

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

**2005**

**Open to Public Inspection**

**A** For the 2005 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
 North American Model Horse Shows Assn  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
 301 West Abram St  
 City, town, or country State ZIP + 4  
 Arlington TX 76010

**D** Employer identification number \_\_\_\_\_

**E** Telephone number \_\_\_\_\_

**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.namhsa.org](http://www.namhsa.org)

**J** Organization type (check only one)—  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K** 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** 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. ▶ \$ 43,600

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	345
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	719
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	
6b	Less: direct expenses other than fundraising expenses		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)		
7a	Gross sales of inventory, less returns and allowances		
7b	Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		
8	Other revenue (describe ▶ See attached statement)		
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	42,536	
Expenses	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	817
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	1,000
	16	Other expenses (describe ▶ See attached statement)	2,856
	17	<b>Total expenses</b> (add lines 10 through 16)	37,244
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	41,917
	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)	1,683
	20	Other changes in net assets or fund balances (attach explanation)	65,811
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	67,494

**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 41 of the instructions.)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	65,811
23	Land and buildings	
24	Other assets (describe ▶ _____)	
25	<b>Total assets</b>	65,811
26	Total liabilities (describe ▶ _____)	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	67,494

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Statement of Program Service Accomplishments (See page 42 of the instructions.)

Expenses

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

Table with 2 columns: Description of program services and Expenses. Rows include 28, 29, 30, 31, and 32. Total program service expenses (32) is 41,917.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)

Table with 5 columns: (A) Name and address, (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. Lists Libby Lynsky (President) and Cheryl Farrens (Treasurer).

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

Table with 3 columns: Question, Yes, No. Rows include 33-40 regarding IRS reporting, changes to documents, unrelated business income, liquidation, political expenditures, loans, and tax imposed on the organization.

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

at the states with which a copy of this return is filed.  None

The books are in care of  Name Cheryl Farrens Telephone no.  (903) 862-4063

Located at  1772 CR 4208 City Campbell ST TX ZIP + 4  75422

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)?

	Yes	No
42b		X
42c		X

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country:

43 Section 4947(n)(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

**Please Sign Here**  
 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.  
 Signature of Officer: *[Signature]* Date: 4-28-06  
 Type or print name and title: Cheryl A Farrens, treasurer

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: 4/26/06 Check if self-employed:   
 Preparer's SSN or PTIN (See Gen. Inst. W):   
 Firm's name (or yours if self-employed), address, and ZIP + 4: Sidney Berger & Co Inc, 721 Sliquo Ave, Silver Spring, MD 20910  
 EIN:  Phone no.: (301) 589-0015

Form 990-EZ (2005)

**90-EZ) - Other revenue**

1	on proceeds	1	19,350
2	ary Fees-National Show	2	23,186
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total other revenue	10	42,536

**Line 16 (990-EZ) - Other expenses**

1	Awards	1	183
2	Bank Charges	2	31
3	Domain Hosting	3	288
4	Show Expenses	4	27,304
5	Auction Expenses	5	9,438
6	Total other expenses	6	37,244