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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.

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning JANUARY 1 , 2012, and ending DECEMBER 31 , 20 12

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

C Name of organization
REGION II INTERNATIONAL ARABIAN HORSE ASSOCIATION

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
77-0439250

E Telephone number
530-344-1706

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ www.ahaareg2.org

Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

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	
	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	35405
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	35405
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	62377.00
	17	**Total expenses.** Add lines 10 through 16 ▶	17	62377.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(26972)
	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	194017.
	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	167045

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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	194017	22	167045
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	194017	25	167045
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)	194017	27	167045

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 . . ☐

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.

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 HORSE PUBLICITY, EDUCATION & OTHER ARABIAN HORSE ACTIVITIES THROUGHOUT REGION II & SPONSOR ANNUAL ARABIAN-HALF/ARAB ARABIAN REGIONAL CHAMPIONSHIP SHOWS — REFER (SCH O) ASST. 3

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a 48445

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 48445

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 title	(b) 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
JAY GREENBURG, DIRECTOR, 1165 LITTLE RIVER DR., HOLLISTER, CA 95023	20	0	0	0
GORDON WALTER, VICE DIRECTOR 18412 BUCKAROO CT. BAKERSFIELD, CA 93314	15	0	0	0
VICKY RICH, SECRETARY, 1206 NONCHALANT DR., SIMI VALLEY, CA 93065	5	0	0	0

RETROACTIVE REINSTATEMENT

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: 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 95667 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			

			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		X
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		X

RETROACTIVE REINSTATEMENT

		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 only

All section 501(c)(3) organizations 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		X

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 title of each employee paid more than $100,000	(b) 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 . . . . ▶ 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 — Date: 7-11-2014

▶ 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)

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

2012

Open to Public Inspection

Name of the organization: Region II International Arabian Horse Association

Employer identification number: 77-0139250

Statement 1
Part 1, Line 8

Region II 2012 Income

Category Description	1/1/12-12/31/12
INFLOWS	
Uncategorized	0 00
ADVERTISING - REGION 2	40 00
Show Entries	33 115 00
Sponsors	2 250 00
TOTAL INFLOWS	35 405.00

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

2012

Open to Public Inspection

Name of the organization
Region II International Arabian Horse Association

Employer identification number
77-0139250

Statement 2
Part I, Line 16

Region II 2012 Expenses

Category Description	1/1/2012 - 12/31/2012
Awards	
Championship Awards	3,377 39
Championship Ribbons	643 66
PreShow Awards	1,542 28
TOTAL Awards	5,563 33
CONVENTION 2012	1,031 36
DATA BASE WEB	1,324 30
DIRECTOR - REGION 2	4,236 42
DONATIONS	2,930 00
ENDURANCE CHALLENGE	969 70
Facilities	
Center Ring Decor	100 00
Decorations	59 90
Show Grounds	12,820 00
TOTAL Facilities	12,979 90
Fees	30 00
9-90 Judges-Steward Educ	1,068 00
Add Class	120 00
AHA Recon Fees	360 00
California Drug Fee	305 00
CDS Grant Fee	60 00
CDS Non Mbr Fee	130 00
CDS Show Recon Fee	120 00
USEF $12 00	992 00
USEF Comp Lic Fee	175 00
USEF Discipline Fee	55 00
USEF Dressage Test Fee	52 65
TOTAL Fees	3,467 65
Golf Cart Rental - Show	800 00
Hospitality	1,282 54
INSURANCE REG2	2,175 00
MTG RM-REFSMTS REGION 2	1 384 84
Office Exp-Show	
Office Supples-Show	18 49
Printing	410 53
Radios	200 00
TOTAL Office Exp-Show	629 02
Office Staff - Show	400 00
Personnel Expenses	
Lunches Snacks	565 00
Motel	4,594 36
Per Diem	580 00
Travel	3,770 79
TOTAL Personnel Expenses	9,510 15
Personnel Fees	
Barn Mgr	800 00
Contract Labor	1,145 00
EMT Services	800 00
Farrier	600 00
HunterJumber Mgr	650 00
Judge	3,150 00
Office Staff	500 00
Paddock Stewart	500 00
Show Secretary	2,632 32
Stewart	1,100 00
TOTAL Personnel Fees	11,877 32
Refunds	25 00
SPONSORSHIPS - REGION 2	611 50
YOUTH - REGION 2	1,178 63
TOTAL OUTFLOWS	62,376 66

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

2012

Open to Public Inspection

Name of the organization
Region II International Arabian Horse Association

Employer identification number
77-0139250

Statement 3
Part III, Line 28

Region II Program Service Expenses

Category Description	1/1/2012 - 12/31/2012
Awards	
Championship Awards	3377 39
Championship Ribbons	643.66
PreShow Awards	1542 28
	5563.33
Facilities	
Center Ring Décor	100.00
Decorations	59.90
Show Grounds Fees	12820 00
	12979.90
Fees	
9-90 Judges-Steward Education	1068.00
Add Class	150 00
AHA Recon Fees	360 00
California Drug Fees	1840.00
CDS Grant Fee	60.00
CDS Non-Member Fee	130 00
CDS Show Recon Fee	120 00
Dressage Show	400 00
USEF $12 00	992 00
USEF Competition License Fee	175.00
USEF Discipline Fee	55.00
USEF Dressage Test Fee	52.65
	5402.65
Show Office	
Lunches	565 00
Office Staff	400 00
Office Assistance	500 00
Office Supplies	18 49
Motel	4594.36
Printing & Postage	410.53
Radios	200.00
Per Diem	580 00
Show Secretary	2632 32
Travel	3770 79
	13671.49

Category Description	1/1/2012 - 12/31/2012
Personnel and Other Costs	
Announcer	1145 00
Barn Manager	800.00
Golf Cart Rental	800 00
EMT Services	800 00
Farrier	600 00
Hunter/Jumper Manager	650 00
Hospitality for Workers	1282.54
Judge	3150 00
Paddock Steward	500 00
Ring Steward	1100 00
	10827.54
Total Program Service Expenditures	**48444.91**