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Retroactive Reinstatement

Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JANUARY 1, 2010, and ending DECEMBER 31, 2010

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

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) | Room/suite
6020 FREEDOM COURT

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

D Employer identification number
77-0139250

E Telephone number
530-344-1706

F Group Exemption Number ►

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:** ► www.aha.reg2.org

J **Tax-exempt status** (check only one) – ☐ 501(c)(3) ☐ 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 $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $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.)
Check if the organization used Schedule O to respond to any question in this 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	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	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 in Schedule O)			8	209007
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		►	9	209007
Expenses	10	Grants and similar amounts paid (list in Schedule O)			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 in Schedule O)			16	191286
	17	**Total expenses.** Add lines 10 through 16		►	17	191286
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	17721
	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	147172
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		►	21	164893

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RETROACTIVE REINSTATEMENT

Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	147172	22	164893
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	147172	25	164893
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	147172	27	164893

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

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

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.

28 PROMOTE & COORDINATE ARABIAN HORSE PUBLICITY & USE, EDUCATION & OTHER ARABIAN HORSE ACTIVITIES THROUGHOUT REGION II, SPONSOR ANNUAL ARABIAN HALF/ARAB ARABIAN REGIONAL CHAMPIONSHIP SHOWS
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a 175622
REFER SCH. O, STMT 3

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 (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 175622

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this 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, 11778 PRADERA RD CAMARILLO, CA 93012	DIRECTOR	0	0	0
JIM GIFT, 36002 ROAD 124 VISALIA, CA 93291	VICE DIRECTOR	0	0	0
VICKY RICH, 1206 MONTALBAN DR SIMI VALLEY, CA. 93065	SECRETARY	0	0	0

RETROACTIVE REINSTATEMENT

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	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: 0			
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 tax year 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 CT, PLACERVILLE, CA ZIP + 4 ▶ 956667			
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			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d	N/A	

RETROACTIVE REINSTATEMENT

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
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		
49a	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
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

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

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 — 7-11-2014 — Date

ANNETTE WELLS, REGION II TREASURER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Retroactive Reinstatement

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2010 Open to Public Inspection

Name of the organization	Employer identification number
Region II International Arabian Horse Association	77-0139250

Statement 1
Part 1, Line 8

Region II 2010 Income

Cash Flow Report
1/1/2010 - 12/31/10

2010 Region 2 Show Entries	189682 00
Patron Income	15750 00
Vendors	2600.00
Advertisers & Sponsors	975.00
	209007.00

Retroactive Reinstatement

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Region II International Arabian Horse Association

Employer identification number
77-0139250

Region II 2010 Expenses

Statement 2
Part I, Line 16

Category Description	1/1/10 - 12/31/10
General Region II Costs	
2007 Directory	469 63
2010 Directory	2055 00
2009 Reg II paid in 2010	296.00
Convention 2010	2704 20
Director's Expenses	1463 52
Endurance	2183 56
Delegates' Liability Insurance	1125 00
Meeting Room	1022.64
Office Expenses	398 75
Sponsor Show Classes	700 00
V-6 Ride	200 00
Website	1745 92
Youth	1300.00
	15664.22
Region II 2010 Show Expenses	
Earl Warren Show Grounds	42138.00
Hotel and RV	21763.36
Judges	14083 48
Show Secretary	12978 57
Patron Expenses	11999 43
Paid Staff	6290 29
Ribbons	10356 25
AHA Fees	8689.00
USEF Fees	6736.40
Printing and Mailing	5192 60
Per Diem	5200 00
Championship Prizes	4697 23
Office Staff	3236 75
Stewards	2500.00
Championship Prize Money	750.00
Pre Show 1st Place Prize $	3405 00
California State Drug Fees	1945 00
Announcers	1254.00
Veterinarian	1500 00
Ring Steward	1120 80
EMT	1200 00
Farrier	1200 00
Insurance	1505 00

Category Description	1/1/2010 - 12/31/2010
Refunds	840 00
Supplies	839 78
Golf Cart Rental	400 00
Scorer	847 51
Car Rental	410 12
Food for Staff	573 75
Music	500.00
Plants for Center Ring Décor	429.35
CDS	274 .00
SH Food	250 00
Radios	240 00
Youth Ice Cream Booth	276 00
	175621.67
TOTAL OUTFLOW	**191285.89**

Retroactive Reinstatement

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Region II International Arabian Horse Association

Employer identification number
77-0139250

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

Region II 2010 Program Service Expenses

Category Description	1/1/2010 - 12/31/2010
Region II 2010 Show Expenses	
Earl Warren Show Grounds	42138 00
Hotel and RV	21763 36
Judges	14083 48
Show Secretary	12978 57
Patron Expenses	11999 43
Paid Staff	6290 29
Ribbons	10356 25
AHA Fees	8689 00
USEF Fees	6736 40
Printing and Mailing	5192.60
Per Diem	5200 00
Championship Prizes	4697 23
Office Staff	3236.75
Stewards	2500 00
Championship Prize Money	750.00
Pre Show 1st Place Prize $	3405 00
California State Drug Fees	1945.00
Announcers	1254 00
Veterinarian	1500.00
Ring Steward	1120 80
EMT	1200 00
Farrier	1200.00
Insurance	1505 00
Refunds	840.00
Supplies	839 78
Golf Cart Rental	400 00
Scorer	847 51
Car Rental	410 12
Food for Staff	573 75
Music	500 00
Plants for Center Ring Décor	429 35
CDS	274 00
SH Food	250.00
Radios	240 00
Youth Ice Cream Booth	276 00
	175621.67