

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
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)

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 F	or th	e 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 3	0, :	2009
	ВС	heck if	C. Name of organization	loyer	dentification number
		Addre			
		Name chang	Print or AMERICAN HANOVERIAN SOCIETY 9	4-2	801465
		Initia		phone	number
		Term		<u> 59-</u> 2	255-4141
			ded trops City or town, state or country, and ZIP + 4	up Exei	mption
		Applic	LEXINGTON, KY 40511 Nu	nber 🕨	<u> </u>
		• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting m	ethod:	X Cash Accrual
			Schedule A (Form 990 or 990-EZ) Other (specify) 🕨	
	I V	/ebsi	e ► WWW.HANOVERIAN.ORG H Check ►	X) if ti	he organization is not
	J O	rgani	ration type (check only one)— X 501(c) (5) (Insert no.) 4947(a)(1) or 527 required to attact	Sched	ule B (Form 990, 990-EZ, or 990-PF)
		heck		than \$2	5,000 A return is not
	re	equire	d, but if the organization chooses to file a return, be sure to file a complete return.		
	L A	dd lın	es 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	\$	<u>584,015.</u>
	Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	for Par	t I.)
		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	216,650.
		4	Investment income	4	12,605.
		5 a	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	
	Pe	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
0	/en	а	Gross revenue (not including \$ of contributions		
2010	Revenue		reported on line 1) 6a 61,176.		
©		b	Less direct expenses other than fundraising expenses 6b		
		С	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	61,176.
		7 a	Gross sales of inventory, less returns and allowances STMT 7 7a 3,311.		
JAN		b	Less. cost of goods sold STMT 8 7b 1,136.		
_		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>2,175.</u>
		8	Other revenue (describe SEE STATEMENT 4)	8	290,273.
Z		9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	582,879.
SCANNED		10	Grants and similar amounts paid (attach schedule)	10	
Ü		11	Benefits paid to or for members	11	
W.	S	12	Salaries, other compensation, and employee benefits	12	241,699.
	enses	13	Professional fees and other payments to independent contractors	13	5,795.
	Expe	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 6	14	41,937.
	ш	15	Printing, publications, postage, and shipping	15	<u>100,206.</u>
		16	Other expenses describe SEE STATEMENT 1)	16	221,732.
		17	Total expenses. Add lines 10 through 98	17	611,369.
	w	18	Excess or (deficit) for the year (Subtractine 17 from line 9) 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)	_18	<u><28,490.</u> >
	set	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
	As		(must agree-with-end-of-year-fingure-rep or ted on prior year's return)	19	412,638.
	Net Assets	20	Other changes up bet assets of suid balances (attach explanation) SEE STATEMENT 5	20	<u><5,068.</u> >
	_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>379,080.</u>
	Pa	<u>rt I</u>	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Fo	990-EZ.	
			(See the instructions for Part II.) (A) Beginning of year		(B) End of year
	22		th, savings, and investments 182,992		108,089.
	23		d and buildings	23	220 404
	24		er assets (describe SEE STATEMENT 2) 277, 497		330,491.
	25		al assets 460,489		438,580.
	26		al liabilities (describe SEE STATEMENT 3) 47,851		59,500.
	832		assets or fund balances (line 27 of column (B) must agree with line 21) 412,638	• 27	379,080.
	12-1	71 7-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990		Form 990-EZ (2008)

Form 990-EZ (2008) AMERICAN	HANOVERIAN SOCIE	TY				94-	28014	.65 Page 2
Part III Statement of Program			ctions for	Part III)			T	kpenses
What is the organization's primary exempt purp					·			for 501(c)(3)
				laaariba tha	005111000			ganizations and
Describe what was achieved in carrying out the provided, the number of persons benefited, or of			manner, c	iescribe ine	services		for others	trusts; optional
10	mier resevant information for each pr	Ogram mie.					101 Utilets	
28 SEE STATEMENT 10							1	
								
								
(Grants \$	If this amount includes foreign of	grants, check here)				28a	
29								
(Grants \$	If this amount includes foreign of	grants check here					29a	
	TI THIS AMOUNT INCIDES TO GIT !	grants, check here	<u> </u>				234	
30		······						
	· · · · · · · · · · · · · · · · · · ·					_		
(Grants \$	If this amount includes foreign of	rants, check here	•			Ш	30a	
31 Other program services (attach schedule)							1	
(Grants \$	If this amount includes foreign of	grants, check here)				31a	
32 Total program service expenses (add line	s 28a through 31a)					•	32	
Part IV List of Officers, Direct	ors, Trustees, and Key E	mployees. List	each one e	ven if not cor	npensated	(See the	instructions	for Part IV)
		T				1	ntributions	
		(b) Title and avera					mployee	(e) Expense
(a) Name and ad	dress	per week devo	ted to	(If not pa	•		fit plans &	account and
		position		-0	-)	1	eferred	other allowances
	5 6001-100-					 	pensation	
DOUG LEATHERDALE, 207		PRESIDENT	1 & 1	IDWES	ST RE	GIC	NAL	
	55356	0.00			<u>0.</u>		<u>0.</u>	0.
SUZANNE QUARLES, 1354	9 GLISSANS MILL	EXECUTIVE	E VP	& E.	REGI	ONA	T DI	
ROAD, MT. AIRY, MD 21	771	0.00			0.		0.	0.
VANESSA CARLSON, 1778	5 E. 480 ROAD,	VP & DIR	ECTOF	I TA	ARGE			
CLAREMORE, OK 74019		0.00			0.		0.	0.
EDGAR SCHUTTE		TREASURE	7 £ T	TRECT		יד ידי	ARGE	•
	NCOLN, CA 95648	0.00		TREC	0.	1 -	0.	0.
		EXECUTIVE	DIT	TOMOT				· ·
	67 IRON WORKS	1	2 DIE				^	
	Y 40511	40.00			<u>996.</u>		0.	0.
CATHY TUCKER-SLATERBE		DIRECTOR	AT I	ARGE				_
HANOVER RD., REISTERS		0.00			0.		0.	0.
RICK TOERING, 12201 T	HOROUGHBRED	DIRECTOR	AT I	ARGE				
RD., OAK HILL, VA 201	.71	0.00	_		0.		0.	0.
JUDY HEDREEN, 15415 7	3RD AVENUE SE,	DIRECTOR	AT I	ARGE				
SNOHOMISH, WA 98296		0.00		1	0.		0.	0.
	ANOVERIAN LANE,	DIRECTOR	ז ייע	ARCE				
LAWRENCEBERG, IN 4702		0.00	AI I	micu	0.		0.	0.
		DIRECTOR	7 (T) T	ADCE	<u> </u>	 	<u> </u>	- 0.
	*	4	AII	ANGE	0	Ì	^	_
ROAD, WALKERTOWN, NC	•	0.00		1.50	0.	ļ	0.	0.
DIANE NAUMAN, 2304 NW	VIOLET AVENUE,	DIRECTOR	AT I	ARGE	_		_	
ALBANY, OR 97321		0.00		ļ	0.		0.	0.
		1						
						<u> </u>		
		_						1
						<u></u>		
								-
		1						
	A. (1	-	
		1						
		 	~	 				
		+						1
				+	-			
	<u> </u>	4						1
922177		<u></u>				<u> </u>		
832172 12-17-08							Form	990-EZ (2008)

Pa	If 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.		ĺ	ĺ
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 Sch. N	36		X
37 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 unpaid at the start of the period covered by this return?	38a	<u> </u>	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.			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 \blacktriangleright N/A , section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright 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/	<u>A</u>
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization		ĺ	
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	<u> </u>	X
41	List the states with which a copy of this return is filed. NONE			
42 a	The books are in care of ► THE ORGANIZATION Telephone no. ► 859-25			·
	Located at ► 4067 IRONWORKS PARKWAY, LEXINGTON, KY ZIP+4 ► 4	<u>051</u>	<u> </u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vaa	T NIo
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	res	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country.		1	
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts At any time during the colordar year, did the organization monitors on office outside of the U.S.?	400	1	x
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
40	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	N/A		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	IV/A	·	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		163	110
44	Form 990-EZ	44		х
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	74		<u> </u>
45	completed instead of Form 990-EZ	45		x
-			90-F7	(2008)

Part VI		01(c)(3) organizations mus	t answer question	s 46-49 and cor	nple	e the	
le Did th	tables for lines 50 and 51 e organization engage in direct or indirect political campaign activities on	hehalf of or in opposition to o	eandidates for nublic			Yes	No
	? If "Yes," complete Schedule C, Part I	benan of or an opposition to t	andidates for public		46	.00	110
	e organization engage in lobbying activities? If "Yes," complete Schei	dule C, Part II			47		
l8 Is the	organization operating a school as described in section 170(b)(1)(A)(ii)	If "Yes," complete Sched	ule E	_	48		
	ne organization make any transfers to an exempt non-charitable related or	ganization?			49a		
	s," was the related organization(s) a section 527 organization?			_	49b		<u> </u>
.=	plete this table for the five highest compensated employees (other than of impensation from the organization. If there is none, enter "None."	ficers, directors, trustees and	key employees) who	each received mo	ore th	ап \$10	0,000
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	a (I	E) Expectount are allow	
			·				
						_	
					-	· · · · · · · · · · · · · · · · · · ·	······································
						_	
	plete this table for the five highest compensated independent contractors ne, enter "None." ${f N/A}$	who each received more than	\$100,000 of compe	nsation from the c	rgani	zation	If there
	(a) Name and address of each independent contractor paid more the	nan \$100,000	(b) Type of ser	vice (c) Con	pensa	tion
							-
							
<u>Fotal numb</u>	per of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including acc	ompanying schedules and statemen	nts, and to the best of m	y knowledge and bel	ef, it is	true,	
Sign Here	correct, and complete Declaration of preparer (other than officer) is based on all info	ormation of which preparer has any	knowledge	12/22 Date	_		
	Hugh Bellis-Jones Executive	Director					
Paid Preparer's	~ WINNER CONTRACT	12/5/09 em	eck if self- ployed	parer's Identifying Nu	mber	See insi	tr)
Use Only	Firm's name (or yours RAY, FOLEY, HEXISLEY & C		EIN J				
	address, and ZIP+4 230 LEXINGTON GREEN CIF		Phon no.	(859)	23	1-1	800
May the IR	S discuss this return with the preparer shown above? See instructions				Y		No
				F	orm 9	90-EZ	(2008)

FORM 990-EZ	OTHER EXPENSES		STATEMENT	_1
DESCRIPTION			AMOUNT	
BAD DEBTS			18	39.
INTERNET & WEBSITE			10,75	
OFFICE EXPENSES			9,29	
INSURANCE			7,68	
BREED PROMOTION			31,04	
COMPUTER			6,42	
AWARD PROGRAM			18,60	
MEMBER SERVICES			43,43	
INSPECTION			49,68	
TRAVEL			13,51	
DNA TESTING			15,91	
DUES & SUBSCRIPTIONS			3,15	
SPONSORSHIP			1,25	
TRAINING CENTER				14.
BANK & CREDIT CARD FEES			9,44	
MISCELLANEOUS				18.
BREED ORIENTATION EXPENSES				29.
BREED ORIENTATION EXPENSES				
TOTAL TO FORM 990-EZ, LINE 16			221,73	32.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	ΑR
ACCOUNTS RECEIVABLE		24.	4,60	06.
INVENTORY		6,469.	5,74	19.
PREPAID EXPENSES		5,753.	4,78	
INVESTMENTS		256,386.	308,93	
OTHER DEPRECIABLE ASSETS		8,865.	. 6,41	
TOTAL TO FORM 990-EZ, LINE 24		277,497.	330,49	91.
FORM 990-EZ 	OTHER LIABILITIES		STATEMENT	
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS PAYABLE		8,868.		
PAYROLL LIABILITIES		12,798.		11.
DEFERRED REVENUE		26,185.	27,97	
TOTAL TO FORM 990-EZ, LINE 26		47,851.	59,50	00.

FORM 990-EZ OTHER REVENUE	STATEMENT	4
DESCRIPTION	AMOUNT	
REGISTRATION FEES	116,23	35.
INSPECTION FEES	45,29	95.
ADMIN. FEES	68,44	
ADVERTISING	50,24	
MISCELLANEOUS HANOVERIAN TRAINING	9,10 95	50.
TOTAL TO FORM 990-EZ, LINE 8	290,27	73.
FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	 5
DESCRIPTION	TRUOMA	
LOSS ON SPORTHORSE STALLION TESTING, LLC	<5,06	 58.>
TOTAL TO FORM 990-EZ, LINE 20	<5,06	58.> ===
FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	6
DESCRIPTION	AMOUNT	
DEPRECIATION OTHER EXPENSES	2,98 38,95	
TOTAL TO FORM 990-EZ, LINE 14	41,93	37.

FORM 990-EZ INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A		STATEMENT 7
INCOME		
1. GROSS RECEIPTS	3,311	3,311
4. COST OF GOODS SOLD (LINE 13)	1,136	2,175
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR	6,469	
10. OTHER COSTS	416	6,885
12. INVENTORY AT END OF YEAR	5,749	1,136

FORM 990-EZ	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 8
DESCRIPTION		AMOUNT
		416.
TOTAL INCLUDED ON FO	RM 990-EZ, PART I, LINE 7B	416.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS . ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STA	TEMENT	9
DIRECTLY	ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?	[] Y	ES [X]	NO
	ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] Y	ES [X]	NO

990-EZ PG 2

STATEMENT 10

PROVIDE INFORMATION TO BREEDERS, OWNERS, & FRIENDS ON THE BREEDING & RAISING OF HANOVERIAN HORSES AND TO PROMOTE THE PERFORMANCE OF THE HANOVERIAN HORSE IN DRESSAGE, 3-DAY EVENT, HUNTING, JUMPING, ETC. & TO DO ALL THINGS APPROPRIATE TO ENCOURAGE A PUBLIC UNDERSTANDING OF THE HANOVERIAN HORSE AND ITS BREEDING & PERFORMANCE

990-EZ PG 2

STATEMENT 11

TO ESTABLISH, MAINTAIN, & OPERATE A NON-PROFIT ASSOCIATION OF BREEDERS, OWNERS, & FRIENDS FOR THE PROMOTION & PRESERVATION ON THE NORTH AMERICAN CONTINENT OF THE WARMBLOODED HANOVERIAN HORSE AND TO ALSO MAINTAIN A PUBLIC REGISTRY OF THE HANOVERIAN HORSE TO MARK OR BRAND APPROVED STALLIONS, MARES, AND FOALS WITH THE SOCIETY'S REGISTERED BRAND.