

REYNOLDS & ROWELLA LLP
90 GROVE STREET
RIDGEFIELD, CT 06877

NEW CANAAN MOUNTED TROOP, INC.
22 CARTER STREET
NEW CANAAN, CT 06840



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CLIENT'S COPY



REYNOLDS + ROWELLA
ACCOUNTING AND CONSULTING

May 11, 2022

New Canaan Mounted Troop, Inc.
22 Carter Street
New Canaan, CT 06840

Dear Matt:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

We have prepared the returns from information you submitted to us. Please review the returns before filing to ensure that there are no omissions or misstatements of material facts. In all our tax engagements, we assume that you have provided us with all your income. If this is not the case let us know immediately as your return(s) may require revisions.

Each original return should be dated, signed, and filed in accordance with the filing instructions. To file electronically please sign and return the 8879 to our office as soon as possible in order for us to transmit your return(s) to the taxing authorities.

The copy of your return should be retained with your tax files. The taxing authorities have the right to request supporting documentation for your return(s). If you have supplied us with any original documents, those documents have been returned to you in the enclosed package. Generally speaking, you should maintain your tax records for 7 years. Certain records should be kept permanently. For instance, property transactions, corporate minutes, tax returns, wills, and any other relevant documents that are permanent in nature should be retained indefinitely. Our internal company policy is to retain client tax returns for 7 years.

Please do not hesitate to contact us if you have any questions regarding your returns or if we can be of further assistance in any way.

We would greatly appreciate it if you would keep us in mind for your friends and acquaintances who might be in need of our services.

Very truly yours,

Patrick J. Butler, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2021

Prepared For:

New Canaan Mounted Troop, Inc.
22 Carter Street
New Canaan, CT 06840

Prepared By:

Reynolds & Rowella LLP
90 Grove Street
Ridgefield, CT 06877

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 16, 2022.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

NEW CANAAN MOUNTED TROOP, INC.

06-0726610

Name and title of officer or person subject to tax

**THOMAS HERBIG
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,103,077.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06031025242

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **REYNOLDS & ROWELLA, LLP**

Date ▶

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. NEW CANAAN MOUNTED TROOP, INC.	Taxpayer identification number (TIN) 06-0726610
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 22 CARTER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW CANAAN, CT 06840	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MATTHEW MALONE

- The books are in the care of ▶ **22 CARTER STREET - NEW CANAAN, CT 06840**
Telephone No. ▶ **203-966-0634** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form sections B through M: B Check if applicable; C Name of organization (NEW CANAAN MOUNTED TROOP, INC.); D Employer identification number (06-0726610); E Telephone number ((203)966-0634); F Name and address of principal officer (THOMAS HERBIG); G Gross receipts (\$1,132,704); H(a) Is this a group return; H(b) Are all subordinates included; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block fields: Sign Here (THOMAS HERBIG, PRESIDENT); Paid Preparer (PATRICK J. BUTLER, CPA); Preparer Use Only (REYNOLDS & ROWELLA LLP).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO BUILD LEADERSHIP, RESPONSIBILITY AND CONFIDENCE IN YOUTH THROUGH SOUND HORSEMANSHIP AND TO ENRICH THE LIVES OF INDIVIDUALS WITH SPECIAL NEEDS THROUGH EQUINE ASSISTED ACTIVITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 961,145. including grants of \$) (Revenue \$ 749,525.) THE ORGANIZATION IS DEVOTED TO BUILDING LEADERSHIP, RESPONSIBILITY AND CONFIDENCE IN YOUTH THROUGH SOUND HORSEMANSHIP AND ENRICHING THE LIVES OF INDIVIDUALS WITH SPECIAL NEEDS THROUGH EQUINE ASSISTED ACTIVITIES. IT PROVIDES A COMPREHENSIVE, HANDS-ON LEARNING EXPERIENCE THAT EMPHASIZES TEAM WORK AND FOLLOWS A CURRICULUM FOCUSED ON HORSEMANSHIP AND EQUINE CARE INSTRUCTION.

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

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

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

4e Total program service expenses 961,145.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
MATTHEW MALONE - 203-966-0634
22 CARTER STREET, NEW CANAAN, CT 06840

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS HERBIG PRESIDENT	4.00	X		X				0.	0.	0.
(2) FELICIA ALFORD VICE PRESIDENT	4.00	X		X				0.	0.	0.
(3) MATTHEW MALONE TREASURER	4.00	X		X				0.	0.	0.
(4) MARTHA HARPER SECRETARY	4.00	X		X				0.	0.	0.
(5) MONICA ARONSON DIRECTOR	4.00	X						0.	0.	0.
(6) ERIN HACKETT DIRECTOR	4.00	X						0.	0.	0.
(7) TIM JOYCE DIRECTOR	4.00	X						0.	0.	0.
(8) ELLEN JUDELSON DIRECTOR	4.00	X						0.	0.	0.
(9) DREW KELLEY DIRECTOR	4.00	X						0.	0.	0.
(10) MELISSA MALONE DIRECTOR	4.00	X						0.	0.	0.
(11) MARCIA MEYER DIRECTOR	4.00	X						0.	0.	0.
(12) RONNI SAYEWITZ DIRECTOR	4.00	X						0.	0.	0.
(13) DEBBIE SMITH DIRECTOR	4.00	X						0.	0.	0.
(14) EILEEN THOMAS DIRECTOR	4.00	X						0.	0.	0.
(15) JOHN YOUNGMAN DIRECTOR	4.00	X						0.	0.	0.
(16) SARA TUCKER EX-OFFICIO DIRECTOR	4.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	61,264.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	62,400.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,500.			
	h	Total. Add lines 1a-1f		123,664.			
Program Service Revenue	2 a	PROGRAM SERVICE REVENU	Business Code 900099	437,135.	437,135.		
	b	PROGRAM SERVICE REVENU	900099	99,028.	99,028.		
	c	THERAPEUTIC RIDING PRO	900099	59,100.	59,100.		
	d	PROGRAM SERVICE REVENU	900099	53,605.	53,605.		
	e	IEA LESSON /HORSE SHOW	900099	39,100.	39,100.		
	f	All other program service revenue	900099	61,557.	61,557.		
	g	Total. Add lines 2a-2f		749,525.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,224.		2,224.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
b	Less: cost or other basis and sales expenses	7b					
c	Gain or (loss)	7c					
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	133,513.				
		b	Less: direct expenses	8b	29,627.		
		c	Net income or (loss) from fundraising events		103,886.		103,886.
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		b	Less: direct expenses	9b			
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	10a					
		b	Less: cost of goods sold	10b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code 900099	113,878.		113,878.	
	b	HORSE BOARDING AND REN	900099	9,900.		9,900.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		123,778.			
12	Total revenue. See instructions		1,103,077.	749,525.	123,778.	106,110.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	470,824.	402,352.	39,127.	29,345.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	71,121.	55,958.	7,381.	7,782.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,045.	15,045.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	1,384.	1,384.		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	33,516.	28,488.	3,352.	1,676.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	17,072.	17,072.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,321.	87,321.		
23 Insurance	51,589.	46,430.	5,159.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HORSE & BARN EXPENSE	238,351.	238,351.		
b ADMINISTRATIVE EXPENSES	65,923.	32,961.	32,962.	
c OTHER PROGRAM COST	19,222.	19,222.		
d REPAIRS AND MAINTENANCE	9,949.	8,954.	995.	
e All other expenses _____	7,607.	7,607.		
25 Total functional expenses. Add lines 1 through 24e	1,088,924.	961,145.	88,976.	38,803.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	667,200.	1	725,428.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	57,968.	3	58,968.
	4 Accounts receivable, net	20,072.	4	17,753.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,825.	9	30,092.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,932,335.		
	b Less: accumulated depreciation	10b 1,008,009.	10c	2,924,326.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	0.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,773,684.	16	3,756,567.	
Liabilities	17 Accounts payable and accrued expenses	44,852.	17	24,094.
	18 Grants payable		18	
	19 Deferred revenue	56,025.	19	61,720.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	338,791.	23	322,584.
	24 Unsecured notes and loans payable to unrelated third parties	89,500.	24	89,500.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	529,168.	26	497,898.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,140,017.	27	3,140,170.
	28 Net assets with donor restrictions	104,499.	28	118,499.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,244,516.	32	3,258,669.
33 Total liabilities and net assets/fund balances	3,773,684.	33	3,756,567.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,103,077.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,088,924.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,153.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,244,516.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,258,669.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **NEW CANAAN MOUNTED TROOP, INC.** Employer identification number **06-0726610**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	161,267.	144,978.	193,427.	120,081.	123,664.	743,417.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	884,606.	933,049.	907,597.	1063460.	977,189.	4765901.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1045873.	1078027.	1101024.	1183541.	1100853.	5509318.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	13,025.	5,000.		2,700.		20,725.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	19,052.	8,372.		12,862.	3,969.	44,255.
c Add lines 7a and 7b	32,077.	13,372.		15,562.	3,969.	64,980.
8 Public support. (Subtract line 7c from line 6.)						5444338.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	1045873.	1078027.	1101024.	1183541.	1100853.	5509318.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,565.	3,335.	5,875.	7,553.	2,224.	20,552.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,565.	3,335.	5,875.	7,553.	2,224.	20,552.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1047438.	1081362.	1106899.	1191094.	1103077.	5529870.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	98.45 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	98.24 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.37 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.37 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
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? <i>If "Yes" or "No" provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b 2020

** Do Not File **

*** Not Open to Public Inspection ***

Table with 6 columns: Payer's Name, 2016 Amount, 2017 Amount, 2018 Amount, 2019 Amount, 2020 Amount. Rows include HARRIS MATTHEWS CHARITABLE FOUNDATION, INSURANCE INDUSTRY CHARITABLE FOUNDATION, BUCKEYE FOUNDATION, and BARNARD, JENNIFER & DAVID. Total to Schedule A, Part III, Line 7b: 19,052. 8,372. 12,862. 3,969.

Schedule A Identification of Excess Support Payments Included on Part III, Line 7b, column (e) 2020

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	Amount Received in 2020	2020 Excess Payments
HARRIS MATTHEWS CHARITABLE FOUNDATION	15,000.	3,969.
BARNARD, JENNIFER & DAVID	10,100.	0.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		3,969.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NEW CANAAN MOUNTED TROOP, INC.

Employer identification number

06-0726610

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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).

Name of organization NEW CANAAN MOUNTED TROOP, INC.	Employer identification number 06-0726610
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARRIS MATTHEWS CHARITABLE FOUNDATION C/O NCMT, 22 CARTER STREET NEW CAANAN, CT 06840	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CHUBB INC C/O NCMT, 22 CARTER STREET NEW CAANAN, CT 06840	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BARNARD, JENNIFER AND DAVID C/O NCMT, 22 CARTER STREET NEW CAANAN, CT 06840	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LAURA J NILES FOUNDATION C/O NCMT, 22 CARTER STREET NEW CAANAN, CT 06840	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NEW CANAAN COMMUNITY FOUNDATION C/O NCMT, 22 CARTER STREET NEW CAANAN, CT 06840	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LINCOLN ELLSWORTH FOUNDATION C/O NCMT, 22 CARTER STREET NEW CAANAN, CT 06840	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW CANAAN MOUNTED TROOP, INC.	Employer identification number 06-0726610
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>MALONE, MATTHEW AND MELISSA</u> <u>C/O NCMT, 22 CARTER STREET</u> <u>NEW CAANAN, CT 06840</u>	\$ <u>5,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>MERILL, JOE & TRACY</u> <u>C/O NCMT, 22 CARTER STREET</u> <u>NEW CAANAN, CT 06840</u>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>STAR FOUNDATION</u> <u>C/O NCMT, 22 CARTER STREET</u> <u>NEW CAANAN, CT 06840</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>STREIFF, DENIS AND KATHERINE</u> <u>C/O NCMT, 22 CARTER STREET</u> <u>NEW CAANAN, CT 06840</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW CANAAN MOUNTED TROOP, INC.	Employer identification number 06-0726610
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization NEW CANAAN MOUNTED TROOP, INC.	Employer identification number 06-0726610
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization NEW CANAAN MOUNTED TROOP, INC. Employer identification number 06-0726610

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,000,000.		1,000,000.
b Buildings		2,788,709.	879,545.	1,909,164.
c Leasehold improvements				
d Equipment		77,100.	69,326.	7,774.
e Other		66,526.	59,138.	7,388.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,924,326.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	1,103,077.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,103,077.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,103,077.

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

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

1	Total expenses and losses per audited financial statements		1	1,088,924.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,088,924.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,088,924.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS CLASSIFIED AS A SECTION 501(C)(3) ORGANIZATION UNDER THE FEDERAL INTERNAL REVENUE CODE (IRC) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509 (A) (2) OF THE IRC. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS.

MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION'S 2018 THROUGH 2020 TAX YEARS REMAIN OPEN FOR EXAMINATION BY FEDERAL, STATE OR LOCAL TAX AUTHORITIES.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FAIRFIELD COUNTY GIVIN3 (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	21,652.	111,861.		133,513.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	21,652.	111,861.		133,513.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	35.	29,592.		29,627.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				29,627.
	11 Net income summary. Subtract line 10 from line 3, column (d)				103,886.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NEW CANAAN MOUNTED TROOP, INC.

Employer identification number

06-0726610

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOUND HORSEMANSHIP AND ENRICHING THE LIVES OF INDIVIDUALS WITH SPECIAL
NEEDS THROUGH EQUINE ASSISTED ACTIVITIES. IT PROVIDES A COMPREHENSIVE,
HANDS-ON LEARNING EXPERIENCE THAT EMPHASIZES TEAM WORK AND FOLLOWS A
CURRICULUM FOCUSED ON HORSEMANSHIP AND EQUINE CARE INSTRUCTION.

FORM 990, PART VI, SECTION A, LINE 2:

TREASURER MATTHEW MALONE AND DIRECTOR MELISSA MALONE ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

BOARD MEMBERS ELECT THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE, PRESIDENT, AND TREASURER REVIEW THE RETURN BEFORE IT
IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS MONITORS THE POLICY BY REQUIRING BOARD MEMBERS TO
DISCLOSE INTERESTS AND SIGN POLICIES ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DETERMINES AND APPROVES THE OFFICER COMPENSATION.

Name of the organization

NEW CANAAN MOUNTED TROOP, INC.

Employer identification number

06-0726610

FORM 990, PART VI, SECTION C, LINE 18:

ORGANIZATION MAINTAINS COPY OF FORM 990, WHICH IS AVAILABLE UPON REQUEST MADE TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

ORGANIZATION MAINTAINS COPIES OF ALL DOCUMENTS AND ARE AVAILABLE UPON REQUEST MADE TO THE BOARD OF DIRECTORS.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT, AS WELL AS THE SELECTION OF THE INDEPENDENT AUDITORS.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
7	BARN IMPROVEMENT	10/01/09	SL	39.00		16	2,630,303.				2,630,303.	725,394.		67,953.	793,347.
9	BARN IMPROVEMENT	07/24/10	SL	10.00		16	24,782.				24,782.	24,574.		208.	24,782.
14	DONOR BRICKS	08/05/11	SL	10.00		16	3,951.				3,951.	3,522.		395.	3,917.
15	RUBBER FOOTING	05/10/12	SL	10.00		16	3,500.				3,500.	2,858.		350.	3,208.
16	PADDOCK FENCING	06/06/12	SL	10.00		16	12,000.				12,000.	9,700.		1,200.	10,900.
17	OUTDOOR LIGHTING	03/14/12	SL	10.00		16	3,800.				3,800.	3,167.		380.	3,547.
18	PA SYSTEM	03/17/12	SL	10.00		16	3,027.				3,027.	2,524.		303.	2,827.
31	IRRIGATION SYSTEM	06/01/15	SL	10.00		16	32,375.				32,375.	16,459.		3,238.	19,697.
35	KITCHEN SINK	06/15/17	SL	10.00		16	2,365.				2,365.	730.		237.	967.
44	FIRE SUPPRESSION SYS COMPRESSOR	01/28/18	SL	10.00		16	2,472.				2,472.	617.		247.	864.
46	WASHING MACHINE	08/29/18	SL	10.00		16	2,100.				2,100.	315.		210.	525.
47	PA SYSTEM	06/04/19	SL	5.00		16	85.				85.	85.		0.	85.
48	BARN IMPROVEMENT	05/02/19	SL	10.00		16	57,830.				57,830.	8,891.		5,783.	14,674.
51	LEARNING CENTER DOOR	01/19/20	SL	10.00		16	10,119.				10,119.	422.		1,012.	1,434.
	* 990 PAGE 10 TOTAL BUILDINGS						2,788,709.				2,788,709.	799,258.		81,516.	880,774.
	MACHINERY & EQUIPMENT														
2	COMPUTERS	05/14/05	SL	3.00		16	2,027.				2,027.	2,027.		0.	2,027.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
4	EQUIP, -JUMPS	07/01/04	SL	6.00		16	8,000.				8,000.	8,000.		0.	8,000.
11	TACK EQUIPMENT	07/26/10	SL	5.00		16	2,496.				2,496.	2,496.		0.	2,496.
19	LAWN MOWER	09/07/11	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
20	JUMPS	02/06/12	SL	6.00		16	6,335.				6,335.	6,335.		0.	6,335.
21	WATER TRAILER	04/06/12	SL	5.00		16	4,250.				4,250.	4,250.		0.	4,250.
22	COMPUTER SYSTEM	08/03/11	SL	3.00		16	5,830.				5,830.	5,830.		0.	5,830.
26	SADDLE	06/26/13	SL	6.00		16	1,471.				1,471.	1,470.		0.	1,470.
34	COMPUTER	07/29/15	SL	3.00		16	1,436.				1,436.	1,436.		0.	1,436.
36	MODEL HORSE	03/27/17	SL	6.00		16	2,625.				2,625.	1,455.		438.	1,893.
45	LAWN MOWER	07/01/18	SL	5.00		16	1,999.				1,999.	1,000.		400.	1,400.
54	COMPUTER SYSTEM	01/31/21	SL	7.00		16	1,527.				1,527.			91.	91.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						39,496.				39,496.	35,799.		929.	36,728.
	TRANSPORTATION EQUIPMENT														
10	TRACTOR	02/13/11	SL	7.00		16	2,784.				2,784.	2,784.		0.	2,784.
27	TRACTOR	07/26/13	SL	7.00		16	13,500.				13,500.	13,342.		158.	13,500.
28	HARROW	08/26/13	SL	7.00		16	3,746.				3,746.	3,656.		90.	3,746.
49	HARROW	05/19/19	SL	7.00		16	5,500.				5,500.	1,179.		786.	1,965.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						25,530.				25,530.	20,961.		1,034.	21,995.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
1	LAND	05/13/97	L				1,000,000.				1,000,000.			0.	
	* 990 PAGE 10 TOTAL LAND						1,000,000.				1,000,000.	0.		0.	0.
	PROGRAM SERVICES														
3	HORSE - OTIS	01/01/01	SL	7.00		16	5,000.				5,000.	5,000.		0.	5,000.
5	HORSE - BLUE	01/01/04	SL	7.00		16	1,000.				1,000.	1,000.		0.	1,000.
6	HORSE - JACKSON	12/31/08	SL	3.00		16	8,000.				8,000.	8,000.		0.	8,000.
12	HORSE - MADISON	12/31/10	SL	3.00		16	7,000.				7,000.	7,000.		0.	7,000.
23	HORSE - CODY	12/31/11	SL	3.00		16	5,000.				5,000.	5,000.		0.	5,000.
24	HORSE - DOC	12/31/11	SL	3.00		16	4,500.				4,500.	4,500.		0.	4,500.
25	HORSE - SANDY	12/31/11	SL	7.00		16	2,500.				2,500.	2,499.		0.	2,499.
29	HORSE - BRAVEHEART	12/31/13	SL	3.00		16	4,000.				4,000.	4,000.		0.	4,000.
30	HORSE - ROCCO	11/22/14	SL	7.00		16	4,500.				4,500.	3,856.		644.	4,500.
32	HORSE - CALVIN	12/31/15	SL	3.00		16	3,500.				3,500.	3,500.		0.	3,500.
33	HORSE - JASPER	12/31/15	SL	7.00		16	3,000.				3,000.	1,930.		429.	2,359.
37	HORSE - CASPER	12/31/16	SL	3.00		16	3,500.				3,500.	3,500.		0.	3,500.
38	HORSE - SPLISH	12/31/16	SL	3.00		16	2,500.				2,500.	2,500.		0.	2,500.
39	HORSE - AUSTIN	12/31/16	SL	3.00		16	4,000.				4,000.	4,000.		0.	4,000.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
40	HORSE - WINDO	12/31/17	SL	3.00		16	1,500.				1,500.	1,250.		250.	1,500.
41	HORSE - ZOEY	12/31/17	SL	3.00		16	3,000.				3,000.	2,500.		500.	3,000.
42	HORSE - SHADOW	12/31/17	SL	3.00		16	1,800.				1,800.	1,500.		300.	1,800.
43	HORSE - PIRATE	12/31/17	SL	3.00		16	1,800.				1,800.	1,500.		300.	1,800.
50	HORSE - UNO	12/31/18	SL	7.00		16	5,000.				5,000.	1,070.		714.	1,784.
52	HORSE - SIENA	12/31/19	SL	7.00		16	4,000.				4,000.	286.		571.	857.
53	HORSE - TIMMY	03/21/21	SL	7.00		16	3,500.				3,500.			125.	125.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						78,600.				78,600.	64,391.		3,833.	68,224.
	OTHER														
8	LOAN COSTS	09/30/09		120M		HY43	19,313.				19,313.	19,313.		0.	19,313.
13	LOAN COSTS	11/17/10		120M		HY43	1,700.				1,700.	1,530.		9.	1,539.
	* 990 PAGE 10 TOTAL OTHER						21,013.				21,013.	20,843.		9.	20,852.
	* 990 PAGE 10 TOTAL -						3,953,348.				3,953,348.	941,252.		87,321.	1,028,573.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						3,953,348.				3,953,348.	941,252.		87,321.	1,028,573.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						3,948,321.			0.	3,948,321.	941,252.			1,028,357.
	ACQUISITIONS						5,027.			0.	5,027.	0.			216.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

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

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

NEW CANAAN MOUNTED TROOP, INC.

FORM 990 PAGE 10

06-0726610

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,040,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	87,312.

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	87,312.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW CANAAN MOUNTED TROOP, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
7	BARN IMPROVEMENT	100109	SL	39.00	16	2630303.			2630303.	725,394.		67,953.
9	BARN IMPROVEMENT	072410	SL	10.00	16	24,782.			24,782.	24,574.		208.
14	DONOR BRICKS	080511	SL	10.00	16	3,951.			3,951.	3,522.		395.
15	RUBBER FOOTING	051012	SL	10.00	16	3,500.			3,500.	2,858.		350.
16	PADDOCK FENCING	060612	SL	10.00	16	12,000.			12,000.	9,700.		1,200.
17	OUTDOOR LIGHTING	031412	SL	10.00	16	3,800.			3,800.	3,167.		380.
18	PA SYSTEM	031712	SL	10.00	16	3,027.			3,027.	2,524.		303.
31	IRRIGATION SYSTEM	060115	SL	10.00	16	32,375.			32,375.	16,459.		3,238.
35	KITCHEN SINK	061517	SL	10.00	16	2,365.			2,365.	730.		237.
44	FIRE SUPPRESSION SYS COMPRESSOR	012818	SL	10.00	16	2,472.			2,472.	617.		247.
46	WASHING MACHINE	082918	SL	10.00	16	2,100.			2,100.	315.		210.
47	PA SYSTEM	060419	SL	5.00	16	85.			85.	85.		0.
48	BARN IMPROVEMENT	050219	SL	10.00	16	57,830.			57,830.	8,891.		5,783.
51	LEARNING CENTER DOOR	011920	SL	10.00	16	10,119.			10,119.	422.		1,012.
	* 990 PAGE 10 TOTAL BUILDINGS					2788709.		0.	2788709.	799,258.		81,516.
	MACHINERY & EQUIPMENT											
2	COMPUTERS	051405	SL	3.00	16	2,027.			2,027.	2,027.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW CANAAN MOUNTED TROOP, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
4	EQUIP, -JUMPS	070104	SL	6.00	16	8,000.			8,000.	8,000.		0.
11	TACK EQUIPMENT	072610	SL	5.00	16	2,496.			2,496.	2,496.		0.
19	LAWN MOWER	090711	SL	5.00	16	1,500.			1,500.	1,500.		0.
20	JUMPS	020612	SL	6.00	16	6,335.			6,335.	6,335.		0.
21	WATER TRAILER	040612	SL	5.00	16	4,250.			4,250.	4,250.		0.
22	COMPUTER SYSTEM	080311	SL	3.00	16	5,830.			5,830.	5,830.		0.
26	SADDLE	062613	SL	6.00	16	1,471.			1,471.	1,470.		0.
34	COMPUTER	072915	SL	3.00	16	1,436.			1,436.	1,436.		0.
36	MODEL HORSE	032717	SL	6.00	16	2,625.			2,625.	1,455.		438.
45	LAWN MOWER	070118	SL	5.00	16	1,999.			1,999.	1,000.		400.
54	COMPUTER SYSTEM	013121	SL	7.00	16	1,527.			1,527.			91.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME TRANSPORTATION EQUIPMENT					39,496.		0.	39,496.	35,799.		929.
10	TRACTOR	021311	SL	7.00	16	2,784.			2,784.	2,784.		0.
27	TRACTOR	072613	SL	7.00	16	13,500.			13,500.	13,342.		158.
28	HARROW	082613	SL	7.00	16	3,746.			3,746.	3,656.		90.
49	HARROW	051919	SL	7.00	16	5,500.			5,500.	1,179.		786.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUI					25,530.		0.	25,530.	20,961.		1,034.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW CANAAN MOUNTED TROOP, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	LAND											
1	LAND	051397	L			1000000.			1000000.			0.
	* 990 PAGE 10 TOTAL LAND					1000000.		0.	1000000.	0.		0.
	PROGRAM SERVICES											
3	HORSE - OTIS	010101	SL	7.00	16	5,000.			5,000.	5,000.		0.
5	HORSE - BLUE	010104	SL	7.00	16	1,000.			1,000.	1,000.		0.
6	HORSE - JACKSON	123108	SL	3.00	16	8,000.			8,000.	8,000.		0.
12	HORSE - MADISON	123110	SL	3.00	16	7,000.			7,000.	7,000.		0.
23	HORSE - CODY	123111	SL	3.00	16	5,000.			5,000.	5,000.		0.
24	HORSE - DOC	123111	SL	3.00	16	4,500.			4,500.	4,500.		0.
25	HORSE - SANDY	123111	SL	7.00	16	2,500.			2,500.	2,499.		0.
29	HORSE - BRAVEHEART	123113	SL	3.00	16	4,000.			4,000.	4,000.		0.
30	HORSE - ROCCO	112214	SL	7.00	16	4,500.			4,500.	3,856.		644.
32	HORSE - CALVIN	123115	SL	3.00	16	3,500.			3,500.	3,500.		0.
33	HORSE - JASPER	123115	SL	7.00	16	3,000.			3,000.	1,930.		429.
37	HORSE - CASPER	123116	SL	3.00	16	3,500.			3,500.	3,500.		0.
38	HORSE - SPLISH	123116	SL	3.00	16	2,500.			2,500.	2,500.		0.
39	HORSE - AUSTIN	123116	SL	3.00	16	4,000.			4,000.	4,000.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEW CANAAN MOUNTED TROOP, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
40	HORSE - WINDO	123117	SL	3.00	16	1,500.			1,500.	1,250.		250.
41	HORSE - ZOEVY	123117	SL	3.00	16	3,000.			3,000.	2,500.		500.
42	HORSE - SHADOW	123117	SL	3.00	16	1,800.			1,800.	1,500.		300.
43	HORSE - PIRATE	123117	SL	3.00	16	1,800.			1,800.	1,500.		300.
50	HORSE - UNO	123118	SL	7.00	16	5,000.			5,000.	1,070.		714.
52	HORSE - SIENA	123119	SL	7.00	16	4,000.			4,000.	286.		571.
53	HORSE - TIMMY	032121	SL	7.00	16	3,500.			3,500.			125.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					78,600.		0.	78,600.	64,391.		3,833.
	OTHER											
8	LOAN COSTS	093009		120M	43	19,313.			19,313.	19,313.		0.
13	LOAN COSTS	111710		120M	43	1,700.			1,700.	1,530.		9.
	* 990 PAGE 10 TOTAL OTHER					21,013.		0.	21,013.	20,843.		9.
	* 990 PAGE 10 TOTAL -					3953348.		0.	3953348.	941,252.		87,321.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					3953348.		0.	3953348.	941,252.		87,321.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					3948321.		0.	3948321.	941,252.		
	ACQUISITIONS					5,027.		0.	5,027.	0.		

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - NEW CANAAN MOUNTED TROOP, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
7	BARN IMPROVEMENT	100109	SL	39.00	2630303.		2630303.	793,347.	67,444.
9	BARN IMPROVEMENT	072410	SL	10.00	24,782.		24,782.	24,782.	0.
14	DONOR BRICKS	080511	SL	10.00	3,951.		3,951.	3,917.	34.
15	RUBBER FOOTING	051012	SL	10.00	3,500.		3,500.	3,208.	292.
16	PADDOCK FENCING	060612	SL	10.00	12,000.		12,000.	10,900.	1,100.
17	OUTDOOR LIGHTING	031412	SL	10.00	3,800.		3,800.	3,547.	253.
18	PA SYSTEM	031712	SL	10.00	3,027.		3,027.	2,827.	200.
31	IRRIGATION SYSTEM	060115	SL	10.00	32,375.		32,375.	19,697.	3,238.
35	KITCHEN SINK	061517	SL	10.00	2,365.		2,365.	967.	237.
44	FIRE SUPPRESSION SYS COMPRESSOR	012818	SL	10.00	2,472.		2,472.	864.	247.
46	WASHING MACHINE	082918	SL	10.00	2,100.		2,100.	525.	210.
47	PA SYSTEM	060419	SL	5.00	85.		85.	85.	0.
48	BARN IMPROVEMENT	050219	SL	10.00	57,830.		57,830.	14,674.	5,783.
51	LEARNING CENTER DOOR	011920	SL	10.00	10,119.		10,119.	1,434.	1,012.
	* 990 PAGE 10 TOTAL BUILDINGS				2788709.		2788709.	880,774.	80,050.
	MACHINERY & EQUIPMENT								
2	COMPUTERS	051405	SL	3.00	2,027.		2,027.	2,027.	0.
4	EQUIP, -JUMPS	070104	SL	6.00	8,000.		8,000.	8,000.	0.
11	TACK EQUIPMENT	072610	SL	5.00	2,496.		2,496.	2,496.	0.
19	LAWN MOWER	090711	SL	5.00	1,500.		1,500.	1,500.	0.
20	JUMPS	020612	SL	6.00	6,335.		6,335.	6,335.	0.
21	WATER TRAILER	040612	SL	5.00	4,250.		4,250.	4,250.	0.
22	COMPUTER SYSTEM	080311	SL	3.00	5,830.		5,830.	5,830.	0.
26	SADDLE	062613	SL	6.00	1,471.		1,471.	1,470.	0.
34	COMPUTER	072915	SL	3.00	1,436.		1,436.	1,436.	0.
36	MODEL HORSE	032717	SL	6.00	2,625.		2,625.	1,893.	438.
45	LAWN MOWER	070118	SL	5.00	1,999.		1,999.	1,400.	400.
54	COMPUTER SYSTEM	013121	SL	7.00	1,527.		1,527.	91.	218.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				39,496.		39,496.	36,728.	1,056.
	TRANSPORTATION EQUIPMENT								
10	TRACTOR	021311	SL	7.00	2,784.		2,784.	2,784.	0.
27	TRACTOR	072613	SL	7.00	13,500.		13,500.	13,500.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - NEW CANAAN MOUNTED TROOP, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
28	HARROW	082613	SL	7.00	3,746.		3,746.	3,746.	0.
49	HARROW	051919	SL	7.00	5,500.		5,500.	1,965.	786.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				25,530.		25,530.	21,995.	786.
	LAND								
1	LAND	051397	L		1000000.		1000000.		0.
	* 990 PAGE 10 TOTAL LAND				1000000.		1000000.	0.	0.
	PROGRAM SERVICES								
3	HORSE - OTIS	010101	SL	7.00	5,000.		5,000.	5,000.	0.
5	HORSE - BLUE	010104	SL	7.00	1,000.		1,000.	1,000.	0.
6	HORSE - JACKSON	123108	SL	3.00	8,000.		8,000.	8,000.	0.
12	HORSE - MADISON	123110	SL	3.00	7,000.		7,000.	7,000.	0.
23	HORSE - CODY	123111	SL	3.00	5,000.		5,000.	5,000.	0.
24	HORSE - DOC	123111	SL	3.00	4,500.		4,500.	4,500.	0.
25	HORSE - SANDY	123111	SL	7.00	2,500.		2,500.	2,499.	0.
29	HORSE - BRAVEHEART	123113	SL	3.00	4,000.		4,000.	4,000.	0.
30	HORSE - ROCCO	112214	SL	7.00	4,500.		4,500.	4,500.	1.
32	HORSE - CALVIN	123115	SL	3.00	3,500.		3,500.	3,500.	0.
33	HORSE - JASPER	123115	SL	7.00	3,000.		3,000.	2,359.	429.
37	HORSE - CASPER	123116	SL	3.00	3,500.		3,500.	3,500.	0.
38	HORSE - SPLISH	123116	SL	3.00	2,500.		2,500.	2,500.	0.
39	HORSE - AUSTIN	123116	SL	3.00	4,000.		4,000.	4,000.	0.
40	HORSE - WINDO	123117	SL	3.00	1,500.		1,500.	1,500.	0.
41	HORSE - ZOXY	123117	SL	3.00	3,000.		3,000.	3,000.	0.
42	HORSE - SHADOW	123117	SL	3.00	1,800.		1,800.	1,800.	0.
43	HORSE - PIRATE	123117	SL	3.00	1,800.		1,800.	1,800.	0.
50	HORSE - UNO	123118	SL	7.00	5,000.		5,000.	1,784.	714.
52	HORSE - SIENA	123119	SL	7.00	4,000.		4,000.	857.	571.
53	HORSE - TIMMY	032121	SL	7.00	3,500.		3,500.	125.	500.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES				78,600.		78,600.	68,224.	2,215.
	OTHER								
8	LOAN COSTS	093009		120M	19,313.		19,313.	19,313.	0.
13	LOAN COSTS	111710		120M	1,700.		1,700.	1,539.	99.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

