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Form **990-EZ**Department of the Treasury
Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009Open to Public
Inspection**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization HEROES ON HORSEBACK		D Employer identification number 57-1099345
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 3678		E Telephone number 843-757-5607
		City or town, state or country, and ZIP + 4 BLUFFTON, SC 29910		F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) _____

I Website: **HTTP://WWW.HEROESONHORSEBACK.ORG/****H** Check ☐ if the organization is not**J** Tax-exempt status (check only one) — ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 197,075.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	83,532.
	2 Program service revenue including government fees and contracts	2	37,452.
	3 Membership dues and assessments	3	
	4 Investment income	4	26.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	67,318.
	b Less: direct expenses other than fundraising expenses	6b	8,193.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	59,125.
	7a Gross sales of inventory, less returns and allowances STMT 2	7a	1,826.
	b Less: cost of goods sold	7b	3,669.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1,843.
	8 Other revenue (describe MISCELLANEOUS OTHER INCOME)	8	6,921.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	185,213.
	Net Assets	10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	120,576.
13 Professional fees and other payments to independent contractors		13	1,375.
14 Occupancy, rent, utilities, and maintenance		14	7,730.
15 Printing, publications, postage, and shipping		15	4,241.
16 Other expenses (describe SEE STATEMENT 1)		16	42,392.
17 Total expenses Add lines 10 through 16		17	176,314.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,899.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	26,085.
20 Other changes in net assets or fund balances (attach explanation)		20	
21 Net assets or fund balances at end of year Combine lines 18 through 20		21	34,984.

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	27,835.	37,747.
23 Land and buildings		
24 Other assets (describe _____)		
25 Total assets	27,835.	37,747.
26 Total liabilities (describe PAYROLL LIABILITIES)	1,750.	2,763.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,085.	34,984.

9-8 23

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.	
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <u>SC</u>		
42a	The organization's books are in care of <u>ROBERT E. LEE</u> Telephone no. <u>843-757-5607</u> Located at <u>10 MYRTLE BANK LANE, HILTON HEAD ISLAND, SC</u> ZIP + 4 <u>29926</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	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.			Date	2/3/11
	Signature of officer <i>Lester Sullivan</i>				
Paid Preparer's Use Only	Type or print name and title <i>Lester Sullivan - Treasurer</i>			Date	1/31/11
	Preparer's signature <i>Mmm</i>				
	Firm's name (or yours if self-employed), address, and ZIP + 4 ROBINSON GRANT & CO., P.A. POST OFFICE DRAWER 22959 HILTON HEAD ISLAND, SC 29925-2959				
Check if self-employed ☐			Preparer's identifying number (See instr.)		
EIN			Phone no.		
			843-342-5151		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

HEROES ON HORSEBACK

57-1099345

The organization is not a private foundation because it is (For lines 1 through 11, 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)

☐ 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 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)

☐ 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

☐ 11 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	71,269.	78,980.	140,060.	114,951.	83,532.	488,792.
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	46,905.	94,264.	77,927.	43,044.	37,452.	299,592.
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	118,174.	173,244.	217,987.	157,995.	120,984.	788,384.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	41,905.	89,264.	72,927.	38,044.	35,000.	277,140.
c Add lines 7a and 7b	41,905.	89,264.	72,927.	38,044.	35,000.	277,140.
8 Public support (Subtract line 7c from line 6)						511,244.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	118,174.	173,244.	217,987.	157,995.	120,984.	788,384.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,826.	3,749.	2,521.	831.	26.	9,953.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,826.	3,749.	2,521.	831.	26.	9,953.
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 IV)						
13 Total support (Add lines 9, 10c, 11, and 12)	121,000.	176,993.	220,508.	158,826.	121,010.	798,337.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	64.04 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	66.92 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.25 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.30 %

19a 33 1/3% support tests - 2009. 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 - 2008. 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 II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 ANNUAL FUND DRIVE (event type)	(b) Event #2 KENTUCKY DERBY PARTY (event type)	(c) Other events 8 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	11,113.	37,172.	19,033.	67,318.
	2 Less Charitable contributions	0.	0.	0.	
	3 Gross income (line 1 minus line 2)	11,113.	37,172.	19,033.	67,318.
Direct Expenses	4 Cash prizes	0.	0.	0.	
	5 Noncash prizes	0.	0.	0.	
	6 Rent/facility costs	0.	0.	0.	
	7 Food and beverages	0.	0.	0.	
	8 Entertainment	0.	0.	0.	
	9 Other direct expenses	0.	8,193.	0.	8,193.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(8,193)
	11 Net income summary. Combine line 3, column (d), and line 10				59,125.

Part III Gaming. Complete if the organization answered "Yes" to 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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine line 1, column (d), and line 7					

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

17a

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADVERTISING		1,531.	
BANK CHARGES		1,393.	
CONTRACTUAL SERVICES		100.	
DUES AND SUBSCRIPTIONS		1,559.	
MEALS AND ENTERTAINMENT		426.	
FUEL		506.	
GIFTS		323.	
HORSE CARE		23,343.	
HUNTER PACE EXPENSES		2,024.	
PROGRAM EQUIPMENT		874.	
REPAIRS & MAINTENANCE		272.	
TRAINING & SEMINARS		1,672.	
TRAVEL		363.	
VOLUNTEER RECOGNITION		159.	
INSURANCE		7,845.	
MISCELLANEOUS		2.	
TOTAL TO FORM 990-EZ, LINE 16		42,392.	

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 2

INCOME

1. GROSS RECEIPTS	1,826	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		1,826
4. COST OF GOODS SOLD (LINE 13)	3,669	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		-1,843

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	3,669	
11. ADD LINES 6 THROUGH 10		3,669
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		3,669

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

HEROES ON HORSEBACK PROVIDES EQUINE-ASSISTED FACILITATED LEARNING AND ACTIVITIES FOR SPECIAL NEEDS INDIVIDUALS RESIDING IN THE SOUTH CAROLINA LOWCOUNTRY. WE SERVE OVER 200 SPECIAL NEEDS INDIVIDUALS WHILE REDUCING THE COST OF PER-PARTICIPANT IN HALF. ALL ELIGIBLE PARTICIPANTS ARE SERVED REGARDLESS OF FINANCIAL ABILITIES.

990-EZ PG 2

STATEMENT 5

TO PROVIDE SAFE, PROFESSIONAL AND THERAPEUTIC EQUINE-ASSISTED ACTIVITIES FOR INDIVIDUALS IN THE SOUTH CAROLINA LOWCOUNTRY WITH PYSICAL, MENTAL OR EMOTIONAL DISABILITIES WITHOUT REGARD TO RACE, COLOR, CREED OR FINANCIAL NEED.



**Heroes on Horseback
Board of Directors
2009-2010**

As of 6-30-10

Morris, Rebecca
President
Moss Creek Plantation
3 Redstart Court
Hilton Head, SC 29926
836-2343
836-2341 Fax
226-1041 (c)
nimbus@hargray.com

Uttal, Maxine
Vice President
Registered Instructor
3 Chickadee Rd.
Hilton Head, SC 29926
681-3285 (h)
341-2954 Fax
422-1599 (c)
maxuttal@roadrunner.com

Sullivan, Leslie
Treasurer
Registered Instructor
41 Dolphin Point Lane
Hilton Head, SC 29926
681-4253
681-4253 Fax (call first)
816-4253 (c)
beartohug1@aol.com
OR
P O Box 111
Vershire, VT 05079

Drury, Deborah
Secretary
62 Wedgefield Dr.
Hilton Head, SC 29926
689-5108
342-4350 (o)
207-646-9799 (Summer)
adrury1105@yahoo.com

Newman, Emily
15 Oyster Landing Rd.
Hilton Head, SC 29928
(843) 671-4851
(843) 422-6057 (C)
nelmonte@hotmail.com

McMillan, Carol
98 Bostick Circle
Beaufort, SC 29902
(843) 422-5695 (c)
(843) 322-2306 (o)
carolbhhi@aol.com

Davenport, Linda
347 Broadview Dr.
Knowles Island
Ridgeland, SC 29936
803-798-3375 work
843-726-8979 home
linda.hoh@hotmail.com

Carolyn Vanagel
1 Cardinal Rd.
Suite 17
Hilton Head Island, SC
29926
(843) 342-3398 (h)
(843) 785-7469 (o)
cvanagel@hhiconcours.com

Susan Lesnick
7 Dellinger Lane
Bluffton, SC 29909
843-304-3056 (c)
843-706-9178 (h)
psyfix1@yahoo.com

Bob Lee
Executive Director
10 Myrtle Bank Lane
Hilton Head Island, SC
29926
(843) 290-2533
bob@hohbc.org

Compensation = \$35,885
hours = 40 +

all others on list:
- compensation: none
- hours: approx. 5+