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Form **990-EZ**  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

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.

**A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009**

- 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**  
Equestrian Trails Inc

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
PO Box 1138

City or town, state or country, and ZIP + 4  
Acton, CA 93510

**D Employer identification number**  
95-6135773

**E Telephone number**  
(818) 698-6200

**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) ▶

**I Website:** ▶ www.etnational.com

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

**J Tax-Exempt status** (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 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** ▶ \$ 234,891

#### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	1,000	<b>10</b>	Grants and similar amounts paid (attach schedule)
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	52,954	<b>11</b>	Benefits paid to or for members
<b>3</b>	Membership dues and assessments	<b>3</b>	44,096	<b>12</b>	Salaries, other compensation, and employee benefits
<b>4</b>	Investment income	<b>4</b>	16	<b>13</b>	Professional fees and other payments to independent contractors
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>		<b>14</b>	Occupancy, rent, utilities, and maintenance
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>	0	<b>15</b>	Printing, publications, postage, and shipping
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>		<b>16</b>	Other expenses (describe ▶)
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	<b>6a</b>	125,281	<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1)	<b>6b</b>	92,844	<b>6c</b>	32,437
<b>b</b>	Less direct expenses other than fundraising expenses	<b>7a</b>	11,544	<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7b</b>	19,079	<b>7c</b>	-7,535
<b>b</b>	Less cost of goods sold	<b>8</b>		<b>8</b>	Other revenue (describe ▶)
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>9</b>	122,968	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8
<b>8</b>	Other revenue (describe ▶)	<b>10</b>		<b>10</b>	Grants and similar amounts paid (attach schedule)
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>11</b>		<b>11</b>	Benefits paid to or for members
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>12</b>	44,846	<b>12</b>	Salaries, other compensation, and employee benefits
<b>11</b>	Benefits paid to or for members	<b>13</b>		<b>13</b>	Professional fees and other payments to independent contractors
<b>12</b>	Salaries, other compensation, and employee benefits	<b>14</b>	13,492	<b>14</b>	Occupancy, rent, utilities, and maintenance
<b>13</b>	Professional fees and other payments to independent contractors	<b>15</b>	2,600	<b>15</b>	Printing, publications, postage, and shipping
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>16</b>	61,564	<b>16</b>	Other expenses (describe ▶)
<b>15</b>	Printing, publications, postage, and shipping	<b>17</b>	122,502	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16
<b>16</b>	Other expenses (describe ▶)	<b>18</b>	466	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>19</b>	23,573	<b>19</b>	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)
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>20</b>		<b>20</b>	Other changes in net assets or fund balances (attach explanation)
<b>19</b>	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)	<b>21</b>	24,039	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20
<b>20</b>	Other changes in net assets or fund balances (attach explanation)				
<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20				

#### 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
<b>22</b> Cash, savings, and investments	20,852	<b>22</b> 21,340
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe ▶)	4,652	<b>24</b> 3,852
<b>25</b> Total assets	25,504	<b>25</b> 25,192
<b>26</b> Total liabilities (describe ▶)	1,931	<b>26</b> 1,153
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,573	<b>27</b> 24,039





**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
<b>46</b> 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		
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If "Yes," was the related organization a section 527 organization?		

**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				

**50(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
NONE		

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

**Please 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: 2010-10-19

Type or print name and title: Barbara Maxwell-Ryan Past President/CFO

**Paid Preparer's Use Only**

Preparer's signature: Barbara C Maxwell Date: \_\_\_\_\_ Check if self-employed:

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

Preparer's identifying number (See instructions): \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Phone no: (818) 352-8300

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Equestrian Trails Inc

Employer identification number

95-6135773

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Horse Show & Convention Fundraiser (event type)	Death Valley Ride (event type)	1 (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	81,061	28,930	15,290	125,281
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	81,061	28,930	15,290	125,281
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	488		10,500	10,988
	<b>5</b> Non-cash prizes . . . . .	13,578	4,789		18,367
	<b>6</b> Rent/facility costs . . . . .	26,087	4,725		30,812
	<b>7</b> Food and beverages . . . . .	743	7,000		7,743
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	19,319	5,615		24,934
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				92,844
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				32,437	

**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.

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

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> 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			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</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 ▶ \$ _____			

## TY 2009 Other Assets Schedule

**Name:** Equestrian Trails Inc

**EIN:** 95-6135773

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges	1,632	1,632
Machinery and Equipment	2,694	1,934
Inventories	326	286

**TY 2009 Other Expenses Schedule****Name:** Equestrian Trails Inc**EIN:** 95-6135773**Software ID:** 09000047**Software Version:** 2009v1.3

<b>Description</b>	<b>Amount</b>
Water Service	163
Utilities	1,550
Trail Trials	1,218
Trail Coordinator Fund	112
Telephone	2,056
Taxes - Other	313
Spring Ride	9,692
Sales Tax	56
Quarterly Dinners	4,659
Other General & Admin. Expense	1,030
Office Expenses	2,053
Maintenance & Repairs	1,982
Jr. Ambassador Program	12,442
Jim Hester Ride	276
High Point Programs	15,372
Employee Training & Welfare	338
Dues & Memberships	250
Depreciation	760
Credit Card Fees	1,105
Bank Service Charges	180
Alarm Service	260

## TY 2009 Other Liabilities Schedule

**Name:** Equestrian Trails Inc

**EIN:** 95-6135773

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Payroll taxes payable	1,931	1,153