See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning JANUARY 1, 2014, and ending DECEMBER 31, 2014

B Check if applicable
- [X] Address change REFER
- [ ] Name change STMT
- [ ] Initial return 1
- [ ] Final return/terminated
- [ ] Amended return
- [X] Application pending

C Name of organization
PACIFIC 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 province, country, and ZIP or foreign postal code
PLACERVILLE, CA 95667-8884

D Employer identification number
77-0139250

E Telephone number
530-344-1706

F Group Exemption Number ▶

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

I Website: ▶ WWW.ACHARAB2.ORG

J Tax-exempt status (check only one) – [ ] 501(c)(3) [ ] 501(c) (5) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

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

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

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, 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 [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts REFER STMT 2	2	191,921
	3	Membership dues and assessments	3	
	4	Investment income (INTEREST) REFER STMT 2	4	55
	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) REFER STMT 2	8	534
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 REFER STM 2 ▶	9	192,510
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) REFER STMT 3	16	194,347
	17	**Total expenses.** Add lines 10 through 16 ▶	17	194,347
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(1837)
	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	206,753
	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	204,916

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14

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	206,753	22	204,916
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	206,753	25	204,916
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	206,753	27	204,916

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? ARABIAN HORSE BREED

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, optional for others.)

28 PROMOTE & COORDINATE ARABIAN HORSE PUBLICITY, EDUCATION & OTHER ARABIAN HORSE ACTIVITIES THROUGHOUT REGION II. ALSO SPONSOR ANNUAL ARABIAN/HALF-ARABIAN REGIONAL CHAMPIONSHIP SHOWS

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** 152,194

29 V-6 WORKING-RANCH CLINIC - PROVIDES HANDS-ON EXPERIENCE LEARNING RANCH WORK INCLUDING WORKING CATTLE ON AN ARABIAN HORSE RANCH

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a** 22,271

30 ENDURANCE RIDING, COMPETITIVE TRAIL RIDING & DRESSAGE EVENTS FOR ARABIAN/HALF-ARABIAN HORSES AS PART OF BREED PROMOTION

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a** 3358

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) . REFER STMT. 4 . . . . ▶ **32** 177,823

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 GREENBERG DIRECTOR	30	0	0	0
GORDON WALTER VICE DIRECTOR	15	0	0	0
ANNETTE WELLS TREASURER	10	0	0	0
VICKY RICH SECRETARY	2	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) . REFER. STMT. 1	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	N/A	
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			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
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	N/A	
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 ▶ 95667-8884			
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: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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: ▶			
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	
b	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 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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		N/A
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	N/A	
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 title of each employee	(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
	N/A			

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 business address of each independent contractor	(b) Type of service	(c) Compensation
	N/A	

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations 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: 3-19-2015

ANNETTE WELLS — 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

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2014 Open to Public Inspection

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

Statement 1
Form 990-EZ
Tax-Form Heading
Page 1, B

Region II Name Change Request

On January 5. 2013, the Region II Board of Delegates approved changing the name from Region II International Arabian Horse Association to Region 2 Arabian Horse Association.

Approval of this change by the office of Secretary of State of the State of California has been received and on January 12, 2015, forwarded to IRS at the following address:

Internal Revenue Service
Cincinnati,
Ohio 45999

A letter of receipt of this request dated February 18, 2015, indicating IRS is working on this request and will notify us upon resolution has been received.

Upon IRS recognition of the California approval of this change, this organization will file future Federal tax returns under the name:

Region 2 Arabian Horse Association

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*	2014 Open to Public Inspection

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

Statement 2
Form 990-EZ
Part I, Line No. 9

Region II 2014 Income

Line No.	***INFLOWS***	***1/1/14 - 12/31/14***	
Line No. 2	Region 2 Championship Show	170,017.00	
Line No. 2	V-6 Ranch Clinic	21,904.00	
Line No. 2 TOTAL PROGRAM SERVICE INCOME			191,921.00
Line No. 4	Interest Wells Fargo	1.00	
Line No. 4	InterestBank of America	54.00	
Line No. 4 TOTAL INTEREST RECEIVED			55.00
Line No. 8	Youth Activities		534.00
TOTAL INFLOWS			192,510.00

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2014

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 I, Lines 13 & 16

Region II 2014 Expenses

Category Description		1/1/2014 - 12/31/2014
Accounting/Tax Preparation		1,322.00
Advertising		150.00
Arabian Horse Promotion		500.00
Bank Charges		34.00
Data Base/Web Site		63.00
Director's Expenses		4,238.00
Insurance, D/O		2,970.00
Meeting Room Rental	1,443.00	
Refreshments	349.00	
		1,792.00
Newsletter		78.00
Office Supplies		176.00
Region 2 Championship Show	152,194.00	
Other Events	3,358.00	
		155,552.00
Sponsorships		300.00
V-6 Ranch Clinic		22,271.00
Youth Judging Competition (Region II sponsored our youth-judging team to compete at the U.S. Arabian Horse National Youth Show in the Arabian horse judging contest.		4,901.00
TOTAL EXPENSES		194,347.00

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Region II International Arabian Horse Association

Employer identification number

77-0139250

Statement 4
Form 990-EZ
Part III, Lines 28 & 29

Region II Program Service Expenses
Region 2 Annual Championship Show
Competitive Trail Ride Event
Dressage
Endurance Events

Category Description		1/1/2014 - 12/31/2014
Advertising		151.00
Awards	120.00	
Championship Awards	4,855.00	
Championship Ribbons	9,642.00	
PreShow Awards	1,030.00	
PreShow Prize $	30.00	
TOTAL		15,677.00
Bank Charges, Show Checking Account		26.00
Earl Warren Show Grounds		44,025.00
Exhibitor Dinner		932.00
Center Ring Décor		466.00
Storage Room		968.00
Fees		
9-90 Judges-Steward Education	5,212.00	
AHA $/horse	449.00	
AHA Recon Fees	2,032.00	
California Drug Fees	1,495.00	
AHA Membership Fee at Show	508.00	
USEF $12.00	4,784.00	
USEF Competition License Fee	200.00	
USEF Senior Non-Member Fee	210.00	
TOTAL		14,890.00
Golf Cart Rental		1,551.00
Hospitality for Exhibitors		1,289.00
Independent Contractors (1099's filed)		
Judges (1099's filed)	5,000.00	
Show Officials (1099's filed)	18,006.00	
Show Veterinarian Services, (Incorporated)	1,500.00	
TOTAL		24,506.00
Office Expenses		
Office Supplies	1,235.00	
Postage	395.00	
Printing	3,477.00	
Radios	240.00	
TOTAL		5,347.00
Patron Expenses		9,689.00

Category Description			1/1/2014 - 12/31/2014
Personnel Expenses Paid by Region 2			
Lunches	507.00		
Motel	17,609.00		
Per Diem	2,605.00		
Gifts	20.00		
Travel	7,066.00		
TOTAL			27,807.00
Show Officials & Staff Other Expenses Paid Directly by Region 2			
Course Designer	400.00		
Ring Clerk	150.00		
Scorer	450.00		
Show Secretary, Reimbursements.	1,134.00		
Youth Booth	366.00		
TOTAL			2,500.00
Refunds			1,392.00
TOTAL REGION 2 CHAMPIONSHIP SHOW			152,194.00
Other Events			
Competitive Trail Ride Event	1,132.00		
Dressage (held at sister show)	400.00		
Endurance Event	1,826.00		
TOTAL EVENTS		3,358.00	
V-6 Ranch Clinic		22,271.00	
TOTAL OTHER EVENTS & CLINIC			25,629.00
TOTAL PROGRAM SERVICE EXPENSES			**177,823.00**