

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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

2007

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number	
		North American Model Horse Shows Assn		75-2935855	
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number
		PO Box 55815			503.432.6476
City, town, or country		State	ZIP + 4	F Group Exemption Number	
Portland		OR	97238		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► www.namhsa.org

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

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).

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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. ► \$ 45,725

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

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	715
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
	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)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c		
8	Other revenue (describe ► See attached statement)	8	45,010	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	45,725	
Expenses	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	1,370
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► See attached statement)	16	52,043
17	Total expenses. Add lines 10 through 16	17	53,413	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	-7,688
	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	67,830
	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	60,142

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 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	67,830	22 60,142
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	67,830	25 60,142
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67,830	27 60,142

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <u>promotion of model horse hobby</u>			
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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	53,413
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. Add lines 28a through 31a	32	53,413

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 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 <u>Pauline Entin</u> Str [redacted] City <u>Flagstaff</u> ST <u>AZ</u> ZIP <u>86004</u>	Title <u>President</u> Hr/WK <u>2.00</u>	<u>none</u>		
Name <u>Barbara Ness</u> Str [redacted] City <u>Camas</u> ST <u>WA</u> ZIP <u>98607</u>	Title <u>Treasurer</u> Hr/WK <u>2.00</u>	<u>300</u>		
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		X
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		X
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.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	b Did the organization file Form 1120-POL for this year?		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 unpaid at the start of the period covered by this return?		X
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
39a	a initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40 a** 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** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ none
- d** Enter amount of tax on line 40c reimbursed by the organization ▶ none
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b		X
40e		X

- 41** List the states with which a copy of this return is filed. ▶
- 42 a** The books are in care of ▶ Name Barbara Ness Telephone no. ▶ 500-102-0170
 Located at ▶ City Camas ST WA ZIP + 4 ▶ 98607

- 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)?
 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: ▶

	Yes	No
42b		X
42c		X

- 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

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: Barbara Ness Date: 5/11/08
 Type or print name and title: Barbara Ness - Treasurer

Paid Preparer's Use Only

Preparer's signature: Sidney Berger Date: 5/6/08 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Sidney Berger & Co Inc Preparer's SSN or PTIN (See Gen. Inst. X): [REDACTED]
 EIN: 52-2020201
 Phone no.: 301/589-0015

Line 8 (990-EZ) - Other revenue

		45,010
1	Auction Proceeds	15,250
2	Entry Fees - National Shows	27,628
3	Merit Awards	2,132
4		
5		
6		
7		
8		
9		
10		

Line 16 (990-EZ) - Other Expenses

52,043

1	Travel, Meals and Entertainment	
	a Travel	1a
	b Total meals and entertainment	1b
2	Fundraising	2
3	From Form 4562 - Amortization	3
4	Conferences, conventions, and meetings	4
5	Depreciation, depletion, etc.	5
6	Equipment rental and maintenance	6
7	Interest	7
8	Supplies	8
9	Telephone	9
10	Unrelated business income taxes	10
11	Auction Expenses	6,651
12	Bank Charges	162
13	Domain Hosting	286
14	Merit Awards Program	427
15	Office Expense & Supplies	936
16	Postage & Delivery	351
17	Show Expenses	43,212
18	Show Fee Refund	18
19		
20		
21		
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26		