYRIDE CENTER INC**

Identifying number  
**27-1077468**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,080,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,700,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	<b>38,343</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	<b>12,006</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	<b>09/07/22</b>	<b>6,925</b>	39 yrs.	MM	S/L	<b>52</b>
				MM	S/L	

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>50,401</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>5-year GDS Property:</b>									
163	HP LAPTOP	6/28/22	509		X	0	5 HY 200DB	0	509
164	HP LAPTOP	6/28/22	509		X	0	5 HY 200DB	0	509
			<u>1,018</u>			<u>0</u>		<u>0</u>	<u>1,018</u>
<b>7-year GDS Property:</b>									
165	GAZEBO	6/23/22	1,600		X	0	7 HY 200DB	0	1,600
166	BEMER BLANKET	6/24/22	6,201		X	0	7 HY 200DB	0	6,201
167	DRESSAGE SADDLE	11/03/22	1,995		X	0	7 HY 200DB	0	1,995
169	AIR CONDITIONER	7/07/22	2,800		X	0	7 HY 200DB	0	2,800
170	GANDALF (LIVESTOCK)	3/17/22	2,200		X	2,200	7 HY 200DB	0	0
	Sold/Scrapped: 9/26/22								
171	EL CADET SARGE(LIVESTOCK)	7/29/22	2,100		X	0	7 HY 200DB	0	2,100
173	TUCKER(LIVESTOCK)	8/05/22	500		X	0	7 HY 200DB	0	500
174	STORMY( LIVESTOCK)	9/29/22	3,500		X	0	7 HY 200DB	0	3,500
175	GHOST (LIVESTOCK)	12/16/22	3,500		X	0	7 HY 200DB	0	3,500
176	2 HORSE TRAILER	12/16/22	5,000		X	0	7 HY 200DB	0	5,000
177	TACK	5/02/22	5,510		X	0	7 HY 200DB	0	5,510
			<u>34,906</u>			<u>2,200</u>		<u>0</u>	<u>32,706</u>
<b>15-year GDS Property:</b>									
168	SENSORY GARDEN	6/07/22	4,619		X	0	15 HY 150DB	0	4,619
			<u>4,619</u>			<u>0</u>		<u>0</u>	<u>4,619</u>
<b>Non-Residential Real Property:</b>									
172	HAY SHED	9/07/22	6,925			6,925	39 MMS/L	0	52
			<u>6,925</u>			<u>6,925</u>		<u>0</u>	<u>52</u>
<b>Prior MACRS:</b>									
1	FLAT BED TRAILER	12/12/09	1,500		X	750	5 MQ200DB	1,500	0
2	BOOKCASES AND FILE CABINETS	10/26/09	1,333		X	666	7 MQ200DB	1,333	0
4	OUTDOOR POLE LIGHTS	10/20/09	2,500		X	1,250	7 MQ200DB	2,500	0
5	FENCES	12/01/09	4,488		X	2,244	15 HY 150DB	4,157	132
6	AIR CONDITIONING AND HEATING SY	12/01/09	5,000			5,000	39 MMS/L	1,544	128
7	BUILDING	12/01/09	42,128			42,128	39 MMS/L	12,991	1,080
9	FENCING	6/28/10	3,117			3,117	15 HY 150DB	2,473	184
10	WASTE WATER TREATMENT SYSTEM	4/26/10	5,140			5,140	15 HY 150DB	4,078	303
11	MOBILE HOME	7/01/10	17,000			17,000	20 HY 150DB	10,553	759
12	REFRIDGERATOR,STOVE AND MICRO	3/03/10	1,483			1,483	7 HY 200DB	1,483	0
13	METAL BUILDING	1/01/10	14,458			14,458	39 MMS/L	4,433	371
14	DRY WALL	1/01/10	13,700			13,700	39 MMS/L	4,201	351
15	METAL BUILDING	1/01/10	4,635			4,635	39 MMS/L	1,421	119
16	TRIM DOORS	1/01/10	300			300	39 MMS/L	92	8
17	GRAB BARS	1/01/10	300			300	39 MMS/L	92	8
18	STRETCHING BENCH	3/04/10	400			400	7 HY 200DB	400	0
23	LANDSCAPING	4/16/10	1,200			1,200	15 HY 150DB	952	71
24	ARENA AND WASH SERVICES	2/01/10	1,500			1,500	15 HY 150DB	1,190	89
25	MOUNTING RAMP	2/01/10	961			961	7 HY 200DB	961	0
32	AUTOMATED EXTERNAL DEFIBRAL	11/01/11	1,799		X	0	7 HY 200DB	1,799	0
33	12 WESTERN SADDLES	6/07/11	500			500	7 HY 200DB	500	0
35	TRACTOR COVER/STALL BUILDING	1/05/11	1,750		X	0	10 HY 200DB	1,750	0
37	DRIVEWAY	6/17/11	1,802		X	0	15 HY 150DB	1,802	0
38	SUREHAND LIFT	8/24/11	7,314		X	0	7 HY 200DB	7,314	0
39	KITCHEN CABINETS	12/21/11	2,768		X	0	15 HY S/L	2,768	0
40	THERAPY ROOM CABINETS	12/21/11	1,200		X	0	15 HY S/L	1,200	0
41	14 FT OVERHEAD FAN FOR ARENA	12/22/11	4,100		X	0	7 HY 200DB	4,100	0
42	THERAPY BALL AND WEIGHTED THEI	10/26/11	200			200	7 HY 200DB	200	0
43	8FT ISIS FAN FOR ARENA AREA	1/13/11	5,000		X	0	7 HY 200DB	5,000	0
44	THERAPY MAT TABLE	2/19/11	250		X	0	7 HY 200DB	250	0
50	NEMO (PONY GELDING)	5/22/12	7,500		X	3,750	7 MQ200DB	7,500	0
	Mass Sale: 12/31/22								
52	JOHN DEER TRACTOR	5/17/12	28,000			28,000	7 MQ200DB	28,000	0

## Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
53	LAMINATE COUNTERTOPS	1/04/12	445			X	222	15	HY S/L	363	15
54	FENCING FOR FRONT PASTURE	1/17/12	750			X	375	15	HY 150DB	628	22
55	FENCING FOR NORTH PROPERTY LINE	1/26/12	1,830			X	915	15	HY 150DB	1,533	54
56	HORSE WIRE FENCE	1/30/12	4,935			X	2,467	15	HY 150DB	4,134	145
57	FENCE MATERIALS	2/01/12	1,160			X	580	15	HY 150DB	972	34
58	FENCING MATERIALS	2/28/12	195			X	97	15	HY 150DB	163	6
59	FENCING FOR MOBILE HOME YARD	3/26/12	821			X	410	15	HY 150DB	688	24
60	18 PALLETS SOD	5/24/12	2,700			X	1,350	15	HY 150DB	2,262	79
61	STORAGE BUILDING	12/17/12	14,041			X	7,020	7	MQ200DB	14,041	0
62	HAY CANOPY	10/15/12	25,350			X	12,675	7	MQ200DB	25,350	0
67	REFRIGERATOR	9/20/13	350			X	175	7	HY 200DB	350	0
68	WELL HOUSE	5/08/14	12,173			X	6,087	15	HY 150DB	9,477	360
69	AIR CONDITIONER FOR MOBILE HOM	5/11/14	5,380			X	2,690	15	HY S/L	4,035	179
70	PERGOLA	9/27/14	5,000			X	2,500	15	HY 150DB	3,893	147
72	THERAPLATE	8/25/14	10,934			X	5,467	7	HY 200DB	10,934	0
73	KC CC - HAY HUT	11/03/14	800			X	400	7	HY 200DB	800	0
74	HUMAN SIZED THERAPLATE AND 14X	11/21/14	2,200			X	1,100	7	HY 200DB	2,200	0
77	DELL LAPTOP	5/01/15	550			X	275	5	MQ200DB	550	0
Mass Sale: 12/31/22											
79	CONCRETE DRIVEWAY	4/15/15	40,000			X	20,000	15	HY 150DB	29,962	1,181
84	2012 DODGE RAM TRUCK 2500 LONGE	3/23/16	29,000				29,000	5	HY 200DB	29,000	0
85	DESKS AND DRAWERS	5/24/16	1,270			X	635	7	HY 200DB	1,185	57
86	(3) IPAD MINIS	11/10/16	881			X	441	5	HY 200DB	881	0
87	ROUND PEN	3/29/16	2,138			X	1,069	7	HY 200DB	1,995	95
89	BUILDING EXPANSION	5/31/16	80,000				80,000	39	MMS/L	11,538	2,052
91	WATER WELL	6/21/16	11,045			X	5,522	15	HY 150DB	7,947	326
94	HP FILE SERVER COMPUTER	9/02/17	480			X	240	5	HY 200DB	466	14
95	HP LAPTOP	9/02/17	400			X	200	5	HY 200DB	388	12
96	DELL DESKTOP	9/02/17	500			X	250	5	HY 200DB	486	14
97	HP LAPTOP, MOUSE FOR INDOOR BAF	11/30/17	409			X	0	5	HY 200DB	409	0
99	TUCKER WESTERN SADDLE	3/22/17	1,725			X	862	7	HY 200DB	1,533	77
100	(2) BEARBACK RIDING SIMULATOR M	7/31/17	12,600			X	6,300	7	HY 200DB	11,194	563
101	INDOOR BARN PROJECTOR	10/31/17	1,199			X	0	7	HY 200DB	1,199	0
102	FENCING FOR FRONT GATE	1/26/17	3,700			X	1,850	15	HY 150DB	2,547	115
103	GATE OPERATOR	1/26/17	2,895			X	1,447	15	HY 150DB	1,993	90
104	SIDEWALK	2/22/17	7,410			X	3,705	15	HY 150DB	5,101	231
105	FENCE FOR OUTER TRAIL	2/22/17	7,177			X	3,588	15	HY 150DB	4,940	224
106	TRAIL IMPROVEMENT	3/09/17	20,000			X	10,000	15	HY 150DB	13,767	623
108	MOBILE HOME REMODEL	3/28/17	4,210				4,210	39	MMS/L	517	108
109	DELL ALL IN ONE DESKTOP	2/01/17	500			X	250	5	HY 200DB	486	14
Mass Sale: 12/31/22											
110	(2) HP LAPTOP	2/01/17	800			X	400	5	HY 200DB	777	23
111	HP SMALL LAPTOP	2/01/17	208			X	104	5	HY 200DB	202	6
112	PASTURE WORK AND TREE REMOVAI	10/26/17	2,950			X	0	15	HY 150DB	2,950	0
113	TRAIL IMPROVEMENT	3/09/17	14,711			X	7,356	15	HY 150DB	10,126	459
114	WASHER AND DRYER	2/20/17	863			X	431	7	HY 200DB	767	39
115	STOVE	9/05/17	500			X	250	7	HY 200DB	444	23
116	FREE STANDING FIREPLACE	9/05/17	500			X	250	7	HY 200DB	444	23
117	NEW LIGHT FIXTURES AND INSTALLA	6/10/17	4,500				4,500	39	MMS/L	524	115
118	WASH RACK COVER	6/14/17	1,500				1,500	39	MMS/L	175	38
122	HP LAPTOP FOR PREP	5/30/18	460			X	0	5	MQ200DB	460	0
123	DELL INSPIRON LAPTOP FOR PREP	12/02/18	311			X	0	5	MQ200DB	311	0
124	PANELS/BRACES/GATES	1/02/18	2,325			X	0	7	MQ200DB	2,325	0
125	HAY HUT	4/29/18	799			X	0	7	MQ200DB	799	0
126	DB CC-PROJECTOR FOR JRC PREP CLA	5/30/18	1,854			X	0	7	MQ200DB	1,854	0
127	FENCING FOR ADDITIONAL PASTURE	12/04/18	15,077			X	0	15	MQ150DB	15,077	0
129	HORSE TRAILER	10/15/18	13,500			X	0	7	MQ200DB	13,500	0
130	DELL ALL IN ONE DESKTOP	1/14/19	580			X	0	5	HY 200DB	580	0
131	HP LAPTOP	1/14/19	460			X	0	5	HY 200DB	460	0
132	HIGH PRESSURE MIST SYSTEM	6/11/19	6,500			X	0	7	HY 200DB	6,500	0
133	BIG ASS FANS	8/04/19	824			X	0	7	HY 200DB	824	0
134	NYLON HALTER W/LOGO	1/14/19	489			X	0	5	HY 200DB	489	0
135	JOB SMART DVD	1/14/19	534			X	0	5	HY 200DB	534	0
136	LEATHER HALTERS (2)	1/14/19	172			X	0	5	HY 200DB	172	0
137	LEATHER SHIPPING HALTER	2/14/19	49			X	0	5	HY 200DB	49	0
138	LEATHER SHIPPING HALTER	2/14/19	86			X	0	5	HY 200DB	86	0
139	LEATHER HALTERS (2)	2/14/19	575			X	0	5	HY 200DB	575	0
141	DUKE (LIVESTOCK)	1/01/19	15,000			X	0	7	HY 200DB	15,000	0
143	LAWN MOWER	6/23/20	6,000			X	0	5	HY 200DB	6,000	0
144	GOLF CART EZ CAMO	12/12/20	7,995			X	0	5	HY 200DB	7,995	0
145	CUSTOM SADDLE (NELLIE)	4/12/20	1,349			X	0	5	HY 200DB	1,349	0

## Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Mass Sale: 12/31/22									
146	BEARBACK MACHINE	8/13/20	6,499		X	0	5 HY 200DB	6,499	0
147	ROOF	5/22/20	2,929			2,929	39 MMS/L	122	75
148	HOT WATER TANK	6/04/20	1,880		X	0	15 HY 150DB	1,880	0
149	STEEL BUILDING	4/30/20	3,883			3,883	39 MMS/L	170	100
150	SEPRIC CONTROL PANEL	2/19/20	1,441		X	0	15 HY 150DB	1,441	0
151	AC BLOWER	7/31/20	1,318		X	0	15 HY 150DB	1,318	0
152	FENCING	3/22/20	10,000		X	0	15 HY 150DB	10,000	0
153	MOJO (LIVESTOCK)	7/15/20	37,500		X	0	7 HY 200DB	37,500	0
154	DELL LAPTOP COMPUTER 1 of 2	1/02/21	693		X	0	5 HY 200DB	693	0
155	DELL LAPTOP COMPUTER 2 of 2	1/02/21	693		X	0	5 HY 200DB	693	0
156	WASHINGTON MACHINE	7/18/21	799		X	0	7 HY 200DB	799	0
157	WATER WELL PUMP	2/25/21	1,859		X	0	15 HY 150DB	1,859	0
158	MOCHA (LIVESTOCK)	3/07/21	3,500		X	0	7 HY 200DB	3,500	0
Sold/Scrapped: 8/29/22									
159	YUMA (LIVESTOCK)	11/08/21	2,100		X	0	7 HY 200DB	2,100	0
160	HERSHEY (LIVESTOCK)	6/01/21	5,000		X	0	7 HY 200DB	5,000	0
Mass Sale: 12/31/22									
161	ZEKE (LIVESTOCK)	6/01/21	5,500		X	0	7 HY 200DB	5,500	0
162	CONCRETE PATIO	5/01/21	25,000			25,000	39 MMS/L	401	641
			<u>712,544</u>			<u>409,659</u>		<u>499,267</u>	<u>12,006</u>
<b>Other Depreciation:</b>									
92	LAND	4/01/16	276,600			276,600	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>276,600</u>			<u>276,600</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>276,600</u>			<u>276,600</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		1,036,612			695,384		499,267	50,401
	<b>Less: Dispositions and Transfers</b>		20,599			6,475		18,385	14
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>1,016,013</u>			<u>688,909</u>		<u>480,882</u>	<u>50,387</u>



## AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
163	HP LAPTOP	6/28/22	509			X	0	5	HY 200DB	0	509
164	HP LAPTOP	6/28/22	509			X	0	5	HY 200DB	0	509
			<u>1,018</u>				<u>0</u>			<u>0</u>	<u>1,018</u>
<b>7-year GDS Property:</b>											
165	GAZEBO	6/23/22	1,600			X	0	7	HY 200DB	0	1,600
166	BEMER BLANKET	6/24/22	6,201			X	0	7	HY 200DB	0	6,201
167	DRESSAGE SADDLE	11/03/22	1,995			X	0	7	HY 200DB	0	1,995
169	AIR CONDITIONER	7/07/22	2,800			X	0	7	HY 200DB	0	2,800
170	GANDALF (LIVESTOCK)	3/17/22	2,200			X	2,200	7	HY 200DB	0	0
	Sold/Scrapped: 9/26/22										
171	EL CADET SARGE(LIVESTOCK)	7/29/22	2,100			X	0	7	HY 200DB	0	2,100
173	TUCKER(LIVESTOCK)	8/05/22	500			X	0	7	HY 200DB	0	500
174	STORMY( LIVESTOCK)	9/29/22	3,500			X	0	7	HY 200DB	0	3,500
175	GHOST (LIVESTOCK)	12/16/22	3,500			X	0	7	HY 200DB	0	3,500
176	2 HORSE TRAILER	12/16/22	5,000			X	0	7	HY 200DB	0	5,000
177	TACK	5/02/22	5,510			X	0	7	HY 200DB	0	5,510
			<u>34,906</u>				<u>2,200</u>			<u>0</u>	<u>32,706</u>
<b>15-year GDS Property:</b>											
168	SENSORY GARDEN	6/07/22	4,619			X	0	15	HY 150DB	0	4,619
			<u>4,619</u>				<u>0</u>			<u>0</u>	<u>4,619</u>
<b>Non-Residential Real Property:</b>											
172	HAY SHED	9/07/22	6,925				6,925	39	MMS/L	0	52
			<u>6,925</u>				<u>6,925</u>			<u>0</u>	<u>52</u>
<b>Prior MACRS:</b>											
1	FLAT BED TRAILER	12/12/09	1,500			X	750	5	MQ200DB	1,500	0
2	BOOKCASES AND FILE CABINETS	10/26/09	1,333			X	666	7	MQ200DB	1,333	0
4	OUTDOOR POLE LIGHTS	10/20/09	2,500			X	1,250	7	MQ200DB	2,500	0
5	FENCES	12/01/09	4,488			X	2,244	15	HY 150DB	4,157	132
6	AIR CONDITIONING AND HEATING SY	12/01/09	5,000				5,000	39	MMS/L	1,544	128
7	BUILDING	12/01/09	42,128				42,128	39	MMS/L	12,991	1,080
9	FENCING	6/28/10	3,117				3,117	15	HY 150DB	2,473	184
10	WASTE WATER TREATMENT SYSTEM	4/26/10	5,140				5,140	15	HY 150DB	4,078	303
11	MOBILE HOME	7/01/10	17,000				17,000	20	HY 150DB	10,553	759
12	REFRIDGERATOR,STOVE AND MICRO	3/03/10	1,483				1,483	7	HY 200DB	1,483	0
13	METAL BUILDING	1/01/10	14,458				14,458	39	MMS/L	4,433	371
14	DRY WALL	1/01/10	13,700				13,700	39	MMS/L	4,201	351
15	METAL BUILDING	1/01/10	4,635				4,635	39	MMS/L	1,421	119
16	TRIM DOORS	1/01/10	300				300	39	MMS/L	92	8
17	GRAB BARS	1/01/10	300				300	39	MMS/L	92	8
18	STRETCHING BENCH	3/04/10	400				400	7	HY 200DB	400	0
23	LANDSCAPING	4/16/10	1,200				1,200	15	HY 150DB	952	71
24	ARENA AND WASH SERVICES	2/01/10	1,500				1,500	15	HY 150DB	1,190	89
25	MOUNTING RAMP	2/01/10	961				961	7	HY 200DB	961	0
32	AUTOMATED EXTERNAL DEFIBRAL	11/01/11	1,799			X	0	7	HY 200DB	1,799	0
33	12 WESTERN SADDLES	6/07/11	500				500	7	HY 150DB	500	0
35	TRACTOR COVER/STALL BUILDING	1/05/11	1,750			X	0	10	HY 200DB	1,750	0
37	DRIVEWAY	6/17/11	1,802			X	0	15	HY 150DB	1,802	0
38	SUREHAND LIFT	8/24/11	7,314			X	0	7	HY 200DB	7,314	0
39	KITCHEN CABINETS	12/21/11	2,768			X	0	15	HY S/L	2,768	0
40	THERAPY ROOM CABINETS	12/21/11	1,200			X	0	15	HY S/L	1,200	0
41	14 FT OVERHEAD FAN FOR ARENA	12/22/11	4,100			X	0	7	HY 200DB	4,100	0
42	THERAPY BALL AND WEIGHTED THEI	10/26/11	200				200	7	HY 150DB	200	0
43	8FT ISIS FAN FOR ARENA AREA	1/13/11	5,000			X	0	7	HY 200DB	5,000	0
44	THERAPY MAT TABLE	2/19/11	250			X	0	7	HY 200DB	250	0
50	NEMO (PONY GELDING)	5/22/12	7,500			X	3,750	7	MQ200DB	7,500	0
	Mass Sale: 12/31/22										
52	JOHN DEER TRACTOR	5/17/12	28,000				28,000	7	MQ150DB	28,000	0

## AMT Asset Report

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55	FENCING FOR NORTH PROPERTY LINE	1/26/12	1,830			X	915	15	HY 150DB	1,533	54
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122	HP LAPTOP FOR PREP	5/30/18	460			X	0	5	MQ200DB	460	0
123	DELL INSPIRON LAPTOP FOR PREP	12/02/18	311			X	0	5	MQ200DB	311	0
124	PANELS/BRACES/GATES	1/02/18	2,325			X	0	7	MQ200DB	2,325	0
125	HAY HUT	4/29/18	799			X	0	7	MQ200DB	799	0
126	DB CC-PROJECTOR FOR JRC PREP CLA	5/30/18	1,854			X	0	7	MQ200DB	1,854	0
127	FENCING FOR ADDITIONAL PASTURE	12/04/18	15,077			X	0	15	MQ150DB	15,077	0
129	HORSE TRAILER	10/15/18	13,500			X	0	7	MQ200DB	13,500	0
130	DELL ALL IN ONE DESKTOP	1/14/19	580			X	0	5	HY 200DB	580	0
131	HP LAPTOP	1/14/19	460			X	0	5	HY 200DB	460	0
132	HIGH PRESSURE MIST SYSTEM	6/11/19	6,500			X	0	7	HY 200DB	6,500	0
133	BIG ASS FANS	8/04/19	824			X	0	7	HY 200DB	824	0
134	NYLON HALTER W/LOGO	1/14/19	489			X	0	5	HY 200DB	489	0
135	JOB SMART DVD	1/14/19	534			X	0	5	HY 200DB	534	0
136	LEATHER HALTERS (2)	1/14/19	172			X	0	5	HY 200DB	172	0
137	LEATHER SHIPPING HALTER	2/14/19	49			X	0	5	HY 200DB	49	0
138	LEATHER SHIPPING HALTER	2/14/19	86			X	0	5	HY 200DB	86	0
139	LEATHER HALTERS (2)	2/14/19	575			X	0	5	HY 200DB	575	0
141	DUKE (LIVESTOCK)	1/01/19	15,000			X	0	7	HY 200DB	15,000	0
143	LAWN MOWER	6/23/20	6,000			X	0	5	HY 200DB	6,000	0
144	GOLF CART EZ CAMO	12/12/20	7,995			X	0	5	HY 200DB	7,995	0
145	CUSTOM SADDLE (NELLIE)	4/12/20	1,349			X	0	5	HY 200DB	1,349	0

## AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Mass Sale: 12/31/22											
146	BEARBACK MACHINE	8/13/20	6,499			X	0	5	HY 200DB	6,499	0
147	ROOF	5/22/20	2,929				2,929	39	MMS/L	122	75
148	HOT WATER TANK	6/04/20	1,880			X	0	15	HY 150DB	1,880	0
149	STEEL BUILDING	4/30/20	3,883				3,883	39	MMS/L	170	100
150	SEPRIC CONTROL PANEL	2/19/20	1,441			X	0	15	HY 150DB	1,441	0
151	AC BLOWER	7/31/20	1,318			X	0	15	HY 150DB	1,318	0
152	FENCING	3/22/20	10,000			X	0	15	HY 150DB	10,000	0
153	MOJO (LIVESTOCK)	7/15/20	37,500			X	0	7	HY 200DB	37,500	0
154	DELL LAPTOP COMPUTER 1 of 2	1/02/21	693			X	0	5	HY 200DB	693	0
155	DELL LAPTOP COMPUTER 2 of 2	1/02/21	693			X	0	5	HY 200DB	693	0
156	WASHINGTON MACHINE	7/18/21	799			X	0	7	HY 200DB	799	0
157	WATER WELL PUMP	2/25/21	1,859			X	0	15	HY 150DB	1,859	0
158	MOCHA (LIVESTOCK)	3/07/21	3,500			X	0	7	HY 200DB	3,500	0
Sold/Scrapped: 8/29/22											
159	YUMA (LIVESTOCK)	11/08/21	2,100			X	0	7	HY 200DB	2,100	0
160	HERSHEY (LIVESTOCK)	6/01/21	5,000			X	0	7	HY 200DB	5,000	0
Mass Sale: 12/31/22											
161	ZEKE (LIVESTOCK)	6/01/21	5,500			X	0	7	HY 200DB	5,500	0
162	CONCRETE PATIO	5/01/21	25,000				25,000	39	MMS/L	401	641
			<u>712,544</u>				<u>409,659</u>			<u>499,267</u>	<u>12,006</u>
<b>Other Depreciation:</b>											
92	LAND	4/01/16	0				0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		760,012				418,784			499,267	50,401
	<b>Less: Dispositions and Transfers</b>		<u>20,599</u>				<u>6,475</u>			<u>18,385</u>	<u>14</u>
	<b>Net Grand Totals</b>		<u>739,413</u>				<u>412,309</u>			<u>480,882</u>	<u>50,387</u>

**Depreciation Adjustment Report**

**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	1	FLAT BED TRAILER	0	0	0
Page 1	1	2	BOOKCASES AND FILE CABINETS	0	0	0
Page 1	1	4	OUTDOOR POLE LIGHTS	0	0	0
Page 1	1	5	FENCES	132	132	0
Page 1	1	6	AIR CONDITIONING AND HEATING SYSTE	128	128	0
Page 1	1	7	BUILDING	1,080	1,080	0
Page 1	1	9	FENCING	184	184	0
Page 1	1	10	WASTE WATER TREATMENT SYSTEM	303	303	0
Page 1	1	11	MOBILE HOME	759	759	0
Page 1	1	12	REFRIDGERATOR,STOVE AND MICROWAV	0	0	0
Page 1	1	13	METAL BUILDING	371	371	0
Page 1	1	14	DRY WALL	351	351	0
Page 1	1	15	METAL BUILDING	119	119	0
Page 1	1	16	TRIM DOORS	8	8	0
Page 1	1	17	GRAB BARS	8	8	0
Page 1	1	18	STRETCHING BENCH	0	0	0
Page 1	1	23	LANDSCAPING	71	71	0
Page 1	1	24	ARENA AND WASH SERVICES	89	89	0
Page 1	1	25	MOUNTING RAMP	0	0	0
Page 1	1	32	AUTOMATED EXTERNAL DEFRIBRALLAT	0	0	0
Page 1	1	33	12 WESTERN SADDLES	0	0	0
Page 1	1	35	TRACTOR COVER/STALL BUILDING	0	0	0
Page 1	1	37	DRIVEWAY	0	0	0
Page 1	1	38	SUREHAND LIFT	0	0	0
Page 1	1	39	KITCHEN CABINETS	0	0	0
Page 1	1	40	THERAPY ROOM CABINETS	0	0	0
Page 1	1	41	14 FT OVERHEAD FAN FOR ARENA	0	0	0
Page 1	1	42	THERAPY BALL AND WEIGHTED THERAP	0	0	0
Page 1	1	43	8FT ISIS FAN FOR ARENA AREA	0	0	0
Page 1	1	44	THERAPY MAT TABLE	0	0	0
Page 1	1	50	NEMO (PONY GELDING)	0	0	0
Page 1	1	52	JOHN DEER TRACTOR	0	0	0
Page 1	1	53	LAMINATE COUNTERTOPS	15	15	0
Page 1	1	54	FENCING FOR FRONT PASTURE	22	22	0
Page 1	1	55	FENCING FOR NORTH PROPERTY LINE	54	54	0
Page 1	1	56	HORSE WIRE FENCE	145	145	0
Page 1	1	57	FENCE MATERIALS	34	34	0
Page 1	1	58	FENCING MATERIALS	6	6	0
Page 1	1	59	FENCING FOR MOBILE HOME YARD	24	24	0
Page 1	1	60	18 PALLETS SOD	79	79	0
Page 1	1	61	STORAGE BUILDING	0	0	0
Page 1	1	62	HAY CANOPY	0	0	0
Page 1	1	67	REFRIGERATOR	0	0	0
Page 1	1	68	WELL HOUSE	360	360	0
Page 1	1	69	AIR CONDITIONER FOR MOBILE HOME	179	179	0
Page 1	1	70	PERGOLA	147	147	0
Page 1	1	72	THERAPLATE	0	0	0
Page 1	1	73	KC CC - HAY HUT	0	0	0
Page 1	1	74	HUMAN SIZED THERAPLATE AND 14X7 RI	0	0	0
Page 1	1	77	DELL LAPTOP	0	0	0
Page 1	1	79	CONCRETE DRIVEWAY	1,181	1,181	0
Page 1	1	84	2012 DODGE RAM TRUCK 2500 LONGHORN	0	0	0
Page 1	1	85	DESKS AND DRAWERS	57	57	0
Page 1	1	86	(3) IPAD MINIS	0	0	0
Page 1	1	87	ROUND PEN	95	95	0
Page 1	1	89	BUILDING EXPANSION	2,052	2,052	0
Page 1	1	91	WATER WELL	326	326	0
Page 1	1	94	HP FILE SERVER COMPUTER	14	14	0
Page 1	1	95	HP LAPTOP	12	12	0
Page 1	1	96	DELL DESKTOP	14	14	0
Page 1	1	97	HP LAPTOP, MOUSE FOR INDOOR BARN	0	0	0
Page 1	1	99	TUCKER WESTERN SADDLE	77	77	0
Page 1	1	100	(2) BEARBACK RIDING SIMULATOR MACI	563	563	0
Page 1	1	101	INDOOR BARN PROJECTOR	0	0	0
Page 1	1	102	FENCING FOR FRONT GATE	115	115	0
Page 1	1	103	GATE OPERATOR	90	90	0

## Depreciation Adjustment Report

## All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	104	SIDEWALK	231	231	0
Page 1	1	105	FENCE FOR OUTER TRAIL	224	224	0
Page 1	1	106	TRAIL IMPROVEMENT	623	623	0
Page 1	1	108	MOBILE HOME REMODEL	108	108	0
Page 1	1	109	DELL ALL IN ONE DESKTOP	14	14	0
Page 1	1	110	(2) HP LAPTOP	23	23	0
Page 1	1	111	HP SMALL LAPTOP	6	6	0
Page 1	1	112	PASTURE WORK AND TREE REMOVAL	0	0	0
Page 1	1	113	TRAIL IMPROVEMENT	459	459	0
Page 1	1	114	WASHER AND DRYER	39	39	0
Page 1	1	115	STOVE	23	23	0
Page 1	1	116	FREE STANDING FIREPLACE	23	23	0
Page 1	1	117	NEW LIGHT FIXTURES AND INSTALLATIO	115	115	0
Page 1	1	118	WASH RACK COVER	38	38	0
Page 1	1	122	HP LAPTOP FOR PREP	0	0	0
Page 1	1	123	DELL INSPIRON LAPTOP FOR PREP	0	0	0
Page 1	1	124	PANELS/BRACES/GATES	0	0	0
Page 1	1	125	HAY HUT	0	0	0
Page 1	1	126	DB CC-PROJECTOR FOR JRC PREP CLASSF	0	0	0
Page 1	1	127	FENCING FOR ADDITIONAL PASTURE ARI	0	0	0
Page 1	1	129	HORSE TRAILER	0	0	0
Page 1	1	130	DELL ALL IN ONE DESKTOP	0	0	0
Page 1	1	131	HP LAPTOP	0	0	0
Page 1	1	132	HIGH PRESSURE MIST SYSTEM	0	0	0
Page 1	1	133	BIG ASS FANS	0	0	0
Page 1	1	134	NYLON HALTER W/LOGO	0	0	0
Page 1	1	135	JOB SMART DVD	0	0	0
Page 1	1	136	LEATHER HALTERS (2)	0	0	0
Page 1	1	137	LEATHER SHIPPING HALTER	0	0	0
Page 1	1	138	LEATHER SHIPPING HALTER	0	0	0
Page 1	1	139	LEATHER HALTERS (2)	0	0	0
Page 1	1	141	DUKE (LIVESTOCK)	0	0	0
Page 1	1	143	LAWN MOWER	0	0	0
Page 1	1	144	GOLF CART EZ CAMO	0	0	0
Page 1	1	145	CUSTOM SADDLE (NELLIE)	0	0	0
Page 1	1	146	BEARBACK MACHINE	0	0	0
Page 1	1	147	ROOF	75	75	0
Page 1	1	148	HOT WATER TANK	0	0	0
Page 1	1	149	STEEL BUILDING	100	100	0
Page 1	1	150	SEPRIC CONTROL PANEL	0	0	0
Page 1	1	151	AC BLOWER	0	0	0
Page 1	1	152	FENCING	0	0	0
Page 1	1	153	MOJO (LIVESTOCK)	0	0	0
Page 1	1	154	DELL LAPTOP COMPUTER 1 of 2	0	0	0
Page 1	1	155	DELL LAPTOP COMPUTER 2 of 2	0	0	0
Page 1	1	156	WASHINGTON MACHINE	0	0	0
Page 1	1	157	WATER WELL PUMP	0	0	0
Page 1	1	158	MOCHA (LIVESTOCK)	0	0	0
Page 1	1	159	YUMA (LIVESTOCK)	0	0	0
Page 1	1	160	HERSHEY (LIVESTOCK)	0	0	0
Page 1	1	161	ZEKE (LIVESTOCK)	0	0	0
Page 1	1	162	CONCRETE PATIO	641	641	0
Page 1	1	163	HP LAPTOP	509	509	0
Page 1	1	164	HP LAPTOP	509	509	0
Page 1	1	165	GAZEBO	1,600	1,600	0
Page 1	1	166	BEMER BLANKET	6,201	6,201	0
Page 1	1	167	DRESSAGE SADDLE	1,995	1,995	0
Page 1	1	168	SENSORY GARDEN	4,619	4,619	0
Page 1	1	169	AIR CONDITIONER	2,800	2,800	0
Page 1	1	170	GANDALF (LIVESTOCK)	0	0	0
Page 1	1	171	EL CADET SARGE(LIVESTOCK)	2,100	2,100	0
Page 1	1	172	HAY SHED	52	52	0
Page 1	1	173	TUCKER(LIVESTOCK)	500	500	0
Page 1	1	174	STORMY( LIVESTOCK)	3,500	3,500	0
Page 1	1	175	GHOST (LIVESTOCK)	3,500	3,500	0
Page 1	1	176	2 HORSE TRAILER	5,000	5,000	0
Page 1	1	177	TACK	5,510	5,510	0

2058 JOYRIDE CENTER INC

11/12/2023

27-1077468

# Depreciation Adjustment Report

FYE: 12/31/2022

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
				<u>50,401</u>	<u>50,401</u>	<u>0</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2022</b>
Description <b>FUND RAISING EVENTS</b>		
Name <b>JOYRIDE CENTER INC</b>	Taxpayer Identification Number <b>27-1077468</b>	

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	<b>399,195</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>399,195</b>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	<b>968</b>
14. Fundraising Expense	14.	<b>72,968</b>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>73,936</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>325,259</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing	_____
<input type="checkbox"/>	Part VI, Controlled Org Income	_____
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	_____
<input type="checkbox"/>	Part VIII, Exploited Activities	_____
<input type="checkbox"/>	Part IX, Advertising Income	_____

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	<b>968</b>
<b>Total Exempt Activity Expense</b>	<b>968</b>

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<b>72,968</b>
<b>Total Fundraising Expense</b>	<b>72,968</b>

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2022</b>
Description <b>CHARITY BINGO UNIT</b>		
Name <b>JOYRIDE CENTER INC</b>	Taxpayer Identification Number <b>27-1077468</b>	

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1. <u>1,251,725</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. <b>Total revenue.</b> Add lines 1 through 6	7. <u>1,251,725</u>
8. Cost of Goods Sold	8. <u>982,737</u>
9. Employment Expense	9. <u>75,770</u>
10. Fees for services	10. <u>12,854</u>
11. Indirect Expense	11. <u>75,644</u>
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. <u>85,660</u>
14. Fundraising Expense	14. _____
15. <b>Total expenses.</b> Add lines 8 through 14	15. <u>1,232,665</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16. <u>19,060</u>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	<u>982,737</u>
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	<u>982,737</u>

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	<u>75,770</u>
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	<u>75,770</u>

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	<u>5,829</u>
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	<u>7,025</u>
<b>Total Fees for Services</b>	<u>12,854</u>

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code 713200 Seq # 1

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

**Expense Details - Indirect Expense:**

Advertising and promotion	<u>8,371</u>
Office	<u>5,752</u>
Printing/publication/postage	<u>96</u>
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	<u>61,153</u>
Travel & Repairs	<u>272</u>
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	<u>75,644</u>

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	<u>85,660</u>
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
<b>Total Exempt Activity Expense</b>	<u>85,660</u>

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
<b>Total Fundraising Expense</b>	_____

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____



JOYRIDE CENTER INC

27-1077468 FORM 990-T ESTIMATES

Form **990-W**

(Worksheet)

Department of the Treasury  
Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations)

Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

**2022**

1	Unrelated business taxable income expected in the tax year	1	93,248
2	Tax on the amount on line 1. See instructions for tax computation	2	19,582
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	19,582
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	19,582
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	19,582
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	19,582
b	Enter the tax shown on the 2021 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	19,582
c	<b>2022 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	19,582

	(a)	(b)	(c)	(d)	
11 <b>Installment due dates.</b> See instructions	11	04/18/23	06/15/23	09/15/23	12/15/23
12 <b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12		4,180	10,520	4,900
13 <b>2021 Overpayment.</b> See instructions *	13		4,180	10,507	
14 <b>Payment due</b> (Subtract line 13 from line 12)	14			13	4,900

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

\* LINE 12 QTR 2 ESTIMATES ARE REDUCED BY AN ADDITIONAL PAYMENT  
\* LINE 12 QTR 3 ESTIMATES ARE REDUCED BY AN ADDITIONAL PAYMENT

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**JOYRIDE CENTER INC****27-1077468**

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	480,678	587,031	106,353
	2. Membership dues and assessments .....			
	3. Government contributions and grants .....	121,006		-121,006
	4. Program service revenue .....	68,770	99,320	30,550
	5. Investment income .....	2,541	6	-2,535
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....	-4,894	800	5,694
	8. Net income or (loss) from fundraising events .....	-23,358	-73,936	-50,578
	9. Net income or (loss) from gaming .....	14,421	19,060	4,639
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....	9,164	3,495	-5,669
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>668,328</b>	<b>635,776</b>	<b>-32,552</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....			
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....			
	16. Salaries, other compensation, and employee benefits .....	354,811	436,610	81,799
	17. Professional fundraising fees .....			
	18. Other professional fees .....		5,650	5,650
	19. Occupancy, rent, utilities, and maintenance .....	5,802	7,365	1,563
	20. Depreciation and Depletion .....	34,865	50,401	15,536
	21. Other expenses .....	166,085	191,688	25,603
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>561,563</b>	<b>691,714</b>	<b>130,151</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>106,765</b>	<b>-55,938</b>	<b>-162,703</b>
<b>Other Information</b>	24. Total exempt revenue .....	668,328	635,776	-32,552
	25. Total unrelated revenue .....	14,421	19,060	4,639
	26. Total excludable revenue .....	75,581	103,621	28,040
	27. Total assets .....	1,039,297	963,212	-76,085
	28. Total liabilities .....	22,404	2,257	-20,147
	29. Retained earnings .....	1,016,893	960,955	-55,938
	30. Number of voting members of governing body .....	7	7	
	31. Number of independent voting members of governing body .....	7	7	
	32. Number of employees .....	22	18	
	33. Number of volunteers .....	78	97	

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**JOYRIDE CENTER INC****27-1077468**

		2021	2022	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades	134,481	104,720	-29,761
	3. Charitable contributions	13,448	10,472	-2,976
	4. Section 199A deduction (trusts only)			
	5. <b>Taxable income before NOL loss</b>	121,033	94,248	-26,785
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	8. <b>Unrelated business taxable income.</b>	120,033	93,248	-26,785
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)	25,207	19,582	-5,625
	10. Proxy tax			
	11. Other taxes			
	12. <b>Total taxes</b>	25,207	19,582	-5,625
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. <b>Total credits</b>			
	17. <b>Net tax after credits</b>	25,207	19,582	-5,625
18. Recapture taxes and 965 tax				
19. <b>Total Taxes</b>	25,207	19,582	-5,625	
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments	16,289	25,208	8,919
	21. Payment made with extension	9,012		-9,012
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. <b>Total payments</b>	25,301	25,208	-93
	25. <b>Balance due/(Overpayment)</b>	-94	-5,626	-5,532
	26. Overpayment applied to next year		5,611	5,611
	27. Penalties	94	15	-79
28. <b>Total due/(Refund)</b>				
29. Activity Losses NOL (Post-2017)				

Form <b>SchA</b> (990T)	<b>Two Year Comparison for Unrelated Business Activity</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning _____, ending _____		

Organization Name <b>JOYRIDE CENTER INC</b>	Taxpayer Identification Number <b>27-1077468</b>
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Activity: <b>UNRELATED BUSINESS ACTIVITY</b>		Unincorporated Business Income Tax Code: <b>713200</b>			
		<b>2021</b>	<b>2022</b>	<b>Differences</b>	
<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>u</b> <b>e</b>	1. Gross profit/loss on business activities	1. <b>272,745</b>	<b>268,988</b>	<b>-3,757</b>	
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>272,745</b>	<b>268,988</b>	<b>-3,757</b>
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	<b>59,376</b>	<b>75,770</b>	<b>16,394</b>
	14. Repairs and maintenance	14.	<b>156</b>	<b>272</b>	<b>116</b>
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.	<b>78,732</b>	<b>88,226</b>	<b>9,494</b>
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22.</b>	<b>138,264</b>	<b>164,268</b>	<b>26,004</b>
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	<b>23.</b>	<b>134,481</b>	<b>104,720</b>	<b>-29,761</b>
	24. Deductible losses	24.			
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	<b>134,481</b>	<b>104,720</b>	<b>-29,761</b>

### Federal Statements

#### Taxable Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	WELLS FARGO	\$ 5			25 TX		
INTEREST INCOME	RAYMOND JAMES	1			25 TX		
TOTAL		<u>\$ 6</u>					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK FEES	\$ 75	\$	\$ 75	\$
TOTAL	\$ 75	\$ 0	\$ 75	\$ 0

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
HUMAN RESOURCES	\$ 3,728	\$ 3,728	\$	\$
MERCHANDISE	479	479		
CONTRACT INSTRUCTORS	450	450		
VOLUNTEER EXPENSES	370	370		
FEDERAL TAX PENALTY	109		109	
INTEREST EXPENSE	40		40	
TOTAL	\$ 5,176	\$ 5,027	\$ 149	\$ 0

2058 JOYRIDE CENTER INC  
27-1077468  
FYE: 12/31/2022

## Federal Statements

11/12/2023

### Schedule A, Part III, Line 1(e)

Description	Amount
CASH DONATIONS	\$ 82,118
(NOT LISTED ON SCH B)	
DONATIONS - NON-CASH	
(NOT LISTED ON SCH B)	9,609
DONATIONS - NON CASH	
(NOT LISTED ON SCH B)	7,500
MARY BREZINA	
TREE TRIMMING	8,000
DEBORAH JENNING	
CASH CONTRIBUTION	5,202
ROBERT & SARAH MUSICK	
CASH CONTRIBUTION	15,000
AIRLINE GRAPHICS	
PRINT MEDIA	5,517
JACQUELYN CHAZMON	
TACK	5,510
BILL & JACKIE MCDONALD	
CASH CONTRIBUTION	13,215
ROBERT ALBRECHT	
CASH CONTRIBUTION	7,540
ROD KING	
CASH CONTRIBUTION	5,000
APEX INVESTMENT HOLDINGS	
CASH CONTRIBUTION	5,000
H.E.B.	
CASH CONTRIBUTION	5,000
THE RANCHERS RIDE INC	
CASH CONTRIBUTION	5,000
LESLY & KEVIN SEILER	
2 HORSE TRAILER	5,000
GERMAN & COHN P.C.	
PREP FORM 990 AND 990-T	3,625
FUND RAISING EVENTS	
CASH CONTRIBUTION	399,195
TOTAL	\$ <u><u>587,031</u></u>

## Federal Statements

### Schedule A, Part III, Line 3(e)

<u>Description</u>	<u>Amount</u>
CLIENT SERVICES	\$ 93,189
EVALUATIONS AND FEES	6,021
MERCHANDISE	110
OTHER INCOME	16,877
TOTAL	<u>\$ 116,197</u>

### Schedule A, Part III, Line 10a(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME WELLS FARGO	\$ 5
INTEREST INCOME RAYMOND JAMES	1
INCOME FROM PARTNERSHIP	-13,382
TOTAL	<u>\$ -13,376</u>

### Schedule A, Part III, Line 10b

<u>Description</u>	<u>Amount</u>
CHARITY BINGO UNIT	\$ 19,060
LESS: DEDUCTIONS	-1,000
LESS: TAXES	-3,793
TOTAL	<u>\$ 14,267</u>



## Federal Statements

### FUND RAISING EVENTS

#### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
JAMBOREE	\$ 50,204
GOLF TOURNAMENT	16,485
YEAR END APPEAL	6,279
TOTAL	<u>\$ 72,968</u>

2058 JOYRIDE CENTER INC  
27-1077468  
FYE: 12/31/2022

11/12/2023

## Federal Statements

### CHARITY BINGO UNIT

### ANNUAL GALA GROSS RECEIPTS

<u>Description</u>	<u>Amount</u>
CHARITY BINGO	\$ <u>1,251,725</u>
TOTAL	\$ <u><u>1,251,725</u></u>

## Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning

, and ending

27-1077468

### JOYRIDE CENTER INC

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>1,016,893</u>
<b>Revenue</b>		
Contributions	<u>587,031</u>	
Program service revenue	<u>99,320</u>	
Investment income	<u>6</u>	
Capital gain / loss	<u>800</u>	
Fundraising / Gaming:		
Gross revenue	<u>1,251,725</u>	
Direct expenses	<u>1,306,601</u>	
Net income	<u>-54,876</u>	
Other income	<u>3,495</u>	
<b>Total revenue</b>		<u>635,776</u>
<b>Expenses</b>		
Program services	<u>586,612</u>	
Management and general	<u>105,102</u>	
Fundraising		
<b>Total expenses</b>		<u>691,714</u>
<b>Excess / (deficit)</b>		<u>-55,938</u>
Changes		
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>960,955</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u>635,776</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u>691,714</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,039,297</u>	<u>963,212</u>	
Liabilities	<u>22,404</u>	<u>2,257</u>	
Net assets	<u><u>1,016,893</u></u>	<u><u>960,955</u></u>	<u><u>-55,938</u></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 11/15/23  
Failure to file penalty \_\_\_\_\_

# Federal Diagnostics

## Critical Messages

None

## Electronic Filing

None

## Overrides

Overridden field with data "531,264" on Form / Schedule 990