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Retroactive Reinstatement

Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JANUARY 1, 2008, and ending DECEMBER 31, 2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: REGION II INTERNATIONAL ARABIAN HORSE ASSOC

Number and street (or P O box, if mail is not delivered to street address) Room/suite: 6020 FREEDOM COURT

City or town, state or country, and ZIP + 4: PLACERVILLE, CA 95667

D Employer identification number: 77 : 0139250

E Telephone number: (530) 344-1706

F Group Exemption Number . . ▶

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

G Accounting method. ☒ Cash ☐ Accrual Other (specify) ▶

Website: ▶ www.ahaareg2.org

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J **Organization type** (check only one)— ☐ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	844
	5a	Gross amount from sale of assets other than inventory (5a)		
	b	Less: cost or other basis and sales expenses (5b)		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) (6a)		
	b	Less direct expenses other than fundraising expenses (6b)		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances (7a)		
	b	Less: cost of goods sold (7b)		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ REFER STMT 1)	8	224098
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	224492
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ REFER STMT 2)	16	252167
	17	**Total expenses.** Add lines 10 through 16 ▶	17	252167
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(27675)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	136103
	20	Other changes in net assets or fund balances (attach explanation) REFER STMT 4	20	2137
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	110565

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	136103	22	110565
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	136103	25	110565
26	**Total liabilities** (describe ▶ _____)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	136103	27	110565

RETROACTIVE REINSTATEMENT

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE BELOW

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 PROMOTE & COORDINATE ARABIAN HORSE PUBLICITY, EDUCATION & OTHER ARABIAN HORSE ACTIVITIES THROUGH OUT REGION II & SPONSOR ANNUAL CHAMPIONSHIP HORSE SHOWS FOR ARABIAN, HALF/ANGLO ARABIAN OPEN & SPORT HORSE SHOWS

REFER STMT 3

235198.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 235198

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEFF REICHMAN, 11798 PRADERA RD CAMARILLO, CA 93012	DIRECTOR	0	0	0
KALYA WAGNER, P.O. BOX 567 PISMO BEACH, CA 93448	VICE DIRECTOR	0	0	0
VICKY RICH, 1206 NONCHALANT DR SIMI VALLEY, CA 93065	SECRETARY	0	0	0

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

			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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
b	Did the organization file **Form 1120-POL** for this year?	37b	N/A	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
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.	40e		X

41 List the states with which a copy of this return is filed. ▶

42a The books are in care of ▶ ANNETTE WELLS Telephone no. ▶ (530) 344-1706

Located at ▶ 6020 FREEDOM COURT, PLACERVILLE, CA ZIP + 4 ▶ 95667

			Yes	No
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)? If "Yes," enter the name of the foreign country. ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ N/A	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

RETROACTIVE REINSTATEMENT

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization(s) a section 527 organization?		N/A

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶	N/A	0	0	0

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶	NONE	0

Sign Here

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

Annette Wells — Signature of officer — 7-11-2014 — Date

REGION II
ANNETTE WELLS, TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

RETROACTIVE REINSTATEMENT

Statement 1
Form 990-EZ,
Part I, Line 8

Region II 2008 Income

Cash Flow Report
1/1/08 Through 12/31/08

Category Description	1/1/08-12/31/08
INFLOWS	
Uncategorized	0 00
ADVERTISING - REGION 2	640 00
MORGAN STANLEY ASSET FUND	843 98
Show Entries	223,006 00
Entry, Stall Refunds	-2,118 00
NSF ck	0 00
NSF ck FEE	74 00
TOTAL NSF ck	74 00
TOTAL Show Entries	220,962 00
Sponsors	150 00
Vendor Income	1,866 00
YOUTH Income	480 00
TOTAL INFLOWS	224,941 98

RETROACTIVE REINSTATEMENT

Statement 2
Form 990-EZ,
Part I, Line 16

Region II 2008 Expenses

Category Description	1/1/08 - 12/31/08
OUTFLOWS	
Awards	
Championship Awards	19,454 80
Championship Ribbons	4,995 00
PreShow Awards	3,140.00
Preshow Prize $	500 00
Region2 Prize $	8,549 59
TOTAL Awards	36,639 39
Bank Charge	218 20
COMPETITIVE TRAIL - REGION 2	250 00
CONVENTION 2008	3,343 42
DATA BASE WEB	565 00
DIRECTOR - REGION 2	4,996 94
DRESSAGE - REGION 2	200 00
ENDURANCE - REGION 2	1,674 67
EQUINE AFFAIRE-Reg 2	812 97
Facilities	
Center Ring Decor	600 00
Decorations	767 75
Porta Potties	462 64
Portable Stalls	19,500 00
Show Grounds	40,261 90
Storage Room	1,164 00
TOTAL Facilities	62,756 29
Fees	
9-90 Judges-Steward Educ	7,176 00
Add Class	275 00
AHA $1 per Horse	796 00
AHA Recon Fees	220 00
California Drug Fee	2,225 00
CDS Grant Fee	140 00
CDS Non Mbr Fee	128 00
CDS Show Recon Fee	190 00
Membership @ Show	15 00
USEF $12 00	5,340 00
USEF Affidavid	20 00
USEF Comp Lic Fee	175 00
USEF Discipline Fee	10 00
USEF Dressage Test Fee	50 75
USEF Dues	525 00
USEF Jr NonMbr	20 00
USEF Sr NonMbr	175 00
TOTAL Fees	17,480 75
Hospitality	3,937 19
Insurance-Show	1,525 00
MTG RM-REFSMTS REGION 2	593 32
NEWSLETTER - REGION 2	2,067 80
OFFICE & SUPPLIES - REGION 2	277 78
Office Exp-Show	
Copies-Show	373 00
Ex Numbers	398 25
Office Supples-Show	1,284 48
Postage-Show	940 30
Printing	7,513.68
StarBucks Gift Bucks	100 00
Telephone	76 21
TOTAL Office Exp-Show	10,685 92
Patron Expense	9,819 14
Personnel Expenses	
Golf Carts	1,710 88
Motel	24,251 10
Per Diem	8,670.00
Personal Gifts	325 00
Travel	8 807 18
TOTAL Personnel Expenses	43,764 16
Personnel Fees	
Announcer	1,440 00
Barn Mgr	1,225 00
Computor Entry	3,878 06
Contract Labor	3,900 00
Dressage-Sport Horse Mgr	950 00
EMT Services	1,200 00
Farrier	500 00
Hospitality Mgr	500 00
Hunter Jumper - Trail Course Design	3,000 00
Judge	11,250 00
Office Staff	7,940 00
Paddock Stewart	1,275 00
Ring Clerk	775 00
Ringmaster	1,250 00
RV Coordinator	1,050 00
Scorer	550 00
Scribe	300 00
Security	1,875 00
Show Manager	2,500 00
Show Vet	1,750 00
Stewart	2,070 00
TD-Dressage	462 50
TOTAL Personnel Fees	49,640 56
Petty Cash	0 00
PUBLIC RELATIONS	168 87
SPONSORSHIPS - REGION 2	500 00
SPORT HORSE - REGION 2	250 00
TOTAL OUTFLOWS	252,167 37

RETROACTIVE REINSTATEMENT

Statement 3
Form 990-EZ,
Part III, Line 28

Region II Program Service Expenses

Category Description	1/1/2008 - 12/31/2008
Awards	
Championship Awards	19454.80
Championship Ribbons	4995 00
PreShow Awards	3140 00
PreShow Prize $	500 00
Region II Prize $	8549 59
	36639.39
Facilities	
Show Decorations	767.75
Center Ring Décor	600.00
Insurance	1525.00
Porta Potties	462 64
Portable Stalls	19500 00
Show Grounds Fees	40261.90
Storage Room	1164.00
	63281.29
Fees	
9-90 Judges-Steward Education Fee	7176.00
Added Class	275.00
AHA $1 per Horse Fee	796.00
AHA Recon Fees	220 00
California Drug Fees	2225.00
CDS Grant Fee	140.00
CDS Non-Member Fee	128 00
CDS Show Recon Fee	190.00
Membership Bought at Show	15.00
USEF Fees at $12.00 each	5340.00
USEF Affidavit	20.00
USEF Competition License Fee	175.00
USEF Discipline Fee	10 00
USEF Dressage Test Fee	50.75
USEF Dues	525.00
USEF Junior Non-Member Fee	20.00
USEF Senior Non-Member Fee	175.00
	17480.75
Show Office	
Copy Expenses	373.00
Exhibitor Numbers	398 25
Office Supplies	1284 48
Postage	940 30
Printing	7513 68
StarBucks Gift Bucks	100.00
Telephone	76 21
	10685.92

Category Description	1/1/2008 - 12/31/2008
Patrons and Supporting Costs	
Patrons	9819 14
Golf Carts	1710 88
Motel	24251 10
Per Diem	8670.00
Personal Gifts	325.00
Travel	8807 18
	53583.30
Personnel Fees	
Announcer	1440 00
Barn Manager	1225.00
Computer Entry Fee	3878.06
Contract Labor	3900 00
Dressage-Sport Horse Manager	950 00
EMT Services	1200.00
Farrier	500.00
Hospitality Manager	500.00
Hospitality for Workers and Exhibitors	3937.19
Hunter/Jumper & Trail Course Designer	3000.00
Judges	11250.00
Office Staff	7940 00
Paddock Steward	1275.00
Ring Clerk	775.00
Ringmaster	1250 00
RV Coordinator	1050.00
Scorer	500 00
Scribe	300.00
Security	1875.00
Show Manager	2500.00
Show Veterinarian	1750 00
Show USEF Steward	2070.00
TD, Dressage	462.50
	53527.75
Total Program Service Expenditures	**235198.40**

Statement 4
Form 990-EZ,
Part I, Line 20

Balance Changes of Investment Deposits

		Year End Increase or Decrease
2007		
	Morgan Stanley	7636.00
2008		
	Morgan Stanley	2137.00
2009		
	Morgan Stanley	1.00