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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JANUARY 1 , 2011, and ending DECEMBER 31 , 20 11

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 ▶

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)

Website: ▶

Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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.

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	70.54
	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	198773.00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	198843.54
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	169719.74
	17	**Total expenses.** Add lines 10 through 16 ▶		17	169719.74
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	29123.80
	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	164893. 0
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	194017.

None

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	164893	22	194017
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	164893	25	194017
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)	164893	27	194017

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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, EDUCATION & OTHER ARABIAN HORSE ACTIVITIES THROUGHOUT REGION II & SPONSOR ANNUAL ARABIAN - HALF/ANGLO ARABIAN REGIONAL CHAMPIONSHIP SHOWS (REFER SCH O)
(Grants $ 0) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a 145639.15

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 145639.15

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEFF REICHMAN, 11798 PRADERO RD CAMARILLO CA 93012	DIRECTOR	0	0	0
JIM GIFT, 36002 ROAD 124 VISALIA, CA 93291	VICE DIRECTOR	0	0	0
VICKY RICH, 12016 NONCHALANT DR. SIMI VALLEY, CA 93065	SECRETARY	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract 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 significant 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
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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 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 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 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 N/A			
			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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	N/A	
45b	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)	45b	N/A	

		Yes	No
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 or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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		

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0

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 — Date: 4-11-2014

▶ 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.	2011 Open to Public Inspection

Name of the organization: REGION II INTERNATIONAL ARABIAN HORSE ASSOC.

Employer identification number: 77-0189250

Part 1, Line 8

Region II 2011 Income

Cash Flow Report

1/1/11 Through 12/31/11

Category Description	1/1/11-12/31/11
INFLOWS	
Uncategorized	0.00
Advertisers & Sponsors - Show	670.00
Interest Income 2011	70.54
Patrons - Show	15,400.00
Show Income - Show	181,703.00
Vendors - Show	1,000.00
TOTAL INFLOWS	198,843.54

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

2011

Open to Public Inspection

Name of the organization
REGION II INTERNATIONAL ARABIAN HORSE ASSOCIATION

Employer identification number
77-0139250

Region II 2011 Expenses

Part I, Line 16

Category Description	1/1/2011 - 12/31/2011
OUTFLOWS	
AHA - Show	8,800 50
Announcers - Show	1,312 80
Calif State Drug Fees - Show	1,840 00
Car Rental - Show	278 43
CDS - Show	178 00
Championship Prize Money - Show	1,050 00
Championship Prizes - Show	7,196 13
CONVENTION 2011	2,027 92
DATA BASE WEB	1,539 50
DIRECTOR - REGION 2	1,795 48
DIRECTOR DISCRETIONARY FUND	425 00
Donuts - Show	490 25
DRESSAGE - REGION 2	400 00
Earl Warren Show Grounds	38 013 00
EMT - Show	1,050 00
ENDURANCE - REGION 2	586 47
ENDURANCE CHALLENGE	500 00
Hotel & RV - Show	16,850 66
Ice Cream - Show	324 00
INSURANCE REG2	950 00
Insurance-Show	1,355 00
Judges - Show	13,668 50
MTG RM-REFSMTS REGION 2	837 09
Music - Show	580 00
OFFICE - REG 2	193 13
Office Staff - Show	3,316 70
Paid Staff - Show	5,899 93
Patrons Expenses - Show	6,990 00
Per Diem - Show	4 700 00
Plants - Show	418 47
Pre Show 1st Place Prize $ - Show	2,600.00
Printing & Mailing - Show	4,908 09
Radios - Show	240 00
Ribbons - Show	9,893.07
Ring Steward - Show	1,119 80
Scorer - Show	752 40
Secretary - Show	12,403 00
SH Foods - Show	599 00
Shoer - Show	1 050 00
SPONSORSHIPS - REGION 2	250 00
Stewards - Show	2,485 79
Supplies - Show	811 48
USEF - Show	6 040 15
Vet - Show	1,500 00
YOUTH - REGION 2	1,500 00
TOTAL OUTFLOWS	169,719 74

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

2011

Open to Public Inspection

Name of the organization: REGION II INTERNATIONAL ARABIAN HORSE ASSOCIATION

Employer identification number: 77-0139250

Part III, Line 28 — Region II Program Service Expenses

Category Description	1/1/2011 - 12/31/2011
Awards	
Championship Awards	8800 50
Championship Ribbons	9893.07
Championship Prize $	1050.00
PreShow Prize $	2600 00
Championship Prizes	7196.13
	29539.20
Facilities	
Show Grounds Fees	38013 00
	38013.00
Fees	
California Drug Fees	1840 00
CDS Show Fee	178 00
Dressage Show	400.00
USEF Fees	6040.15
	8458.15
Show Office	
Office Staff	3316 70
Office Paid Staff	5899.93
Office Supplies	811 48
Printing & Postage	4908 09
Radios	240 00
Show Office	193 00
Show Secretary	12403 00
	27772.20

Category Description	1/1/2011 - 12/31/2011
Patrons and Supporting Costs	
Patrons	6990.00
Food	599.00
Motel & RV	16850 66
Per Diem	4700 00
Plants	418 47
	29558.13
Personnel and Other Costs	
Announcer	1312.80
Car Rental Fee	278 43
EMT Services	1050 00
Farrier	1050.00
Hospitality for Workers	490 25
Insurance	1355.00
Music	580 00
Ring Steward	1119 80
Scorer	752.40
Show Veterinarian	1500 00
Show USEF Steward	2485 79
Youth Ice Cream Booth	324 00
	12298.47
Total Program Service Expenditures	**145639.15**