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

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, and other relevant information for each program title.

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

28 PROMOTE & COORDINATE ARABIAN HORSES PUBLICITY, EDUCATION & OTHER ARABIAN HORSE ACTIVITIES THROUGHOUT REGION II, SPONSOR ANNUAL ARABIAN-HALE/ANGLO-ARABIAN REGIONAL CHAMPIONSHIP SHOWS.

(REFER STAT 3)

(Grants \$) If this amount includes foreign grants, check here ☐

28a	194387
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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)

1

(Grants \$ _____) If this amount includes foreign grants, check here ☐

31a	
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32	Total program service expenses (add lines 28a through 31a)	32	194,387
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Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

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		☒
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		☒
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?		☒
b If "Yes," has it filed a tax return on Form 990-T for this year?		☒
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		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>N/A</u>		
b Did the organization file Form 1120-POL for this year?		☒
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 outstanding at the end of the period covered by this return?		☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
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		☒
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 ▶ <u>N/A</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>		
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.		☒
41 List the states with which a copy of this return is filed. ▶ <u>CALIFORNIA</u>		
42a The organization's books are in care of ▶ <u>ANNETTE WELLS</u> Telephone no. ▶ <u>530-344-1706</u> Located at ▶ <u>6020 FREEDOM COURT, PLACERVILLE, CA</u> ZIP + 4 ▶ <u>95666-7</u>		
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: ▶ <u>N/A</u>		
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.?		☒
If "Yes," enter the name of the foreign country: ▶ <u>N/A</u>		
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 ☐		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
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		☒

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.

- 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** ☐ Yes ☒ No
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ Yes ☒ No
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☒ No
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b** If "Yes," was the related organization a section 527 organization? **49b** ☒ Yes ☐ No
- 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."

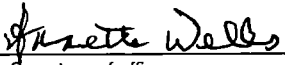
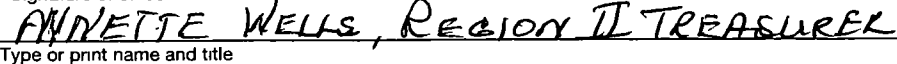
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 **NONE**

- 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
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . **NONE**

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			
	 Signature of officer		Date 7-11-2014	
Paid Preparer's Use Only	 Type or print name and title			
	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



2009

Federal Statements
Region II International Arabian Horse Association

Page 1
77-0139250

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

Region II 2009 Income

<u>Category Description</u>	<u>1/1/09- 12/31/09</u>
INFLOWS	
2008 Show Income	100 00
2009 Show Income	211544.00
2009 Patrons Income	20250 00
Vendors	3550.00
Advertisers & Sponsors	1490 00
	<u>236934.00</u>

2009

Federal Statements
Region II International Arabian Horse Association

Page 2
77-0139250

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

Region II 2009 Expenses

Category Description	1/1/09 - 12/31/09	Category Description	1/1/09 - 12/31/09
OUTFLOWS			
Region 2 Show		Region II General	
2008 Show Expenses	2073.86	Bank Charges	120.00
AHA Fees including 9-90 Judge Eval	7696.00	Convention 2009	1565.19
Announcers	1652.39	Director Expenses	1890.94
Car Rental	708.47	Endurance, Region 2II	242.22
California State Drug Fees	2085.00	Mtg. Rm. & Refreshments	879.33
CDS Recon Fee	120.00	Office Supplies	182.90
CDS Fee	300.00	Youth	700.00
Dressage, Region II	139.39	Web Site	360.00
Earl Warren Show Grounds	46750.00		<u>5940.58</u>
Golf Cart Rental	900.00		
Hotel	19824.32	TOTAL OUTFLOWS	<u>200327.75</u>
Insurance	1195.00		
Judges	14396.29		
Music	500.00		
Paid Staff	9325.83		
Patron's Expenses	12051.75		
Per Diem	5075.00		
Plants for Center Ring Décor	476.89		
Postage	281.24		
Printing	2738.53		
Print Show Program	5684.13		
Championship Prizes	4832.14		
Championship Prize Money	3300.00		
Pre Show 1st Place Prize \$	2230.00		
Radios	240.00		
Radio...Lost	395.00		
Refreshments for Staff	573.75		
Refunds	1211.00		
Ribbons	9269.05		
Ring Steward	1433.09		
Show Secretary	13128.55		
Office Staff	3851.25		
Stewards	3490.50		
Storage Room, Region II Show	339.50		
Show Exp Office	3019.77		
Supplies	936.71		
Scorer	828.12		
Show Veterinarian	1500.00		
EMT	1349.00		
Farrier	1349.00		
USDF Fees, Dressage	75.00		
USDF Fees	175.00		
USEF Fees	6658.65		
Youth Ice Cream Booth	228.00		
	<u>194387.17</u>		

2009

Federal Statements
Region II International Arabian Horse Association

Page 3
77-0139250

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

Region II Program Service Expenses

Category Description	1/1/09 - 12/31/09
Region 2 2009 Championship Show	
2008 Show Expenses	2073 86
AHA Fees...including 9-90 Judge Eval	7696.00
Announcers	1652.39
Car Rental	708 47
California State Drug Fees	2085 00
CDS Recon Fee	120.00
CDS Fee	300.00
Dressage, Region II	139 39
Earl Warren Show Grounds	46750.00
Golf Cart Rental	900 00
Hotel	19824.32
Insurance	1195.00
Judges	14396.29
Music	500 00
Paid Staff	9325.83
Patron's Expenses	12051.75
Per Diem	5075.00
Plants for Center Ring Décor	476.89
Postage	281.24
Printing	2738 53
Print Show Program	5684 13
Championship Prizes	4832.14
Championship Prize Money	3300.00
Pre Show 1st Place Prize \$	2230.00
Radios	240.00
Radio...Lost	395.00
Refreshments for Staff	573.75
Refunds	1211.00
Ribbons	9269 05
Ring Steward	1433.09
Show Secretary	13128.55
Office Staff	3851.25
Stewards	3490.50
Storage Room, Region II Show	339.50
Show Exp Office	3019 77
Supplies	936 71
Scorer	828.12
Show Veterinarian	1500.00
EMT	1349.00
Farrier	1349.00
USDF Fees, Dressage	75.00
USDF Fees	1 75.00
USEF Fees	6658.65
Youth Ice Cream Booth	228.00
	<u>194387.17</u>

2007

Federal Statements
Region II International Arabian Horse Association

Page 3
77-0139250

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