

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 8/1/2009, and ending 7/31/2010

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization HORSES HELP
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 71005
 City or town, state or country, and ZIP + 4
PHOENIX AZ 85050

D Employer identification number 74-2477097

E Telephone number 602-569-6056

F Name and address of principal officer:
GREGG GOODMAN P.O. BOX 71005, PHOENIX, AZ 85050

G Gross receipts \$ 407,429

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

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

J Website: www.horseshelp.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: _____ **M** State of legal domicile: _____

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>EQUINE THERAPY AGENCY FOR INDIVIDUALS WITH SPECIAL NEEDS</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>7</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>7</u>
	5	Total number of employees (Part V, line 2a)	5	<u>12</u>
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
	b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>97,478</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>133,912</u>	<u>175,292</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>110,188</u>	<u>94,437</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>7</u>	<u>96,350</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>292,615</u>	<u>388,587</u>
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>200,000</u>	<u>154,641</u>
16a		Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>15,573</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>116,986</u>	<u>191,910</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>316,986</u>	<u>346,551</u>	
	19 Revenue less expenses. Subtract line 18 from line 12	<u>-24,371</u>	<u>42,036</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>523,725</u>	<u>590,630</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>314,327</u>	<u>339,196</u>
		<u>209,398</u>	<u>251,434</u>	

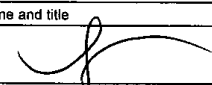
Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
Gregg Goodman Executive Director
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date 6/13/2011 Check if self-employed Preparer's identifying number (see instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 SECHLER CPA PC EIN _____
921 E ORANGE DRIVE, PHOENIX, AZ 85014 Phone no. (602) 230-2700

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

(HTA)