

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



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 1545-0047

Open to Public

ln	ernal Reve	nue Service	► The organization may ha	ve to use a copy of the	his return to sa	atisty state r	eporting requirem	ents	Inspection		
A	Fòr the	2011 calend	dar year, or tax year beginning		and	ending					
В	Check if applicable		of organization				D Employer ide	ntific	ation number		
ſ	Addre	ss NORT	H CAROLINA HORSE	COUNCIL							
Ì	Name chang						56	-12	248972		
Ì	Initial						E Telephone nu				
Ī	Termir		WATERS EDGE DRI			290			354-1990		
Ī	Ameno		City or town, state or country, and ZIP + 4				G Gross receipts \$ 224,973				
[Applic	, ,	EIGH, NC 27606				H(a) Is this a gro	(a) Is this a group return			
	pendir	F Name a	and address of principal officer:S	UE GRAY			for affiliates	?	Yes X No		
		SAME	AS C ABOVE				H(b) Are all affiliate	es inclu	uded? Yes No		
		empt status [,]			4947(a)(1)	or 527	If "No," atta	ch a li	st. (see instructions)		
			NCHORSECOUNCIL.C				H(c) Group exen				
			X Corporation Trust	Association	Other >	L Year	of formation: 199	8 M	State of legal domicile: NC		
L	Part I	Summary						01/0			
	g 1	-	be the organization's mission or i			EPRESE	NT AND PR	.OMC)TE ALL		
~ 1			OF THE HORSE IN				AL 050/ -4.4	_4	-4-		
2012	as I		if the organization d			sea ot more	tnan 25% of its n				
7	§ 3		oting members of the governing b dependent voting members of th				-	3	14 14		
e 9,	ಶ∣ ~		dependent voting members of the of individuals employed in calen					5	3		
ر ا	S 5		of volunteers (estimate if necess	•	, inte zaj .			6	0		
	⊆		ed business revenue from Part VI		 !	•		7a	0.		
	₹ ′ ° b		business taxable income from F		•			7b	0.		
SCANNED	 -						Prior Year		Current Year		
3	a 8	Contributions	and grants (Part VIII, line 1h)				200,57	3.	189,966.		
	Ž 9	Program serv	rice revenue (Part VIII, Ing-2g)				13,75	0.	18,754.		
U V	8 9 10	Investment in	ncome (Part VIII, column (A), lines	3, 4, and 7d)	•		1,28	3.	999.		
ו עש	⁻ 11	Other revenue	e (Part VIII, column (A), lines 5, 6	d, 8c, 9c, 0c, and 1	1e)		3,46	$\overline{}$	9,937.		
_			- add lines 8 through 15% (must e		n (A), line 12)		219,06		219,656.		
			milar amounts paid (Part IX, column (A), (A) (C) (C)				30,93		20,679.		
	14	Benefits paid	to or for members (Part IX, colur		100 20	<u>0.</u>	0.				
	တ္က 15		er compensation, employee bene	·	108,26		106,987.				
•	<u></u>		fundraising fees (Part IX, column	· · · · · · · · · · · · · · · · · · ·	-	<u> </u>		<u>0 - </u>	0.		
1	다. [[편		sing expenses (Part IX, column (D			0.	89,48	6	99,591.		
		-	ses (Part IX, column (A), lines 11a es Add lines 13-17 (must equal F		 ne 25)	 	228,68		227,257.		
	1	-	s expenses. Subtract line 18 from				<9,61	_			
_ 5		. 10 101100 1000				Be	ginning of Current Y		End of Year		
to to	20 21	Total assets	(Part X, line 16)				138,59		130,648.		
δo	岩 21	Total liabilities	s (Part X, line 26)				6,47	2.	6,129.		
2	큰 22		r fund balances. Subtract line 21	from line 20	<u> </u>		132,12	0.	124,519.		
		Signatur				···					
			, I declare that I have examined this re						knowledge and belief, it is		
<u>tr</u>	ue, correc	ct, and complete	e. Declaration of preparer (other than	/15		hich preparer					
		Confi	re of officer	Visector				5-1			
	ign	1'		DIDECHOR			Date				
۲	lere		GRAY, EXECUTIVE print name and title	DIRECTOR							
-		<u> </u>	<u> </u>	Dranarar's signat	turo		Date Che	* [PTIN		
	aid		eparer's name GLENDENNING	Preparer's signal			11/2-1	employed	⁻ '		
	reparer		► MADDISON & CAI		- 04		Firm's EIN		56-1053187		
	se Only		s 1111 OBERLIN F				1.3/113/211	·			
	 ,	5 200103	RALEIGH, NC 27				Phone no	. (9	19)821-5482		
_	lay the I	RS discuss th	nis return with the preparer show		ctions)				X Yes No		

orm	1990 (2011) NORTH CAROLINA HORSE COUNCIL	<u> 56-1248972</u>	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
		<u> </u>	
1	Briefly describe the organization's mission:	ז ג מוזוח דוזי) ד מי	
	THE NORTH CAROLINA HORSE COUNCIL IS A NOT-FOR-PROFIT AC	RICULTURAL	
	ORGANIZATION CREATED FOR THE PURPOSE OF ENCOURAGING, PE	ROMOTING AND	
	DEVELOPING THE HORSE INDUSTRY IN NORTH CAROLINA.		
2	Did the organization undertake any significant program services during the year which were not listed on		
2			X No
	the pnor Form 990 or 990-EZ?	res	NO LA
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	****	r grants and allocations to	,
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$) (Reve)
	GENERAL PROMOTION AND SAFEGUARDING OF HORSE INDUSTRY IN	I NC	
			
			
			
			.
4b	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
	ANNUAL HORSE SHOW		
	INVOID HONDE BROW	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
46	(Code) (Exercises \$) (Exercises \$)	nue S	
4c			
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c			
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4 c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
4c	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		
	RESEARCH AND EDUCATION FUNDING TO BENEFIT HORSE INDUSTR		

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	duning the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	ļ	X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ŀ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		ľ	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2 0a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ŀ	

Form 990 (2011) NORTH CAROLINA HOR Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
	instructions for applicable filing thresholds, conditions, and exceptions).		1	l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		i	l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?		- 1	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	_34		<u> X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		
	If "Yes," complete Schedule R, Part V, line 2	_36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_	.	
	Note. All Form 990 filers are required to complete Schedule O	38	X 990 //	2044

			165	140
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Ш	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b		<u> </u>
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			l
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	\sqcup	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ĺ
	any contributions that were not tax deductible?	6a		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	\sqcup	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\sqcup	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1 1	1
	to file Form 8282?	7c	\sqcup	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	$\vdash \!$	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\longmapsto	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	\longmapsto	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8_		-
9	Sponsoring organizations maintaining donor advised funds.	i '		
а	Did the organization make any taxable distributions under section 4966?	9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	į į		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4-	 	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
_	Note. See the instructions for additional information the organization must report on Schedule O.			
Þ	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		 	•
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	(I	

Form **990** (2011)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a			-	
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion 🕨	-	
	THE COUNCIL - 919-854-1990			
13200	4904 WATERS EDGE DRIVE, SUITE 290, RALEIGH, NC 27606			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

· Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RANDY RATLIFF										
PRESIDENT	1.00	X		X			<u> </u>	0.	0.	0.
(2) ROBERT SANFORD										
PAST PRESIDENT	1.00	X		X		L	<u> </u>	0.	0.	0.
(3) SAMMY JENKINS										
VICE PRESIDENT	1.00	X		X			L	0.	0.	0.
(4) LUCINDA HUMAN									_	
SECRETARY	1.00	X		X				0.	0.	0.
(5) THOMAS BENNETT										
TREASURER	1.00	X		X			L	0.	0.	0.
(6) CASEY ARMSTRONG										
DIRECTOR	1.00	X						0.	0.	0.
(7) MYRA E. DANIEL								_	_	_
DIRECTOR	1.00	X						0.	0.	0.
(8) PHIL BLALOCK									_	_
DIRECTOR	1.00	X						0.	0.	0.
(9) DOTTIE BURCH			ĺ						_	_
DIRECTOR	1.00	X	<u> </u>			<u> </u>	ļ	0.	0.	0.
(10) LINDA FALLS									_	
DIRECTOR	1.00	X			ļ			0.	0.	0.
(11) MIKE YODER	, ,					İ	ļ.	_		
DIRECTOR	1.00	X				ļ	ļ	0.	0.	0.
(12) SUSAN SCHNEIDER										
DIRECTOR	1.00	X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(13) SUE GRAY	40.00					ļ		66.000		_
EXECUTIVE DIRECTOR	40.00	_	_	X	<u> </u>		<u> </u>	66,000.	0.	0.
(14) BUCK MCCOLL	1 2 2 2									
DIRECTOR	1.00			-	<u> </u>	-	<u> </u>	0.	0.	0.
(15) DURWARD TAYLOR	1 00						!			
DIRECTOR	1.00	 				 		0.	0.	0.
		-	├	-	-	\vdash	 			
		L	Ь	ــــــــــــــــــــــــــــــــــــــ	L.—.		<u> </u>		<u> </u>	Form 990 (2011)

rai	T VII Section A. Officers, Directors, Tr	ustees, Key E	<u>mple</u>	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)				
	· (A)	(B)			(0	C)			(D)	(E)	ſ		(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable	1	Est	imate	d
		hours per					than		compensation	compensation	. 1	amount		
		week					or/trus		from	from related			other	
		(describe	director						the	organizations		comp	ensat	ion
		hours for	를	١.			28		organization	(W-2/1099-MIS	2)	fro	m the	,
		related	trustee or	ste			les les		(W-2/1099-MISC)		.	orga	nızatı	on
		organizations	喜	Institutional trustee		oyee	Highest compensated employee				i	and	relate	d
		ın Schedule	Individual	를	 ਛੁ	Key employee	ast a	Former				orga	nızatio	ns
		(0)	豆	Ξ	Officer	Æ	물통	Ē						
			1				1							
				İ						-	\neg			
		 	 	 	\vdash	 	†				\dashv			
		· I		1										
		·	\vdash	╁╌	-	-	\vdash	\vdash			\dashv			
			╁	┢	_		╁	-			\dashv			
			├	\vdash	<u> </u>	_	\vdash			 ,	\rightarrow			
								İ						
				_			-	_			\rightarrow			
			ļ	ļ				<u> </u>			\dashv	_		
						<u> </u>	<u></u>							
1b	Sub-total .								66,000.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								66,000.		0.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable				
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer	director, or tru	uste	e. ke	v en	nplo	vee.	orl	highest compensated e	mplovee on	Γ			
-	line 1a? If "Yes," complete Schedule J for s			-,	,		,					3	İ	X
4	For any individual listed on line 1a, is the si			nmn	ensa	ation	n and	I oth	ner compensation from	 the organization			-	
•	and related organizations greater than \$15	•							•	ino organization	i	4		x
5	Did any person listed on line 1a receive or									dual for convices	·			
5								CIAL	ed organization or indivi	dual for services		_		v
Soc	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedui	e J i	OF SE	JCII	pers	SOII		<u> </u>		ш.	5		<u>X</u>
									h-4	¢100 000 -f		-4' 6 -		
1	Complete this table for your five highest co										ensa	ation tr	om	
	the organization Report compensation for	the calendar y	ear	enai	ng v	vitn	or w	תחור		/ear.				
	(A) Name and business	address	37/	~ ****	7				(B) Description of s	enuces	C,	(C) ompen		
	Name and business		N	INC	5			-	Description of s	ervices		ompen	Salion	
								-					_	
								_				_		
								[
								\neg						
2	Total number of independent contractors (includina but n	ot l	mite	d to	tho	se lis	sted	l above) who received m	ore than				
_	\$100,000 of compensation from the organ		- ••				0		.,					
	T.T., 500 0. Componibation north and Organi											Form 9	90 (2)	011)

Part VIII Statement of Revenue (**D**) Revenue (B) (A) (C) Related or Total revenue Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 189,966. Membership dues 1b 1c Fundraising events d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ 189,966 h Total. Add lines 1a-1f **Business Code** 900099 18,502 18,502 2 a SOUTHERN HORSE FESTIVA Program Service 900099 252. **b** OTHER EQUINE EVENTS 252. f All other program service revenue 18,754 g Total, Add lines 2a-2f Investment income (including dividends, interest, and 999. 999. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses ... Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 11,466 Part IV, line 18 4,406. **b** Less direct expenses 7,060 7,060. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns .788 and allowances **b** Less: cost of goods sold 2,877. 2.877. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total, Add lines 11a-11d 219,656. 21,631 8.059. Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons		s Part IX		
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	20,679.			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees	66,000.	 		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				···
7	Other salanes and wages .	32,760.			
8	Pension plan accruals and contributions (include			1	
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,227.		ļ	
11	Fees for services (non-employees):				
а	Management		 		
þ	Legal		, <u></u>		 -
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
13	Office expenses			<u> </u>	
14	Information technology				
15	Royalties	14 076	····		
16	Occupancy	14,976.			
17	Travel	7,241.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		 		· · · · · · · · · · · · · · · · · · ·
20	Interest .			-	
21	Payments to affiliates	503.	 		
22 ~~	Depreciation, depletion, and amortization	503.			
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRACTORS & CONSULTIN	31,703.			
b	PROJECT & COMMITTEE EXP	26,603.			
С	OFFICE EXPENSE	12,159.			
d	INSURANCE	6,406.			· · · · · · · · · · · · · · · · · · ·
e	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	227,257.			
26	Joint costs. Complete this line only if the organization	•			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)				

Form 990 (2011)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	14,038.	1	11,886.
	2	Savings and temporary cash investments	118,498.	2	112,896.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	852.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ets.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,310.	8	1,656.
∢	9	Prepaid expenses and deferred charges	1,140.	9	1,255.
	10a	Land, buildings, and equipment cost or other	1,120.	-	1,233,
		basis. Complete Part VI of Schedule D 10a 15, 1	57.		
	Ь	Less. accumulated depreciation 10b 14,0		10c	1,103.
	11	Investments - publicly traded securities	2,000.	11	1,103.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	•	14	
	15	Other assets See Part IV, line 11	1,000.	15	1,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	138,592.	16	130,648.
	17	Accounts payable and accrued expenses	3,740.	17	3,144.
	18	Grants payable	37,200	18	5/1111
	19	Deferred revenue	2,732.	19	2,985.
	20	Tax-exempt bond liabilities	277326	20	2,503.
so.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees			
ğ		highest compensated employees, and disqualified persons. Complete Part	•		
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	•		
		parties, and other liabilities not included on lines 17-24). Complete Part X o	f		
]	Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6,472.	26	6,129.
		Organizations that follow SFAS 117, check here X and comple			, , , , , , , , ,
တ္က		lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	132,120.	27	124,519.
<u>a</u>	28	Temporarily restricted net assets	===/===	28	
ΩÃ.	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here			· · · · · · · · ·
F.		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	132,120.	33	124,519.
	34	Total liabilities and net assets/fund balances	138,592.	34	130 648
	, 5-	Total neglition and not adopte/fully palatices			130,040.

Form **990** (2011)

orm	n 990 (2011) NORTH CAROLINA HORSE COUNCIL	<u> 56-124</u>	<u>8972 </u>	Pag	<u>ie 12</u>
Pa	rt XI Reconciliation of Net Assets				
	`Check if Schedule O contains a response to any question in this Part XI		·		
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	219		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>57.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	132	2,1	<u> 20.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6_	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	124	<u>, 5</u> :	<u> 19.</u>
<u>Pa</u>	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			}	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form 9	90 (2	2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt from income fax onder section 50 (c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.	,,,	_, , , ,	,,
	ne of organization		· · · · · · · · · · · · · · · · · · ·	Emp	loyer identification number
	NORTH_C	CAROLINA HORSE CO	UNCIL		56-1248972
Pa	art I-A Complete if the or	ganization is exempt und	der section 501(c)	or is a section 527 of	organization.
1	Provide a description of the organi	zation's direct and indirect politic	cal campaign activities	in Part IV	
2	Political expenditures .			▶9	S
3	Volunteer hours	•			
Dr	art I-B Complete if the or	ganization is exampt unc	der section 501(c)	1/3)	· · · · · · · · · · · · · · · · · · ·
	Enter the amount of any excise tax	ganization is exempt und		(S). ▶ S	
	Enter the amount of any excise tax				
	If the organization incurred a section			· · ·	Yes No
	Was a correction made?	511 4555 tax, did it file 1 51111 4726	, ioi triio year:		Yes No
	o If "Yes," describe in Part IV.		• •		
	art I-C Complete if the or	ganization is exempt und	der section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	•
	Enter the amount of the filing organ				
	exempt function activities				S
3	Total exempt function expenditure	s Add lines 1 and 2. Enter here	and on Form 1120-POL	- ,	
	line 17b			. ▶9	S
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and e	mployer identification number (E	IN) of all section 527 p	olitical organizations to whi	ch the filing organization
	made payments For each organization	ation listed, enter the amount pa	d from the filing organi	ization's funds. Also enter t	he amount of political
	contributions received that were p	romptly and directly delivered to	a separate political org	ganization, such as a separa	ate segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Parl	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0-
	_				
		1	1	ŀ	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

Celection under section 501(h) A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check If the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing organization's (totals organization's totals organization's (totals organization's (totals organization's totals organization's (totals organization's (totals organization's totals organization's (totals organization's (totals organization's totals organization's totals organization's (totals organization's totals organization's totals organization's (totals organization's totals organization's totals organization's totals organization's (totals organization's totals s organization's totals's organization's totals's organization's totals's organization's totals's organization's totals's organization's totals's organization's totals's organization's totals's organization's totals's organization's totals's organization's totals's organization's totals's organization's totals's o	Schedule C (Form 990 or 990-EZ) 2011				56-:	1248972 Page 2
A Check			mpt under section	on 501(c)(3) and file	ed Form 5768	
expenses, and share of excess lobbying expenditures). Check Imits on Lobbying Expenditures						
Limits on Lobbying Expenditures (a) Filing organization of totals (b) Affiliated group organization's totals (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's total (c) Affiliated group organization's and total (c) Affiliated group organization's and total (c) Affiliated group organization's Affiliated group organization's and total (c) Affiliated grou				n Part IV each affiliated	group member's nai	me, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts pald or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount tis: Not over \$50,0000 but not over \$1,000,000 20% of the amount on line 1e Over \$50,0000 but not over \$1,000,000 310,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 3225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 31,000,000 Over \$1,000,000 but not over \$1,000,000 31,000,000 Over \$1,000,000		, ,	•			
(The term *expenditures* means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1c and 1d) f Lobbying promote and point as the amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 \$1,000,000 Over \$1,000,000 but not over \$1,000,000 \$1,000,000 Over \$1,000,000 but not over \$1,000,000 \$1,0	B Check if the filing organizat	ion checked box A a	nd "limited control" pr	ovisions apply.		T
totals total lobbying expenditures to influence public opinion (grass roots lobbying) 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) 5 Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1c and 1d) 1 Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:	Limit	s on Lobbying Expe	nditures			1
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000	(The term "expend	litures" means amou	unts paid or incurred	.)		totals
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000	4 - Total labburg expenditures to influ	uongo public opinion ((grace roots labburna)			
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures (If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0 i Subtract line 1f from line 1c. If zero or less, enter -0 j if there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	• - •	•		. }		
d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns Hithe amount on line 1e, column (a) or (b) is:	· · · · · · · · · · · · · · · · · · ·	•	dy (direct lobbyling)			
e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The blobying nontaxable amount is: Not over \$500,000 Over \$500,000 Dover \$1,000,000 but not over \$1,500,000 S100,000 plus 15% of the excess over \$500,000 Over \$1,500,000 but not over \$1,500,000 S125,000 plus 10% of the excess over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 S125,000 plus 10% of the excess over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 S10,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter 0- i Subtract line 1f from line 1c. If zero or less, enter 0- j If there is an amount other than zero on ether line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying ceiling amount b Lobbying ceiling amount c Total lobbying expenditures d Grassroots ceiling amount c Total lobbying expenditures d Grassroots ceiling amount (150% of line 2d, column(e))	, , , ,	• •	•	• • • •		
Lobbying nontaxable amount. Enter the amount from the following table in both columns Hithe amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			-···			
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000	····	•		th columns	 -	
Not over \$500,000 20% of the amount on line 1e						
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1) \$1,000,000. h Subtract line 1g from line 1a. If zero or less, enter -0 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1) \$1,000,000. h Subtract line 1g from line 1a. If zero or less, enter -0 \$1,000,000. A-Year Averaging Period Under Section 501(h) \$1,000,000. Calendar year (or fiscal year beginning in) \$1,000,000. Calendar year (or fiscal year beginni						
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. g Grassroots nontaxable amount (enter 25% of line 1f)		· · · · · · · · · · · · · · · · · · ·				
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. \$1,00						
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Calendar year (or fiscal year beginning in) Calendar year (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))						
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a if zero or less, enter -0- i Subtract line 1f from line 1c. if zero or less, enter -0- j if there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying ening amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	<u> </u>			233 0407 \$1,300,000.		
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e))	010. 011,500,000	1 4.10001				
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e))	Grassroots nontaxable amount (ent	ter 25% of line 1f)	· · · · · · · · · · · · · · · · · · ·			
i Subtract line 1f from line 1c. If zero or less, enter -0: j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying oeiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e))	•	, ,				
If there is an amount other than zero on either line 1i, did the organization file Form 4720 Yes No	<u>-</u>	•				
A-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying celling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots celling amount (150% of line 2d, column (e))		· ·	line 1i, did the organiz	ation file Form 4720		· · · · · · · · · · · · · · · · · · ·
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))						Yes No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e))		4-Year Ave	eraging Period Under	Section 501(h)		
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e))						
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	col	umns below. See th	e instructions for line	es 2a through 2f on pag	ge 4.)	
(or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Iotal 2 a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))		Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
(or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Iotal 2 a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year					_
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))						
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))						
(150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	311 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	, , ,					
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	(150% of line 2a, column(e))					
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	Total labburga aug and tuna			,		
e Grassroots ceiling amount (150% of line 2d, column (e))	c rotal lobbying expenditures			 		
e Grassroots ceiling amount (150% of line 2d, column (e))	d Graceroots pontavable amount					
(150% of line 2d, column (e))	+			 		
	<u> </u>					
# Grassroote Johhung avponditures	(10070 Of mile 2d, Coldini (ej)					
I Glassious loppying expenditules	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011 NORTH CAROLINA HORSE COUNCIL 56-1248972 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912	s	No	Am	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				-
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
j Other activities?		-		
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
D it 100; Office the difficult of any tax incurred under southern 4012			-	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		F		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	, or se	ction	
501(c)(6).		•		
		$\overline{}$	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	•	2	X	
answered "Yes." 1 Dues, assessments and similar amounts from members		1	12	2,146
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		·		. ,
expenses for which the section 527(f) tax was paid).				
a Current year		22		
a Current year b Carryover from last year	•	2a 2h		263
b Carryover from last year		2b		
b Carryover from last year		2b 2c		
b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2b		
b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		2b 2c		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 		2b 2c 3	3	3,263
b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		2b 2c	3	3,263 3,263 3,263

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization NORTH CAROLINA HORSE COUNCIL 56-1248972

Employer identification number

Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
J	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or		stoncally important land area
	Protection of natural habitat	· 	triied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		_ 2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	rt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements d	luring the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		·
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthera	ince of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$
	(ii) Assets included in Form 990, Part X		. \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

		AROLINA HO	RSE CO	JNCIL	<u> </u>	5€	5-124897	2 Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histori	al Trea	asures, or Oth	er Similar	Assets (conf	tinued)
3	Using the organization's acquisition, accession	on, and other record	ds, check any	of the fo	llowing that are a	significant use	of its collection	n items
_	(check all that apply):							
a ·	Public exhibition	ď			ange programs			
b	Scholarly research	e	e Othe	г				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they f	irther the	organization's ex	empt purpose	ın Part XIV.	
5	During the year, did the organization solicit or	r receive donations	of art, histori	cal treasu	res, or other simila	ar assets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organizat	on's colle	ection? .		Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the orga	nızatıon	answered "Yes" to	Form 990, P	art IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodii	an or other intermed	diary for cont	nbutions	or other assets no	t included		
	on Form 990, Part X?		•				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table					
							Amoun	t
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance	_				1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes	□ No
b	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes	" to Form	990, Part IV, line	10.		
		(a) Current year	(b) Prior y	ear ((c) Two years back	(d) Three year	s back (e) Four	r years back
1a	Beginning of year balance							
b	Contributions [
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, co	lumn (a))	held as:			
а	Board designated or quasi-endowment		%					
	Permanent endowment	%	_					
С	Temporarily restricted endowment ▶	 %						
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%						
За	Are there endowment funds not in the posses	•	ation that are	held and	administered for	the organization	on	
	by.					_		Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required c	n Schedule I	3?		-	3b	
4	Describe in Part XIV the intended uses of the	organization's endo	wment fund	3				
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line	10.				
-	Description of property	(a) Cost or o	ther (I) Cost or	rother (c) A	ccumulated	(d) Bool	k value
	- · · ·	basis (investr	nent) `	basis (ot	ther) de	preciation		
1a	Land							
b	Buildings							
С	Leasehold improvements				-			
d	Equipment							
e	Other			15	,157.	14,054		1,103.
	Add lines to through to (Column (d) must o		V 1 /5	1 4 100	(-1.)			1 102

Schedule D (Form 990) 2011

NORTH CAROLINA HORSE COUNCIL

56-1248972 Page 3

Schedule D (Form 990) 2011

	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial S		9/2 Page 4
		T T	tatements	219,656.
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		<u>227,257.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		<7,601.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5	· · · · · · · · · · · · · · · · · · ·	
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		5 604
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	or Dotum	<7,601.
-	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	iue p		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments			
b	Donated services and use of facilities		 	
С	Recovenes of prior year grants			
d	Other (Describe in Part XIV)		 	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 Detum	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses	I I	
1	Total expenses and losses per audited financial statements	•	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
Ь	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIV)			
	Add lines 2a through 2d	-	2e	
3	Subtract line 2e from line 1	-	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
	Add lines 4a and 4b	•	4c	
5 Doi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information		5	
·		rt 1\/ 1	nes 1h and 2h Dart	V line 4: Do≠
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa			
K, IIN	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to pro	vide an	iy additional informa	ttion.
			<u>.</u>	
		·		
•				
		_	 ·	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

			Government	Governments, and Individuals in the United States	in the United Stat	Se		
Department of the Treasury Internal Revenue Service	easury easury	Comp	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.	n answered "Yes" to Fo Attach to Form 990	to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection
Name of the organization		NORTH CAROLINA HORSE	SE COUNCIL,					Employer identification number $56-1248972$
Part Ge	General Information on Grants and Assistance	ind Assistance	1					
1 Does the	Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X No.
2 Describe	ontend used to award the grants of assistance. Describe in Part IV the organization's procedures for montoring the use of grant funds in the United States.	scaluses for monit	toring the use of grant	funds in the United	States.			
= la	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. Co	omplete if the orga	nization answered "\	res" to Form 990, Part	IV, line 21, for any
rec 1 (a) Name	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of organization or government	\$5,000. Check this (b) EIN	S box if no one recipien (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	can be duplicated if a (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA ST 2101 HILLSBOROUGH RALEIGH NC 27607	NORTH CAROLINA STATE UNIVERSITY 2101 HILLSBOROUGH STREET RALEIGH NC 27607	56-6000756	501 C 3	10.496.	o		-	HEALTH RESEARCH GRANTS AND EQUINE EDUCATION GRANT
	Enter total number of section 501(c)(3) and government organizations	and government or		listed in the line 1 table				
S Enter for LHA For Pap	Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s listed in the line s, see the instruct	ions for Form 990.					Schedule I (Form 990) (2011

(f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

Page 2

56-1248972

NORTH CAROLINA HORSE COUNCIL

Schedule ((Form 990) (2011)

Schedule I (Form 990) (2011)

21

132102 01-27-12

SCHEDULE O (Form 990 or 990-EZ)

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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTH CAROLINA HORSE COUNCIL

Employer identification number 56-1248972

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED AND ACCEPTED
BY THE BOARD OF DIRECTORS AT THE ANNUAL BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST ARE
DISCUSSED AT REGULAR BOARD MEETINGS AND ALSO DISCUSSED DURING ANNUAL
FINANCIAL STATEMENT PREPARATION.
FORM 990, PART VI, SECTION B, LINE 15A: EXECUTIVE DIRECTOR COMPENSATION IS
REVIEWED ANNUALLY BY BOARD OF DIRECTORS AND IS BASED ON COMPARABLE
OBJECTIVE DATA.
FORM 990, PART VI, SECTION C, LINE 18: THE COUNCIL MAKES ITS 1023 AND 990
AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS OFFICES. THE 990 IS ALSO
PUBLISHED ON GUIDESTAR.ORG.
FORM 990, PART VI, SECTION C, LINE 19: THE COUNCIL MAKES ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE
TO THE PUBLIC UPON REQUEST AT ITS OFFICES.

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM	FORM 990 PAGE 10					•	990							
Asset	Description	Date Acquired	Method	Life	C Ling	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	отнек	-												
	1 OFFICE FURNITURE	03/23/00	JS.	7.00	16	2,950.				2,950.	2,950.		o	2,950.
	2 FILING CABINET	09/16/02	TS .	7.00	16	405.				405.	405.		0	405.
	3 DESK	09/13/02	JS.	7.00	16	840.				840.	840.	·	o	840.
	4 MS OFFICE SOFTWARE	11/05/02		36M	HY43	613.			•	613.	613.		0	613.
	5 CABINET - STAPLES	02/26/03	SL	7.00	16	278.				278.	278.		0	278.
	SIDE CHAIK, CONFERENCE TABLE 6 CREDENZA	08/21/03	TS	7.00	16	3,552.				3,552.	3,552.		0	3,552.
	7 DESK & TABLES	08/21/03	TS.	7.00	16	958.				958.	958.		o	958.
	8 SHF COMPUTER	03/23/04	. IS	5.00	9	2,340.	· 			2,340.	2,340.		0	2,340.
	9 DELL COMPUTER	10/14/05	SL	5.00	16	1,326.				1,326.	1,326.			1,326.
	10 LAPTOP	02/09/08	SL	5.00	16	370.				370.	197.		74.	271.
	11 LAPTOP	80/60/10	SL	5.00	16	925.				925.	462.		185.	647.
	12 OFFICE COMPUTER	12/31/09	TS	5.00	16	1,213.				1,213.	243.		244.	487.
	* 990 PAGE 10 TOTAL OTHER					15,770.				15,770.	14,164.		503.	14,667.
_	DEPR & AMORT					15,770.				15,770.	14,164.		503.	14,667.
							<u> </u>		_					
														

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 88	68 (Rev. 1·2012)					Page 2
If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension. c	complete only Part II and check this	s box		▶ X
	nly complete Part II if you have already been granted an				8868.	
	are filing for an Automatic 3-Month Extension, comple		- · · · · · · · · · · · · · · · · · · ·			
Part I				nal (no c	opies needed	1).
				- `	ng number, see	'
Time or	Name of exempt organization or other filer, see instru	etions	Litter mer s		r identification nu	
Type or	Name of exempt organization of other mer, see institu	CHOIS		Employe	i identincation no	IIIDei (Ella) Oi
print	MODEL CAROLINA HODGE COINCI	т		X	56-1248	072
File by the due date fo	NORTH CAROLINA HORSE COUNCI		A			
filing your	Number, street, and room or suite no. If a F O box, s		tions.	Social se	curity number (S	SN)
return See instructions	4904 WATERS EDGE DRIVE, NO.	-				
	City, town or post office, state, and zir code. For a n	oreign add	iress, see instructions			
	RALEIGH, NC 27606					
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		1 "				
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0	01				
Form 99	0-BL	02	Form 1041-A			08
Form 99	0-EZ	01	Form 4720			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted	d an auton	natic 3-month extension on a prev	iously file	ed Form 8868.	
	THE COUNCIL					
• The b	ooks are in the care of > 4904 WATERS ED	GE DR	IVE, SUITE 290, RA	LEIGH	, NC -	27606
Telep	hone No ▶ 919-854-1990		FAX No. ▶			
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □
	is for a Group Return, enter the organization's four digit			f this is fo	r the whole group	o, check this
box 🕨	. If it is for part of the group, check this box	-	ich a list with the names and EINs of			
	—···		BER 15, 2012.			
	r calendar year 2011, or other tax year beginning		, and ending	a		
	he tax year entered in line 5 is for less than 12 months, o	heck reas		Final r	eturn	
Г	Change in accounting period					
7 St	ate in detail why you need the extension					
	· ·	GATHE	R THE INFORMATION	NEEDE	D TO FILE	E A
	OMPLETE AND ACCURATE RETURN.		2012 0012 001	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax less any			
-	nrefundable credits. See instructions.	0, 0000, 0	Ther the territative tax, less arry	8a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	Oa	Ψ	
	x payments made. Include any prior year overpayment al	-				
		iowed as a	a credit and any amount paid	8 1		0
	reviously with Form 8868.		habita farma af manaisa di bassa an	8b	\$	0.
	Nance due. Subtract line 8b from line 8a. Include your pa	=	in this form, it required, by using			^
	TPS (Electronic Federal Tax Payment System). See instru		et he completed for Port II a	8c	\$	0.
Hade	_		st be completed for Part II o	-	£	4 6 -1 -4
unger per	natties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	iirig accomp orm.	panying scredules and statements, and to	tne dest o	n my knowledge an	a dellet,
-			m	_	_	
Signature	Title > 1	<u>EXECU'</u>	TIVE DIRECTOR	Date	•	

APPROVED EXTENSION NOT RECEIVED AT TIME OF FILING

123842

Form 8868 (Rev. 1-2012)