	Return of Organia	zation Exempt F	rom In	come Tax		-	OMB No 154	
Form 990-EZ	Under section 501(c), 5	27, or 4947(a)(1) of the ling benefit trust or privation	nternal Re te founda	evenue Code tion)		e	200)9
Department of the Treasury nternal Revenue Service	Form 990 All other organizat	ions with gross receipts less than 0,000 at the end of the year may	use this form	nd total assets			Open to F Inspect	
A For the 2009 calend	dar year, or tax year beginning Ma	ır 1 ,200	9, and en	ding Feb 28		,	2010	
Check if applicable	C Name of organization				D Emp	loyer id	entification nun	nber
Address change use	RS Opening Gaits Therape						75798	une
Name change label print Initial return type	tor Number and street (or PO box, ir main	is not delivered to street address)) Roor	m/suite	E Tele;	ohone ni	umber	
Termination See Spec	401 Main Road				(4	13)	863-000)2
Amended return Instr							emption	_
Application pending	Gill			354	Nun			•
 Section 501(must 	c)(3) organizations and 4947(a)(1) non attach a completed Schedule A (Form	exempt charitable trusts	5	G Accounting Other (spec		. П	Cash 🛛	Accru
	anach a completed Schedule A (rom	550 0/ 550-LZ).		H Check ►		e oraz	anization is i	not
Website: ► N/A				required to	attach S	Schedu		
J Tax-exempt status (che	ck only one) — 🗶 501(c) (3) ◄ (ins	sert no.) 4947(a)(1) or	527	990-EZ, or 9	990-PF)		•	
	organization is not a section 509(a)(3)	supporting organization						
\$25,000. A Form 99	00-EZ or Form 990 return is not require	d, but if the organization	chooses	to file a return,	be sure	to file	a complete	return
	nd 7b, to line 9 to determine gross rece	eipts; if \$500,000 or more	e, file Forr	n 990				
Instead of Form 990			Deleme	an (Can the		► \$		1,02
	e, Expenses, and Changes in		Balanc	es (See the	Instrue	1		
	, gifts, grants, and similar amounts rec nce revenue including government fees			•	-	1		8,60
	dues and assessments	and contracts	•		- F	3	T.	0,42
4 Investment in					-	4		6
	t from sale of assets other than invento	orv	5 a					
	other basis and sales expenses		5b					
C Gain or (loss) fro	m sale of assets other than inventory (Subtract I	ine 5b from line 5a)	.			5c		
5 6 Special events an	ad activities (complete applicable parts of Schedu	ile G) If any amount is from ga	ming, check	k here 🕨 🏲				
C Gain or (loss) fro E 6 Special events and N a Gross revenue U reported on line	e (not including \$	of contributions						
E reported on lu	ng 1)							
			6a		13.			
b Less. direct e	xpenses other than fundraising expens		6a 6b		0 <u>13.</u> 023.	.		
b Less. direct e c Net income or (lo	xpenses other than fundraising expens oss) from special events and activities (Subtract I	ine 6b from line 6a)	6b			6c		39
b Less. direct e c Net income or (lo 7a Gross sales o	xpenses other than fundraising expenses oss) from special events and activities (Subtract I of inventory, less returns and allowance	ine 6b from line 6a)	6b 7a			6c		39
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	990-EZ (2009) Opening Gaits I				0-467	75798 Page 2
	till ··· Statement of Program Se		s (See the instruction	ons.)		Expenses uired for section
Desc desc	s the organization's primary exempt purpose? Se ribe what was achieved in carrying out the ribe the services provided, the number of		ses. In a clear and conc levant information for ea	cise manner, ach	- 501(orga 4947	c)(3) and (4) nizations and section (a)(1) trusts, optional
<u> </u>	am title				for o	thérs')
28	Provides children and adults w. an enriched learning environme and self-esteem through their s (Grants \$ 0.) If the	ent for personal growth	in developmental riding and horsema	capabilitie	B	40,093.
29		is amount meldues foreign gra		·····	1 200	40,035.
29					-	
	(Grants \$) If th] 29 a	
30		is amount includes foreign gra			1 230	
50					_	
	(Grants \$) If th	is amount includes foreign gra	ants, check here	- -] 30 a	
31	Other program services (attach schedule				1	
		is amount includes foreign gra	ants, check here	▶] 31 a	
	Total program service expenses (add lur			*.	32	40,093.
Par	t'IV List of Officers, Directors		ployees. List each on	e even if not cor	npensa	ted (See the instrs)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit pl deferred compensi	ans and	(e) Expense account and other allowances
Hay	ley_Gilmore					
	S Mill River Road	President				
Sou	th Deerfield MA01373	2.00	0.		0.	0.
	Sprankle Boyle Rd.	Treasurer/Sec				
Gi1	1 MA 01354	1.00	0.		Ο.	0.
<u>Eri</u>	ka Heilig					
	Main Road	Secretary				
Gil		4.00	11,443.		0.	0.
	ah Rury					
	Main Road	Exec. Director				
Gil		20.00	19,597.		0.	0.
	helle Glaviano	Dimester				
	Highway Rt. 20 ron Spring MA13459	Director 1.00	0.		•	
5114	ron Spring MA 13459				0.	0.
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Form Par	n 990-ÈZ (2009) Opening Gaits Therapeutic Riding Center, Inc. 20-467579 t V Other Information (Note the statement requirements in the instris for Part V.)	8	P	age :
			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	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		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			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	25 -		
H	reporting, and proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35a 35b		X
		555	<u> </u>	-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		x
38 a	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?	38a	x	
b	The first is the total and enter the total and enter the total amount involved . 38b 484.			
39	Section 501(c)(7) organizations Enter			
a	a Initiation fees and capital contributions included on line 9 39a			
	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40 a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 •; section 4912 •; section 4955 •;			
t	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	40 Б		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			
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	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 .	40 e		x
41	List the states with which a copy of this return is filed 🕨			
42 a	a The organization's books are in care of ► Erika_Heilig Telephone no ► (413)	863	- 808	88
	Located at > 401 Main Road Gill MA ZIP + 4 > 01354			
		- -		
ł	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)?	42b	Yes	No 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 a Foreign Bank and Financial Accounts.			
c	c At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		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
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' 45 x

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Form 990-EZ (2009) Opening Gaits Ther	apeutic Riding	Center, I	nc.	20-467			age 4
Part VI Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ection 4947(a)(1) no	nexempt cha	empt o aritable	trusts must answe	ly. All se r questio	ection Ins	ſ
46 Did the organization engage in direct or indire for public office? If 'Yes,' complete Schedule (ct political campaign act C. Part I	livities on behalf	of or in	opposition to candidates	46	Yes	No X
47 Did the organization engage in lobbying activit	•	Schedule C, Part	11	•	47		x
48 Is the organization a school as described in se	ection 170(b)(1)(A)(ii)? I	f 'Yes,' complete	Schedu	ile E	48		x
49a Did the organization make any transfers to an	exempt non-charitable i	related organiza	tion?		49a		x
b If 'Yes,' was the related organization a section	527 organization?		49b				
50 Complete this table for the organization's five employees) who each received more than \$10	highest compensated er 0,000 of compensation t	nployees (other from the organiz	than offi ation_lf	cers, directors, trustees there is none, enter 'Nor	and key ne '		
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	ition	(d) Contributions to employee benefit plans and deferred compensation	àccou	opense int and lowances	s
none					<u>.</u>		
f Total number of other employees paid over \$1	00,000						
51 Complete this table for the organization's five compensation from the organization. If there is	highest compensated in s none, enter 'None.'	dependent contr	actors w	ho each received more t	han \$100,0	000 of	
(a) Name and address of each independent con	tractor paid more than \$100,000) 		(b) Type of service	(c) Com	pensatio	'n
none							

-___

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

Sign	Under penalties of true, correct, and c	perjury, I declare that I have examined this return, including accompany omplete Declaration of preparer (other than officer) is based on all in	nying sch formation	nedules and statements, an of which preparer has a	nd to the best of my ny knowledge	knowledge and belief, it is
Here	Signature of ot Sarah I Type or print r	Rury			ate cutive Dir	ector
Paid Pre-	Preparer's signature	N(M) (M) (M) Nicoletta M Welsh		Date 10/15/10	Check if self- employed ► X	Preparer's Identifying Number (See instructions)
parer's Use	Firm's name (or yours if self- employed),	WELSH & ASSOCIATES 277 Main St., PO Box 945			EIN ►	
Only	address, and ZIP + 4	Greenfield	MA	01301-3262	Phone no 🕨 (4	13) 772-2144
May the IRS	S discuss this re	eturn with the preparer_shown above? See instruction	s			►X Yes No
BAA						Form 990-EZ (2009

SCHEDÙLE A (Form 990 or 990-EZ)		Charity Status			•••						
	Complete if the organ	nization is a section 501(nonexempt char	c)(3) org	janizatio ust.	on or a s	ection	4947(a)(ר ר	Open t	o Public	
Department of the Treasury Internal Revenue Service	Attach to	Form 990 or Form 990-E	Z. ► See	e separa	ate instru	uctions				ection	
Name of the organization	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		-			Employe	r identificat	ion number		
	Therapeutic Ridi						·	<u> 575798</u>	3		
	r Public Charity Statu					- · · · · ·	See I	nstructi	ons		
č	a private foundation becaus		-		-	•					
) – – (vention of churches or asso			section	170(Ь)(1)(A)(i).					
	cribed in section 170(b)(1)(A		•								
	cooperative hospital service	5		• •		•			41	4 - 11 -	
	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 organizati	on operated for the benefit o v). (Complete Part II)	of a college or university	owned o	r operat	ed by a	governr	nental u	nit descr	ibed in sec	tion	
	te, or local government or g	•									
in section 17	 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 										
				-							
from activities investment in	In organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts rom 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 une 30, 1975 See section 509(a)(2). (Complete Part III)										
10 🗌 An organizati	on organized and operated	exclusively to test for put	olic safet	y See s	section 5	i09(a)(4).				
more publicly	tion organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or y supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that e type of supporting organization and complete lines 11e through 11h										
a ∐ Type I	b UType II	c 🔄 Type II			5			d 🗌	Type III-		
e By checking t than foundation 509(a)(2)	his box, I certify that the orgon managers and other than	ganization is not controlle n one or more publicly su	ed directl pported	y or indi organiza	irectly by ations de	one or scribed	more d in secti	isqualifie on 509(a	d persons)(1) or sec	other tion	
f If the organiz check this bo	ation received a written dete x	ermination from the IRS t	hat is a '	Type I, 1	Гуре II о	r Type I	ll suppo	rting org	anızatıon,	. [
g Since August	17, 2006, has the organization	tion accepted any gift or	contribu	tion fror	n any of	the foll	owing p	ersons?			
()								1.6		Yes N	lo
(i) a perso below, t	n who directly or indirectly on the sub- he governing body of the sub-	ipported organization?	ogether	with per	sons des	icribed i	in (ii) an	a (III)	11g(i)		
(ii) a family	ly member of a person described in (i) above?							_			
(iii) a 35% d	controlled entity of a person	described in (i) or (ii) ab	ove?						11g (iii)		
h Provide the fo	blowing information about the	ne supported organization	ns								
(I) Name of Support Organization	ed (11) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in col d in your erning ment?	(v) Did y the organ col your su	ization in (i) of	organizat	s the ion in col zed in the S 7	(vıı) Amoui	nt of Support	ι
			Yes	No	Yes	No	Yes	No			
			[
			 								
<u></u>		···-						┝			
							1				
				<u> </u>				┝			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

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Total

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Schedule A (Form 990 or 990-EZ) 2009

OMB No 1545-0047

Schedule À (Form 990 or 990 EZ) 2009 Opening Gaits Therapeutic Riding Center, Inc. 20-4675798 Page 2 L

Pàrt II	Support Schedule	for Organ	izations D	escribed in	Sections	170(b)(1))(A)(iv) and	170(b)(1)(A))(vi)
	(Complete only if you c	hecked the b	ox on line 5, 3	7, or 8 of Part	1)				

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Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ').		89,940.	68,599.	61,527.	78,600.	298,666.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3		89,940.	68,599.	61,527.	78,600.	298,666.
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)						
	Public support. Subtract line 5 from line 4						298,666.
<u>Sec</u>	tion B. Total Support			,			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		89,940.	68,599.	61,527.	78,600.	298,666.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		41.	55.	87.	66.	249.
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)		3.	376.	125.	20.	524.
11	Total support. Add lines 7 through 10						299,439.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and		tion's first, second,	, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶□
	tion C. Computation of Pu	^					
	Public support percentage for 20	-		11, column (f)		14	99.74%
15	Public support percentage from 2	2008 Schedule A, I	Part II, line 14			15	%
16 a	33-1/3 support test – 2009. If the and stop here. The organization				ne line 14 is 33-1/	3 % or more, che	ck this box ► 🗶
Ł	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box or licly supported orga	a line 13, or 16a, a anization	and line 15 is 33-	1/3% or more, che	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization if the organization meets the 'facts	meets the 'facts-a	nd-circumstances'	test, check this bo	ox and stop here.	Explain in Part IV	/ how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-aid- d-circumstances'	nd-circumstances test The organiza	test, check this bo tion qualifies as a	ox and stop here. publicly supporte	Explain in Part IV d organization	/ how the ►
18	Private foundation. If the organiz	zation did not cheo	ck a box on line, 13	3, 16a, 16b, 17a, o	or 17b, check this	box and see inst	ructions
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009

	Page	e 3
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Schedule À (Form 990 or 990-EZ) 2009 Opening Gaits Therapeutic Riding Center, Inc. 20-4675798 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

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<u>Sec</u>	tion A. Public Support						
	ndar year (or fiscal yr 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 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)						
Sect	tion B. Total Support						
Caler	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalities and income form similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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)	ĺ					
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and s	s for the organiza stop here	tion's first, secon	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	
Sect	tion C. Computation of Put		Percentage	····			II
	Public support percentage for 200			e 13, column (f))		15	%
	Public support percentage from 2	• •	., ,			16	
	tion D. Computation of Invo			e	·	·····	
_	Investment income percentage for				nn (f))	. 17	%
	Investment income percentage fro			•	.,,	18	%
19 a	33-1/3 support tests - 2009. If the more than 33-1/3%, check this bo	e organization did ox and stop here.	d not check the bo The organization	ox on line 14, and qualifies as a put	olicly supported or	ganization	ne 17 is not ►
b	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	e organization did this box and stop	d not check a box here. The organi	on line 14 or 19a zation qualifies as	, and line 16 is mo a publicly suppor	ore than 33-1/3%, a ted organization	nd line 18
20	Private foundation. If the organize	ation did not cher	k a hox on line 1/	4 19a or 19h ch	eck this box and s	ee instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2009 Opening Gaits Therapeutic Riding Center, Inc. 20-4675798 Page 4 Pairt/IV: Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Other Income Part II, Line 10
Description: Miscellaneous
2006: 3.
2007: 376.
2008: 125.
2009: 20.

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SCHEDULE L Form 990 or 990-EZ)	Tra		with Interested		ons			0		1545-00 09	47	
epartment of the Treasury		Form 9 or	90, Part Form 99	if the organization ans IV, line 25a, 25b, 26, 27 0-EZ, Part V, line 38a or	, 28a, 28b [,] 40b.				Open to Publi			
Iame of the organization	► Attach	to Form	990 or F	Form 990-EZ. ► See se	parate ins		Employer identification number					
•	Therapeutic Rid	ing (Center	, Inc			-46					
Part I Excess E Complete if	Benefit Transactions	s (sect ed 'Yes'	ion 501 on Form	(c)(3) and section 990, Part IV, line 25a o	501(c)(r 25b, or	4) organiza Form 990-EZ.	ations Part V	s only '. line	/). 40b.			
<u></u> .	a) Name of disqualified person					n of transaction		<u>. </u>			(c) Cor	recte
· · · · · · · · · · · · · · · · · · ·	,										Yes	N
	,											
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · ·								
····						-						
2 Enter the amount section 4958	of tax imposed on the org	ganızatı	on mana	gers or disqualified per	sons durir	ng the year ur	der	▶ \$				
	of tax, if any, on line 2, a							▶ \$				
	and/or From Interest the organization answer				Form 990	-F7 Part V II	ne 38:	1				
				· ••••, · ure //, into 20 0/				•• 				
(a) Name of interest	ed person and purpose	(b) Loan the orga	to or from anization?	(c) Original principal amount	(d) B	alance due	(e) in default? (f) Approved by board or committee?		ard or	(g) W agree		
Barrah Dreme	· .	To	From	4.9.4		404	Yes	No	Yes	No	Yes	-
Sarah Rury	open cash account	x		484.	· · · · · · · · · · · · · · · · · · ·	484.		X		X		2
										-		-
Total	A			► \$		484.						
Part III Grants o Complete	r Assistance Benefi e if the organization	answe	ered 'Ye	es' on Form 990, P	art IV, I	ine 27.						
(a) Name of I	nterested person	(b) Relation:	ship between interested person the organization	and	c)) Amour	it and ty	pe of as	sistance	9	
						·····						
	<u>.</u>											
	· · · · · ·									··,		
Part IV Busines	s Transactions Invo	lving I	nteres	ted Persons.								
Part IV Busines	s Transactions Invo e if the organization	lving l answe	nteres ered'Ye	ted Persons. s' on Form 990, Pa	art IV, li	ne 28a, 28	b, or	28c.				
Complete	s Transactions Invo e if the organization	answe	nteres ered'Ye elationship isted person organizati	es' on Form 990, Pa between (c) Amou transactur	nt of		b, Or cription		action		(e) Sha organi rever	zation
Complete	e if the organization	answe	elationship	es' on Form 990, Pa between (c) Amou transactur	nt of				action		organi	zatio
Complete	e if the organization	answe	elationship	es' on Form 990, Pa between (c) Amou transactur	nt of				action		organı rever	zation
Complete	e if the organization	answe	elationship	es' on Form 990, Pa between (c) Amou transactur	nt of				action		organı rever	zation
Complete	e if the organization	answe	elationship	es' on Form 990, Pa between (c) Amou transactur	nt of				action		organı rever	zatio

•						L	OMB No 1545-0172				
Form 4562		Depreciation and luding Information)		2009				
Department of the Treasury Internal Revenue Service (99)	► See s	eparate instructions.	Attach to yo	ur tax re	turn.		Attachment Sequence No 67				
Name(s) shown on return							entifying number				
Opening Gaits Th Business or activity to which this for		ng Center, Inc.				2	0-4675798				
Form 990 / Form											
Part I Election To Note: If you ha	Expense Certain I ave any listed property,	Property Under Sec complete Part V before	tion 179 you complete Pa	art I							
1 Maximum amount Se	e the instructions for a	higher limit for certain b	usinesses			1	\$250,000.				
		ervice (see instructions)				2	\$800,000.				
	 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- 										
		from line 1 If zero or les		harried fil	lina	4					
separately, see instru	ictions			•	-	5					
6	(a) Description of property	· · · · · · · · · ·	(b) Cost (business	s use only)	(C) Elected c	ost	-				
	<u> </u>						-				
7 Listed property Enter	the amount from line 2	9		7			-				
· · · ·		id amounts in column (c), lines 6 and 7	<u> </u>	I	8					
	Enter the smaller of line					9					
•		3 of your 2008 Form 45			- (10	+				
		r of business income (no and 10, but do not enter			o (see instrs)	11					
		dd lines 9 and 10, less li		▶ 13							
Note: Do not use Part II or					• • • • • • • • • • • • • • • • • • •		•				
Part II Special Dep	preciation Allowan	ce and Other Depre	eciation (Don	ot include	e listed property) (See	instructions.)				
14 Special depreciation tax year (see instruct		property (other than liste	d property) place	ed in serv	vice during the	14					
• •	ection 168(f)(1) election					15					
16 Other depreciation (ir	ncluding ACRS)					16					
Part III MACRS De	preciation (Do not in	clude listed property.) (See instructions))			·····				
		Sectio									
17 MACRS deductions for	or assets placed in servi	ce in tax years beginnin	g before 2009			17	1,697.				
asset accounts, chec	k here	d in service during the ta			►						
		in Service During 2009		1							
(a) Classification of property	(D) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conver) (f) Metho	bd	(g) Depreciation deduction				
19a 3-year property											
b 5-year property			· · · · ·								
c 7-year property d 10-year property											
e 15-year property				-							
f 20-year property											
g 25-year property			25 yrs		s/:	ւ					
h Residential rental	-		27.5 yrs	M							
property			27.5 yrs	MI	1 S/3	ն					
i Nonresidential real			39 yrs	MD							
property				M							
20 a Class life .	on C – Assets Placed in	n Service During 2009 Ta	ax Year Using th	e Alterna		_	stem				
b 12-year		·····	12 yrs	+	<u> </u>						
c 40-year			40 yrs	M							
	See instructions)				- 1 / -	<u> </u>	_4				
21 Listed property Enter						21					
22 Total Add amounts from I the appropriate lines of you	ine 12, lines 14 through 17, lu ur return. Partnerships and S	nes 19 and 20 in column (g), a corporations — see instruction	nd line 21 Enter her s	e and on		22	1,697.				
23 For assets shown about the portion of the base	ove and placed in servic is attributable to section	e during the current yea	r, enter	23							

BAA For Paperwork Reduction Act Notice, see separate instructions.

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Form 4562 (2009)

		Opening Ga												575798	_	Page 2
Pàr	entertain	Property (Incl ment, recreation	i, or amuseme	nt)												
	columns	r any vehicle for (a) through (c) c	of Section A, a	all of Sec	tion B, an	d Sect	tion C if	appl	licabl	e				-		
		n A – Depreciat				tion: S								mobiles	_	
24 a	Do you have evidenc	e to support the bus	iness/investment	use claim	ed?		Yes	Ш	No 2	24b If 'Y	es,' is the	evidence	written?		Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use	(d) Cost other b	or	(busine	(e) or deprecia ss/investm se only)			(f) ecovery period	Me	g) thod/ rention	Depr	(h) eciation luction	El	(i) ected ion 179 cost
25	Special deprecia	ation allowance 50% in a qualifi	for qualified list	sted prop	perty place	ed in s		luring	g the	tax yea	ir and	25				
26	Property used n									•						
	Troperty used in							-		· · ·	1		<u> </u>		T	·
															1	
										•						
27	Property used 5	0% or less in a l	qualified busin	ess use			-									
			<u></u>								1		ļ			
							•								1	
					r i									•		
28	Add amounts in	column (h), line	s 25 through 2	27 Enter	here and	on lın	e 21, pa	age 1				28			1	ĺ
2 9	Add amounts in	column (i), line	26. Enter here	e and on	line 7, pa	ige 1		-				-		29		
		<u> </u>		Section	B – Inforr	nation	on Use	e of V	/ehic	les						
Com	plete this section	for vehicles use	ed by a sole p	oprietor	, partner,	or othe	er 'more	than	n 5%	owner,	or relat	ted pers	son. If yo	ou provid	ed veh	cles
to yo	our employees, fir	rst answer the q	uestions in Se	ction C t	o see if yo	ou mee	et an ex	cepti	on to	compl	eting thi	s sectio	on for the	ose vehic	cles	
				(a)	(ł)		(c))	(d)	((2)	(Ŋ
30	Total business/i during the year		s driven	Vehicle 1		Vehicle 2			Vehic	le 3	Vehic	cle 4	Vehi	cle 5	Veh	cle 6
	commuting mile															
31	Total commuting mi	les driven during the	e year													
32	Total other pers miles driven	onal (noncomm	uting)													
33	Total miles drive lines 30 through	en during the ye a 32	ar Add													
				Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty h	available for pe	ersonal use													
35	Was the vehicle than 5% owner	used primarily l or related perso	by a more n?												·	
36	Is another vehic personal use?															
			C – Questions	•	•					-		• •				
Ansv 5% c	ver these questio owners or related	ns to determine persons (see in	If you meet an istructions).	n except	ion to com	pleting	g Sectio	n B f	for ve	ehicles	used by	employ	ees who	are not	more	han
37	Do you maintair by your employe		statement that	at prohib	its all pers	sonal ı	use of ve	ehicle	es, in	ncluding	commu	uting,			Yes	No
38	Do you maintair employees? See	a written policy the instructions	statement that	at prohib used by	its person corporate	al use officer	of vehic s, direct	cles, tors,	exce or 19	ept com % or mo	muting, pre own	by you ers	r			
39	Do you treat all			-				·								<u> </u>
40	Do you provide vehicles, and re	more than five v tain the informa	ehicles to you tion received?	r employ	vees, obta	ın info	rmation	from	ı you	r emplo	yees ab	out the	use of t	he		
41	Do you meet the		oncerning qua													
Pa	rt VI Amorti			· · ·		<u> </u>										I
		(a)	[(b)		(c)		Т	(0))		(e)		(f)	
	Desc	cription of costs		Date ar	nortization egins		Amortizab amount	le		Co	de	Amo pe	rtization riod or centage		mortization for this year	
42	Amortization of	costs that begin	is during your	2009 tax	year (see	e instri	uctions)					1		1		
					`	T					•		-	-		

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43	Amortization of costs that began before your 2009 tax year	43					
_44	44 Total. Add amounts in column (f) See the instructions for where to report						

Form 990-EZ Part II

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Other Assets and Liabilities

2009

ame as Shown on Return pening Gaits Therapeutic Riding Center, Inc.		Employer Identification No 20-4675798			
Line 24 - Other Assets:	Beginning of Year	End of Year			
Totals to Form 990-EZ, Part II, line 24					
Line 26 - Total Liabilities:	Beginning of Year	End of Year			
Fed Income Tax W/H Payabl Accounts Payable Roundin y		_			
Totals to Form 990-EZ, Part II, line 26	480	1,025.			

TEEW1801 SCR 02/11/10

Opening Gaits Therapeutic Riding Center, Inc.	20-4675798	
Form 990-EZ, Part I, Line 8 Other Revenue Statement		
Other revenue (describe)		
Miscellaneous Income-Gene	20.	
Uncategorized Income	0.	
Total	20.	
Form 990-EZ, Part I, Line 16 Other Expenses Statement		
Other expenses (describe)	·····	
Horse Board	15,250.	
Vet & Farrier Expenses	477.	
Supplements and Meds	403.	
Program Marketing	0.	
Insurance	594.	
Office Supplies	186.	
Program Supplies-Neimeth	30.	
Payroll Service Fee	962.	
Horse Supplies	0.	
Program Supplies-Neimeth	742.	
Telephone-Neimeth	952.	
Meals & Entertainment-Nei	0.	
Website Maintenance	0.	
Miscellaneous	0.	
Bank Service Charges-Neim	60.	
Government Fees-Neimeth	35.	
Travel-Neimeth	0.	
Program Supplies	44.	
Telephone	307.	
Website Maintenance-Neime	125.	
Depreciation	1,697.	
Horses Health Care Genera	435.	
Total	22,299.	

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Opening Gaits Therapeutic Riding Center, Inc.

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Form 990-EZ: Exempt purpose

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To promote the use of equine activities for individuals with physical or mental disabilities in order to improve muscle tone, motor development, balance, posture, coordination and emotional well-being.

Form 8868	
(Rev April 2009)	

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

X

▶ []]

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
 Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Ramus Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on *e-file for Charities & Nonprofits*.

		Name of Exempt Organization	······································		Employer identifica	tion number
Туре						
print		Opening Gaits Thera	peutic Riding Center, Inc.		20-467579	8
File by	the	Number, street, and room or suite number		· · · · ·	20-10/5/5	<u> </u>
due da filing y	our	401 Main Road				
return instruc	See tions		ode For a foreign address, see instructions			
		Gill	······································			254
		f return to be filed (file a separa			<u>MA</u> 01	354
_	orm 990	· · ·	Form 990-T (corporation)	Form 472	20	
H						
	orm 990		Form 990-T (section 401(a) or 408(a) trust)	Form 522		
	orm 990		Form 990-T (trust other than above)	Form 600		
	orm 990	-PF	Form 1041-A	Form 887	70	
• -						
• T	he books	s are in the care of Erika	Heilig			
			FAX №. ►			
			e or place of business in the United States, check th			▶ []
			anization's four digit Group Exemption Number (GEI			
С	heck this	box 🕨 🔄 If it is for part of	the group, check this box 🔹 🏲 🛄 and attach a list	with the names a	nd EINs of all me	embers
tł	ne exten	sion will cover				
1	1 reques	t an automatic 3-month (6 mont	ths for a corporation required to file Form 990-T) ext	ension of time		
	until O	ct 15 _ , 20 10 _, to file	e the exempt organization return for the organization	n named above		
	The ext	ension is for the organization's r	eturn for			
		calendar year 20 or				
	► x	tax year beginning Mar 1	, 20 _09, and ending _Feb _28, 20) 10		
_				r1		
2	If this ta	ix year is for less than 12 month	ns, check reason 🔄 Initial return 🔄 Final	return	Change in accour	nting period
		anliantian is far Form 200 BL 0				····
34	nonrefu	ndable credits See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	3a \$	Ο.
L						
D	made 1	pplication is for Form 990-PF or nclude any prior year overpaym	990-T, enter any refundable credits and estimated t ent allowed as a credit	ax payments	зыз	Ο.
						0.
С	Balance	Due. Subtract line 3b from line	3a. Include your payment with this form, or, if requi	red,		
	deposit	with FTD coupon or, if required, tructions	by using EFTPS (Electronic Federal Tax Payment S	System)		0
					3c \$	0.
pavm	ion. If yo ient instr	u are going to make an electron ructions	nic fund withdrawal with this Form 8868, see Form 8	453-EO and Form	88/9-EO for	
<u> </u>			tion Act Notice, see instructions.			
UNA	FOLETIN	acy Accanu Paperwork Reduct	uon Accinouce, see instructions.		⊢orm 886	8 (Rev. 4-2009)