

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2024 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>J.F. SHEA THERAPEUTIC RIDING CENTER, INC</b> <b>FKA FRAN JOSWICK THERAP. RIDING CTR, INC</b> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>26284 OSO ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN JUAN CAPISTRANO, CA 92675</b>	<b>D Employer identification number</b> <b>95-3351363</b> <b>E Telephone number</b> <b>949-240-8441</b> <b>G Gross receipts \$</b> <b>6,734,002.</b> <b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions <b>H(c) Group exemption number</b> _____
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> <b>WWW.SHEACENTER.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L Year of formation:</b> <b>1978</b>		<b>M State of legal domicile:</b> <b>CA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDE THERAPEUTIC HORSEBACK RIDING FOR DISABLED.</b>		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>81</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>785</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 8,432,498.	<b>Current Year</b> 5,009,689.
	<b>9</b> Program service revenue (Part VIII, line 2g)	988,080.	955,919.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	266,686.	314,458.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-247,622.	-272,854.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,439,642.	6,007,212.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,278,203.	4,830,882.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,533,474.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,449,315.	2,414,469.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,727,518.	7,245,351.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,712,124.	-1,238,139.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 21,787,598.	<b>End of Year</b> 21,130,293.
	<b>21</b> Total liabilities (Part X, line 26)	521,135.	506,361.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	21,266,463.	20,623,932.

**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.

	<b>Signature of officer</b> 	<b>Date</b> <b>5-13-25</b>
<b>Sign Here</b>	<b>DANA BUTLER-MOBURG, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	
<b>Paid Preparer Use Only</b>	Preparer's name <b>JULIE INCORVINA, CPA, CFE</b>	Preparer's signature <b>JULIE INCORVINA, CPA</b>
	Date <b>05/12/25</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00434320</b>
	Firm's name <b>REDWITZ, INC</b>	Firm's EIN <b>33-0850406</b>
	Firm's address <b>3 PARK PLAZA, SUITE 1700</b> <b>IRVINE, CA 92614</b>	Phone no. <b>949-753-1514</b>

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  **X**

1 Briefly describe the organization's mission:  
**PROVIDE THERAPEUTIC HORSEBACK RIDING FOR DISABLED.**

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 \$ 5,263,377. including grants of \$ \_\_\_\_\_) (Revenue \$ 955,919.)  
**THE J. F. SHEA THERAPEUTIC RIDING CENTER, INC. (THE SHEA CENTER), HOME OF THE FRAN JOSWICK THERAPEUTIC RIDING PROGRAM, IS A NONPROFIT CALIFORNIA CORPORATION, ORGANIZED IN 1978. THE SHEA CENTER PROVIDES THERAPEUTIC RIDING AND EQUINE ASSISTED THERAPY, WHICH ARE MEDICALLY RECOGNIZED FORMS OF THERAPEUTIC INTERVENTION FOR A NUMBER OF DISABILITIES.**

**THE SHEA CENTER'S CLIENTS HAVE COGNITIVE OR PHYSICAL DISABILITIES, SUCH AS CEREBRAL PALSY, LEARNING DISABILITIES, DOWN SYNDROME, MULTIPLE SCLEROSIS, SPINAL CORD OR HEAD INJURIES, AND AUTISM. THE SHEA CENTER HAS PARTNERSHIPS WITH OTHER SERVICE ORGANIZATIONS AND LOCAL SCHOOL DISTRICTS, AND IS ALSO AN INTERNATIONAL TRAINING FACILITY FOR THE**

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

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

4d Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses 5,263,377.

**J.F. SHEA THERAPEUTIC RIDING CENTER, INC**  
**FKA FRAN JOSWICK THERAP. RIDING CTR, INC**

Form 990 (2024)

95-3351363 Page 9

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	2,037,328.				
	d	Related organizations					
	e	Government grants (contributions)	62,005.				
	f	All other contributions, gifts, grants, and similar amounts not included above	2,910,356.				
	g	Noncash contributions included in lines 1a-1f	\$ 22,449.				
	h	<b>Total. Add lines 1a-1f</b>	<b>5,009,689.</b>				
Program Service Revenue	2 a	<b>THERAPEUTIC RIDING</b>	624100 949,919.	949,919.			
	b	<b>BOARDING FEES</b>	900099 6,000.	6,000.			
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total. Add lines 2a-2f</b>	<b>955,919.</b>				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	369,773.			369,773.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	55,894.			
			(ii) Personal				
	b	Less: rental expenses	0.				
	c	Rental income or (loss)	55,894.				
	d	Net rental income or (loss)	55,894.	55,894.			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	2,300.			
	b	Less: cost or other basis and sales expenses	57,615.				
c	Gain or (loss)	-55,315.					
d	Net gain or (loss)	-55,315.	-55,315.				
8 a	Gross income from fundraising events (not including \$ 2,037,328. of contributions reported on line 1c). See Part IV, line 18		340,427.				
			669,175.				
b	Less: direct expenses						
c	Net income or (loss) from fundraising events		-328,748.		-328,748.		
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a						
	b						
	c						
	d	All other revenue					
	e	<b>Total. Add lines 11a-11d</b>					
12	<b>Total revenue. See instructions</b>	<b>6,007,212.</b>	<b>956,498.</b>	<b>0.</b>	<b>41,025.</b>		

J.F. SHEA THERAPEUTIC RIDING CENTER, INC

Form 990 (2024)

FKA FRAN JOSWICK THERAP. RIDING CTR, INC

95-3351363 Page 10

**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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	698,055.	296,558.	179,895.	221,602.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,356,606.	2,544,699.	137,498.	674,409.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	454,182.	341,494.	35,375.	77,313.
10 Payroll taxes	322,039.	229,310.	23,105.	69,624.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,160.	3,160.		
c Accounting	27,055.		27,055.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	466,142.	423,350.	9,116.	33,676.
12 Advertising and promotion	103,348.	15,661.	3,219.	84,468.
13 Office expenses	142,655.	101,903.	6,269.	34,483.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	542,013.	465,111.	11,983.	64,919.
23 Insurance	54,090.	53,715.	375.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>REPAIRS &amp; MAINTENANCE</b>	250,644.	240,837.	2,452.	7,355.
b <b>FEED AND HORSE CARE</b>	176,367.	176,367.		
c <b>UTILITIES &amp; TELEPHONE</b>	141,021.	125,219.	7,310.	8,492.
d <b>THERAPY SUPPORT SERVICE</b>	130,980.	130,980.		
e All other expenses	376,994.	115,013.	4,848.	257,133.
25 <b>Total functional expenses. Add lines 1 through 24e</b>	<b>7,245,351.</b>	<b>5,263,377.</b>	<b>448,500.</b>	<b>1,533,474.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 99-2 (ASB 99-720)				

**J.F. SHEA THERAPEUTIC RIDING CENTER, INC**  
**FKA FRAN JOSWICK THERAP. RIDING CTR, INC**

Form 990 (2024)

95-3351363 Page 11

**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
Assets	1 Cash - non-interest-bearing	3,695,612.	1	2,517,267.
	2 Savings and temporary cash investments	6,852,184.	2	7,015,844.
	3 Pledges and grants receivable, net	1,011,467.	3	221,218.
	4 Accounts receivable, net	58,304.	4	53,502.
	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	159,190.	9	209,557.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,768,806.		
	b Less: accumulated depreciation	10b 5,813,530.		
		9,861,168.	10c	10,955,276.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	36,000.	12	36,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	113,673.	15	121,629.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	21,787,598.	16	21,130,293.	
Liabilities	17 Accounts payable and accrued expenses	401,448.	17	385,057.
	18 Grants payable		18	
	19 Deferred revenue	119,687.	19	121,304.
	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		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	521,135.	26	506,361.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,885,107.	27	9,096,262.
	28 Net assets with donor restrictions	12,381,356.	28	11,527,670.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	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>	21,266,463.	32	20,623,932.	
33 <b>Total liabilities and net assets/fund balances</b>	21,787,598.	33	21,130,293.	

Form 990 (2024)

J.F. SHEA THERAPEUTIC RIDING CENTER, INC

Form 990 (2024)

FKA FRAN JOSWICK THERAP. RIDING CTR, INC

95-3351363 Page 12

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,007,212.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,245,351.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,238,139.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,266,463.
5	Net unrealized gains (losses) on investments	5	541,907.
6	Donated services and use of facilities	6	53,701.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,623,932.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a 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		X
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a 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?		X
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		

Form 990 (2024)



J.F. SHEA THERAPEUTIC RIDING CENTER, INC

Schedule A (Form 990) 2024

FKA FRAN JOSWICK THERAP. RIDING CTR, INC 95-3351363 Page 2

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3370756.	3951453.	5465552.	8406698.	5009689.	26204148.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3370756.	3951453.	5465552.	8406698.	5009689.	26204148.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5218813.
6 Public support. Subtract line 5 from line 4.						20985335.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	3370756.	3951453.	5465552.	8406698.	5009689.	26204148.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	58,654.	27,016.	157,041.	266,686.	369,773.	879,170.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						27083318.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	77.48 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	73.92 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2023. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2024. 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 stop here. 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 10% -facts-and-circumstances test - 2023. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990) 2024

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **J.F. SHEA THERAPEUTIC RIDING CENTER, INC**  
**FKA FRAN JOSWICK THERAP. RIDING CTR, INC** Employer Identification number **95-3351363**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor 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?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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?  Yes  No

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 2d above satisfy the requirements of section 170(f)(4)(B)(i) and section 170(f)(4)(B)(ii)?  Yes  No

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.

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.

b 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 ..... \$ \_\_\_\_\_

J.F. SHEA THERAPEUTIC RIDING CENTER, INC

**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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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 in Part XIII

**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
1a Beginning of year balance	6,852,184.	4,747,346.	2,341,095.	2,027,791.	1,217,393.
b Contributions	95,000.	1,654,100.	3,051,408.	120,400.	564,860.
c Net investment earnings, gains, and losses	843,172.	682,204.	-621,965.	203,783.	252,908.
d Grants or scholarships					
e Other expenditures for facilities and programs	742,924.	205,653.			
f Administrative expenses	31,588.	25,813.	23,192.	10,879.	7,370.
g End of year balance	7,015,844.	6,852,184.	4,747,346.	2,341,095.	2,027,791.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.4170 %
  - b Permanent endowment 93.7718 %
  - c Term endowment 1.8120 %
- 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                                  |
|------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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
1a Land		3,725,672.		3,725,672.
b Buildings		7,970,435.	3,242,416.	4,728,019.
c Leasehold improvements		2,368,376.	1,218,031.	1,150,345.
d Equipment		2,253,463.	1,127,129.	1,126,334.
e Other		450,860.	225,954.	224,906.
<b>Total. Add lines 1a through 1e. (Column (c) must equal Form 990, Part X, line 10c, column (B).)</b>				<b>10,955,276.</b>

**J.F. SHEA THERAPEUTIC RIDING CENTER, INC**

**Part X Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,271,995.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	541,907.	
b	Donated services and use of facilities	2b	53,701.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	669,175.	
e	Add lines 2a through 2d	2e		1,264,783.
3	Subtract line 2e from line 1	3		6,007,212.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		6,007,212.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,914,526.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	669,175.	
e	Add lines 2a through 2d	2e		669,175.
3	Subtract line 2e from line 1	3		7,245,351.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		7,245,351.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

MANAGEMENT OF THE SHEA CENTER CONSIDERS THE LIKELIHOOD OF CHANGES BY TAXING AUTHORITIES IN ITS FILED INCOME TAX RETURNS AND RECOGNIZES THE LIABILITY FOR OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES THAT MANAGEMENT BELIEVES ARE MORE LIKELY THAN NOT TO OCCUR UPON EXAMINATION BY TAX AUTHORITIES, INCLUDING CHANGES TO THE ORGANIZATION'S STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES THE SHEA CENTER MET THE REQUIREMENTS TO MAINTAIN ITS TAX-EXEMPT STATUS AND HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS SUBJECT TO THE UNRELATED BUSINESS INCOME TAX THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE SHEA CENTER'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE UPON EXAMINATION.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT BENEFIT TO DONORS THROUGH THE FUNDRAISING EVENTS THAT ARE PUT ON. 669,175.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT BENEFIT TO DONORS THROUGH THE FUNDRAISING EVENTS THAT ARE PUT ON. 669,175.

