

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)

OMB No. 1545-1150

2010

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning _____, **2010**, and ending _____,

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization BERKS EQUINE COUNCIL</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 6085</p> <p>City or town, state or country, and ZIP + 4 READING PA 19610</p>	<p>D Employer identification number 20-1623421</p> <p>E Telephone number (610) 779-0772</p> <p>F Group Exemption Number</p>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.berksequinecouncil.org

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ◀ (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 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.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **57,221.**

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

	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	42,147.
	3 Membership dues and assessments	3	2,695.
	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	
REVENUE	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	7,798.
	c Less: direct expenses from gaming and fundraising events	6c	4,632.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,166.
	7a Gross sales of inventory, less returns and allowances	7a	325.
	b Less: cost of goods sold	7b	0.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	325.
	8 Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue	8	4,256.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,589.
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	9,486.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	224.
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	38,810.
	17 Total expenses. Add lines 10 through 16	17	48,520.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,069.
ASSETS	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	21,389.
	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	25,458.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V.

Table with 3 columns: Question, Yes, No. Rows include questions 33-41 regarding IRS reporting, organizational changes, income reporting, and tax payments.

42a The organization's books are in care of JENNIFER WILSON Telephone no. (610) 780-9011 Located at 1650 FAIRVIEW DRIVE LEESPORT PA ZIP + 4 19533

Table with 3 columns: Question, Yes, No. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with 3 columns: Question, Yes, No. Rows include questions 44a-44d regarding donor advised funds, hospital facilities, and indoor tanning services.

45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	Yes	No
	a 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 inst.)	45a		X
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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
	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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 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
 Signature of officer: *Cheryl Allerton* Date: 04/23/11
 Type or print name and title: CHERYL ALLERTON PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: Jennifer Wilson Preparer's signature: Jennifer Wilson Date: 04/23/11 Check if self-employed PTIN:
 Firm's name: DUKE ACCOUNTING & CONSULTING LLC Firm's address: 1650 FAIRVIEW DRIVE LEESPORT PA 19533 Firm's EIN: 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
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

<u>WEB DIRECTORY</u>	<u>4,197.</u>
<u>BANK ACCT INTEREST</u>	<u>59.</u>
Total	<u><u>4,256.</u></u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

<u>JUMPER SHOW EXPENSES</u>	<u>32,688.</u>
<u>JUDGED TRAIL RIDE EXPENSE</u>	<u>250.</u>
<u>INSURANCE</u>	<u>1,614.</u>
<u>FEES AND OFFICE SUPPLIES</u>	<u>889.</u>
<u>DIRECTORY</u>	<u>9.</u>
<u>WEBSITE MAINTENANCE</u>	<u>2,910.</u>
<u>SPONSORSHIPS</u>	<u>450.</u>
Total	<u><u>38,810.</u></u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
EXECUTIVE DIRECTOR	9,236.
ACCOUNTANT	250.
Total	<u>9,486.</u>

Additional Information For Tax Return

BERKS EQUINE COUNCIL

20-1623421

Form 990-EZ: Exempt purpose

The Berks Equine Council is a non-profit membership organization that serves as an educational resource and promotes activities for local equine enthusiasts and professionals, thus enhancing the quality of life of Berks County.