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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# 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 $500,000 and total assets less than $1,250,000 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*

OMB No 1545-1150

**2009**

**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning , and ending

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

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

C Name of organization: Ohio Half Arabian Horse Association, Inc

Number and street (or P O box, if mail is not delivered to street address): 12550 State Route 44

Room/suite:

City, town, or country: Mantua

State: OH

ZIP + 4: 44255

D Employer identification number: 23-7420791

E Telephone number:

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)

I Website: ▶ ohaha org

J Tax-exempt status (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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 102,475

**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 | 3,595 |
| | 2 | Program service revenue including government fees and contracts | | 2 | 94,389 |
| | 3 | Membership dues and assessments | | 3 | 4,015 |
| | 4 | Investment income | | 4 | 476 |
| | 5a | Gross amount from sale of assets other than inventory | 5a 0 | | |
| | b | Less cost or other basis and sales expenses | 5b 0 | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | 0 |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐ | | | |
| | a | Gross revenue (not including $ 0 of contributions reported on line 1) | 6a 0 | | |
| | b | Less. direct expenses other than fundraising expenses | 6b 0 | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c | 0 |
| | 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 | 0 |
| | 8 | Other revenue (describe ▶ ) | | 8 | 0 |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | | 9 | 102,475 |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | | 10 | 0 |
| | 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 | 625 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | |
| | 15 | Printing, publications, postage, and shipping | | 15 | |
| | 16 | Other expenses (describe ▶ See Attached Statement ) | | 16 | 111,984 |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | 17 | 112,609 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | -10,134 |
| | 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 | 31,072 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | 20 | 0 |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 ▶ | | 21 | 20,938 |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are $1,250,000 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 | 31,072 | 22 | 20,938 |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe ▶ ) | 0 | 24 | 0 |
| 25 | **Total assets** | 31,072 | 25 | 20,938 |
| 26 | **Total liabilities** (describe ▶ ) | 0 | 26 | 0 |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21). | 31,072 | 27 | 20,938 |

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

What is the organization's primary exempt purpose? Promote the Arabian horse breed

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, and other relevant information for each program title.

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

| | | | |
|---|---|---|---|
| 28 | The organization runs and promotes several different Arabian horse shows<br>(Grants $ 0 ) If this amount includes foreign grants, check here . ▶ ☐ | 28a | 101,309 |
| 29 | (Grants $ 0 ) If this amount includes foreign grants, check here . ▶ ☐ | 29a | 0 |
| 30 | (Grants $ 0 ) If this amount includes foreign grants, check here . ▶ ☐ | 30a | 0 |
| 31 | Other program services (attach schedule)<br>(Grants $ 0 ) If this amount includes foreign grants, check here . ▶ ☐ | 31a | 0 |
| 32 | **Total program service expenses.** (add lines 28a through 31a) ▶ | 32 | 101,309 |

**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 |
|---|---|---|---|---|
| Donna Kitchel<br>1200 Wayne Road Richmond IN 47374 | Title Pres<br>Hr/WK .00 | 0 | 0 | 0 |
| Cindy Clinton<br>P O Box 508 Lewisburg OH 45338 | Title Vice Pres<br>Hr/WK 00 | 0 | 0 | 0 |
| Shirley Nowak<br>4902 Foote Road #36 Medina OH 44256 | Title Sec<br>Hr/WK 00 | 0 | 0 | 0 |
| Donna Auber<br>12550 St Rt 44 Mantua OH 44255 | Title Treas<br>Hr/WK 00 | 0 | 0 | 0 |
| Kandy LaZarrus<br>5919 N Co Line Road Centerbury OH 43011 | Title<br>Hr/WK .00 | 0 | 0 | 0 |
| Linda Ferris<br>12135 Duncan Plains Road Johnstown OH 43031 | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Mike Knapic<br>3265 Briarwood Drive Wooster OH 44691 | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Shirley Izor<br>1958 Enterprise Road West Alexandria OH 45381 | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Larry izor<br>1958 Enterprise Road West Alexandria OH 45381 | Title<br>Hr/WK .00 | 0 | 0 | 0 |
| Michele Reser<br>64399 CR 3 Wakarusa IN 46573 | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Britney Brandt<br>1014 Wayne Road Richmond IN 47374 | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Annge Daugherty<br>335 Edgemont Ct Pataskala OH 43062 | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Linda Laufer<br>430 Sycamore Drive Eaton OH 45320 | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Lisa Corbin<br>671 Twp Rd 1275 Ashland OH 44805 | Title<br>Hr/WK .00 | 0 | 0 | 0 |
| Debbie Glasener<br>6049 Ballentine Pike Springfield OH 45502 | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Lisa Stanley<br>2334 Arthur Road Springfield OH 45502 | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| | Title<br>Hr/WK .00 | 0 | 0 | 0 |

**Part V Other Information** (Note the statement requirements in the instructions for Part 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 | 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 | | | |
| a | Did the organization have unrelated business gross income of $1,000 or more or was it subject to 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 | | |
| 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 | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | | |
| 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 | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0 | | | |
| 39 | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____ | | | |
| b | 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 | 40b | | |
| 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 ▶ _____ | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | | |
| 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 ▶ _____ | | | |
| 42 a | The organization's books are in care of ▶ Donna Auber Telephone no. ▶ 330-274-2039 | | | |
| | Located at ▶ 12550 St. Route 44 City Mantua ST OH ZIP + 4 ▶ 44256 | | | |
| 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)? | 42b | | 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 Foreign Bank and Financial Accounts.** | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U S.? | 42c | | 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 ▶ 43 N/A | | | |
| 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 |

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b 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 | 46 | | |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49 a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |

50 Complete this table for the organization's 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 |
|---|---|---|---|---|
| Name None Str<br>City ST ZIP | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Name Str<br>City ST ZIP | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Name Str<br>City ST ZIP | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Name Str<br>City ST ZIP | Title<br>Hr/WK 00 | 0 | 0 | 0 |
| Name Str<br>City ST ZIP | Title<br>Hr/WK 00 | 0 | 0 | 0 |

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's 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 |
|---|---|---|
| Name None Str<br>City ST ZIP | | |
| Name Str<br>City ST ZIP | | |
| Name Str<br>City ST ZIP | | |
| Name Str<br>City ST ZIP | | |
| Name Str<br>City ST ZIP | | |

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

**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

▶ Donna M. Auber — Signature of officer — Date: 5-17-10

▶ DONNA M. AUBER - TREASURER — Type or print name and title

**Paid Preparer's Use Only**

| | | | | |
|---|---|---|---|---|
| Preparer's signature ▶ Gabriel L. Sobota | Date 5/13/2010 | Check if self-employed ▶ ☐ | Preparer's identifying number (See instructions) P00926156 | |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Dittrick and Associates, Inc<br>P O Box 501, Burton, OH 44021 | | | EIN ▶<br>Phone no ▶ (440) 834-9686 | |

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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Ohio Half Arabian Horse Association, Inc

Employer identification number

23-7420791

## Part I, Line 16 (990-EZ) - Other Expenses

111,984

| | | | |
|---|---|---|---|
| 1 | Travel | 1 | |
| 2 | Meals and entertainment | 2 | |
| 3 | Fundraising | 3 | |
| 4 | Amortization | 4 | 0 |
| 5 | Conferences, conventions, and meetings | 5 | |
| 6 | Depreciation | 6 | 0 |
| 7 | Depletion | 7 | |
| 8 | Equipment rental and maintenance | 8 | |
| 9 | Interest | 9 | |
| 10 | Supplies | 10 | |
| 11 | Telephone | 11 | |
| 12 | Unrelated business income taxes | 12 | 0 |
| 13 | Advertising | 13 | 577 |
| 14 | Bank Charges | 14 | 1,163 |
| 15 | Delegate Expenses | 15 | 2,000 |
| 16 | Gifts and donations | 16 | 340 |
| 17 | Insurance | 17 | 475 |
| 18 | State Filing Fees | 18 | 50 |
| 19 | Membership expenses | 19 | 1,382 |
| 20 | Program expenses | 20 | 4,219 |
| 21 | Website | 21 | 200 |
| 22 | Show expenses | 22 | 101,309 |
| 23 | Office Supplies and Postage | 23 | 269 |
| 24 | | 24 | |
| 25 | | 25 | |
| 26 | | 26 | |
| 27 | | 27 | |
| 28 | | 28 | |
| 29 | | 29 | |

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- 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.*

| **Type or print** | Name of Exempt Organization | **Employer identification number** |
|---|---|---|
| File by the due date for filing your return See instructions | Ohio Half Arabian Horse Association, Inc | 23-7420791 |
| | Number, street, and room or suite no If a P O box, see instructions<br>12550 State Route 44 | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions<br>Mantua OH 44255 | |

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

| | | |
|---|---|---|
| [ ] Form 990 | [ ] Form 990-T (corporation) | [ ] Form 4720 |
| [ ] Form 990-BL | [ ] Form 990-T (sec 401(a) or 408(a) trust) | [ ] Form 5227 |
| [X] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069 |
| [ ] Form 990-PF | [ ] Form 1041-A | [ ] Form 8870 |

- The books are in the care of ► Donna Auber 12550 St Route 44 Mantua OH 44256

Telephone No ► 330-274-2039 FAX No ►

- 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

► [X] calendar year 2009 or

► [ ] tax year beginning _____, and ending _____.

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

| | | | |
|---|---|---|---|
| 3 a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | $ |
| b | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit | 3b | $ |
| c | **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c | $ 0 |

**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.