Form 990		90	Return of Org Under section 501(c), 527, or	ganization Exem	pt From	Incon	ne Tax	0MB No. 1545-0047	
			Do not enter so	cial security numbers on this	form as it may	be made	public.	Open to Public	
Intern	al Reve	of the Treasury		s.gov/Form990 for instruction				Inspection	
AF	or the	2020 calend	ar year, or tax year beginning		and ending				
Bc	heck if oplicabl	e:	forganization			D Emp	loyer identificat	tion number	
	Addre chang Name chang	• RIDE	ON ST. LOUIS, :	INC.		- 4	3-1885666	5	
]Initial	and the second s	and street (or P.O. box if mail is r	not delivered to street address)	Room/suite		phone number		
	Final	D O	BOX 94		1100mrsbitt		36-464-34	108	
	termin ated		own, state or province, country	, and ZIP or foreign postal cod	le	A Designed and the second	receipts \$	180,296.	
	Amen	ded KIMM	SWICK, MO 6305				this a group retu	the second s	
	Applic	a- F Name a	nd address of principal officer:]	MARITA WASSMAN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes X No	
	pendir		as C above						
1 T	ax-exe	empt status:	X 501(c)(3) 501(c) () < (insert no.) 4947	(a)(1) or 52	SA		. See Instructions	
JV	Vebsit	te: NWW.	RIDEONSTL.ORG				oup exemption n		
			X Corporation Trust	Association Other	L Yea			tate of legal domicile: MO	
Pa	rt I	Summary					the second second second		
e	1	Briefly describ	e the organization's mission or	most significant activities: TO	O PROMOT	E HEAD	LTH AND H	ENRICH	
anc	11	LIVES T	HROUGH LOVE, JOY	Y, AND HOLISTIC	HEALING				
An	2	Check this bo	x > if the organization of	discontinued its operations or	disposed of mor	e than 25	% of its net asse	ts.	
NO			ting members of the governing				3	5	
8	4	Number of ind	lependent voting members of th	he governing body (Part VI, line	ə 1b)		4	5	
es	5	Total number	of individuals employed in caler	ndar year 2020 (Part V, line 2a)			5	3	
iviti	6	Total number	of volunteers (estimate if neces	isary)			6	191	
Activities & Governance	7 a	Total unrelated	d business revenue from Part V	/III, column (C), line 12			7a	0.	
_	b	Net unrelated	business taxable income from	Form 990-T, Part I, line 11				0.	
							Year	Current Year	
e	8	Contributions	and grants (Part VIII, line 1h)		1	80,877.	158,546.		
Revenue							4,064.	2,072.	
Sevi	10	Investment ind	come (Part VIII, column (A), line:	s 3, 4, and 7d)			63.		
-			e (Part VIII, column (A), lines 5, 6				15,393.	16,966.	
			- add lines 8 through 11 (must			2	00,453.	177,647.	
			milar amounts paid (Part IX, colu				0.	0.	
			to or for members (Part IX, colu				0.	0.	
es			r compensation, employee bene			1	06,202.	110,432.	
Expenses			undraising fees (Part IX, column				0.	0.	
\$			ing expenses (Part IX, column (1,131.				
-			es (Part IX, column (A), lines 11:				10,079.	87,914.	
			es. Add lines 13-17 (must equal				16,281.	198,346.	
. (2)		Revenue less	expenses. Subtract line 18 from	n line 12			15,828.	-20,699.	
Net Assets or Fund Balances					B		Current Year	End of Year	
SSe Bala	20	Concernation and a second					95,391.	77,282.	
etA	21						8,926.	11,516.	
			fund balances. Subtract line 21	from line 20			86,465.	65,766.	
	irt II	Signature	And a state of the local data and the						
		Contraction of the second s	I declare that I have examined this r				Comparison and a second s	nowledge and belief, it is	
true,	correc	t, and complete.	. Declaration of preparer (other than		n of which prepare	er has any k	nowledge.	1.	
_		Signature	e of pfficer	uman			Date	/21	
Sigr				D DDD CTDDD			Udic /		
Her	e		TÁ WASSMAN, VICI	E PRESIDENT					
			the second se	Droppror's signature		Date	Check	PTIN	
Paid		Print/Type pre		Preparer's signature		4/27/		P01215894	
Prep		Keith S		er & Williamson	, CPA's		Firm's EIN > 37	and all strates in that can be appended and the state of the line in the second state in the second state.	
	Only		6240 S. Lindbe	erch Ste 101	, CFA S		THINSEIN > 31	-1231021	
026	Uniy	rinn s address	St. Louis, MO				Phone no. 314 -	845-7999	
Mar	the	29 diegung thi	s return with the preparer show		WILLIAM		Station	X Yes No	
way	THO I	to uscuss mi	a record with the preparer show	abover oce instructions		***********	protection of the second second		

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm		. LOUIS, INC.	43-1885666 Pag								
Pai	rt III Statement of Program Service	Accomplishments									
		e or note to any line in this Part III									
1	Briefly describe the organization's mission:	(1) "0									
	Ride On St. Louis, Inc. (the "Organization") is organized as a nonprofit corporation. The Organization promotes health and enriches										
	lives through love, joy										
-	Did the organization undertake any significant		rement of the horse, equine								
8		• •									
	If "Yes," describe these new services on Sche										
	Did the organization cease conducting, or ma		cts, any program services?								
	If "Yes," describe these changes on Schedule										
	이 것이 같은 것 같은 것은 것 같은 것이 같은 것 같은 것 같은 것 같		argest program services, as measured by expenses.								
			ants and allocations to others, the total expenses, and								
	revenue, if any, for each program service repo										
a		,757 . including grants of \$) (Revenue \$ 63								
			(therapy with the aid of a								
	horse) and/or therapeut	ic horsemanship to	achieve emotional, mental ar								
			and physically disabled, as								
	well as the disadvantag	ed youth of the com	munity.								
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b	(Code:) (Expenses \$	including grants of \$) (Revenue \$								
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	Other program services (Describe on Schedu	e ()									
łc łd	Other program services (Describe on Schedu (Expenses \$	le O.)) (Revenue \$)								

Checklist	of Required	Sch	edules	5	
2020)	RIDE	ON	ST.	LOUIS,	INC
	(2020) Checklist				2020) RIDE ON ST. LOUIS, 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)?		v	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	-1	
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	1	<u> </u>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			COMPANY Franks
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1111-1-1-1
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			12
10	complete Schedule G, Part III	19		x
20a		20a		X
b		20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Contraction of the local division of the loc	Checklist of	Dequired	Cab	a dula		
Form 990	(2020)	RIDE	ON	ST.	LOUIS,	INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
_	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38		
-	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 1a	1	185	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	Ō		See.
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	-

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the second se	990 (2020) RIDE ON ST. LOUIS, INC.	43-1885	666	P	age 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
				Yes	No		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2					
	filed for the calendar year ending with or within the year covered by this return	2a 3	e replica		v		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return Nates (the sum of lines to end 0a is made then 250		2b	C-ROWER	X		
2.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		COLUMN	as and a	x		
			3a	-	•		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	en o de la desta de la dest			x		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	1150/4253	A alasta		
	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		/0(1988)		x		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th		50	-	-		
ua	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 contribut		Va				
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).	*********************************	建隔清	的時間	2.49		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?		7c		x		
	If "Yes," indicate the number of Forms 8282 filed during the year			YSTAN .	- SECTOR		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		CONTRACTOR IN		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f	0			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		1		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	1			
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	and the second se	() ear		28 H		
	sponsoring organization have excess business holdings at any time during the year?		8				
9	Sponsoring organizations maintaining donor advised funds.				ALC: NO		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:	. 50		和原始	Same.		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	NACES OF	市場開発	SC 3		
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:						
а	Gross income from members or shareholders	11a		1.5			
	Gross income from other sources (Do not net amounts due or paid to other sources against			-			
	amounts due or received from them.)	11b	and a second				
	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			The second		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		and the second				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note: See the instructions for additional information the organization must report on Schedule O.			and the second			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		al and	12.63	1200		
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c	ile-ivi		1988		
	Did the organization receive any payments for indoor tanning services during the tax year?	1 P/2	14a		x		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				v		
	excess parachute payment(s) during the year?		15	and play and	X		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmer	t incomo?	16	A DE SER	x		
	If "Yes," complete Form 4720, Schedule O.		10		-		
			Station of Street, St.	COLUMN TWO IS NOT	ALC STREET, SOUTH LT.		

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management		And the second second			
				-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		2	and a second	
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1.000				
	Enter the number of voting members included on line 1a, above, who are independent	1b		5	授留取	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other	18 Million	v	
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the					v
	of officers, directors, 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 9			4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's as					X
6	Did the organization have members or stockholders?			6		A
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	1. A. C. L.		-		x
	more members of the governing body?			7a		A
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			~		х
2	persons other than the governing body?			7b	2205012	Δ
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	2011/19 7 -1980	258A47857634307622756	1323月18	v	常能很
a	The governing body?		••••••	8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			1		v
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	1.1	•
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	1.10.000		101	1.00	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y betc	ore filing the form?	11a	X	and the second
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			19400a	v	E CALL
	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Λ	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe		v	
	in Schedule O how this was done				X	-
13	Did the organization have a written whistleblower policy?			13		
	Did the organization have a written document retention and destruction policy?			14	X	at MANUAL
15	Did the process for determining compensation of the following persons include a review and approv	and the second second	ndependent			2.127
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			A MAR	V	State of the
	The organization's CEO, Executive Director, or top management official				X	
b	Other officers or key employees of the organization			15b	X	ON LONG D
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			The second	ALC: NO	and the second
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a	in the second		19-536
	taxable entity during the year?			16a	XADON211	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					教会的
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			THE PARTY	多的教	See.
	exempt status with respect to such arrangements?			16b	_	
	tion C. Disclosure	_				-
17	List the states with which a copy of this Form 990 is required to be filed MO	100		(0)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	0-1 (Section 501(c)	(3)s only	/) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, a	and fina	ncial	
-	statements available to the public during the tax year.	2				
20	State the name, address, and telephone number of the person who possesses the organization's be Ride On St. Louis Trans - 636-464-3409	ooks a	nd records <a>			
	Ride On St. Louis, Inc 636-464-3408 P.O. BOX 94, KIMMSWICK, MO 63053				-	
-	F.O. DOX 34, KIIMIDWICK, MO 03033					-

10-

Form 990 (2020)	RIDE	ON	ST.	LOUIS,	INC.	43-1885666	6
Part VII	Compensation	n of Offi	cers,	Direc	tors, Trust	ees, Key	Employees, Highest Compensated	

Employees, and Independent Contractors

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

Page 7

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.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARITA WASSMAN	40.00									
VICE PRESIDENT	1 00	X	-	Х				39,792.	0.	0.
(2) DOMONIC LAMPASI	1.00			v				0.	0.	0.
PRESIDENT	1 00	X		X	-			0.	0.	0.
(3) KEITH O'CONNELL BOARD MEMBER	1.00	x						0.	0.	0.
(4) KATI BISHOP	1.00									
BOARD MEMBER		X		÷		1		0.	0.	0.
(5) KIM SEBAUGH	1.00									
TREASURER		X		X				0.	0.	0.
		-								
										F

032007 12-23-20

Form 990 (2020) RIDE ON	ST. LOU	IS	, :	INC	2.				43-1885	5666 Page
Part VII Section A. Officers, Directors, Tru (A) Name and title	le (B) (C) Position (do not check more than on box, unless person is both officer and a director/truster					than is bot	one h an	ompensated Employe (D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1b Subtotal c Total from continuation sheets to Part V	/IL Section A							<u>39,792.</u> 0.	0.	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization ▶]		39,792.	0.	
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	r, director, trust such individual							nest compensated emp		Yes No 3 X
 4 For any individual listed on line 1a, is the s and related organizations greater than \$15 5 Did any person listed on line 1a receive or 	um of reportab 50,000? <i>If</i> "Yes, accrue comper	le co " <i>coi</i> nsati	ompe mple ion f	ensa ete S rom	tion Sche any	and adule	oth J fo elate	er compensation from t or such individual d organization or indivi	the organization dual for services	4 X
rendered to the organization? If "Yes," cor Section B. Independent Contractors										5 X
 Complete this table for your five highest of the organization. Report compensation for 	ompensated ind the calendar y	depe ear e	ende endi	nt co ng w	ontr /ith d	acto or wi	rs th thin	at received more than the organization's tax y	\$100,000 of compen /ear.	sation from
(A) Name and busines:			ONE					(B) Description of s		(C) Compensation
							-			
2 Total number of independent contractors	(including but a	ot lir	nite	dto	the	e lie	ted	above) who received	ore than	
\$100,000 of compensation from the organ		ot in	inter	0.10	(red	above, who received m	ore than	Form 990 (2020

032008	12-23-20
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Form 990 (2020) RIDE ON ST. LOUIS, INC. Part VIII Statement of Revenue

C. C. Standow		-	Check if Schedule O c	ontains	a response	e or note to any line	(A)	(B)		(D) Revenue excluded
							Total revenue	Related or exempt function revenue	Unrelated business revenue	frank have von dan
ts	1 a	1	Federated campaigns		. 1a			和你的你 你是你不可以		
contributions, units, urants and Other Similar Amounts	b)	Membership dues		1b					· 资格 注意
E A	c	; 1	Fundraising events							
ar	d	1	Related organizations		1d					机的机械
Ē	e		Government grants (contr							
S	f	1	All other contributions, gifts,	grants, a	nd		and the second	and the second second second second	States of the second	New York and the
Ę		1	similar amounts not included	above .		158,546.				
P	g	3	Noncash contributions included in	lines 1a-1	1 1g \$	19,403.				
a	h	1	Total. Add lines 1a-1f				158,546.		1231 - Anglas and find all man	
						Business Code	desidenter (1997)			1 642
3	2 a		STUDENT FEES		-	624100	1,642.			1,642
	t	2	OTHER INCOME			624100	430.	•		430
	c	5		10.000						
e v	c	d								
Program Service Revenue	e	e		an avra						
	f	F	All other program service	revenue	•		0.000	Statement of the State of the Statement	The sector sector and the sector sector and the	法普遍感行政部
	9		Total. Add lines 2a-2f				2,072		经合耕的社會部	# SEE E E E E E E E E E E E E E E E E E
	3		Investment income (inclue	ding div	idends, inte	erest, and	62	62	and the second of	
			other similar amounts)				63	. 63	•	the second second
	4		Income from investment of	of tax-e>	cempt bond	I proceeds	and the second second			
	5		Royalties	· <u></u>			menu antenante foi universitate di latar	the construction of the state of the state of the	al damage area statiged a loga	·····································
					(i) Real	(ii) Personal				
	6 8	а	Gross rents	6a			Sectore to from	Angelen and Angelen		Lines Line Lines
	1	b	Less: rental expenses	6b						
		С	Rental income or (loss)	6c			A PARTICIPAL STATES			是 现代的现在分词 化学和
100			Net rental income or (loss			🕨	The second s	sta inducements della for a staticity of the large	 Anis and and again and any second s 	
	7 :	а	Gross amount from sales of		i) Securities	s (ii) Other				
1			assets other than inventory	7a						
	1	b	Less: cost or other basis							Test and the second
an			and sales expenses						a de la construcción de la constru	
ver	9	С	Gain or (loss)	7c			新国际状态的主要的			in all a second de datas
å	Š.	d	Net gain or (loss)			🕨			and the second	
Other Revenue	8	а	Gross income from fundrais	ing even	ts (not					
ð			including \$		of					
- 4			contributions reported or	n line 1 c	c). See					
			Part IV, line 18			Ba 19,615.				
			Less: direct expenses			вы 2,649.				16,966
- 11		С	Net income or (loss) from	n fundra	ising event	s 🕨	16,966	· Charles and the		10,900
- 5	9	a	Gross income from gami	ng activ	ities. See		STATISTICS AND	A THE REAL PROPERTY.		F And Let allow
			Part IV, line 19			9a	The Park of the first			清·日本(1)(1)(1)(1)
			Less: direct expenses			9b		the second second second		
		с	Net income or (loss) from	n gamin	g activities	🕨			Date a contraction date from the	The second with the second second
- 7	10	a	Gross sales of inventory,	, less re	turns				a state and	
- 8			and allowances			10a				
- 1			Less: cost of goods sold			10b	Contraction of the second	A SHEET AND		
		С	Net income or (loss) from	n sales (of inventory		1.4 M Lotting of the second second second			STA DESCRIPTION OF THE
s						Business Code	1200的建筑发展的软化。			
e	11	a				-			-	
enu		b						-		
Miscellaneous Revenue		c				-				
Nis		d	All other revenue							and the Artist Part of the states of
-		e	Total. Add lines 11a-11c	d b		>				10 02
-	12	-	Total revenue. See instruc				177,647	63	. (19,03

032009 12-23-20

Form 990 (2020) RIDE ON ST. L Part IX Statement of Functional Expenses

RIDE ON ST. LOUIS, INC.

43-1885666 Page 10

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 (D) (C) (A) (B) Do not include amounts reported on lines 6b. Program service Management and general expenses Fundraising Total expenses 7b. 8b. 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 860. 4,291. 82,518. 87,669. 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 22,763. 22,763. Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 11 a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 e Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, a 15. 74. 6,155. 6,244. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 99. 1,141. 1,240. Office expenses 13 Information technology 14 Royalties 15 12,209. 8. 12,217. 16 Occupancy 3,934. 7,337. 3,403. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 6,295. 6.295. Depreciation, depletion, and amortization 22 923. 923. Insurance 23 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 17,994. 14,247. 17,994. In-kind expenses а 14.247. b Horse supplies 6,145. 6,145. c Auto expense 5,856. 44. 9. 5,909. d Printing and publicatio 247. 8. 9,363. 9,108. All other expenses e 1,131. 8,458. 188,757. 198,346. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Lif following SOP 98-2 (ASC 958-720)

032010 12-23-20

Form 990 (2020) RIDE ON ST. LOUIS, INC. Part X Balance Sheet

43-1885666 Page 11

		Check if Schedule O contains a response or not			(A) Beginning of year		(B) End of year
-		Cook and interest bearing			64,575.	1	53,934.
		Cash - non-interest-bearing Savings and temporary cash investments				2	
	1000					3	
		Pledges and grants receivable, net	195.	4	695		
		Accounts receivable, net Loans and other receivables from any current or	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	15	and the second standard		
	5						
		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes			A MARKANA MARKANA ANA ANA ANA ANA ANA ANA ANA ANA ANA	5	(1047-9764 VCCASES) to state and a second
		Loans and other receivables from other disquali				SHOLE.	and the second second
	6	under section 4958(f)(1)), and persons described			STATES AND ADDRESS AND ADDRESS ADDRESS ADDRESS ADDRESS	6	The second se
	1					7	
	7	Notes and loans receivable, net				8	
Assets	8	Inventories for sale or use			4,831.	9	3,170
	9	Prepaid expenses and deferred charges					
	10a	Land, buildings, and equipment: cost or other	102	81,648.	for the second second second	a break the	ALL PROPERTY OF
		basis. Complete Part VI of Schedule D	100	62,665.	25,790.	10c	18,983
		Less: accumulated depreciation		11			
	11	Investments - publicly traded securities		12			
	12	Investments - other securities. See Part IV, line		13			
	13	Investments - program-related. See Part IV, line		14			
	14	Intangible assets	0.		500		
	15	Other assets. See Part IV, line 11	95,391.		77,282		
_	16	Total assets. Add lines 1 through 15 (must equ	8,926.		7,516		
	17	Accounts payable and accrued expenses	075201	18			
1	18	Grants payable		19			
	19	Deferred revenue		20			
	20	Tax-exempt bond liabilities				21	
- 3	21	Escrow or custodial account liability. Complete			Manager Law Provide State		Markey Contraction
es	22	Loans and other payables to any current or for					And DATE AND AND A POPULATION
		trustee, key employee, creator or founder, subs			CERTIFIC EN SUIT CONTRACTOR	22	
Liabilities		controlled entity or family member of any of the				23	4,000
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate	ed third pa	rties	the state of the s	24	
	25	Other liabilities (including federal income tax, p	ayables to	related third			1 Bay - 1 7 B
		parties, and other liabilities not included on line	es 17-24). (Complete Part X		05	
		of Schedule D			8,926	25	11,516
-	26	Total liabilities. Add lines 17 through 25			0,520	20	I AND A DOCTOR DOCTOR
s		Organizations that follow FASB ASC 958, ch	eck here				
lce		and complete lines 27, 28, 32, and 33.			81,060	• 27	and the two and the second s
alar	27	Net assets without donor restrictions			5 405		
ä	28	Net assets with donor restrictions			5,405	• 20	E BALLING AND ALL AND A
Net Assets or Fund Balances		Organizations that do not follow FASB ASC	958, chec	k here 🕨 📖			
L L		and complete lines 29 through 33.					R BELING HELING ALL BUILDEN
tso	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
t As	31	Retained earnings, endowment, accumulated			06 166	31	65 76
Ne	32	Total net assets or fund balances			86,465	_	77 00
	33	Total liabilities and net assets/fund balances			95,391	• 33	Form 990 (20

Т

Form	990 (2020) RIDE ON ST. LOUIS, INC.	43-188	2666	Pag	e 12
Par	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
	Tatal sevenue (must equal Dath VIII, each mar (A) line 10)	1	177	7,64	47.
1	Total revenue (must equal Part VIII, column (A), line 12)	2		3,34	
2	Total expenses (must equal Part IX, column (A), line 25)	3		0,69	
3	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,40	
4		5			
5	Net unrealized gains (losses) on investments	6	-	1	
6	Donated services and use of facilities	7			
7	Investment expenses	8		-	
8	Prior period adjustments	9	1000 C	100	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	6	5,7	66.
Da	column (B)) t XII Financial Statements and Reporting				
Fa	Check if Schedule O contains a response or note to any line in this Part XII				X
	Check if Schedule O contains a response or hote to any line in this Part All		<u> </u>	Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other		122 238	-Harri	C. State
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	• 0	Les S		
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1012203325	X
za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		No.	A CARA	1912
		o on a	1000	S. A.	See
	separate basis, consolidated basis, or both:		2010		
			2b	X	Service .
b	Were the organization's financial statements audited by an independent accountant?		- 20	ARACE	Sector Co
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	ite basis,			
	consolidated basis, or both:		1000		
	X Separate basis Consolidated basis Both consolidated and separate basis	a availa	199311.0000	DERIGEN	國的時代的
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t		2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?		· 20	科制教育	125,653
	If the organization changed either its oversight process or selection process during the tax year, explain on Se		如時常語或語	的解释的现代	States and
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		0-		x
	Act and OMB Circular A-133?		. <u>3a</u>	-	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		3b		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			990	(0000
			Form	330	12020

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service					OMB No. 1545-0047 2020 Open to Public Inspection				
Name of th	ne organization			UTO TNO					identification number 3-1885666
Part	Reason fo	r Public C	ON ST. LO	All organizations must c	omplete th	is part \ S	ee instructio		3-1003000
COMPOSED CREATE	5200 V. S.	Sec. 18 (925) 27		For lines 1 through 12, c	and the second s		00 1130 0000		
1	A church, conv A school descri A hospital or a	ention of chu bed in sectio cooperative h	rches, or association n 170(b)(1)(A)(ii). (/ nospital service orga	n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	l in section 990 or 99 ction 170	n 170(b)(1 0-EZ).) (b)(1)(A)(ii	i).	.)(iii). Enter	the hospital's name,
	An organization		the benefit of a co mplete Part II.)	llege or university owned	l or operat	ed by a go	overnmental	unit describ	ed in
6				nental unit described in s	ection 17	0(b)(1)(A)	(v).		
7 X	An organization	that normally	y receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from	the general	public described in
	section 170(b)								
	and the same time the		and the second	1)(A)(vi). (Complete Part	and the second second	d in analy	motion with c	land grant	collogo
				in section 170(b)(1)(A)(ulture (see instructions).					
		that normall	v receives (1) more	than 33 1/3% of its sup	port from c	ontributio	ns. members	ship fees, ar	nd aross receipts from
11 🔲 12 🗌	income and un See section 50 An organization An organization more publicly s lines 12a throug Type I. A sup the supporte organization.	related busine (9(a)(2). (Com a organized an organized an upported org gh 12d that d opporting organ d organization You must co	ess taxable income oplete Part III.) and operated exclus anizations describe escribes the type of nization operated, s n(s) the power to re complete Part IV, Se		fety. See s perform t r section 5 n and com by its supp a majority o	sses acqu section 50 he functio 509(a)(2). plete lines ported org of the direc	lired by the c D9(a)(4). ons of, or to c See section s 12e, 12f, ar ganization(s), ctors or trust	rganization carry out the 509(a)(3). C nd 12g. typically by rees of the s	after June 30, 1975. e purposes of one or Check the box in giving supporting
b L	control or ma	inagement of	한 것은 것 같은 것은 것을 알려요. 것은 것은 것은 것은 것은 것은 것은 것을 같이 없다. 것은 것은 것은 것은 것은 것을 같이 없다. 것은 것을 알려요. 것은	l or controlled in connec anization vested in the s Sections A and C.			and the second second second second second		
c	en Grener server and find	New restance of the second second		g organization operated s). You must complete l				ally integrat	ed with,
d [that is not fu	nctionally inte	grated. The organi	oorting organization oper zation generally must sa nplete Part IV, Section	tisfy a distr	ribution re	quirement a		
e	functionally i	ntegrated, or	Type III non-functio	written determination fro nally integrated support	ing organiz	zation.		e II, Type III	
						••••••			
) Name of suppor		about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount	of monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see	instructions)	support (see instructions)
Total			tat at						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A

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

Se	ction A. Public Support					-22	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and					1-1	
	membership fees received. (Do not						
	include any "unusual grants.")	340,121.	254,822.	237,493.	198,043.	178,161.	1,208,640.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		- C.Z. She ha				
3	The value of services or facilities						
	furnished by a governmental unit to				1	1	
	the organization without charge						
4	Total. Add lines 1 through 3	340,121.	254,822.	237,493.	198,043.	178,161.	1,208,640.
5	The portion of total contributions	A Contract of A relight		All the second second		·····································	
	by each person (other than a						
	governmental unit or publicly		和中国的政策				
	supported organization) included				1. 新加利率	The second s	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	Strates Statistics		and the second second	21.42.1.42.1.2.6.8	a share and an	
	column (f)	Constant and the second			Constant States	A State of the State of the	18,584.
6	Public support. Subtract line 5 from line 4.	State of the second second second					1,190,056.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	340,121.	254,822.	237,493.	198,043.	178,161.	1,208,640.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1.41 Te				63.	63.
9	Net income from unrelated business						
	activities, whether or not the		1	2 - 1 - 1 - 2 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4			
	business is regularly carried on	16 L 1 1 1 1		1			
10	Other income. Do not include gain		and the second second				
	or loss from the sale of capital		한 것 같은 말했				
	assets (Explain in Part VI.)	2,485.	5,167.	3,928.	2,168.	430.	14,178.
11	Total support. Add lines 7 through 10		INCREMENTS IN CONTRACTOR	19485-1048-4468	Same barrier and a set		1,222,881.
	Gross receipts from related activities,	etc. (see instruction	ons)		And the second	12	113,103.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop						
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (I			column (f)		14	97.32 %
15	Public support percentage from 2019	Schedule A. Part	II. line 14		*******	15	98.65 %
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	line 13. and line [•]	14 is 33 1/3% or n	the second s	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2020. If the ora	anization did not o	heck a box on line	13.16a.or16b.a	and line 14 is 10% (or more
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						

Schedule A (Form 990 or 990-EZ) 2020

43-1885666 Page 2

(Form 990 or 990-E7) 2020	RIDE	ON	ST.	LOUITS	TNC

Schedule A (Form 990 or 990 EZ) 2020 RIDE ON ST. LOUIS, INC. 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.)

in) 🕨 (a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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on s, es es inesses siness Ob, gain and 12.) is for the organization's f Public Support P 2020 (line 8, column (f), m 2019 Schedule A, Pa f Investment Incor	ercentage , divided by line 13 rt III, line 15 ne Percentage	, column (f))		15 16	▶∟% % %
on s, es es nesses ob, gain and 12.) is for the organization's f Public Support P · 2020 (line 8, column (f), m 2019 Schedule A, Pa f Investment Incor e for 2020 (line 10c, colu	ercentage divided by line 13 rt III, line 15 ne Percentage Jumn (f), divided by	column (f)))	15 16 17	
on s, es	ercentage divided by line 13 rt III, line 15 ne Percentage umn (f), divided by A, Part III, line 17	column (f))) line 13, column (f))	15 16 17 18	
on s, es messes siness 0b, gain and 12.) is for the organization's f Public Support P 2020 (line 8, column (f), m 2019 Schedule A, Pa f Investment Incor re for 2020 (line 10c, colu re for 2019 Schedule A 0. If the organization did	ercentage divided by line 13 rt III, line 15 ne Percentage umn (f), divided by A, Part III, line 17 I not check the box	column (f))) ne 15 is more than	15 16 17 18 33 1/3%, and line	
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on s, es messes siness 0b, gain and 12.) is for the organization's f Public Support P 2020 (line 8, column (f), m 2019 Schedule A, Pa f Investment Incor e for 2020 (line 10c, colu e from 2019 Schedule A 0. If the organization did s box and stop here. Th	ercentage divided by line 13 rt III, line 15 ne Percentage umn (f), divided by A, Part III, line 17 I not check the box e organization qua I not check a box o stop here. The org	column (f)) line 13, column (f) on line 14, and lir lifies as a publicly n line 14 or line 19 anization qualifies) ne 15 is more than supported organiz 9a, and line 16 is n as a publicly supp	15 16 17 18 33 1/3%, and line zation more than 33 1/3% ported organization	9% 9% 9% 9% 9% 9% 9% 9% 9% 9% 9% 9% 9% 9
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032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

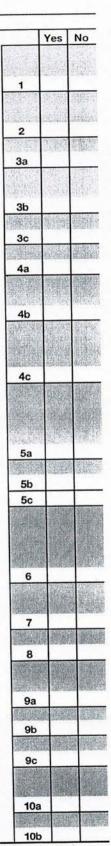
Schedule A (Form 990 or 990 EZ) 2020 RIDE ON ST. LOUIS, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



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Schedule A (Form 990 or 990-EZ) 2020

032024 01-25-21

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	State State	S.R.D.	
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	1 第二近一次	ENG!	
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		美洲树	
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		_	
		_	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	Alter and a		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	Tangan artisti ya		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	San Par		162.
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	网络温泉		透明
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	stan Mir Ja		Bashie .
	supervised, or controlled the supporting organization.	2	I	
Sec	tion C. Type II Supporting Organizations			
		C. C	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		E CAS	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			The second
	or management of the supporting organization was vested in the same persons that controlled or managed		1.2000 m 20	STATES -
	the supported organization(s).	1	1	
Sec	tion D. All Type III Supporting Organizations			Long -
		Freedom's select	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			素計算
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	and a start of		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	建立原用	山林的港	副和国
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Contractor	a concernance
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			影响
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	深度透透		129.63
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	C. TRONES	Contractory of
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	and the second	Sector Sector	网络国际
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ons).	-
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			S STATE
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		a share	
	how the organization was responsive to those supported organizations, and how the organization determined	Care and		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			- Atau
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	22.32		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	建設建設	E STATE	
	these activities but for the organization's involvement.	2b		

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

3a

3b

Schedule A (Form 990 or 990 EZ) 2020 RIDE ON ST. LOUIS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

Secti	on 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		
Secti	on 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):	And States	Republic and the second	
а	Average monthly value of securities	1a	Strand Hall Hill Inc. Inc	
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	1000 Mo 100	The second of the second	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	Carl and Carl Carl	
	Enter greater of line 2 or line 3.	4	The second second	
	Income tax imposed in prior year	5	and the second second second	
	Distributable Amount. Subtract line 5 from line 4, unless subject to		and the state of the astronomy adjusted	
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona		ted Ture III surporting area	nination (and

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

1

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Schedule A (Form 990 or 990 EZ) 2020 RIDE ON ST. LOUIS, INC.

Sect	ion D - Distributions		Jeonana		Current Year		
1							
2	Amounts paid to perform activity that directly furthers exemp	and and a second s					
0.00	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6	*		
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsive					
0	(provide details in Part VI). See instructions.	ne organization is responsive		8			
0	Distributable amount for 2020 from Section C, line 6			9			
9	Line 8 amount divided by line 9 amount		all shares and the second s	10			
10	Line 8 amount divided by line 9 amount	(1)	(iii)	1 10	(iii)		
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6	ter and the same of the state					
2	Underdistributions, if any, for years prior to 2020 (reason-	"和我们不是你们在不会能给			a second second		
2570	able cause required - explain in Part VI). See instructions.				PROFESSION STREET		
3	Excess distributions carryover, if any, to 2020	Selection and the second second	Rest Contractor	《 》[]]]]]	The second states of the second		
a		The second s					
	From 2016	And States and States	STATES AND	a leaded			
	From 2017	PERMIT AND A DESCRIPTION OF A DESCRIPTIO		1. MARCO	And the second second second		
	From 2018	A STATE AND COMPANY OF A DECISION	and the second states of the		Callend Line (Transfer 1997)		
	From 2019	The second s		1975 (A)	A STREET, SALE OF A STREET, SALE		
			and the second second second second				
	Total of lines 3a through 3e	Marser Provision Concerns (1990)	A PRODUCE WAS AND A PROPERTY OF A PROPERTY OF	ANTERION (M. STO	- ALL STREET		
	Applied to underdistributions of prior years		and the second second second	and date	Contractory of the state of the		
	Applied to 2020 distributable amount						
<u> </u>			and provide the second second	PLAN STR	Provident Avenues and		
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	No. of the second second second second			and the floor of the standard of a standard of		
4	Distributions for 2020 from Section D,	A SHARE OF THE PARTY OF THE					
-	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.			1000			
5	Remaining underdistributions for years prior to 2020, if	A STATE OF THE STA			The second second		
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.			C. PRODUCED			
6	Remaining underdistributions for 2020. Subtract lines 3h		化学生 化学生				
	and 4b from line 1. For result greater than zero, explain in	1. A start of the start of the					
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j and 4c.						
8	Breakdown of line 7:			Step.			
a	Excess from 2016		E. States	$2r_{1-1}$			
	Excess from 2017			and the second			
	Excess from 2018						
	Excess from 2019		1. 小量包括				
-	Excess from 2020	The second second second second	State of the second second		and the second second		

Schedule A (Form 990 or 990-EZ) 2020

	(Form 990 or 990 EZ) 2020 RIDE ON ST. LOUIS, INC.	43-1885666 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	V. Section B, line 1e; Part V,
•		
-		
-		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

	RIDE ON ST. LOUIS, INC.	43-1885666
Organization type (che	ick one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization

Page 2

Employer identification number

43-1885666

RIDE ON ST. LOUIS, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>	CATHERINE MANLEY GAYLOR FOUNDATION 111 WESTPORT PLAZA DR ST LOUIS, MO 63146	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	KRIEGHAUSER, LAWRENCE & DIANE 6008 WINDSOR ROAD KIMMSWICK, MO 63053	\$10,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	SMALL BUSINESS ADMINISTRATION 409 THIRD STREET SW WASHINGTON DC, DC 20024	\$21,500.	Person X Payroll D Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

43-1885666

RIDE ON ST. LOUIS, INC.

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

(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	990, 990-EZ, or 990-PF

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 3

Schedule B (For	rm 990, 990-EZ, or 990-PF) (2020)		- Andrewski - A	Page 4
Name of organia	zation			Employer identification number
				43-1885666
RIDE ON	ST. LOUIS, INC. clusively religious, charitable, etc., contributi	to an entropy times departing in case	tion 501(c)(7) (8) or (10)	
fro cor	clusively religious, charitable, etc., contribut m any one contributor. Complete columns (a) mpleting Part III, enter the total of exclusively religious, c se duplicate copies of Part III if additional	through (e) and the following line entry haritable, etc., contributions of \$1,000 or less		
(a) No. from	(h) Rumana of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I	(b) Purpose of gift	(c) Use of girt		
-		(e) Transfer of gift	Pelationship of tr	ansferor to transferee
	Transferee's name, address, a			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of tr	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
			_	
		(e) Transfer of gift		
=	Transferee's name, address, a	and ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address,	and ZIP + 4	Relationship of	transferor to transferee

023454 11-25-20

20) Schedule B (Form 990,

Depar	n 990) Complete if the o Part IV, line 6, 7, 8, 9,	tal Financial Statements rganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. n990 for instructions and the latest information.		OMB No. 1545-0047 2020 Open to Public Inspection
Nan	e of the organization			oloyer identification number
-	RIDE ON ST. LOUIS			43-1885666
Pa	t I Organizations Maintaining Donor Advis		Accor	ints.Complete if the
	organization answered "Yes" on Form 990, Part IV,			
			(b) Fun	ds and other accounts
1	Total number at end of year		distant	
2	Aggregate value of contributions to (during year)		4	
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			
~	are the organization's property, subject to the organization			Yes INO
6	Did the organization inform all grantees, donors, and dono		1929 - 1939 - 19	
	for charitable purposes and not for the benefit of the dono			
Pa	Impermissible private benefit? III Conservation Easements. Complete if the easements.	organization annuared "Vee" on Form 000, Dart IV	/ line 7	Yes No
1			, inte /	
	Purpose(s) of conservation easements held by the organiz Preservation of land for public use (for example, recr		a via a llu	incontent land area
	Protection of natural habitat	reation or education) Preservation of a hist		
	Preservation of open space	Preservation of a cert	uneo m	storic structure
2	Complete lines 2a through 2d if the organization held a qu	alified concentration contribution in the form of a c	oncon	ation apparent on the last
-	day of the tax year.	ained conservation contribution in the form of a c	Onserv	Held at the End of the Tax Year
a			in the second	field at the Lind of the Tax Teat
b	Total number of conservation easements	•••••••••••••••••••••••••••••••••••••••	2a 2b	
	Total acreage restricted by conservation easements	atwature included in (a)	20 20	
c	Number of conservation easements on a certified historic:		20	
d				
3	listed in the National Register		2d	duving the toy
0	year	released, extinguished, or terminated by the orga	mzauo	In during the tax
	Number of states where property subject to conservation	anonyment is logated		
5	Does the organization have a written policy regarding the			
-	violations, and enforcement of the conservation easement			Yes No
6	Staff and volunteer hours devoted to monitoring, inspectir			
0	Stan and volunteer hours devoted to monitoning, inspectin	ig, narioling of violations, and enforcing conservat	lion eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conservation e	aseme	nts during the year
8	Does each conservation easement reported on line 2(d) at	20/e satisfy the requirements of section $170/b)(4)(4)$	'B)/i)	
•	and section 170(h)(4)(B)(ii)?	전 승규가 집에서 가지 않고 있었다. 이번 것 같은 것은 것 같은 것이 같이 가지 않는 것이 같이 있는 것이 같이 가지 않는 것이 같이 많이 있다. 것이 같이 많이 많이 많이 많이 많이 많이 많이 했다.		Yes No
	In Part XIII, describe how the organization reports conserv			
9	balance sheet, and include, if applicable, the text of the fo			
9	organization's accounting for conservation easements.	othote to the organization's infantial statements t	and do	
9		of Art, Historical Treasures, or Other	Simi	lar Assets.
	Unit Organizations Maintaining Collections	of Art, flistofical freasures, of Other		
			•	
Pa	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 8.		sheet works
Pa	Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC	orm 990, Part IV, line 8. 958, not to report in its revenue statement and ba	alance	
Pa	Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p	orm 990, Part IV, line 8. 958, not to report in its revenue statement and be public exhibition, education, or research in further	alance	
Pa	Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fil	orm 990, Part IV, line 8. 958, not to report in its revenue statement and be public exhibition, education, or research in further nancial statements that describes these items.	alance ance o	f public
Pa 1a	Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p	orm 990, Part IV, line 8. 958, not to report in its revenue statement and be public exhibition, education, or research in further nancial statements that describes these items. 958, to report in its revenue statement and balan	alance ance o ce she	f public et works of
Pa 1a	Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC	orm 990, Part IV, line 8. 958, not to report in its revenue statement and be public exhibition, education, or research in further nancial statements that describes these items. 958, to report in its revenue statement and balan	alance ance o ce she	f public et works of
Pa 1a	Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fii If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put provide the following amounts relating to these items:	orm 990, Part IV, line 8. 958, not to report in its revenue statement and be public exhibition, education, or research in further nancial statements that describes these items. 958, to report in its revenue statement and balan blic exhibition, education, or research in furtheran	alance ance o ce she ce of p	f public et works of ublic service,
Pa 1a	Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	orm 990, Part IV, line 8. 958, not to report in its revenue statement and be public exhibition, education, or research in further nancial statements that describes these items. 958, to report in its revenue statement and balan blic exhibition, education, or research in furtheran	alance o ance o ce she ce of p ►	f public et works of ublic service,
Pa 1a	Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fii If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put provide the following amounts relating to these items:	orm 990, Part IV, line 8. 958, not to report in its revenue statement and be public exhibition, education, or research in further nancial statements that describes these items. 958, to report in its revenue statement and balan blic exhibition, education, or research in furtheran	alance o ance o ce she ce of p	f public et works of ublic service, \$\$
Pa 1a b	Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put 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 If the organization received or held works of art, historical	orm 990, Part IV, line 8. 958, not to report in its revenue statement and be public exhibition, education, or research in further nancial statements that describes these items. 958, to report in its revenue statement and balan blic exhibition, education, or research in furtheran	alance o ance o ce she ce of p	f public et works of ublic service, \$\$
Pa 1a b	Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put 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 If the organization received or held works of art, historical the following amounts required to be reported under FASB	orm 990, Part IV, line 8. 958, not to report in its revenue statement and be public exhibition, education, or research in further nancial statements that describes these items. 958, to report in its revenue statement and balan blic exhibition, education, or research in furtheran treasures, or other similar assets for financial gain B ASC 958 relating to these items:	alance o ance o ce she ce of p a, provid	f public et works of ublic service, \$ de
Pa 1a b	Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put 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 If the organization received or held works of art, historical	orm 990, Part IV, line 8. 958, not to report in its revenue statement and be public exhibition, education, or research in further nancial statements that describes these items. 958, to report in its revenue statement and balan blic exhibition, education, or research in furtheran treasures, or other similar assets for financial gain B ASC 958 relating to these items:	alance o ance o ce she ce of p > h, provie	f public et works of ublic service, \$

032051	12-01-20

Sche	dule D (Form 990) 2020 RIDE ON	ST. LOUIS	, INC				43-18	85666	Pa	ge 2
	t III Organizations Maintaining C				easures, or (Other	Similar Asse	ets(continu	ued)	
	Using the organization's acquisition, accessi									
	collection items (check all that apply):		_							
а	Public exhibition	d			hange program					
b	Scholarly research	e		ther					-	
С	Preservation for future generations									
	Provide a description of the organization's co							rt XIII.		
	During the year, did the organization solicit o							7		
	to be sold to raise funds rather than to be ma							Yes	<u> </u>	No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered "Ye	s" on Fo	orm 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa									-
1a	Is the organization an agent, trustee, custod							7.		No
	on Form 990, Part X?					•••••	L	_ Yes		NO
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	blowing ta	ible:				Amount	-	
							1.	Amount		
	Beginning balance						1c 1d		1	
	Additions during the year						10 1e	1000		
	Distributions during the year						1f		1997	
f	Ending balance Did the organization include an amount on F	orm 000 Part V line	21 for a	Scrow or a	ustodial account	t liability		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete i									
No. Charles		(a) Current year	1	ior year) Three years back	(e) Four	vears	back
10	Beginning of year balance	(a) Ourient year	(0)11	ioi yeai						
	Contributions									
	Net investment earnings, gains, and losses						and the second		- 10-1	
	Grants or scholarships								2.75	
	Other expenditures for facilities						Harry Contraction			
е						-				
	and programs Administrative expenses									
			1			-				
9	End of year balance Provide the estimated percentage of the cur	rent year and halan	ce (line 1c		a)) held as:		Contraction of the second			
2	Board designated or quasi-endowment			, column (a)) 11614 45.					
200	Permanent endowment	%								
b		%								
C	The percentages on lines 2a, 2b, and 2c sho									
30	Are there endowment funds not in the possi		zation that	t are held a	and administere	d for the	e organization			
Ja	by:	coston of the organiz					, in the second s		Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
h	If "Yes" on line 3a(ii), are the related organiz									
4	Describe in Part XIII the intended uses of th									
Town down	t VI Land, Buildings, and Equipr		ounion							
Polinets	Complete if the organization answer		0. Part IV	line 11a.	See Form 990, I	Part X, I	ine 10.			
	Description of property	(a) Cost or		The second state of the se	t or other		cumulated	(d) Boo	k valu	le
	becomption of property	basis (invest		100000000000000000000000000000000000000	s (other)		reciation			
12	Land		·							
	Buildings				100					
	Leasehold improvements									
d	Equipment				65,448.		50,219.	1		229.
	Other				16,200.		12,446.			54.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, colun	nn (B), line	10c.)			1	8,9	983.
							Sched	ule D (For	m 990) 202

Schedule D	(Form 990)	2020	RIDE	ON	ST.	LOUIS,	INC.
Contraction of the Contraction o							

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		E CONTRACTO DE LA TRACTA DE L	and statements of the second second
(A)			several contraction of the second
(B)			
(C)		A MERCHANNEL MARK	territe and the second second
(D)			
(E)			
(F)			*****
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			une a close sono a pois dias a fichalitan
	E		
Complete if the organization answered "Yes" (a) Description of investment		11c. See Form 990, Part X, line 13.	of upon monitors wolk to
	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)			the second second
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (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)	and the second sec	and other of some and some some the best of the	
(2)			
(3)			
(4)			COLOR DECIDO ACENCATO
(5)	and the second		
(6)			
(7)		and the second	
(8)			
(9)			
	e 15)		Sector Annual Constant
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	5 10.)	-	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 000 Part V line 25	
	on ronn 330, Part IV, Ille	1 e or 1 n. See Forn 990, Part A, Ille 25.	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)	and and sub-		
(6)			
(7)			and the second second
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

	dule D (Form 990) 2020 RIDE ON ST. LOUIS, INC.				85666 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten		Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			179,784.
1				1	119,104.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			100	
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities			allo, Area	
с	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII.)	2d	2,137.		
е	Add lines 2a through 2d			2e	2,137.
3	Subtract line 2e from line 1			3	177,647.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			and the second	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				177,647.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	200,483.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			A STATE	
а	Donated services and use of facilities	2a		1800	
b	Prior year adjustments	2b		10.000	
с	Other losses				
d	Other (Describe in Part XIII.)		2,137.		
е	Add lines 2a through 2d			2e	2,137.
3	Subtract line 2e from line 1			3	198,346.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				and the second second second
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	Contract of the second s			
c	Add lines 4a and 4b	COLOR ST.		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	198,346.
Pa	t XIII Supplemental Information.	1000		and the second	

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

Part X, Line 2:

The Organization is exempt from income taxes pursuant to section 501(c)(3)

of the Internal Revenue Service Code. Therefore, no provision is made for

taxes on income.

The Organization adopted the provisions of Accounting for Uncertainty in

Income Taxes on January 1, 2011. The adoption of that guidance resulted in

no change to the financial statements for prior periods. As of December

31, 2020, no amounts have been recognized for uncertain tax positions. The

Organization's tax returns filed for 2017 and prior are closed.

Part XI, Line 2d - Other Adjustments:

032054 12-01-20

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 RIDE ON ST. LOUIS, INC. Part XIII Supplemental Information (continued)	43-1885666 Page 5
FUNDRAISING EXPENSES	2,649.
LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT	-512.
Total to Schedule D, Part XI, Line 2d	2,137.
Part XII, Line 2d - Other Adjustments:	
FUNDRAISING EXPENSES	2,649.
LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT	-512.
Total to Schedule D, Part XII, Line 2d	2,137.
	Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G Form 990 or 990-EZ)	Complete if the	ntal Information Regard organization answered "Yes" ganization entered more than Attach to Form	on Form 99 \$15,000 or	90, P 1 For	art IV, line 17, 18, o m 990-EZ, line 6a.		2020 Open to Public
ernal Revenue Service	► Go	to www.irs.gov/Form990 for in	nstructions	and	the latest informati	on.	Inspection dentification number
ame of the organization		ST. LOUIS, INC.				43-188	
Part I Fundrais	ing Activities.	Complete if the organization an	swered "Ye	s" on	Form 990, Part IV, I	ine 17. Form 990	EZ filers are not
 Indicate whether the a Mail solicitat b Internet and c Phone solici d In person so 2 a Did the organization key employees list b If "Yes," list the 10 	ions email solicitations tations Jicitations on have a written o ted in Form 990, Pa	ed funds through any of the foll e Soli f Soli g X Spe r oral agreement with any indivi art VII) or entity in connection w iduals or entities (fundraisers) p	citation of n citation of g ecial fundrais dual (includi ith professio	ion-go ioven sing e ing of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	Yes XNo No be
(i) Name and addres or entity (fun	s of individual	(ii) Activity	(iii) t fundra have cu or contribut	stody rol of	(iv) Gross receipts from activity	(v) Amount pair to (or retained b fundraiser listed in col. (i)	y) to (or retained by)
			Yes	No			
			_				
							-
				(
				-			
				_			
Total							
3 List all states in w	hich the organizati	on is registered or licensed to s	olicit contrib	oution	ns or has been notifi	ed it is exempt fr	om registration
or licensing.							
MO							
				-			

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Schedule G (Form 990 or 990 EZ) 2020 RIDE ON ST. LOUIS, INC.

43-1885666 Page 2 Part IV line 18, or reported more than \$15,000

T	of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		TRIVIA NIGHT	RAFFLE	1	col. (c))
		(event type)	(event type)	(total number)	
	1 Gross receipts	3,786.	1,669.	14,160.	19,615.
	2 Less: Contributions				and the second second
	3 Gross income (line 1 minus line 2)	3,786.	1,669.	14,160.	19,615
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	1 500	1,081.	3,557.	6,147
	9 Other direct expenses			and the second second second second	6,147
1	10 Direct expense summary. Add lines 4 throu11 Net income summary. Subtract line 10 from				13,468
_	rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
1	1 Gross revenue				
3	2 Cash prizes				
	3 Noncash prizes				
הוובתו רעלתווחת	4 Rent/facility costs				
	5 Other direct expenses				
1		Yes %	Yes %		i internetion
	6 Volunteer labor	No	No No	└── No	
	7 Direct expense summary. Add lines 2 thro	ugh 5 in column (d)		►	
	8 Net gaming income summary. Subtract lin				
		the second se			Yes
a	Enter the state(s) in which the organization co I is the organization licensed to conduct gamin	g activities in each of these	e states?		
	Enter the state(s) in which the organization co	g activities in each of these	e states?		
a k	Enter the state(s) in which the organization co I is the organization licensed to conduct gamin If "No," explain:	g activities in each of these	e states?		
a k	Enter the state(s) in which the organization co I is the organization licensed to conduct gamin	g activities in each of these es revoked, suspended, or	e states?		

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Schedule G (Form 990 or 990-EZ) 2020

Sch	hedule G (Form 990 or 990-EZ) 2020 RIDE ON ST. LOUIS, INC. 43-2	L885666	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
	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 No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	La statement	
	Name		
	Address ►		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	No No
Ł	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	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	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	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
100	organization's own exempt activities during the tax year 🕨 \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
· · · · · ·			
-			

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Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 99	0 or 990-EZ)	RIDE	ON	ST.	LOUIS,	INC.	
Part IV Suppl		rmation (contin	ued)			

Schedule G (Form 990 or 990-E2

032084 04-01-20

SCHEDULE M	Noncash Contributions	OMB No. 1545-0047
(Form 990)	Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or	2020
Department of the Treasury Internal Revenue Service	 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	Open to Public Inspection
Name of the organizatio	RIDE ON ST. LOUIS INC.	Employer identification number 43-1885666

		(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
Art -	Works of art				
Art -	Historical treasures				
Art -	Fractional interests				
	ks and publications		人的心理的考虑的		
	hing and household goods				
Cars	and other vehicles				
	ts and planes				
Intel	lectual property				
Secu	urities - Publicly traded				
	urities - Closely held stock				
	urities - Partnership, LLC, or				
trust	interests				
	urities - Miscellaneous	and the second		10	
	lified conservation contribution -				and the second states of additional second
	pric structures				
Qua	ified conservation contribution - Other				
	estate - Residential				
Real	estate - Commercial				
Real	estate - Other				
	ectibles	10 M			
	d inventory	Contraction of the			
	is and medical supplies				
	dermy				
	prical artifacts				
	ntific specimens				
	eological artifacts				
Othe	er > (SUPPLIES AND)		0	0.	
	For (HORSE BOARDIN)		0		
		X	0	1 T 1 1 T 1 1 T 1 T 1 T 1 T 1 T 1 T 1 T	
	$\mathbf{r} \models (\frac{\mathbf{ROIO}}{\mathbf{RENT}})$	X	0		
	ber of Forms 8283 received by the organ		5	the second se	
tor w	which the organization completed Form 82	203, Part V, L	Jonee Acknowledg	gement 29	Yes

	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	(arts)	E STATIS	
	exempt purposes for the entire holding period?			X
b	If "Yes," describe the arrangement in Part II.		1322335	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		1	x
b	If "Yes," describe in Part II.	10次	i asite	diana.
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.			
LUA	For Pananwark Paduation Act Nation, and the Instructions for Form 000	Sebedule M (Ee	rm 000	1 2020

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020 RIDE ON ST. LOUIS, INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I, Other Types of Property:

HORSE SUPPLIES

- (a) Check if applicable = X
- (b) Number of Contributions = 0
- (c) Revenue Reported on Form 990, Part VIII \$ 0.
- (d) Method of determining revenue:

PROGRAM

(a) Check if applicable = X

(b) Number of Contributions = 0

(c) Revenue Reported on Form 990, Part VIII \$ 0.

(d) Method of determining revenue:

FUNDRAISING EVENTS

(a) Check if applicable = X

(b) Number of Contributions = 0

(c) Revenue Reported on Form 990, Part VIII \$ 0.

(d) Method of determining revenue:

SMALL EQUIPMENT

(a) Check if applicable = X

(b) Number of Contributions = 0

(c) Revenue Reported on Form 990, Part VIII \$ 0.

(d) Method of determining revenue:

REPAIRS AND MAINTENANCE

(a) Check if applicable = X

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Schedule M (Form 990) 2020

Schedule M (Form 990) 2020 RIDE ON ST. LOUIS, INC. Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

(b) Number of Contributions = 0

(c) Revenue Reported on Form 990, Part VIII \$ 0.

(d) Method of determining revenue:

TRAVEL

(a) Check if applicable = X

(b) Number of Contributions = 0

(c) Revenue Reported on Form 990, Part VIII \$ 0.

(d) Method of determining revenue:

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Schedule M (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	O-EZ OMB No. 1545-0047 2020 Open to Public Inspection
	RIDE ON ST. LOUIS, INC.	Employer identification number 43-1885666
Form 990, Part	III, Line 1, Description of Organization M	
environment an	nd horse-human interaction to provide substa	
sustaining qua	lity of life improvements for children and	ntial and
disabilities.	veterans wouth and and here here here here here here here her	adults with
	veterans, youth and people with health-rela	ted obstacles.
Form 990 Bant	WT G	
	VI, Section A, line 2:	
Marita Wassman	is a Member of the Board of Directors. Her	daughter is
employed by th	e Organization as a grant writer.	
Form 990, Part	VI, Section B, line 11b:	
being finalized	rovided a copy of the audit and 990 to revie	w prior to them
	**	
Form 990 Deet		
	VI, Section B, Line 12c:	
The Board shall	cause a conflict of interest statement and	request for
potential areas	of conflict to be circulated and evaluated	each year
		each year.
Form 990, Part	VI, Section B, Line 15:	
ROSI, and company	in the PATH industry a salary range for each	n position for
The been located	e that to those in the Local, Regional and M	National markets.
the board of di	rectors are provided this information along	with other
ionprofit sector	rs to provide benchmarking. The job descrip	otions are
compared for li	e positions and an amount is determined bas	sed on
erformance and	job positions.	

Form 990, Part VI, Section C, Line 19:

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

Schecius Q (Form 990 or 990-EZ) 2020

Name of the organization RIDE ON ST. LOUIS, INC.	Employer identification r 43-1885666
Documents are available on the Organization's website	and upon request.
FORM 990, PART XII, LINE 2C - OVERSIGHT OF AUDIT	1
The board of directors have assumed the responsibility	y for the
oversight of the financial statement audit.	
	•
	×