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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 $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.

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JANUARY 1, 2009, and ending DECEMBER 31, 2009

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: REGION II INTERNATIONAL ARABIAN HORSE ASSOC.

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

Room/suite:

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

D Employer identification number: 77-0139650

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) ►

Website: ► www.arha-reg2.org

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

Tax-exempt status (check only one) — ☐ 501(c)(5) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

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.

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 ► $

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	
	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)	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	236934
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	236934
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	200328
	17	**Total expenses.** Add lines 10 through 16 ►	17	200328
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	36606
	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	110565
	20	Other changes in net assets or fund balances (attach explanation (REFER. STMT. 4))	20	1
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	147172

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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.)

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		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	110565	22	147172
23	Land and buildings	0	23	0
24	Other assets (describe ►)	0	24	0
25	**Total assets**	110565	25	147172
26	**Total liabilities** (describe ►)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	110565	27	147172

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2009)

E1-8

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, 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 PROMOTE & COORDINATE ARABIAN HORSES PUBLICITY, EDUCATION & OTHER ARABIAN HORSE ACTIVITIES THROUGHOUT REGION II, SPONSOR ANNUAL ARABIAN-HALF/ARGLO ARABIAN REGIONAL CHAMPIONSHIP SHOWS (REFER STAT 3)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 194387

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 194387

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
KAYLA WAGNER, P.O. BOX 567 PISMO BEACH, CA 93448	VICE DIRECTOR	0	0	0
VICKY RICH, 1206 MONCHAMANT DR SIMI VALLEY, CA 93065	SECRETARY	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	N/A	
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
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		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 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 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 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	N/A	
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 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations. 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. ▶ CALIFORNIA			
42a	The organization's books are in care of ▶ ANNETTE WELLS Telephone no. ▶ 530-344-1706 Located at ▶ 6020 FREEDOM COURT, PLACERVILLE, CA ZIP + 4 ▶ 95667			
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: ▶ N/A 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: ▶ N/A			
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	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		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b	N/A	

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

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

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

▶ ANNETTE WELLS, REGION II 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

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

Region II 2009 Income

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

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

Region II 2009 Expenses

Category Description	1/1/09 - 12/31/09
OUTFLOWS	
Region 2 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
Redios	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
	194387.17

Category Description	1/1/09 - 12/31/09
Region II General	
Bank Charges	120.00
Convention 2009	1565.19
Director Expenses	1890.94
Endurance, Region 2II	242.22
Mtg. Rm. & Refreshments	879.33
Office Supplies	182.90
Youth	700.00
Web Site	360.00
	5940.58
TOTAL OUTFLOWS	**200327.75**

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
	194387.17

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