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# Return of Organization Exempt From Income Tax

**2011**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning** 07/01, 2011, and ending 06/30, 2012

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization REINING HORSE SPORTS FOUNDATION, INC. Doing Business As			<b>D</b> Employer identification number 73-1575062		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 3000 N.W. 10TH STREET		<b>E</b> Telephone number (405) 946-7400			
	City or town, state or country, and ZIP + 4 OKLAHOMA CITY, OK 73107-5302			<b>G</b> Gross receipts \$ 517,701.		
	<b>F</b> Name and address of principal officer MIKE HANCOCK 3000 N.W. 10TH STREET OKLAHOMA CITY, OK 73107-5302			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: WWW.RHSF.COM				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 2001		<b>M</b> State of legal domicile: OK		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities DEVELOPING AND ENHANCING THE SPORT OF REINING WORLDWIDE, INCLUDING SUPPORT OF THE NATIONAL REINING HORSE ASSOCIATION.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	23.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 15	7b	0	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	63,188.	356,465.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,337.	9,002.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,905.	67,108.
	12		157,430.	432,575.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	235,791.	57,323.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25)	6,532.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75,184.	98,371.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	310,975.	155,694.	
19	Revenue less expenses Subtract line 18 from line 12	-153,545.	276,881.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	427,769.	717,960.
	22	Net assets or fund balances Subtract line 21 from line 20	33,735.	54,876.
22		394,034.	663,084.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer: <i>Frank L. Costantini Jr.</i> Date: 5/15/13		
	Type or print name and title: FRANK L. COSTANTINI JR. President		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: JONATHAN GAUSS	Preparer's signature: <i>[Signature]</i> Date: 5/13/13	Check <input type="checkbox"/> if self-employed PTIN: P00047376
	Firm's name: FINLEY & COOK, PLLC		Firm's EIN: 73-0604334
	Firm's address: PO BOX 1447 SHAWNEE, OK 74802-1447		Phone no: 405-275-1650

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUN 25 2013

9-17 19

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

- 1 Briefly describe the organization's mission: DEVELOPING AND ENHANCING THE SPORT OF REINING WORLDWIDE, INCLUDING SUPPORT OF THE NATIONAL REINING HORSE ASSOCIATION.
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 71,418. including grants of \$ 26,700. ) (Revenue \$ )

ATTACHMENT 1

4b (Code: ) (Expenses \$ 19,273. including grants of \$ ) (Revenue \$ )

ATTACHMENT 2

4c (Code: ) (Expenses \$ 21,602. including grants of \$ 17,810. ) (Revenue \$ )

CRISIS FUND

"TAKING CARE OF OUR OWN"

THE REINING COMMUNITY COMES TOGETHER THROUGH THE CRISIS FUND TO FINANCIALLY AND EMOTIONALLY SUPPORT MEMBERS FACED WITH HOSPITAL BILLS, OR OTHER LOSSES NOT COVERED BY INSURANCE. AFTER REVIEW AND FOLLOWING GUIDELINES FOR DISTRIBUTIONS, GRANTS IN THE AMOUNT OF \$17,810 WERE DISTRIBUTED THIS YEAR, BASED ON THE DEMONSTRATED NEEDS OF INDIVIDUAL MEMBERS OF NRHA.

4d Other program services (Describe in Schedule O.) ATTACHMENT 3
(Expenses \$ 14,512. including grants of \$ 12,813. ) (Revenue \$ )

4e Total program service expenses 126,805.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their fulfillment status.

**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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	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? <i>If "Yes," complete Schedule J.</i> . . . . .		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
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? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		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 of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, tax compliance, and organizational details.

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 . . . . . [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No responses. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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

**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.
- 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 5										
(1) MIKE HANCOCK PRESIDENT	4.00	X		X				0	0	0
(2) RICK CLARK VICE PRESIDENT	4.00	X		X				0	0	0
(3) TRACY LYNCH SECRETARY	4.00	X		X				0	0	0
(4) WILLIAM BRADLEY TREASURER UNTIL 12/31/11	4.00	X		X				0	0	0
(5) BECKY JORDAN TREASURER	4.00	X		X				0	0	0
(6) ALLEN MITCHELS DIRECTOR UNTIL 12/31/11	4.00	X						0	0	0
(7) DALE LOPP DIRECTOR UNTIL 12/31/11	4.00	X						0	0	0
(8) DOUG CARPENTER DIRECTOR	4.00	X						0	0	0
(9) ANDRE DEBELLEFEUILLE DIRECTOR	4.00	X						0	0	0
(10) ANKY VAN GRUNSVEN DIRECTOR	4.00	X						0	0	0
(11) BETH HIMES DIRECTOR	4.00	X						0	0	0
(12) BRETT WALTERS DIRECTOR	4.00	X						0	0	0
(13) CAROL ROSE DIRECTOR	4.00	X						0	0	0
(14) DOUG MILHOLLAND DIRECTOR	4.00	X						0	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule C)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JOSH VISSER DIRECTOR	4.00	X					0	0	0	
16) MANDY MCCUTCHEON DIRECTOR	4.00	X					0	0	0	
17) MIKE DEER DIRECTOR	4.00	X					0	0	0	
18) MONICA WATSON DIRECTOR	4.00	X					0	0	0	
19) RICK RAMSEY DIRECTOR	4.00	X					0	0	0	
20) RICK WEAVER DIRECTOR	4.00	X					0	0	0	
21) ROSANNE STERNBERG DIRECTOR	4.00	X					0	0	0	
22) TERRY GRIFFIN DIRECTOR	4.00	X					0	0	0	
<b>1b Sub-total</b>							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a						
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c	30,878.					
	d	Related organizations . . . . .	1d						
	e	Government grants (contributions) . . . . .	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	325,587.					
	g	Noncash contributions included in lines 1a-1f \$ . . . . .		332,512.					
	h	<b>Total. Add lines 1a-1f . . . . .</b>		<b>356,465.</b>					
<b>Program Service Revenue</b>	2a	_____	Business Code						
	b	_____							
	c	_____							
	d	_____							
	e	_____							
	f	All other program service revenue . . . . .							
	g	<b>Total. Add lines 2a-2f . . . . .</b>		<b>0</b>					
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		9,002.			9,002.		
	4	Income from investment of tax-exempt bond proceeds . . . . .		0					
	5	Royalties . . . . .		0					
	6a	Gross rents . . . . .	(i) Real	(ii) Personal					
			b	Less: rental expenses . . . . .					
			c	Rental income or (loss) . . . . .					
			d	Net rental income or (loss) . . . . .		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			b	Less: cost or other basis and sales expenses . . . . .					
			c	Gain or (loss) . . . . .					
			d	Net gain or (loss) . . . . .		0			
	8a	Gross income from fundraising events (not including \$ <u>30,878.</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	ATCH 6 119,460.					
			b	Less: direct expenses . . . . .	b	73,652.			
			c	Net income or (loss) from fundraising events . . . . .	ATCH 7	45,808.			45,808.
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a	31,744.					
			b	Less: direct expenses . . . . .	b	11,474.			
			c	Net income or (loss) from gaming activities . . . . .	ATCH 8	20,270.			20,270.
10a	Gross sales of inventory, less returns and allowances . . . . .	a							
		b	Less: cost of goods sold . . . . .	b					
		c	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>						
11a	RECOVERY ON ISSUED CHECKS		900099	1,030.			1,030.		
b	_____								
c	_____								
d	All other revenue . . . . .								
e	<b>Total. Add lines 11a-11d . . . . .</b>			<b>1,030.</b>					
12	<b>Total revenue. See instructions . . . . .</b>			<b>432,575.</b>			<b>76,110.</b>		

**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 response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 . . . . .	12,813.	12,813.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .	44,510.	44,510.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	0			
10 Payroll taxes . . . . .	0			
11 Fees for services (non-employees). . . . .	0			
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	26,347.	16,851.	2,964.	6,532.
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other . . . . .	0			
12 Advertising and promotion . . . . .	3,651.	3,651.		
13 Office expenses . . . . .	6,862.	386.	6,476.	
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	0			
17 Travel . . . . .	16,115.	15,962.	153.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	27.		27.	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	0			
23 Insurance . . . . .	0			
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 O) . . . . .				
a AWARDS	25,916.	25,342.	574.	
b BANK SERVICE CHARGES	6,977.		6,977.	
c TAXES, LICENSES, & FEES	5,471.	1,460.	4,011.	
d MISCELLANEOUS	2,682.	2,198.	484.	
e All other expenses	4,323.	3,632.	691.	
25 Total functional expenses. Add lines 1 through 24e	155,694.	126,805.	22,357.	6,532.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash - non-interest-bearing	231,508.	1	225,132.	
	2	Savings and temporary cash investments	7,957.	2	13,723.	
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	12,055.	4	13,177.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	400.	5	225.	
	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)	0	6	0	
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use	0	8	0	
	9	Prepaid expenses and deferred charges	0	9	0	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	294,450.		
	b	Less: accumulated depreciation	10b		10c	294,450.
	11	Investments - publicly traded securities	175,849.	11	171,253.	
	12	Investments - other securities. See Part IV, line 11	0	12	0	
	13	Investments - program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	0	15	0	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	427,769.	16	717,960.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	33,735.	17	54,876.	
	18	Grants payable	0	18	0	
	19	Deferred revenue	0	19	0	
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0	
	26	<b>Total liabilities.</b> Add lines 17 through 25	33,735.	26	54,876.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets	-8,388.	27	-1,323.	
	28	Temporarily restricted net assets	402,422.	28	664,407.	
	29	Permanently restricted net assets	0	29	0	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	394,034.	33	663,084.		
34	<b>Total liabilities and net assets/fund balances</b>	427,769.	34	717,960.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.  X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	432,575.
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,694.
3	Revenue less expenses. Subtract line 2 from line 1	3	276,881.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	394,034.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-7,831.
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	663,084.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization: **REINING HORSE SPORTS FOUNDATION, INC.** Employer identification number: **73-1575062**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	204,143.	79,971.	121,307.	63,188.	62,015.	530,624.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	204,143.	79,971.	121,307.	63,188.	62,015.	530,624.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						121,973.
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						408,651.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .	204,143.	79,971.	121,307.	63,188.	62,015.	530,624.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	21,109.	7,626.	6,856.	5,337.	9,002.	49,930.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	27,865.	111,892.	100,843.	88,905.	67,108.	396,613.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	2.		198.			200.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						977,367.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	41.81%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	43.32%
16a <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . .

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15. . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2011

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
WIENS PROPERTIES, LLC	11/23/2011	294,450.	LAND TO BUILD
TOTAL		<u>294,450.</u>	

ATTACHMENT 2

SCHEDULE A, PART II - OTHER INCOME

<u>DESCRIPTION</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>TOTAL</u>
MISCELLANEOUS INCOME	2.		198.			200.
TOTALS	<u>2.</u>		<u>198.</u>			<u>200.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

REINING HORSE SPORTS FOUNDATION, INC.

Employer identification number

73-1575062

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during 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) above 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Pnor year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Small table with columns Yes, No and rows 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes and rows 2-11. A large blacked-out area covers the right side of the table.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Columns include description, line number, and value.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation, including sub-rows (a-d) for adjustments. Columns include description, sub-row labels, and value.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation, including sub-rows (a-d) for adjustments. Columns include description, sub-row labels, and value.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** . Supplemental Information *(continued)*

SCHEDULE D, PART X, LINE 2

SCHEDULE D, PART X, LINE 2 - FIN 48 FOOTNOTE

THE RHSF IS A NOT-FOR-PROFIT CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. INCOME GENERATED FROM ACTIVITIES UNRELATED TO RHSF'S EXEMPT PURPOSE IS SUBJECT TO FEDERAL AND STATE INCOME TAXES.

THE RHSF IS INCLUDED IN ONE CONSOLIDATED FINANCIAL STATEMENT WITH THE NHRA, WHICH IS A NOT-FOR-PROFIT CORPORATION DESCRIBED IN SECTION 501(C)(5) OF THE CODE. THE CONSOLIDATED GROUP (THE GROUP) FOLLOWS ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, TO DISCLOSE POSSIBLE UNCERTAIN TAX POSITIONS. THE GROUP EVALUATES ANY UNCERTAIN TAX POSITION USING THE PROVISIONS OF ASC 450, CONTINGENCIES. THE GROUP DOES NOT BELIEVE THAT IT HAS ENGAGED IN ANY ACTIVITY THAT WOULD RESULT IN AN UNCERTAIN TAX POSITION. AS A RESULT, MANAGEMENT DOES NOT BELIEVE THAT ANY UNCERTAIN TAX POSITIONS CURRENTLY EXIST AND NO LOSS CONTINGENCY HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

FEDERAL AND STATE INCOME TAX STATUTES REQUIRE THAT TAX RETURNS FILED IN ANY OF THE PREVIOUS THREE REPORTING PERIODS REMAIN OPEN TO EXAMINATION. THIS WOULD INCLUDE RETURNS FILED FOR THE YEARS ENDED JUNE 30, 2009 THROUGH JUNE 30, 2011. CURRENTLY, THE GROUP HAS NO OPEN EXAMINATION WITH EITHER THE INTERNAL REVENUE SERVICE OR STATE TAXING AUTHORITIES. THE INTERNAL REVENUE SERVICE PERFORMED AN EXAMINATION OF NRHA (RELATED ORG) FOR THE YEAR ENDED JUNE 30, 2010, AND DETERMINED THAT THE ORGANIZATION

**Part XIV** Supplemental Information *(continued)*

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CONTINUES TO QUALIFY FOR EXEMPTION FROM FEDERAL INCOME TAX.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

REINING HORSE SPORTS FOUNDATION, INC.

Employer identification number

73-1575062

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Total** .....

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		CELEBRITY SLIDE (event type)	YOUTH CLINIC (event type)	3. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	33,724.	28,701.	87,913.	150,338.
	2	Less Charitable contributions			30,878.	30,878.
	3	Gross income (line 1 minus line 2)	33,724.	28,701.	57,035.	119,460.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	13,048.	14,037.	46,567.	73,652.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 73,652.)
	11	Net income summary. Combine line 3, column (d), and line 10				45,808.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			31,744.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			7,325.	7,325.
	4	Rent/facility costs				
	5	Other direct expenses			4,149.	4,149.
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	X Yes 100.0000 % No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				( 11,474.)	
8	Net gaming income summary. Combine line 1, column d, and line 7				20,270.	

9 Enter the state(s) in which the organization operates gaming activities: OK,  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain:  
 THE STATE OF OKLAHOMA DOES NOT REQUIRE A LICENSE FOR ORGANIZATIONS THAT CONDUCT RAFFLES.

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JOHN FOY

Address ▶ 3000 N.W. 10TH STREET OKLAHOMA CITY, OK 73107-5302

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party.

Name ▶

Address ▶

16 Gaming manager information.

Name ▶ JOHN FOY

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ RECORDKEEPING/ACCOUNTING DUTIES

Director/officer       Employee       Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART III, LINE 16

SCHEDULE G, PART III, LINE 16 - GAMING MANAGER INFORMATION

JOHN FOY IS THE CHIEF FINANCIAL OFFICER OF THE NATIONAL REINING HORSE ASSOCIATION, A RELATED ORGANIZATION.

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART III, LINE 17B

SCHEDULE G, PART III, LINE 17B

100% OF THE FOUNDATION'S NET INCOME FROM GAMING ACTIVITIES STAYED WITHIN OKLAHOMA AND WAS UTILIZED BY THE FOUNDATION FOR ITS CHARITABLE PURPOSES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization  
REINING HORSE SPORTS FOUNDATION, INC.

Employer identification number  
73-1575062

**Part I General information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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 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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OKLAHOMA CITY NATIONAL MEMORIAL FOUNDATION PO BOX 323 OKLAHOMA CITY, OK 73101	73-1472725	501(C)(3)	10,338.				EDUCATIONAL
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							
(8)	-----							
(9)	-----							
(10)	-----							
(11)	-----							
(12)	-----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 DALE WILKINSON MEMORIAL CRISIS FUND	4.	17,810.			
2 YOUTH SCHOLARSHIPS	37.	26,700.			
3					
4					
5					
6					
7					

**Part IV** Supplemental information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

PART I, LINE 2 - GRANTS TO ORGANIZATIONS

FOR GRANTS TO IRC SECTION 501(C)(3) ORGANIZATIONS, THE FOUNDATION USES A

VARIETY OF METHODS TO CONFIRM PUBLIC CHARITY STATUS, WHICH MAY INCLUDE

RECEIPT OF THE ORGANIZATION'S TAX DETERMINATION LETTER OR REVIEW OF THE

GRANTEE'S MOST RECENT FORM 990. IN ADDITION, THE FOUNDATION ENSURES

GRANT PAYMENTS TO ALL GRANTEEES, WHETHER TO A 501(C)(3) ORGANIZATION OR

ANY OTHER GRANTEE, FURTHER ITS CHARITABLE PROGRAMS. GRANTS MAY BE

AWARDED TO SPONSOR REINING EVENTS AND COMPETITIONS THAT FURTHER THE

FOUNDATION'S PROGRAMS, SUCH AS INTERNATIONAL DEVELOPMENT AND YOUTH

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROGRAMS RELATED TO THE SPORT OF REINING. SUCH GRANTS MIGHT SUPPORT A U.S. QUALIFYING EVENT IN ORDER TO COMPETE INTERNATIONALLY, OR MIGHT BE PROVIDED LOCALLY TO SUPPORT A REGIONAL OR OKLAHOMA EVENT. THROUGH THE FOUNDATION'S RELATIONSHIP WITH THE NATIONAL REINING HORSE ASSOCIATION, THE FOUNDATION IS ABLE TO ASCERTAIN THAT THE SUPPORTED EVENT WAS SUCCESSFULLY HELD AND DID IN FACT FURTHER ITS CHARITABLE PROGRAMS. FURTHERMORE, ALL GRANTS OF \$10,000 OR MORE REQUIRE BOARD APPROVAL.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

PART I, LINE 2

PART I, LINE 2 - GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS

THE REINING HORSE SPORTS FOUNDATION IS COMMITTED TO PROVIDING LEADERSHIP AND SCHOLARSHIP OPPORTUNITIES TO ENABLE YOUTH TO FURTHER EXCEL IN THEIR FUTURE CAREERS AND COMPETITION. DETERMINATION FOR A SCHOLARSHIP IS BASED ON FINANCIAL NEED, ACADEMIC ACHIEVEMENT, CAREER PLANS, NATIONAL REINING HORSE ASSOCIATION AND NATIONAL REINING HORSE YOUTH ASSOCIATION INVOLVEMENT, AND REFERENCES. SCHOLARSHIP GRANTS FOR STUDENTS ARE PAID DIRECTLY TO THE APPLICABLE UNIVERSITY OR SCHOOL.

Schedule I (Form 990) (2011)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

IN ORDER TO BE ELIGIBLE FOR A CRISIS FUND PAYMENT, THE INDIVIDUAL MUST MEET THE CRISIS FUND GUIDELINES AND BE APPROVED BY THE CRISIS FUND REVIEW COMMITTEE.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization: **REINING HORSE SPORTS FOUNDATION, INC.**  
Employer identification number: **73-1575062**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .	X	1.	294,450.	APPRAISAL
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (LIVESTOCK)	X	1.	7,325.	COMPARABLE SALES
26 Other ▶ (AUCTION ITEMS)	X	54.	30,737.	COMPARABLE SALES
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 1.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

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**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization

REINING HORSE SPORTS FOUNDATION, INC.

Employer identification number

73-1575062

PART VI, QUESTION 11B

PART VI, SECTION B, QUESTION 11B

THE FOUNDATION ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF FORM 990 TO PREPARE THE RETURN. A COPY OF THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS FOR THEIR REVIEW BEFORE IT IS FILED. ANY COMMENTS OR QUESTIONS ARE DISCUSSED AMONG THE BOARD MEMBERS AND MANAGEMENT. CHANGES, IF ANY, ARE MADE AND THE FORM 990 IS THEN FILED.

PART VI, QUESTION 12C

PART VI, SECTION B, QUESTION 12C

THE CONFLICTS OF INTEREST POLICY IS REVIEWED AT THE FIRST BOARD OF DIRECTORS MEETING EACH YEAR. AT THAT TIME, EACH DIRECTOR HAS THE OPPORTUNITY TO DISCLOSE ANY POTENTIAL CONFLICT TO MANAGEMENT. DIRECTORS ARE ALSO REMINDED TO DISCLOSE ANY CONFLICTS THAT ARISE DURING THE YEAR DURING REGULARLY SCHEDULED BOARD MEETINGS.

PART VI, QUESTIONS 15A AND 15B

PART VI, SECTION B, QUESTIONS 15A AND 15B

THE REINING HORSE SPORTS FOUNDATION DOES NOT HAVE ANY COMPENSATED DIRECTORS, OFFICERS, OR KEY EMPLOYEES. AS SUCH, NO REVIEW OR APPROVAL OF THE COMPENSATION DETERMINATION PROCESS HAS BEEN REQUIRED.

PART XI, LINE 5

PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS

Name of the organization REINING HORSE SPORTS FOUNDATION, INC.	Employer identification number 73-1575062
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UNREALIZED GAIN/(LOSS): (\$7,831)

PART VI, QUESTION 7A

PART VI, SECTION A, QUESTION 7A

THE BOARD OF DIRECTORS OF THE FOUNDATION HAS A MINIMUM OF 10 MEMBERS, A PORTION OF WHICH IS COMPRISED OF THE BOARD OF DIRECTORS OF THE NATIONAL REINING HORSE ASSOCIATION. THE REMAINING DIRECTORS ARE CHOSEN ANNUALLY BY THE NATIONAL REINING HORSE ASSOCIATION OFFICERS.

ONCE ELECTED, THE FOUNDATION BOARD OF DIRECTORS HAS ALL POWERS AND AUTHORITY NECESSARY FOR THE MANAGEMENT OF THE BUSINESS OF THE FOUNDATION, INCLUDING, BUT NOT LIMITED TO, THE POWER TO BORROW MONEY, TO PURCHASE, SELL, LEASE, OR OTHERWISE DISPOSE OF ANY REAL ESTATE.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

YOUTH

THE YOUTH TEAM TOURNAMENT PROGRAM OFFERS OVER \$23,400 IN SCHOLARSHIP AWARDS EACH YEAR. THESE TOURNAMENTS ARE HELD AT THE 12 NRHA REGIONAL AFFILIATE CHAMPIONSHIP SHOWS. THE YOUTH PROGRAM ALSO OFFERS THE PAUL HORN YOUTH MEMORIAL SCHOLARSHIP, AND THE JUSTIN RICKE MEMORIAL SCHOLARSHIP. IN FISCAL YEAR 2012 \$39,600 IN SCHOLARSHIPS WERE AWARDED (NOT PAID) ON A NATIONAL BASIS AT REGIONAL REINING COMPETITIONS FOR YOUTH RIDERS.

ALSO OF INTEREST TO YOUTH IS THE CREATION OF THE NEW REINING HORSE

Name of the organization REINING HORSE SPORTS FOUNDATION, INC.	Employer identification number 73-1575062
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ATTACHMENT 1 (CONT'D)

SPORTS FOUNDATION ACADEMIC SCHOLARSHIPS. BEGINNING IN 2002, THE SCHOLARSHIPS WERE AVAILABLE TO SUPPORT THE EDUCATION OF NRHA AND NRHYA MEMBERS. SCHOLARSHIPS ARE AWARDED BASED ON FINANCIAL NEED, ACADEMIC ACHIEVEMENT, CAREER PATHS, NRHA INVOLVEMENT, AND REFERENCES. IN FISCAL YEAR 2012, \$10,500 IN ACADEMIC SCHOLARSHIPS WERE AWARDED BY THE FOUNDATION.

INDIVIDUALS THAT ARE AWARDED SCHOLARSHIPS ARE ELIGIBLE TO CLAIM THEIR SCHOLARSHIP AS THEY ENTER COLLEGE. IN FISCAL YEAR 2012 THE FOUNDATION PAID OUT \$26,700 IN SCHOLARSHIPS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

YOUTH LEADERSHIP AND OFFICER

"EDUCATING THE FUTURE OF REINING"

THE NATIONAL REINING HORSE YOUTH ASSOCIATION (NRHYA) IS A LEADERSHIP ORGANIZATION SUPPORTED BY THE FOUNDATION, AND OPEN TO ALL YOUTH MEMEBERS OF THE ASSOCIATION. NRHYA ELECTS FOUR DELEGATES IN EACH REGION OF NRHA COMPETITION AND HAS FIVE ELECTED NATIONAL OFFICER POSITIONS - PRESIDENT, VICE PRESIDENT, TREASURER, SECRETARY, AND HISTORIAN.

THE NRHYA HAS INITIATED A YOUTH LEADERSHIP AND EDUCATIONAL PROGRAM TITLED THE VARSITY REINING CLUB THAT IS SUPPORTED BY THE

Name of the organization REINING HORSE SPORTS FOUNDATION, INC.	Employer identification number 73-1575062
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ATTACHMENT 2 (CONT'D)

FOUNDATION AND IS OPEN TO ALL YOUTH MEMBERS OF THE ASSOCIATION. THE VARSITY REINING CLUB (VRC) WAS ESTABLISHED TO ENGAGE YOUTH MEMBERS AND ENCOURAGE THEM TO BECOME MORE ACTIVE AT BOTH THE LOCAL AND NATIONAL LEVELS. THE PROGRAM OFFERS NRHYA MEMBERS OPPORTUNITIES TO CONTRIBUTE TO THE YOUTH ASSOCIATION, IN ADDITION TO DEVELOPING VALUABLE LIFE SKILLS THAT WILL ALLOW THEM TO BE SUCCESSFUL CONTRIBUTING MEMBERS OF SOCIETY.

IN ADDITION TO THE YOUTH MEMBERS INTERACTING WITH ONE ANOTHER AND PARTICIPATING IN THE PROGRAM, THE FOUNDATION WANTS TO PROVIDE LIFE SKILLS THAT WILL HELP THEM GROW AND MATURE. STRESSING THE IMPORTANCE OF COMMUNITY SERVICE, BEING AN ACTIVE MEMBER IN A GROUP AND LEARNING TO WORK WITH OTHERS, PUBLIC SPEAKING, WRITTEN COMMUNICATION SKILLS, AND CREATIVITY ARE ALL IMPORTANT SKILLS THAT CAN BE FURTHER DEVELOPED BY PARTICIPATING IN THIS PROGRAM. NRHYA MEMBERS ARE AWARDED POINTS FOR PARTICIPATING IN THE FOLLOWING LEADERSHIP AND EDUCATIONAL TYPE ACTIVITIES OF THE VARSITY REINING CLUB: COMMUNITY SERVICE, VOLUNTEERING AND ASSISTING AT APPROVED NRHA EVENTS, ASSISTING WITH FUNDRAISING ACTIVITIES OF LOCAL CLUBS, PHOTOGRAPHY OF EQUINE RELATED ACTIVITIES, CREATIVE WRITING CONCERNING EQUINE EVENTS (FICTIONAL OR NON-FICTIONAL), A NEWS STYLE ARTICLE REPORTING ON FACTUAL EVENTS THAT IS EQUINE RELATED,

Name of the organization

REINING HORSE SPORTS FOUNDATION, INC.

Employer identification number

73-1575062

ATTACHMENT 2 (CONT'D)

ARTS AND CRAFTS WITH AN EQUINE BASED THEME, AND HOLDING AND ORGANIZING AN NRHYA MEETING. THE FOUNDATION PROVIDES 13 SCHOLARSHIPS TOTALING \$5,000 IN TOTAL AWARDS TO THE VRC PROGRAM EACH YEAR, AND THE SCHOLARSHIPS ARE AWARDED BASED ON THE POINTS EARNED BY THE VRC PARTICIPANTS.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
MISCELLANEOUS SMALL PROGRAMS AND GRANTS	12,813.	14,512.	
TOTALS	<u>12,813.</u>	<u>14,512.</u>	

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,  
 DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI,  
 MS, MO, NH, NJ, NM, NY, NC, OH, OK, OR, PA,  
 RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 5FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

<u>NAME AND TITLE</u>	<u>HOURS DEVOTED FOR RELATED ORGANIZATION</u>
MIKE HANCOCK PRESIDENT	2.00
RICK CLARK VICE PRESIDENT	2.00

Name of the organization REINING HORSE SPORTS FOUNDATION, INC.	Employer identification number 73-1575062
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ATTACHMENT 5 (CONT'D)

ALLEN MITCHELS	
DIRECTOR UNTIL 12/31/11	2.00
DALE LOPP	
DIRECTOR UNTIL 12/31/11	2.00
ANDRE DEBELLEFEUILLE	
DIRECTOR	2.00
BETH HIMES	
DIRECTOR	2.00
BRETT WALTERS	
DIRECTOR	2.00
DOUG MILHOLLAND	
DIRECTOR	2.00
JOSH VISSER	
DIRECTOR	2.00
MIKE DEER	
DIRECTOR	2.00
RICK RAMSEY	
DIRECTOR	2.00
RICK WEAVER	
DIRECTOR	2.00
ROSANNE STERNBERG	
DIRECTOR	2.00
TERRY GRIFFIN	
DIRECTOR	2.00

ATTACHMENT 6FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SEE SCHEDULE G	30,878.
TOTAL	<u>30,878.</u>

ATTACHMENT 7FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SEE SCHEDULE G	119,460.	73,652.	45,808.
TOTALS	<u>119,460.</u>	<u>73,652.</u>	<u>45,808.</u>



Name of the organization REINING HORSE SPORTS FOUNDATION, INC.	Employer identification number 73-1575062
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ATTACHMENT 8

FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SEE SCHEDULE G	31,744.	11,474.	20,270.
TOTALS	<u>31,744.</u>	<u>11,474.</u>	<u>20,270.</u>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047  
**2011**

**Open to Public  
Inspection**

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
**REINING HORSE SPORTS FOUNDATION, INC.** Employer identification number  
**73-1575062**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL REINING HORSE ASSOCIATION 3000 N.W. 10TH STREET OKLAHOMA CITY, OK 73107-53	REINING	OK	501(C)(5)	N/A	N/A		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2011

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**.
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	REINING HORSE SPORTS FOUNDATION, INC.	<input checked="" type="checkbox"/> 73-1575062
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
3000 NW 10TH STREET	<input type="checkbox"/>	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
OKLAHOMA CITY, OK 73107		

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **REINING HORSE SPORTS FOUNDATION, INC**  
Telephone No. **405-946-7400** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2013.

5 For calendar year \_\_\_\_\_, or other tax year beginning JULY 1, 2011, and ending JUNE 30, 2012.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension **INFORMATION CRITICAL TO THIS RETURN WAS UNAVAILABLE TO MEET THE EARLIER DUE DATE. WE RESPECTFULLY REQUEST APPROVAL OF THIS APPLICATION FOR ADDITIONAL EXTENSION OF TIME TO FILE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Laura Swindell Title CPA Date 2/5/13