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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008

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)
▶ 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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Equestrian Trails, Inc. 13741 Foothill Blvd. #100 Sylmar, CA 91342	D Employer identification number 95-6135773
			E Telephone number (818) 362-6819
			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) ▶

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

Website: ▶ www.eti.av.org

J Organization type (check only one) — 501(c) (7) (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 ▶ \$ 233,700.

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	54,010.	
	3	Membership dues and assessments	3	41,953.	
	4	Investment income	4	417.	
	5a	Gross amount from sale of assets other than inventory	5c		
	b	Less cost or other basis and sales expenses			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)			
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		6c	
		a	Gross revenue (not including \$ _____ of contributions reported on line 1)		
		6a	127,734.		
b		Less direct expenses other than fundraising expenses			
6b		99,682.			
c		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	28,052.		
7a		Gross sales of inventory, less returns and allowances	7c		
b	Less cost of goods sold				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	-16,839.			
8	Other revenue (describe ▶ _____)	8			
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	107,593.		
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	52,811.	
	13	Professional fees and other payments to independent contractors	13		
	14	Occupancy, rent, utilities, and maintenance	14	15,687.	
	15	Printing, publications, postage, and shipping	15	2,228.	
	16	Other expenses (describe ▶ <u>See Statement 1</u>)	16	65,813.	
	17	Total expenses (add lines 10 through 16)	17	136,539.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-28,946.		
ASSETS	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	52,816.	
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	23,870.	

REVENUE UNIT RECEIVED
 MAR 06 2012
ACCOUNTS MANAGEMENT
OSDEN

RCVD FEB. 01, 2012
RCVD JAN. 31, 2012

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	49,505.	22 20,852.
23	Land and buildings		23
24	Other assets (describe ▶ <u>See Statement 2</u>)	5,033.	24 4,949.
25	Total assets	54,538.	25 25,801.
26	Total liabilities (describe ▶ <u>See Statement 3</u>)	1,722.	26 1,931.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,816.	27 23,870.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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Part V Other Information (Note the statement requirement in General Instruction V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A	
39	501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9	0.	
39b	b Gross receipts, included on line 9, for public use of club facilities	0.	
40a	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		
40b	b 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		
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
40d	d Enter amount of tax on line 40c reimbursed by the organization	0.	
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed	None	

42a The books are in care of Barbara Maxwell-Ryan Telephone no (310) 273-9401
 Located at 9107 Wilshire #400 Beverly Hills CA ZIP + 4 90210

		Yes	No
42b	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		X
42c	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		X

See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of a Foreign Bank and Financial Accounts.

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 N/A 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		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations 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		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If 'Yes,' was the related organization(s) a section 527 organization?		

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'

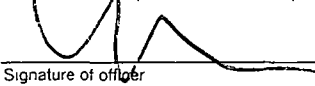
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000	▶			

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

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
 Date 6/8/09
 ▶ Barbara Maxwell-Ryan Type or print name and title
 Past President/CFO

Paid Preparer's Use Only

Preparer's signature ▶ Barbara C. Maxwell Date
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Barbara C. Maxwell, CPA
9107 Wilshire Blvd., Ste 400
Beverly Hills, CA 90210
 Check if self-employed ▶ Preparer's Identifying Number (See instructions) N/A
 EIN ▶ N/A
 Phone no ▶ (310) 273-9401

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No
 BAA Form 990-EZ (2008)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	Horse Show & C (event type)	Death Valley R (event type)	(total number)	(Add col (a) through col (c))	
1	Gross receipts	83,497.	44,237.	127,734.	
2	Less Charitable contributions				
3	Gross revenue (line 1 minus line 2)	83,497.	44,237.	127,734.	
DIRECT EXPENSES	4	Cash prizes	7,089.	7,089.	
	5	Non-cash prizes	7,143.	7,143.	
	6	Rent/facility costs	23,001.	23,001.	
	7	Other direct expenses	35,910.	26,539.	62,449.
	8	Direct expense summary Add lines 4- through 7 in column (d)			99,682.
9	Net income summary Combine lines 3 and 8 in column (d)			28,052.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col (a) through col (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary Combine lines 1 and 7 in column (d)			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain. ----- -----		
10a Were any of the organization's gaming licenses revoked suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain ----- -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO				
13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">13a</td> <td style="width:40%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td style="text-align: right;">%</td> </tr> </table>	13a	%	13b	%		
13a	%						
13b	%						
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ _____ Address ▶ _____							
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____ c If 'Yes,' enter name and address Name: ▶ _____ Address: ▶ _____	15a						
16 Gaming manager information Name: ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided: ▶ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____	17a						

Client 95-61357

Equestrian Trails, Inc.

95-6135773

6/07/09

02 15PM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	630.
Alarm Service		220.
Bank Service Charges		293.
Credit Card Fees		2,229.
Depreciation		654.
Dues & Memeberships		20.
Employee Training & Welfare		800.
High Point Program		9,331.
Information Technology		595.
Insurance		2,747.
Jim Hester Ride		947.
Jr. Ambassador Program		19,905.
Maintenance & Repairs		215.
Office Expenses		3,216.
Other General & Admin. Expense		1,091.
Quarterly Dinners		9,210.
Sales Tax		68.
Spring Ride		8,054.
Taxes - Other		57.
Telephone		2,338.
Trail Coordinato Expense		592.
Trail Trials		1,783.
Trap Program Expense		345.
Water Service		473.
Total	\$	<u>65,813.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Automobiles	\$ 1,928.	\$ 1,928.
Inventories	356.	326.
Machinery and Equipment	1,117.	1,063.
Prepaid Expenses and Deferred Charges	1,632.	1,632.
Total	\$ <u>5,033.</u>	\$ <u>4,949.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Payroll taxes payable	\$ 1,722.	\$ 1,931.
Total	\$ <u>1,722.</u>	\$ <u>1,931.</u>

Client 95-61357

Equestrian Trails, Inc.

95-6135773

6/07/09

02 15PM

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Preservation of Equestrian use property. Promote & support adult and youth recreational equine use programs.

Statement 5
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

X2

990

Form 8868 (Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

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

Part I 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.

INTERNAL REVENUE SERVICE

Name of Exempt Organization: Equestrian Trails, Inc.
Employer identification number: 95-6135773
Number street, and room or suite number: 13741 Foothill Blvd. #110
City, town or post office state, and ZIP code: Sylmar, CA 91342

RECEIVED

JAN 31 2012

SERVICE CENTER DIRECTOR COVINGTON, KY MAIL UNIT #5

Check type of return to be filed (file a separate application for each return)

- Form 990, Form 990-T (corporation), Form 990-T (section 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

The books are in the care of Barbara Maxwell-Ryan

Telephone No (310) 273-9401 FAX No (818) 352-8332

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2008 or tax year beginning 2008, and ending 2008.

If this tax year is for less than 12 months, check reason Initial return, Final return, Change in accounting period

Table with 3 rows: 3a tentative tax, 3b refundable credits, 3c Balance Due. Columns include description and dollar amounts.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2008)

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