

Filing Instructions

JOYRIDE CENTER INC

Exempt Organization Tax Return

Taxable Year Ended December 31, 2018

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 12/31/18 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

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning , and ending

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	C Name of organization <p style="text-align: center;">JOYRIDE CENTER INC</p>		D Employer identification number <p style="text-align: center;">27-1077468</p>
	Doing business as <p style="text-align: center;">29550 TUDOR WAY</p>		E Telephone number <p style="text-align: center;">281-356-5900</p>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">MAGNOLIA TX 77355-5206</p>		G Gross receipts\$ 1,777,172
	City or town, state or province, country, and ZIP or foreign postal code F Name and address of principal officer: <p style="text-align: center;">JAKE LEISSNER</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: JOYRIDECENTER.ORG	H(c) Group exemption number U
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other U	L Year of formation: 2009	M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">JOYRIDE CENTER PROVIDES THERAPEUTIC HORSEMANSHIP ACTIVITIES AND THERAPIES TO IMPROVE THE PHYSICAL AND COGNITIVE CONDITIONS OF PEOPLE WITH DISABILITIES AGES 3 TO ADULT.</p>			
	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	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	18	
	6 Total number of volunteers (estimate if necessary)	6	100	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	38,616	
b Net unrelated business taxable income from Form 990-T, line 38	7b	33,754		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	470,698	491,856	
	9 Program service revenue (Part VIII, line 2g)	120,515	99,420	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-257	885	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,076	13,978	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	581,880	606,139	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	
	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)	280,024	285,626	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) U	0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	248,951	227,633	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	528,975	513,259	
19 Revenue less expenses. Subtract line 18 from line 12	52,905	92,880		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	801,942	875,143	
	21 Total liabilities (Part X, line 26)	230,289	210,610	
22 Net assets or fund balances. Subtract line 21 from line 20	571,653	664,533		

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 <p style="text-align: center;">JAKE LEISSNER</p>		Date <p style="text-align: center;">PRESIDENT</p>	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MARK GERMAN	Preparer's signature MARK GERMAN	Date 01/29/20	Check <input type="checkbox"/> 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 \$ **277,604** including grants of \$) (Revenue \$ **99,420**)

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 in Schedule O.)

(Expenses \$ **175,073** including grants of \$) (Revenue \$)

4e Total program service expenses **452,677**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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	Section 501(c)(3) organizations. 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 in Schedule O for Part VI, lines 11b and 19? Note. 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		
1b	Enter the number of Forms W-2G included in 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?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: U See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 in 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
1a	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 in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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 in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 in Schedule O)
- 19** Describe in 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 **U**

PEGGY WAGNER
TOMBALL

15520 BROWN RD

TX 77377

281-351-0071

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) MADLINE BROGAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) JAKE LEISSNER	3.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) PAT LYONS	2.00									
SECRETARY	0.00	X		X			0	0	0	
(4) BILL MCDONALD	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(5) STEVE ROHR	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) TAMMY STEWART	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) ROGER WAGNER	5.00									
TREASURER	0.00	X		X			0	0	0	
(8) BRIAN WALLACE	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) GWEN WILKINS	1.00									
DIRECTOR	0.00	X					0	0	0	
(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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	367,739				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	124,117				
	g Noncash contributions included in lines 1a-1f: \$		35,578				
	h Total. Add lines 1a-1f	U	491,856				
	Program Service Revenue	2a CLIENT SERVICES	Busn. Code	87,689			87,689
b COMPETITION FEES			6,045			6,045	
c EVALUATIONS AND FEES			4,035			4,035	
d MERCHANDISE			1,021			1,021	
e JRC PREP			630			630	
f All other program service revenue							
g Total. Add lines 2a-2f		U	99,420				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	U	885			885
	4 Income from investment of tax-exempt bond proceeds	U					
	5 Royalties	U					
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	U					
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)	U					
	8a Gross income from fundraising events (not including \$ 367,739 of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b	60,226			
c Net income or (loss) from fundraising events		U	-60,226				
9a Gross income from gaming activities. See Part IV, line 19	a		1,149,423				
	b Less: direct expenses	b	1,110,807				
	c Net income or (loss) from gaming activities	U	38,616		38,616		
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	U					
Miscellaneous Revenue		Busn. Code					
11a INCOME FROM PARTNERSHIP			31,680			31,680	
b OTHER INCOME			3,908	3,908			
c							
d All other revenue							
e Total. Add lines 11a-11d	U		35,588				
12 Total revenue. See instructions.	U		606,139	3,908	38,616	131,985	

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				
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	264,274	264,274		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	21,352	21,352		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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 Schedule O.)	9,973	9,973		
12 Advertising and promotion	325	325		
13 Office expenses	18,971	9,966	9,005	
14 Information technology	2,495	2,495		
15 Royalties				
16 Occupancy	8,375	8,375		
17 Travel	1,175	1,175		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,357	3,357		
20 Interest	6,564	6,564		
21 Payments to affiliates	1,620	1,620		
22 Depreciation, depletion, and amortization	63,683	63,683		
23 Insurance	24,302		24,302	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUINE EXPENSES	42,080	42,080		
b FACILITY EXPENSES	17,377		17,377	
c CLIENT SUPPLIES	9,164		9,164	
d FEDERAL INCOME TAX	7,088	7,088		
e All other expenses	11,084	10,350	734	
25 Total functional expenses. Add lines 1 through 24e	513,259	452,677	60,582	0
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 checked="" 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
Assets	1 Cash—non-interest bearing	247,692	1	326,707
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	6,647	3	6,969
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,646	9	1,500
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 888,947		
	b Less: accumulated depreciation	10b 368,446	549,862	10c 520,501
	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	-11,905	15	19,466
16 Total assets. Add lines 1 through 15 (must equal line 34)	801,942	16	875,143	
Liabilities	17 Accounts payable and accrued expenses		17	140
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	224,007	24	210,020
	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	6,282	25	450
	26 Total liabilities. Add lines 17 through 25	230,289	26	210,610
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	571,653	27	664,533
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	571,653	33	664,533	
34 Total liabilities and net assets/fund balances	801,942	34	875,143	

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	606,139
2	Total expenses (must equal Part IX, column (A), line 25)	2	513,259
3	Revenue less expenses. Subtract line 2 from line 1	3	92,880
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	571,653
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	664,533

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 in 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
2b	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		X
2c	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 in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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 or 990-EZ).)
- 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 in 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)						
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five 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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2018. 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

b 33 1/3% support test—2017. 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

17a 10%-facts-and-circumstances test—2018. 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

b 10%-facts-and-circumstances test—2017. 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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	324,579	391,973	486,632	470,698	530,475	2,204,357
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					3,908	3,908
3 Gross receipts from activities that are not an unrelated trade or business under section 513	97,715	91,739	100,135	120,515	122,437	532,541
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	422,294	483,712	586,767	591,213	656,820	2,740,806
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						2,740,806

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	422,294	483,712	586,767	591,213	656,820	2,740,806
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-159	-67	566	-257	885	968
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				59,917	24,691	84,608
c Add lines 10a and 10b	-159	-67	566	59,660	25,576	85,576
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	422,135	483,645	587,333	650,873	682,396	2,826,382
14 First five 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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	96.97 %
16 Public support percentage for 2017 Schedule A, Part III, line 15	16	97.69 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	3 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	2 %

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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)*

		Yes	No
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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2	Activities Test. Answer (a) and (b) below.		
a		Yes	No
	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? <i>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.</i>		
b		Yes	No
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a		Yes	No
	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? <i>Provide details in Part VI.</i>		
b		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

2018

Open to Public Inspection

Name of the organization

JOYRIDE CENTER INC

Employer identification number

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: (a) Donor advised funds, (b) Funds and other accounts. 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. (Sub-rows 2a-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?, 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: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs
- 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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 on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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** Temporarily restricted 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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		284,010		284,010
b Buildings		90,521	22,241	68,280
c Leasehold improvements		265,724	137,623	128,101
d Equipment		198,232	177,075	21,157
e Other		50,460	31,507	18,953
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	520,501

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)		
Total. (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)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PET & RENT DEPOSITS	450	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	450	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

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								
Total								

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

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
		FUND RAISING EV (event type)	_____ (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	367,739		367,739
	2	Less: Contributions	367,739		367,739
	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	60,226		60,226
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-60,226

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))	
		<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		
Revenue	1	Gross revenue	1,149,423		1,149,423	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		1,110,807	1,110,807	
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				1,110,807
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				38,616

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? 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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a		%
b	An outside facility	13b	100.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name CHARITY BINGO UNIT
 1218 S FRAZIER STREET
 Address CONROE TX 77301

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____
 Address _____

16 Gaming manager information:

Name _____
 Gaming manager compensation \$ _____
 Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

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 <input checked="" type="checkbox"/> (IN-KIND)	X	1	35,578	
26 Other <input type="checkbox"/> ()				
27 Other <input type="checkbox"/> ()				
28 Other <input type="checkbox"/> ()				

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

29

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 three 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 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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31		X
32a		X

SCHEDULE O
(Form 990 or 990-EZ)

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.

U Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

JOYRIDE CENTER INC

Employer identification number

27-1077468

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 (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

⤵ Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

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	1,000,000
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	2,500,000
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 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 2019. 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	34,326
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 2018	17	29,357
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 checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2018 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			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2018 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	Total. 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	63,683
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 Statements

Form 990 - Federal General Footnote

Description

SEE ATTACHED SCHEDULE B CONTRIBUTIONS

27-1077468

Federal Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:										
122	HP LAPTOP FOR PREP	5/30/18	460				X 0	5 MQ200DB	0	460
123	DELL INSPIRON LAPTOP FOR PREP	12/02/18	311				X 0	5 MQ200DB	0	311
			<u>771</u>				<u>0</u>		<u>0</u>	<u>771</u>
7-year GDS Property:										
124	PANELS/BRACES/GATES	1/02/18	2,325				X 0	7 MQ200DB	0	2,325
125	HAY HUT	4/29/18	799				X 0	7 MQ200DB	0	799
126	DB CC-PROJECTOR FOR JRC PREP CL/	5/30/18	1,854				X 0	7 MQ200DB	0	1,854
129	HORSE TRAILER	10/15/18	13,500				X 0	7 MQ200DB	0	13,500
			<u>18,478</u>				<u>0</u>		<u>0</u>	<u>18,478</u>
15-year GDS Property:										
127	FENCING FOR ADDITIONAL PASTURE	12/04/18	15,077				X 0	15 MQ150DB	0	15,077
			<u>15,077</u>				<u>0</u>		<u>0</u>	<u>15,077</u>
Prior MACRS:										
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	3,627	132
6	AIR CONDITIONING AND HEATING SY	12/01/09	5,000				5,000	39 MMS/L	1,031	128
7	BUILDING	12/01/09	42,128				42,128	39 MMS/L	8,670	1,080
9	FENCING	6/28/10	3,117				3,117	15 HY 150DB	1,737	184
10	WASTE WATER TREATMENT SYSTEM	4/26/10	5,140				5,140	15 HY 150DB	2,864	303
11	MOBILE HOME	7/01/10	17,000				17,000	20 HY 150DB	7,519	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	2,950	371
14	DRY WALL	1/01/10	13,700				13,700	39 MMS/L	2,796	351
15	METAL BUILDING	1/01/10	4,635				4,635	39 MMS/L	946	119
16	TRIM DOORS	1/01/10	300				300	39 MMS/L	61	8
17	GRAB BARS	1/01/10	300				300	39 MMS/L	61	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	669	70
24	ARENA AND WASH SERVICES	2/01/10	1,500				1,500	15 HY 150DB	836	88
25	MOUNTING RAMP	2/01/10	961				961	7 HY 200DB	961	0
30	HORSE TRAILER	9/16/10	5,595				5,595	5 HY 200DB	5,595	0
32	AUTOMATED EXTERNAL DEFIBRIL	11/01/11	1,799			X	0	7 HY 200DB	1,799	0
33	2 WESTERN SADDLES	6/07/11	500				500	7 HY 200DB	478	22
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	191	9
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	7,043	332
52	JOHN DEER TRACTOR	5/17/12	28,000				28,000	7 MQ200DB	24,585	2,484
53	LAMINATE COUNTERTOPS	1/04/12	445			X	222	15 HY S/L	304	15
54	FENCING FOR FRONT PASTURE	1/17/12	750			X	375	15 HY 150DB	540	22
55	FENCING FOR NORTH PROPERTY LINI	1/26/12	1,830			X	915	15 HY 150DB	1,317	54
56	HORSE WIRE FENCE	1/30/12	4,935			X	2,467	15 HY 150DB	3,551	146
57	FENCE MATERIALS	2/01/12	1,160			X	580	15 HY 150DB	835	34
58	FENCING MATERIALS	2/28/12	195			X	97	15 HY 150DB	140	6
59	FENCING FOR MOBILE HOME YARD	3/26/12	821			X	410	15 HY 150DB	591	24
60	18 PALLETS SOD	5/24/12	2,700			X	1,350	15 HY 150DB	1,943	79
61	STORAGE BUILDING	12/17/12	14,041			X	7,020	7 MQ200DB	12,892	613
62	HAY CANOPY	10/15/12	25,350			X	12,675	7 MQ200DB	23,275	1,107
67	REFRIGERATOR	9/20/13	350			X	175	7 HY 200DB	311	16
68	WELL HOUSE	5/08/14	12,173			X	6,087	15 HY 150DB	7,958	421
69	AIR CONDITIONER FOR MOBILE HOM	5/11/14	5,380			X	2,690	15 HY S/L	3,318	179
70	PERGOLA	9/27/14	5,000			X	2,500	15 HY 150DB	3,269	173

27-1077468

Federal Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
71	TREX DECKING	11/04/14	13,065		X	6,532	15 HY 150DB	8,541	452
72	THERAPLATE	8/25/14	10,934		X	5,467	7 HY 200DB	9,226	488
73	KC CC - HAY HUT	11/03/14	800		X	400	7 HY 200DB	675	36
74	HUMAN SIZED THERAPLATE AND 14X	11/21/14	2,200		X	1,100	7 HY 200DB	1,856	99
77	DELL LAPTOP	5/01/15	550		X	275	5 MQ200DB	476	31
79	CONCRETE DRIVEWAY	4/15/15	40,000		X	20,000	15 HY 150DB	24,610	1,539
81	BON RE (ARAB MARE)	2/04/16	2,500		X	1,250	7 HY 200DB	1,735	218
82	HONEY (QUARTER HORSE MARE)	6/28/16	1,500		X	750	7 HY 200DB	1,041	131
83	ROSIE (QH MARE)	12/16/16	2,500		X	1,250	7 HY 200DB	1,735	218
84	2012 DODGE RAM TRUCK 2500 LONGH	3/23/16	29,000			29,000	5 HY 200DB	13,736	6,106
85	DESKS AND DRAWERS	5/24/16	1,270		X	635	7 HY 200DB	881	111
86	(3) IPAD MINIS	11/10/16	881		X	441	5 HY 200DB	670	84
87	ROUND PEN	3/29/16	2,138		X	1,069	7 HY 200DB	1,484	187
88	BEARBACK RIDING SIMULATOR MAC	10/20/16	6,500		X	3,250	7 HY 200DB	4,510	569
89	BUILDING EXPANSION	5/31/16	80,000			80,000	39 MMS/L	3,333	2,052
91	WATER WELL	6/21/16	11,045		X	5,522	15 HY 150DB	6,323	472
94	HP FILE SERVER COMPUTER	9/02/17	480		X	240	5 HY 200DB	288	77
95	HP LAPTOP	9/02/17	400		X	200	5 HY 200DB	240	64
96	DELL DESKTOP	9/02/17	500		X	250	5 HY 200DB	300	80
97	HP LAPTOP, MOUSE FOR INDOOR BAF	11/30/17	409		X	0	5 HY 200DB	409	0
98	JOHN DEERE RIDING MOWER	12/12/17	4,099		X	0	7 HY 200DB	4,099	0
99	TUCKER WESTERN SADDLE	3/22/17	1,725		X	862	7 HY 200DB	986	211
100	(2) BEARBACK RIDING SIMULATOR M	7/31/17	12,600		X	6,300	7 HY 200DB	7,200	1,543
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	1,943	175
103	GATE OPERATOR	1/26/17	2,895		X	1,447	15 HY 150DB	1,520	137
104	SIDEWALK	2/22/17	7,410		X	3,705	15 HY 150DB	3,890	352
105	FENCE FOR OUTER TRAIL	2/22/17	7,177		X	3,588	15 HY 150DB	3,768	341
106	TRAIL IMPROVEMENT	3/09/17	20,000		X	10,000	15 HY 150DB	10,500	950
108	MOBILE HOME REMODEL	3/28/17	4,210			4,210	39 MMS/L	85	108
109	DELL ALL IN ONE DESKTOP	2/01/17	500		X	250	5 HY 200DB	300	80
110	(2) HP LAPTOP	2/01/17	800		X	400	5 HY 200DB	480	128
111	HP SMALL LAPTOP	2/01/17	208		X	104	5 HY 200DB	125	33
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	7,723	699
114	WASHER AND DRYER	2/20/17	863		X	431	7 HY 200DB	493	106
115	STOVE	9/05/17	500		X	250	7 HY 200DB	286	61
116	FREE STANDING FIREPLACE	9/05/17	500		X	250	7 HY 200DB	286	61
117	NEW LIGHT FIXTURES AND INSTALL	6/10/17	4,500			4,500	39 MMS/L	63	115
118	WASH RACK COVER	6/14/17	1,500			1,500	39 MMS/L	21	38
119	ABBY (LIVESTOCK)	9/05/17	10,000		X	5,000	7 HY 200DB	5,714	1,225
120	MAGGIE (LIVESTOCK)	3/11/17	1,750		X	875	7 HY 200DB	1,000	214
121	PEPPI (LIVESTOCK)	6/26/17	3,500		X	1,750	7 HY 200DB	2,000	429
			<u>578,020</u>			<u>404,099</u>		<u>304,763</u>	<u>29,357</u>
Other Depreciation:									
92	LAND	4/01/16	276,600			276,600	0 -- Land	0	0
	Total Other Depreciation		<u>276,600</u>			<u>276,600</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>276,600</u>			<u>276,600</u>		<u>0</u>	<u>0</u>
	Grand Totals		888,946			680,699		304,763	63,683
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>888,946</u>			<u>680,699</u>		<u>304,763</u>	<u>63,683</u>

27-1077468

AMT Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:										
122	HP LAPTOP FOR PREP	5/30/18	460			X	0	5 MQ200DB	0	460
123	DELL INSPIRON LAPTOP FOR PREP	12/02/18	311			X	0	5 MQ200DB	0	311
			<u>771</u>				<u>0</u>		<u>0</u>	<u>771</u>
7-year GDS Property:										
124	PANELS/BRACES/GATES	1/02/18	2,325			X	0	7 MQ200DB	0	2,325
125	HAY HUT	4/29/18	799			X	0	7 MQ200DB	0	799
126	DB CC-PROJECTOR FOR JRC PREP CL/	5/30/18	1,854			X	0	7 MQ200DB	0	1,854
129	HORSE TRAILER	10/15/18	13,500			X	0	7 MQ200DB	0	13,500
			<u>18,478</u>				<u>0</u>		<u>0</u>	<u>18,478</u>
15-year GDS Property:										
127	FENCING FOR ADDITIONAL PASTURE	12/04/18	15,077			X	0	15 MQ150DB	0	15,077
			<u>15,077</u>				<u>0</u>		<u>0</u>	<u>15,077</u>
Prior MACRS:										
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	3,627	132
6	AIR CONDITIONING AND HEATING SY	12/01/09	5,000				5,000	39 MMS/L	1,031	128
7	BUILDING	12/01/09	42,128				42,128	39 MMS/L	8,670	1,080
9	FENCING	6/28/10	3,117				3,117	15 HY 150DB	1,737	184
10	WASTE WATER TREATMENT SYSTEM	4/26/10	5,140				5,140	15 HY 150DB	2,864	303
11	MOBILE HOME	7/01/10	17,000				17,000	20 HY 150DB	7,519	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	2,950	371
14	DRY WALL	1/01/10	13,700				13,700	39 MMS/L	2,796	351
15	METAL BUILDING	1/01/10	4,635				4,635	39 MMS/L	946	119
16	TRIM DOORS	1/01/10	300				300	39 MMS/L	61	8
17	GRAB BARS	1/01/10	300				300	39 MMS/L	61	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	669	70
24	ARENA AND WASH SERVICES	2/01/10	1,500				1,500	15 HY 150DB	836	88
25	MOUNTING RAMP	2/01/10	961				961	7 HY 200DB	961	0
30	HORSE TRAILER	9/16/10	5,595				5,595	5 HY 200DB	5,595	0
32	AUTOMATED EXTERNAL DEFIBRAL	11/01/11	1,799			X	0	7 HY 200DB	1,799	0
33	2 WESTERN SADDLES	6/07/11	500				500	7 HY 150DB	469	31
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	188	12
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	7,043	332
52	JOHN DEER TRACTOR	5/17/12	28,000				28,000	7 MQ150DB	23,295	3,422
53	LAMINATE COUNTERTOPS	1/04/12	445			X	222	15 HY S/L	304	15
54	FENCING FOR FRONT PASTURE	1/17/12	750			X	375	15 HY 150DB	540	22
55	FENCING FOR NORTH PROPERTY LINI	1/26/12	1,830			X	915	15 HY 150DB	1,317	54
56	HORSE WIRE FENCE	1/30/12	4,935			X	2,467	15 HY 150DB	3,551	146
57	FENCE MATERIALS	2/01/12	1,160			X	580	15 HY 150DB	835	34
58	FENCING MATERIALS	2/28/12	195			X	97	15 HY 150DB	140	6
59	FENCING FOR MOBILE HOME YARD	3/26/12	821			X	410	15 HY 150DB	591	24
60	18 PALLETS SOD	5/24/12	2,700			X	1,350	15 HY 150DB	1,943	79
61	STORAGE BUILDING	12/17/12	14,041			X	7,020	7 MQ200DB	12,892	613
62	HAY CANOPY	10/15/12	25,350			X	12,675	7 MQ200DB	23,275	1,107
67	REFRIGERATOR	9/20/13	350			X	175	7 HY 200DB	311	16
68	WELL HOUSE	5/08/14	12,173			X	6,087	15 HY 150DB	7,958	421
69	AIR CONDITIONER FOR MOBILE HOM	5/11/14	5,380			X	2,690	15 HY S/L	3,318	179
70	PERGOLA	9/27/14	5,000			X	2,500	15 HY 150DB	3,269	173

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Form 990, Page 1

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71	TREX DECKING	11/04/14	13,065		X	6,532	15 HY 150DB	8,541	452
72	THERAPLATE	8/25/14	10,934		X	5,467	7 HY 200DB	9,226	488
73	KC CC - HAY HUT	11/03/14	800		X	400	7 HY 200DB	675	36
74	HUMAN SIZED THERAPLATE AND 14X	11/21/14	2,200		X	1,100	7 HY 200DB	1,856	99
77	DELL LAPTOP	5/01/15	550		X	275	5 MQ200DB	476	31
79	CONCRETE DRIVEWAY	4/15/15	40,000		X	20,000	15 HY 150DB	24,610	1,539
81	BON RE (ARAB MARE)	2/04/16	2,500		X	1,250	7 HY 200DB	1,735	218
82	HONEY (QUARTER HORSE MARE)	6/28/16	1,500		X	750	7 HY 200DB	1,041	131
83	ROSIE (QH MARE)	12/16/16	2,500		X	1,250	7 HY 200DB	1,735	218
84	2012 DODGE RAM TRUCK 2500 LONGF	3/23/16	29,000			29,000	5 HY 150DB	11,192	5,342
85	DESKS AND DRAWERS	5/24/16	1,270		X	635	7 HY 200DB	881	111
86	(3) IPAD MINIS	11/10/16	881		X	441	5 HY 200DB	670	84
87	ROUND PEN	3/29/16	2,138		X	1,069	7 HY 200DB	1,484	187
88	BEARBACK RIDING SIMULATOR MAC	10/20/16	6,500		X	3,250	7 HY 200DB	4,510	569
89	BUILDING EXPANSION	5/31/16	80,000			80,000	39 MMS/L	3,333	2,052
91	WATER WELL	6/21/16	11,045		X	5,522	15 HY 150DB	6,323	472
94	HP FILE SERVER COMPUTER	9/02/17	480		X	240	5 HY 200DB	288	77
95	HP LAPTOP	9/02/17	400		X	200	5 HY 200DB	240	64
96	DELL DESKTOP	9/02/17	500		X	250	5 HY 200DB	300	80
97	HP LAPTOP, MOUSE FOR INDOOR BAF	11/30/17	409		X	0	5 HY 200DB	409	0
98	JOHN DEERE RIDING MOWER	12/12/17	4,099		X	0	7 HY 200DB	4,099	0
99	TUCKER WESTERN SADDLE	3/22/17	1,725		X	862	7 HY 200DB	986	211
100	(2) BEARBACK RIDING SIMULATOR M	7/31/17	12,600		X	6,300	7 HY 200DB	7,200	1,543
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	1,943	175
103	GATE OPERATOR	1/26/17	2,895		X	1,447	15 HY 150DB	1,520	137
104	SIDEWALK	2/22/17	7,410		X	3,705	15 HY 150DB	3,890	352
105	FENCE FOR OUTER TRAIL	2/22/17	7,177		X	3,588	15 HY 150DB	3,768	341
106	TRAIL IMPROVEMENT	3/09/17	20,000		X	10,000	15 HY 150DB	10,500	950
108	MOBILE HOME REMODEL	3/28/17	4,210			4,210	39 MMS/L	85	108
109	DELL ALL IN ONE DESKTOP	2/01/17	500		X	250	5 HY 200DB	300	80
110	(2) HP LAPTOP	2/01/17	800		X	400	5 HY 200DB	480	128
111	HP SMALL LAPTOP	2/01/17	208		X	104	5 HY 200DB	125	33
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	7,723	699
114	WASHER AND DRYER	2/20/17	863		X	431	7 HY 200DB	493	106
115	STOVE	9/05/17	500		X	250	7 HY 200DB	286	61
116	FREE STANDING FIREPLACE	9/05/17	500		X	250	7 HY 200DB	286	61
117	NEW LIGHT FIXTURES AND INSTALL/	6/10/17	4,500			4,500	39 MMS/L	63	115
118	WASH RACK COVER	6/14/17	1,500			1,500	39 MMS/L	21	38
119	ABBY (LIVESTOCK)	9/05/17	10,000		X	5,000	7 HY 200DB	5,714	1,225
120	MAGGIE (LIVESTOCK)	3/11/17	1,750		X	875	7 HY 200DB	1,000	214
121	PEPPI (LIVESTOCK)	6/26/17	3,500		X	1,750	7 HY 200DB	2,000	429
			<u>578,020</u>			<u>404,099</u>		<u>300,917</u>	<u>29,543</u>
Other Depreciation:									
92	LAND	4/01/16	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		612,346			404,099		300,917	63,869
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>612,346</u>			<u>404,099</u>		<u>300,917</u>	<u>63,869</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
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	70	70	0
Page 1	1	24	ARENA AND WASH SERVICES	88	88	0
Page 1	1	25	MOUNTING RAMP	0	0	0
Page 1	1	30	HORSE TRAILER	0	0	0
Page 1	1	32	AUTOMATED EXTERNAL DEFIBRILLATOR	0	0	0
Page 1	1	33	2 WESTERN SADDLES	22	31	-9
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 THERAPY	9	12	-3
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)	332	332	0
Page 1	1	52	JOHN DEER TRACTOR	2,484	3,422	-938
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	146	146	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	613	613	0
Page 1	1	62	HAY CANOPY	1,107	1,107	0
Page 1	1	67	REFRIGERATOR	16	16	0
Page 1	1	68	WELL HOUSE	421	421	0
Page 1	1	69	AIR CONDITIONER FOR MOBILE HOME	179	179	0
Page 1	1	70	PERGOLA	173	173	0
Page 1	1	71	TREX DECKING	452	452	0
Page 1	1	72	THERAPLATE	488	488	0
Page 1	1	73	KC CC - HAY HUT	36	36	0
Page 1	1	74	HUMAN SIZED THERAPLATE AND 14X7 RU	99	99	0
Page 1	1	77	DELL LAPTOP	31	31	0
Page 1	1	79	CONCRETE DRIVEWAY	1,539	1,539	0
Page 1	1	81	BON RE (ARAB MARE)	218	218	0
Page 1	1	82	HONEY (QUARTER HORSE MARE)	131	131	0
Page 1	1	83	ROSIE (QH MARE)	218	218	0
Page 1	1	84	2012 DODGE RAM TRUCK 2500 LONGHORN	6,106	5,342	764
Page 1	1	85	DESKS AND DRAWERS	111	111	0
Page 1	1	86	(3) IPAD MINIS	84	84	0
Page 1	1	87	ROUND PEN	187	187	0
Page 1	1	88	BEARBACK RIDING SIMULATOR MACHIN	569	569	0
Page 1	1	89	BUILDING EXPANSION	2,052	2,052	0
Page 1	1	91	WATER WELL	472	472	0
Page 1	1	94	HP FILE SERVER COMPUTER	77	77	0
Page 1	1	95	HP LAPTOP	64	64	0
Page 1	1	96	DELL DESKTOP	80	80	0

27-1077468

Depreciation Adjustment Report

FYE: 12/31/2018

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	97	HP LAPTOP, MOUSE FOR INDOOR BARN	0	0	0
Page 1	1	98	JOHN DEERE RIDING MOWER	0	0	0
Page 1	1	99	TUCKER WESTERN SADDLE	211	211	0
Page 1	1	100	(2) BEARBACK RIDING SIMULATOR MACF	1,543	1,543	0
Page 1	1	101	INDOOR BARN PROJECTOR	0	0	0
Page 1	1	102	FENCING FOR FRONT GATE	175	175	0
Page 1	1	103	GATE OPERATOR	137	137	0
Page 1	1	104	SIDEWALK	352	352	0
Page 1	1	105	FENCE FOR OUTER TRAIL	341	341	0
Page 1	1	106	TRAIL IMPROVEMENT	950	950	0
Page 1	1	108	MOBILE HOME REMODEL	108	108	0
Page 1	1	109	DELL ALL IN ONE DESKTOP	80	80	0
Page 1	1	110	(2) HP LAPTOP	128	128	0
Page 1	1	111	HP SMALL LAPTOP	33	33	0
Page 1	1	112	PASTURE WORK AND TREE REMOVAL	0	0	0
Page 1	1	113	TRAIL IMPROVEMENT	699	699	0
Page 1	1	114	WASHER AND DRYER	106	106	0
Page 1	1	115	STOVE	61	61	0
Page 1	1	116	FREE STANDING FIREPLACE	61	61	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	119	ABBY (LIVESTOCK)	1,225	1,225	0
Page 1	1	120	MAGGIE (LIVESTOCK)	214	214	0
Page 1	1	121	PEPPI (LIVESTOCK)	429	429	0
Page 1	1	122	HP LAPTOP FOR PREP	460	460	0
Page 1	1	123	DELL INSPIRON LAPTOP FOR PREP	311	311	0
Page 1	1	124	PANELS/BRACES/GATES	2,325	2,325	0
Page 1	1	125	HAY HUT	799	799	0
Page 1	1	126	DB CC-PROJECTOR FOR JRC PREP CLASSR	1,854	1,854	0
Page 1	1	127	FENCING FOR ADDITIONAL PASTURE ARE	15,077	15,077	0
Page 1	1	129	HORSE TRAILER	13,500	13,500	0
				<u>63,683</u>	<u>63,869</u>	<u>-186</u>

Form 990	Event Income and Deduction Worksheet	2018
	Description FUND RAISING EVENTS	

Name JOYRIDE CENTER INC	Taxpayer Identification Number 27-1077468
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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.	367,739
7. Total revenue. Add lines 1 through 6	7.	367,739
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.	
14. Fundraising Expense	14.	60,226
15. Total expenses. Add lines 8 through 14	15.	60,226
16. Net Income/Loss. Line 7 minus Line 15	16.	307,513

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	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

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	60,226
Total Fundraising Expense	60,226

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2018
Description CHARITY BINGO UNIT		

Name JOYRIDE CENTER INC	Taxpayer Identification Number 27-1077468
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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.		1,149,423
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		1,149,423
8. Cost of Goods Sold	8.		880,554
9. Employment Expense	9.		84,654
10. Fees for services	10.		19,993
11. Indirect Expense	11.		125,194
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		412
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		1,110,807
16. Net Income/Loss. Line 7 minus Line 15	16.		38,616

Expense Details - Indirect Expense:

Advertising and promotion	16,676
Office	6,374
Printing/publication/postage	141
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	102,003
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	125,194

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	412
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	412

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	
Total Fundraising Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	880,554
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	880,554

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	84,654
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	84,654

Expense Details - Fees for Services:

Management	
Legal	
Accounting	9,301
Lobbying	
Professional fundraising	
Investment management	
Other	10,692
Total Fees for Services	19,993

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

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 for instructions and the latest information.
 Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0976

2019

1	Unrelated business taxable income expected in the tax year	1	33,754
2	Tax on the amount on line 1. See instructions for tax computation	2	7,088
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	7,088
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	7,088
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	7,088
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	7,088
b	Enter the tax shown on the 2018 return. See instructions. Caution: 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	7,088
c	2019 Estimated Tax. 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	7,088

	(a)	(b)	(c)	(d)	
11 Installment due dates. See instructions	11	04/15/19	06/17/19	09/16/19	12/16/19
12 Required installments. 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			5,316	1,772
13 2018 Overpayment. See instructions	13			4,259	
14 Payment due (Subtract line 13 from line 12)	14			1,057	1,772

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2019)

Charitable Contribution Carryover Worksheet - CorporationsForm **990-T****2018**

For calendar year 2018, or tax year beginning , ending

Name

JOYRIDE CENTER INCEmployer Identification Number
27-1077468**Regular Tax Calculations**

Preceding Tax Year	Prior Years			Current Year	Next Year
	Excess Contributions	Amount Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17	13,652		13,652		13,652
Charitable Contribution Carryover to 2018			13,652		
Current Year	2,500				2,500
Charitable Contribution Carryover Available To Next Year					16,152

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

JOYRIDE CENTER INC**27-1077468**

		2017	2018	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 470,698	491,856	21,158
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 120,515	99,420	-21,095
	5. Investment income	5. 63	885	822
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -320		320
	8. Net income or (loss) from fundraising events	8. -67,788	-60,226	7,562
	9. Net income or (loss) from gaming	9. 74,223	38,616	-35,607
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. -15,511	35,588	51,099
	12. Total revenue. Add lines 1 through 11	12. 581,880	606,139	24,259
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 280,024	285,626	5,602
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 6,237	9,973	3,736
	19. Occupancy, rent, utilities, and maintenance	19. 9,064	8,375	-689
	20. Depreciation and Depletion	20. 85,880	63,683	-22,197
	21. Other expenses	21. 147,770	145,602	-2,168
	22. Total expenses. Add lines 13 through 21	22. 528,975	513,259	-15,716
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 52,905	92,880	39,975
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 581,880	606,139	24,259
	25. Total unrelated revenue	25. 74,223	38,616	-35,607
	26. Total excludable revenue	26. 104,747	135,893	31,146
	27. Total assets	27. 801,942	875,143	73,201
	28. Total liabilities	28. 230,289	210,610	-19,679
	29. Retained earnings	29. 571,653	664,533	92,880
	30. Number of voting members of governing body	30. 10	9	
	31. Number of independent voting members of governing body	31. 10	9	
	32. Number of employees	32. 16	18	
	33. Number of volunteers	33. 100	100	

Form 990T		Two Year Comparison Report		2017 & 2018	
Name		For calendar year 2018, or tax year beginning		, ending	
JOYRIDE CENTER INC				Taxpayer Identification Number 27-1077468	
		2017	2018	Differences	
Revenue	1. Gross profit/loss on business activities	1. 296,101	268,869	-27,232	
	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.			
	11. Total trade or business income. Combine lines 1 through 10	11. 296,101	268,869	-27,232	
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13. 82,203	84,654	2,451	
	14. Repairs and maintenance	14. 381	412	31	
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17. 750		-750	
	18. Charitable contributions	18. 7,422	3,862	-3,560	
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
22. Other deductions	22. 138,544	145,187	6,643		
	23. Total deductions. Add lines 12 through 22	23. 229,300	234,115	4,815	
	24. Net income on Page 1; Subtract line 23 from 11	24. 66,801	34,754	-32,047	
	25. Unrelated business taxable income from all trades	25. 66,801	34,754	-32,047	
	26. Disallowed employee fringe benefits	26.			
	27. Net operating loss (pre-2018)	27.			
	28. Taxable income after NOL loss	28. 66,801	34,754	-32,047	
	29. Specific deduction	29. 1,000	1,000		
	30. Unrelated business taxable income.	30. 65,801	33,754	-32,047	
Tax & Credits	31. Income tax (corporate or trust)	31. 11,450	7,088	-4,362	
	32. Proxy tax	32.			
	33. Other taxes	33.			
	34. Total taxes	34. 11,450	7,088	-4,362	
	35. Other credits	35.			
	36. General business credit	36.			
	37. Credit for prior year minimum tax	37.			
	38. Total credits	38.			
	39. Net tax after credits	39. 11,450	7,088	-4,362	
	40. Recapture taxes and 965 tax	40.			
	41. Total Taxes	41. 11,450	7,088	-4,362	
Due/Refund	42. Prior year overpayment and estimated tax payments	42.	11,451	11,451	
	43. Payment made with extension	43.			
	44. Backup withholding and foreign withholding	44.			
	45. Other payments	45.			
	46. Total payments	46.	11,451	11,451	
	47. Balance due/(Overpayment)	47. 11,450	-4,363	-15,813	
	48. Overpayment applied to next year	48.	4,259	4,259	
	49. Penalties	49.	104	104	
	50. Total due/(Refund)	50. 11,450		-11,450	

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>
WELLS FARGO BANK	\$ 106		25	TX		
DIVIDEND INCOME	779		25	TX		
TOTAL	<u>\$ 885</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
INSTRUCTORS/THERAPISTS	\$ 9,973	\$ 9,973	\$	\$
TOTAL	\$ 9,973	\$ 9,973	\$ 0	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
EMPLOYEE RETENTION	\$ 4,165	\$ 4,165	\$	\$
HUMAN RESOURCES	3,427	3,427		
MERCHANDISE	1,365	1,365		
BAD DEBT EXPENSE	1,248	1,248		
VOLUNTEER EXPENSES	734		734	
WATER & DRINKS	145	145		
TOTAL	\$ 11,084	\$ 10,350	\$ 734	\$ 0

Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
OTHER INCOME	\$ 3,908
FUND RAISING EVENTS	
 TOTAL	 \$ <u>3,908</u>

Schedule A, Part III, Line 10b

Description	Amount
CHARITY BINGO UNIT	\$ 38,616
LESS: DEDUCTIONS	-7,362
LESS: TAXES	-6,563
 TOTAL	 \$ <u>24,691</u>

Federal Statements

FUND RAISING EVENTS

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
JAMBOREE	\$ 31,310
GOLF TOURNAMENT	16,275
HHHDOWN	222
YEAR END APPEAL	61
3RD PARTY EVENTS	768
TEJAS BINGO	11,590
TOTAL	<u>\$ 60,226</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

27-1077468

JOYRIDE CENTER INC

Net Asset / Fund Balance at Beginning of Year		<u>571,653</u>
Revenue		
Contributions	<u>491,856</u>	
Program service revenue	<u>99,420</u>	
Investment income	<u>885</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>1,149,423</u>	
Direct expenses	<u>1,171,033</u>	
Net income	<u>-21,610</u>	
Other income	<u>35,588</u>	
Total revenue		<u>606,139</u>
Expenses		
Program services	<u>452,677</u>	
Management and general	<u>60,582</u>	
Fundraising		
Total expenses		<u>513,259</u>
Excess / (deficit)		<u>92,880</u>
Changes		
Net Asset / Fund Balance at End of Year		<u><u>664,533</u></u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>606,139</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>513,259</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>801,942</u>	<u>875,143</u>	
Liabilities	<u>230,289</u>	<u>210,610</u>	
Net assets	<u><u>571,653</u></u>	<u><u>664,533</u></u>	<u>92,880</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/19
Failure to file penalty _____