1240

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)
▶ For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150
2004
Open to Public Inspection

For the 2004 calendar year, or tax year beginning ______ and ending ______

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization	D Employer identification number
Address change		North American Model Horse Shows Assn	75-2935855
Name change		Number and street (or P.O. box, if mail is not delivered to street address) / Room/suite	E Telephone number
Initial return		301 West Abram Street	(724) 267-3400
Final return		City, town, or country / State / ZIP + 4	F Group Exemption Number ▶
Amended return		Arlington TX 76010	
Application pending			

• 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: [X] Cash [ ] Accrual Other (specify) ▶

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

Website: ▶ www.namsha.org

Organization type (check only one) [X] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

Check ▶ [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ. ▶ $ 62,653

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received			1	1,3
2	Program service revenue including government fees and contracts			2	
3	Membership dues and assessments			3	
4	Investment income			4	
5 a	Gross amount from sale of assets other than inventory	5a	0		
b	Less: cost or other basis and sales expenses	5b	0		
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)			5c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ [ ]				
a	Gross revenue (not including $ 1,310 of contributions reported on line 1)	6a	0		
b	Less: direct expenses other than fundraising expenses	6b	0		
c	Net income or (loss) from special events and activities (line 6a less line 6b)			6c	
7 a	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 (line 7a less line 7b)			7c	
8	Other revenue (describe ▶ See attached statement)			8	61,3
9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶			9	62,6
10	Grants and similar amounts paid (attach schedule)			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	1,5
14	Occupancy, rent, utilities, and maintenance			14	10,2
15	Printing, publications, postage, and shipping			15	2,4
16	Other expenses (describe ▶ See attached statement)			16	34,3
17	**Total expenses** (add lines 10 through 16) ▶			17	48,4
18	Excess or (deficit) for the year (line 9 less line 17)			18	14,2
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	51,6
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶			21	65,8

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Part II Balance Sheets --If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.
(See page 40 of the instructions.)

	(A) Beginning of year		(B) End of year
Cash, savings, and investments	51,608	22	65,8
Land and buildings		23	
Other assets (describe ▶)	0	24	
Total assets	51,608	25	65,8
Total liabilities (describe ▶)	0	26	

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

		Expenses (Required for 501(c) and (4) organizations and 4947(a)(1) trusts; optional for others)
What is the organization's primary exempt purpose? Promotion of model horse hobby		
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, or other relevant information for each program title.		
28 Promoted the model horse hobby by holding a national show and auction communicating information about the hobby and developed competition among members (Grants $)	28a	48,
29 (Grants $)	29a	
30 (Grants $)	30a	
31 Other program services (attach schedule) (Grants $)	31a	
32 **Total program service expenses** (add lines 28a through 31a) ▶	32	48

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)

(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
Name Jackie Arns ST [redacted] City [redacted] ST [redacted]	Title President Hr/wk 2 hours	0	0	
Name Cheryl Farrens ST [redacted] City [redacted] ST [redacted]	Title Treasurer Hr/wk 2 hours	0	0	
Name ST City ST ZIP	Title Hr/wk			

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

		Yes
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		
35 *If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*		
a Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		
b If "Yes," has it filed a tax return on **Form 990-T** for this year?		N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a None	
b Did the organization file **Form 1120-POL** for this year?		
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 unpaid at the start of the period covered by this return?		
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 *501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 9	39a	1,011
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ None ; section 4912 ▶ None ; section 4955 ▶ None		
b *501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ None		
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ None		

41 List the states with which a copy of this return is filed. ▶ None

42 The books are in care of ▶ Name Cheryl Farrens Business check here ☐ Telephone no. ▶ [redacted]

Located at ▶ [redacted] City [redacted] ST [redacted] ZIP + 4 ▶ [redacted]

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

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.

Please Sign Here ▶ Signature of officer Date

▶ Type or print name and title.

Paid Preparer's Use Only — Preparer's signature ▶ Date Check if self-employed ▶ ☐ Preparer's SSN or PTIN (See Gen. Inst.) [redacted]