

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: XENOPHON THERAPEUTIC RIDING CENTER. D Employer identification number: 94-3188164. E Telephone number: 925-376-7472. G Gross receipts: 231,657. H(a) Is this a group return for affiliates? Yes [X] No. H(b) Are all affiliates included? Yes [X] No. H(c) Group exemption number. J Website: MEMBERS.AOL.COM/XENRIDE. K Form of organization: [X] Corporation [] Trust [] Association [] Other. L Year of formation: 1993 M State of legal domicile: CA.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Briefly describe the organization's mission or most significant activities: TO PROVIDE HORSEBACK RIDING LESSONS TO ANY CHILD WITH A DISABILITY WHO CAN BENEFIT FROM THIS. 2-7. Governance and activities. 8-12. Revenue. 13-19. Expenses. 20-22. Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: MARIETTE J. PARINO, CHIEF OPERATING OFFICER. Date. Preparer's signature: ROBERT SPERLING. Date. Check if self-employed: [X]. PTIN: P01066074. Firm's name: FIDUCIAL BUSINESS CENTERS, INC. Firm's EIN: 13-4096443. Firm's address: 10100 OLD COLUMBIA ROAD, COLUMBIA, MD 21046. Phone no: 410-910-5885.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes [] No [X]. Form 990 (2011)

133002 01-25-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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: TO PROVIDE THERAPY FOR HANDICAPPED INDIVIDUALS THROUGH DIRECT INTERACTION WITH HORSES. 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 [X]. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes [] No [X]. 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 \$ 120,182, including grants of \$) (Revenue \$ 36,609.) XENOPHON PROVIDES HORSEBACK RIDING LESSONS FOR THE HANDICAPPED. XENOPHON DOES NOT DISCRIMINATE WITH REGARD TO RACE, RELIGION OR AGE. VOLUNTEERS MAKE UP MOST OF THE STAFF.

Table with 3 columns: Line number, Description, and Amount. Rows include: 4b (Code) (Expenses \$ including grants of \$) (Revenue \$). 4c (Code) (Expenses \$ including grants of \$) (Revenue \$).

Table with 3 columns: Line number, Description, and Amount. Rows include: 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$). 4e Total program service expenses 120,182.

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Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains questions 1 through 20b regarding organizational structure, financial reporting, and asset management.

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132003 01-23-12

11490502 785209 XENOPHON

2011.03050 XENOPHON THERAPEUTIC RIDING XENOPHO1

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Contains questions 21 through 38b regarding grants, compensation, tax-exempt bonds, and organizational transactions.

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11490502 785209 XENOPHON

2011.03050 XENOPHON THERAPEUTIC RIDING XENOPHO1

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Form 990 (2011) questions 1a-14b regarding tax compliance, including Form 1096, W-2s, federal employment tax returns, and foreign financial accounts.

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

Section A questions 1a-9 regarding governing body and management, including voting members, officers, and directors.

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

Section B questions 10a-16b regarding organizational policies, including local chapters, conflict of interest, and whistleblower policies.

Section C. Disclosure

Section C questions 17-20 regarding disclosure requirements, including state filing, public inspection, and website information.

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) MRS. JANET ALEXANDER BOARD	0.50	X					0.	0.	0.	
(2) LESLIE DEBOER BOARD	0.50	X					0.	0.	0.	
(3) JUDY LAZARUS BOARD	30.00	X					0.	0.	0.	
(4) CHRIS LEGALLET PRESIDENT	0.50			X			0.	0.	0.	
(5) ELLEN MARIENTHAL SECRETARY	0.50			X			0.	0.	0.	
(6) KRISTIAN A. HOLST TREASURER	0.50			X			0.	0.	0.	
(7) MARK CARON VICE PRESIDENT	0.50			X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (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			

1b Sub-total: 0. 0. 0.
 c Total from continuation sheets to Part VII, Section A: 0. 0. 0.
 d Total (add lines 1b and 1c): 0. 0. 0.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	77,455.				
	f All other contributions, gifts, grants, and similar amounts not included above	40,064.				
	g Noncash contributions included in lines 1a-1f					
	h Total. Add lines 1a-1f	117,519.				
Program Service Revenue	2 a LESSONS	28,402.	28,402.			
	b MISCELLANEOUS	8,056.	8,056.			
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	36,458.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	151.	151.			
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		d Net gain or (loss)				
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	77,529.				
	b Less: direct expenses	26,203.				
	c Net income or (loss) from fundraising events	51,326.			51,326.	
	9 a Gross income from gaming activities. See Part IV, line 19					
b Less: direct expenses						
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.	205,454.	36,609.	0.	51,326.		

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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 <input type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	64,001.	64,001.		
8 Pension plan accruals and contributions (include section 401(k) and section 408(k) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,147.	4,147.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	2,583.	2,583.		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	655.	655.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,886.	2,886.		
23 Insurance				
24 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.)				
a HORSE MAINTENANCE	18,268.	18,268.		
b PROPERTY MAINTENANCE	9,775.	9,775.		
c PROFESSIONAL FEES	5,724.	5,724.		
d INDEPENDENT CONTRACTORS	3,976.	3,976.		
e All other expenses	8,167.	8,167.		
25 Total functional expenses. Add lines 1 through 24e	120,182.	120,182.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SCP 99-2 (ASC 99-270)

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Part X Balance Sheet		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	184,082.	48,671.
	2 Savings and temporary cash investments		98,088.
	3 Pledges and grants receivable, net		
	4 Accounts receivable, net		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	6 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)		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		
	9 Prepaid expenses and deferred charges		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 126,349.	
	b Less: accumulated depreciation	10b 2,886.	0.
	11 Investments - publicly traded securities		123,463.
	12 Investments - other securities. See Part IV, line 11		
	13 Investments - program-related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 34)	184,082.	270,222.	
Liabilities	17 Accounts payable and accrued expenses		
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,134.	3,002.
	26 Total liabilities. Add lines 17 through 25	2,134.	3,002.
Net Assets or Fund Balances	27 Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	28 Unrestricted net assets		
	29 Temporarily restricted net assets		
	30 Permanently restricted net assets		
	31 Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	181,948.	181,948.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	0.
	32 Retained earnings, endowment, accumulated income, or other funds	0.	85,272.
33 Total net assets or fund balances	181,948.	267,220.	
34 Total liabilities and net assets/fund balances	184,082.	270,222.	

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Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI <input type="checkbox"/>			
1 Total revenue (must equal Part VIII, column (A), line 12)	1	205,454.	
2 Total expenses (must equal Part IX, column (A), line 25)	2	120,182.	
3 Revenue less expenses. Subtract line 2 from line 1	3	85,272.	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	181,948.	
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.	
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	267,220.	

Part XII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII <input type="checkbox"/>			
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
2b Were the organization's financial statements audited by an independent accountant?	2b		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A 133?	3a		X
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.	3b		

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