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**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2011****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

<b>A For the 2011 calendar year, or tax year beginning</b>		<b>2011, and ending</b>		<b>Dec 31, 20 11</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>Ebony Horsewomen, Inc</b>			<b>D Employer identification number</b> <b>061268874</b>	
	Doing Business As				
	Number and street (or P O box if mail is not delivered to street address) Room/suite			<b>E Telephone number</b> <b>860 293-2914</b>	
	<b>337 Vine Street</b>				
	City or town, state or country, and ZIP + 4 <b>Hartford, CT 06112</b>				
<b>F Name and address of principal officer</b>			<b>G Gross receipts \$</b>		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)		
<b>J Website:</b> ▶ <b>www.ebonyhorsewomen.us</b>			<b>H(c) Group exemption number</b> ▶		
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation</b> <b>1984</b> <b>M State of legal domicile</b> <b>CT</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The mission of Ebony Horsewomen is empower youth to successful lives by the use of Equine Assisted Psychotherapy, Equine Growth and Learning, horsemanship training, academic and agricultural programming to build leaders, deter destructive behavior and increase academic achievement in urban youth.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>	
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>2</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>17</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
		<b>9</b> Program service revenue (Part VIII, line 2g)	<b>303126.00</b>	<b>175252.01</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3-4, and 7d)		<b>37110.00</b>	<b>87088.34</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)		<b>0</b>	<b>5541.00</b>	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>37110.00</b>	<b>267881.35</b>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>8523.80</b>	<b>0</b>	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>	<b>0</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>41192</b>	<b>52840.41</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	<b>0</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1770.27</b>				
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>287418.00</b>	<b>245758.60</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>337134</b>	<b>298599.01</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3101.00</b>	<b>(30717.66)</b>	
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
		<b>21</b> Total liabilities (Part X, line 26)	<b>90825.00</b>	<b>147570.00</b>
		<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5351.00</b>	<b>5125.00</b>
			<b>85474.00</b>	<b>142445.00</b>

**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.

<b>Sign Here</b>	Signature of officer <i>[Signature]</i>		Date <i>6/10/12</i>	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no		
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No			

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

The mission and goal of Ebony Horsewomen is to use equine assisted therapy and animal assisted therapy to help to develop strong characters, build leaders, deter destructive behaviors and promote academic success in youth.

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 172597.32 including grants of \$ 81804.00 ) (Revenue \$ 60427.34 )**Equine Assisted Growth, Learning and Therapy After School Program**

Equine Assisted Growth Learning and Therapy provides youth with hours of therapy via a horse, equine specialist and Licensed Clinical Social Worker trained in the field. This type of therapy work wonderfully with youth diagnosed with ADD, ADHD, Detachment Disorders and behavioral and emotional issues. The program operates Monday through Friday 9:00 am. to 6:30 pm and Saturday from 9:30 a.m. to 4:00 p.m. The program is open to youth ages 7 years to 18 years of age, girls and boys throughout the Greater Hartford Area. This program also offers classes in Leadership Life Skills and a strong curriculum in Veterinary Science with hands on work with our farm animals, i.e. chickens, goats, reptiles, fish, ferret, rabbits and an assortment of dogs and cats. Vet Science also offers lab experiments, etc. This program has a very progressive Parent's Organization "The Breeder's Cup Parent Association" that participates in every event and parents also.

**4b** (Code: ) (Expenses \$ 50237.00 including grants of \$ 50000.00 ) (Revenue \$ 0 )**Equine Violence Prevention Program**

This program with specifically with Hartford youth living in its most violent community - the Northeast community - to work with youth ages 12 to 18, boys and girls to teach life skills to deter violent and destructive behaviors. The program is administered by several instructors and a Youth Coordinator and operates 7 days per week from 2:30 p.m. to 6:30 p.m. Youth are designed service goals plans by our Licensed Clinical Social Worker and evaluated monthly on progress. Curriculum is used to reduce violent behaviors or reactions. The program also provides monthly meetings for parents, field trips, horse shows and a variety of diverse experiences

**4c** (Code: ) (Expenses \$ 39298.67 including grants of \$ 10101.00 ) (Revenue \$ 22376.50 )**Equestrian Summer Day Camp - 8 week day camp for youth 5 years to 18 years of age Monday through Friday 8:30 a.m. to**

**4:30 p.m. providing youth and children animal science, leadership, horsemanship classes along with arts and crafts nature trail explorations, cupcake wars and film making 101. The camp also provides Equine Assisted Growth and Learning for all campers and their counselors.**

**4d** Other program services (Describe in Schedule O )(Expenses \$ 2444.00 including grants of \$ 0 ) (Revenue \$ 4285.00 )**4e** Total program service expenses **▶** 264576.99

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	✓
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	✓
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	✓
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	✓
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	✓
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	✓
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 2		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		✓
<b>4a</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)?	<b>4a</b>		
<b>b</b> If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		✓
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		✓
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations. Enter:</b>			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☐**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **Connecticut**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Patricia E Kelly, 1132R Blue Hills Avenue Bloomfield, CT**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) Patricia E. Kelly, President/CEO	52			✓				0	0	0
(2) Heather R. Lawson, Esq.	1	✓						0	0	0
(3) Curtissa Coffield	1	✓						0	0	0
(4) Tonya Healys, Chairwoman	4	✓						0	0	
(5) Clara Lee, Treasurer	2.1	✓						0	0	0
(6) Sydney Schulman, Esq.	1	✓						0		0
(7) Polly Kean, Secretary	2.5	✓						0	0	
(8) John Watson, Sr.	1	✓						0	0	0
(9) Joseph Hodgson	1	✓						0	0	0
(10) Loida Nicholson, Esq.	1	✓						0	0	
(11) Jacqueline Bondy	2	✓						0	0	0
(12) Tonya Durham, Program Manager	45				✓			28059.61	0	0
(13) Dominique Bourgeois, Admin Asst	45				✓			24780.80		0
(14)									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 (describe hours for related organizations in Schedule O)	(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

**1b Sub-total** . . . . . **0** **52840.41** **0**

**c Total from continuation sheets to Part VII, Section A** . . . . .

**d Total (add lines 1b and 1c)** . . . . .

**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 ► **NONE**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

**Yes No**

**3**

**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? If "Yes," complete Schedule J for such individual . . . . .

**4**

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

**5**

**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 ►

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 955.72				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 1446.30				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 1216.85				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 171633.14				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	45000.00				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		175252.01			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b>	Equine Assisted Growth After Sc		60427.34	60426.84	0	
	<b>b</b>	Equine Violence Prevention		0		0	
	<b>c</b>	Equestrian Summer Camp		22376.50	22376.50	0	
	<b>d</b>	Saddle Club		4285.00	4285.00		
	<b>e</b>						
	<b>f</b>	All other program service revenue .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		87088.34			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		0	0	0	0
	<b>4</b>	Income from investment of tax-exempt bond proceeds			0	0	0
	<b>5</b>	Royalties . . . . .		0	0		
	<b>6a</b>	Gross rents . . . . .	(i) Real 0 (ii) Personal 0				
		<b>b</b>	Less: rental expenses				
		<b>c</b>	Rental income or (loss)	0 0			
		<b>d</b>	Net rental income or (loss)		0	0	0
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		<b>b</b>	Less: cost or other basis and sales expenses . . . . .				
		<b>c</b>	Gain or (loss) . . . . .				
		<b>d</b>	Net gain or (loss) . . . . .				
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b>	Less: direct expenses . . . . .	<b>b</b> 1770.27			
		<b>c</b>	Net income or (loss) from fundraising events . . . . .		(553.42)	0	0
		<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b> 0			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b> 0				
		<b>c</b>	Net income or (loss) from gaming activities . . . . .		0	0	
		<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 0			
	<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b> 0				
		<b>c</b>	Net income or (loss) from sales of inventory				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	Rebates		4041.22				
<b>b</b>	Loan by Officer		1500.00	0	0	0	
<b>c</b>					0		
<b>d</b>	All other revenue . . . . .	Misc fees		4041.22			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		267328.15	267328.15	0	0	

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	70.00	70.00		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	225.00	225.00		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	52840.41	47027.97	5812.44	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
<b>7</b> Other salaries and wages	0	0		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0		
<b>9</b> Other employee benefits	0			
<b>10</b> Payroll taxes	10826.67	5413.33	5413.33	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	148349.85	148349.85		
<b>b</b> Legal	0	0		
<b>c</b> Accounting	0	0		
<b>d</b> Lobbying	0	0		
<b>e</b> Professional fundraising services. See Part IV, line 17	2000.00			
<b>f</b> Investment management fees	0	0		
<b>g</b> Other	12104.95	10104.95		2000
<b>12</b> Advertising and promotion	613.22	0	213.22	400
<b>13</b> Office expenses	5474.00	3853.00	1621.00	
<b>14</b> Information technology	1120.00	700.00	420.00	
<b>15</b> Royalties	0	0		
<b>16</b> Occupancy	2944.76	0	2944.76	
<b>17</b> Travel	3120.00	3120.00		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	550.00	550.00		
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	0	0		
<b>23</b> Insurance	12404.56	9923.65	0	2480.91
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Animal Hay and Grain & Shavings	23598.75	23598.75		
<b>b</b> Blacksmith and /veterinarian	4820.62	4820.62		
<b>c</b> Youth Counselor Scholarships	2901.50	2901.50		
<b>d</b> Equestrian Equipment	1870.62	1870.62		
<b>e</b> All other expenses <u>Camp and Program Suppl</u>	12765.00	12765.00		
<b>25</b> Total functional expenses. Add lines 1 through 24e	298599.01	275293.35	20905.00	2400.00
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	18916.29	<b>1</b>	4306.26
	<b>2</b> Savings and temporary cash investments . . . . .	47620.68	<b>2</b>	300
	<b>3</b> Pledges and grants receivable, net . . . . .	24000.00	<b>3</b>	8500.00
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	100	<b>14</b>	125
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	188	<b>15</b>	141
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	90824.97	<b>16</b>	132782.26	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8870	<b>17</b>	5050.00
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	6083.00	<b>23</b>	4620.00
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	14953.00	<b>26</b>	9670.00
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	101599.00	<b>33</b>	197345.85
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	116552.00	<b>34</b>	207015.85

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>267328.15</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>293589.53</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>(26261.38)</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	<b>90824.97</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	<b>132782.26</b>
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	<b>197345.85</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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? . . . . .	<input checked="" type="checkbox"/>	
<b>b</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 in Schedule O and describe any steps taken to undergo such audits		

**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. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**Ebony Horsewomen**

**06-1268874**

**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 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? 

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>
- (ii) A family member of a person described in (i) above? 

11g(ii)		<input checked="" type="checkbox"/>
---------	--	-------------------------------------
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

11g(iii)		<input checked="" type="checkbox"/>
----------	--	-------------------------------------
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	299539.96	310580.22	323846.00	303126.00	267881.36	1540805.83
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	48000.00	50000.00	50000.00	58000.00	58000.00	312000.00
<b>4 Total.</b> Add lines 1 through 3. . . . .	347539.96	360580.22	373846.00	361126.00	325881.36	1852805.83
<b>5</b> 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). . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						1852805.83

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .	347539.96	360580.22	373846.00	361126.00	325881.36	1768973.54
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	12.51	27.13	23.04	24.11	22.20	108.99
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1769082.53
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	1769082.53
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	<b>100 %</b>
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	<b>99 %</b>
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> 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"/>		

**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Transactions With Interested Persons**

► Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2011****Open To Public  
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Name of the organization

Ebony Horsewomen

Employer identification number

061268874

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. . . . . ► \$**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) Patricia E. Kelly		✓	1500.00	1500.00		✓	✓			✓
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b> . . . . .				► \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**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.

OMB No 1545-0047

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**EBONY HORSEWOMEN iNC**

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**061268874**

Part III line 4e - Other program service expenses - Day at the Barn , Equine and animal day trips - Expenses \$2444.00 - Revenue \$4285.00

Part VI Section B Policies Line 11a The Treasurer and the CEO reviews the 990 and upon the finish of the review the full board receives a  
copy to critique and edit before filing.

Part VI Section C. Disclosure line 19 The organization policies are open to display and disclosure to any individual or entity upon request.

The organization is woarking to get all policies on their website when the site is upgraded.

Part XI Recpmco; oatopm pf Met Assests Line 5- The next assest changed because of the donation to the donation received of a a Ford F-350

2005 Mini- bus and equestrian equipment and the donation of a Valley Recreational (non-motor) Vehicle 1984

# EBONY HORSEWOMEN INC

*Celebrating 28 years of Youth Development*

## EQUESTRIAN CENTER:

337 VINE STREET

HARTFORD, CT 06112

(860) 293-2914 - TELEPHONE

(860) 293-0039 - FAX

E-MAIL: EBWOMEN@AOL.COM

WWW.EBONYHORSEWOMEN.US



## ABOUT EBONY

EBONY HORSEWOMEN, INC., (EHI) FOUNDED IN 1984 BY PATRICIA E. KELLY, IS A 501(c) (3) NON-PROFIT COMMUNITY SERVICE, YOUTH DEVELOPMENT ORGANIZATION, DIRECTED BY AFRICAN-AMERICAN FEMALE EQUESTRIANS WHOSE MISSION IS TO ENCOURAGE AND EMPOWER INNER-CITY YOUTH TOWARD POSITIVE AND SUCCESSFUL LIVES THROUGH THE USE OF HORSES. EBONY WAS FOUNDED THE BELIEF THAT THE HEALING POWER OF HORSES COULD AID THE DESPAIR THAT MANY URBAN YOUTH ENDURE.

EQUINE ASSISTED THERAPY (EAP) AND EQUINE ASSISTED LEARNING (EAL) ARE DEVELOPMENTAL PRACTICES USED FOR EMOTIONAL GROWTH AND LEARNING OF OUR PARTICIPANTS. THE COLLABORATION BETWEEN THERAPIST, EQUINE PROFESSIONAL AND HORSE HELPS PARTICIPANTS LEARN ABOUT THEMSELVES AND OTHERS BY COMPLETING SPECIFIC ACTIVITIES



## HORSEWOMEN, INC.

EBONY HORSEWOMEN OPERATES AS A FULL SERVICE EQUESTRIAN AND EDUCATIONAL CENTER, BRINGING INNOVATIVE EQUESTRIAN, EDUCATIONAL, THERAPEUTIC AND VETERINARY PROGRAMS TO YOUTH (BOYS AND GIRLS) WHILE CREATING AN ADDED DIMENSION AND VIBRANCY TO THE COMMUNITY. THE ORGANIZATION OFFERS A VARIETY OF PROGRAMS WHICH OPERATES SIX DAYS PER WEEK YEAR-AROUND SERVING YOUTH FROM THE GREATER HARTFORD AREA. EBONY SERVES OVER 300 YOUTH PER YEAR ALONG WITH CONDUCTING WORKSHOPS FOR OTHER AGENCY YOUTH OVER THE GREATER HARTFORD AREA.

### Programs:

EQUINE ASSISTED GROWTH & LEARNING  
AFTER SCHOOL PROGRAM

URBAN EQUINE VIOLENCE PREVENTION PROGRAM, 4  
DAYS PER WEEK

EQUINE ASSISTED THERAPY PROGRAM 5 DAYS PER  
WEEK

SUMMER YOUTH EQUESTRIAN DAY CAMP, EIGHT  
WEEKS\* FULL-DAY SUMMER CAMP

SATURDAY SADDLE & SCIENCE CLUB

THERAPEUTIC RIDING SESSIONS, SCHEDULED

Home School Animal SCIENCE COURSE,  
SCHEDULED CLASSES FOR ACADEMIC CREDIT

4-H Club - Alternate Saturday mornings

# EBONY HORSEWOMEN' EQUESTRIAN FACILITY AT KENEY PARK

The Ebony Horsewomen's Equestrian & Agricultural Center is a lovely facility situated within the beautiful 693-acre Keney Park. The facility is equipped with 7 outdoor riding rings, 14 horse stall barn, a 6000 sq. Indoor heated Riding Arena, outdoor housing for our goats, chickens, alpaca and rabbits; administrative offices, library, full restrooms, laundry room and classrooms, which houses state of the art SmartBoard technology and home to our reptiles, fish and ferrets. The Ebony Horsewomen's Equestrian & Agricultural Center is an ideal complex and serves much like a traditional Neighborhood Youth Center. It embodies all of the following characteristics:

1. Its location is convenient for youth. All of the program components can be delivered within the Hartford community. The Ebony Horsewomen's Equestrian Center operates daily, evenings, weekends, during school vacations, and during the summer.
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5. It encourages Parent Involvement. The **Breeder's Cup Club** is an essential parent component of the Center's operation. Parents were involved in planning the programs initially and on an on-going basis. This includes parent participation on the program's advisory board.
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# EBONY HORSEWOMEN

## EQUESTRIAN & AGRICULTURAL SUMMER DAY CAMP



### CAMP FEATURES:

- FULL DAY - MONDAY TO FRIDAY

- 8:30 A.M. TO 4:30 P.M.

- CLASSES DIVIDED BY AGE

- LUNCH PROVIDED DAILY

- KIDS GARDEN

- HORSEBACK RIDING LESSONS

- ARTS AND CRAFTS

- ANIMAL SCIENCE

- AGRICULTURAL CLASSES

\$275.00 Weekly

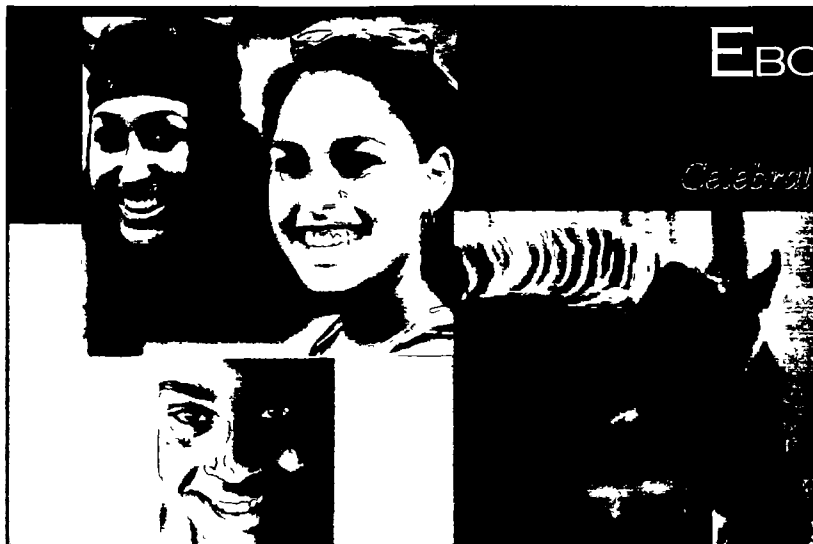
**Special Stimulus Fee- families only:**

**Buy two weeks -  
get two weeks free**



EBONY HORSEWOMEN EQUESTRIAN & AGRICULTURAL CENTER  
337 VINE STREET HARTFORD, CT 06112.

E-mail: ehwomen@aol.com  
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EBONY HORSEWOMEN EQUESTRIAN  
SUMMER DAY CAMP



JUNE 25, TO AUGUST 17, 2012

MONDAY TO FRIDAY  
8 30 A M TO 4 30 P M

- CLASSES DIVIDED BY AGE BOYS  
AND GIRLS AGES 5 YEARS TO 19 YEARS
- BREAKFAST AND LUNCH PROVIDED
- KIDS "READY TO EAT" GARDEN
- HORSEBACK RIDING LESSONS  
BEGINNERS TO ADVANCE
- ARTS AND CRAFTS
- OBSTACLE COURSES
- ANIMAL SCIENCE CLASSES
- AGRICULTURAL CLASSES
- FEATURING THE COWGIRL ICE  
CREAM SHOP AND COUNTRY STORE



**\$275.00 Weekly**  
**Buy more than one week and get**  
**a deal!**  
**SCHOLARSHIPS AVAILABLE**



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E-mail: [ehwomen@aol.com](mailto:ehwomen@aol.com)  
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Ebony Horsewomen, Powered by Joomla!

# TO ENROLL IN LESSONS

The upcoming series will take place  
Spring Session weeks of  
April 2 - June 30  
The next lesson registration date is:  
April, 2012

Call to Register or Click here for registration  
form  
Registration can be completed in person at the  
Equestrian and you can pay on-line. Simply visit  
our website and use our Paypal button.

Pre-certification is needed for group  
lesson registration. Please contact us  
for more information and registration  
tips!

EHH welcomes visitors. If you are  
interested in observing a lesson, we  
encourage you to call ahead of ti



## Ebony Horsewomen, Inc Riding Academy



Ebony Horsewomen Equestrian and  
Agricultural Center  
337 Vine Street  
Hartford, CT 06112  
860 293-2914. 860 293-0039  
Email: [Ehwomen@aol.com](mailto:Ehwomen@aol.com)  
[www.ebonyhorsewomen.us](http://www.ebonyhorsewomen.us)



## The Lesson Program

### Beginner Private/Semi-Private Lessons

The Ebony Horsewomen Equestrian Center (EHI) beginner lesson program was created to expose people to horses and equestrian sports. The program focuses on safe, practical horsemanship and horseback riding. Lessons are appropriate for people with little or no riding experience, as well as those who desire more hands on experience. All students are given the opportunity to build knowledge and skills through basic individual instruction. No rider shall be pushed beyond their comfort or skill levels. Whether riders plan to continue after the 10-week program, or not, this experience offers the same enjoyable, informative and positive exposure. New riders must start with private lessons.

### Advanced Private Lessons

These lessons are for riders with experience but want to remain in a private lesson. Students must be able to groom and tack completely on their own and be ready at the riding ring for their lesson start time. You will receive a full hour of instructed riding. You are also required to untack and put away your horse successfully.

### Group Lessons

In addition to the beginner lesson series, we also offer group lessons for advanced beginner and intermediate students. To be eligible for group lessons, one must be able to groom and tack their mount as well as walk and trot independently. An evaluation lesson to determine skill level is required prior to scheduling. As an extension of the beginner lesson program, group lessons are also skill and knowledge focused, based on balanced-

## Instructional Format

Students scheduled for the private or semi-private lesson series will have a one hour lesson for 10 consecutive weeks. Approximately half of each lesson will be spent learning to groom, tack and handle the horse, the rest of the time will be spent riding. As group lesson students groom and tack independently, their instruction time may last up to an hour. \*In order to provide a well-rounded equestrian education, at the discretion of the individual instructor, private and group lessons may be unmounted (i.e. lunging, long-lining, bandaging, handling) or a combination of mounted and unmounted.

## The Lesson Animals

EHI uses both horses and ponies as mounts in the lesson program. Mounts are assigned by the instruction staff based on size, skill level and the intended lesson plan. Throughout the lesson series, based on the needs of the student as determined by the instruction staff, mounts will be rotated. As with people, all mounts are different, and offer different educational opportunities.

## Additional Information

Lessons are given in the indoor and outdoor arenas depending on the weather and time of year. Instruction is provided to both children and adults (beginning at 6 years of age). In an effort to provide wide riding opportunities to as many people as possible, registration is limited to one lesson spot per student per session. If openings are available after registration, then a second lesson spot may be reserved.



## Lesson Series Schedule - Saturdays

Three, 10-week series are run throughout the year on Thursdays 6 00 pm to 7 00 p.m.

**Fall** September, October & November

**Winter** January, February & March

**Spring** April, May & June 30th (evening classes)

**Summer** July & August (evenings)

**December**: Open lessons. Please call for dates and spots.

Beginner Private Lessons. \$55 00

Advanced Private Lessons \$65 00

Semi-Private Lessons. \$50.00

Group Lessons \$45 00 ( 10 lesson commitment)

**Trainer** Ann Gallant - former Yale Riding Academy Instructor

Ebony Horsewomen Equestrian and Agricultural Center

337 Vine Street

Hartford, CT 06112

Office: 860 293-2914

[www.ebonyhorsewomen.us](http://www.ebonyhorsewomen.us)

