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SCANNED DEC 23 2014

Form **990**

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)

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| <u>A</u> | For the 2 | 2012 cale | ndar year, or tax year beginning , 2012, and end | ding | | , 20 | |
|--------------------------------|---------------|--------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------|-----------------------------------------|---------------|
| В | Check if a | pplicable | C Name of organization American Youth Horse Council, Inc. | | D Employ | er identification nu | ımber |
| | Address c | hange | Doing Business As | | | 61-1229542 | |
| $\bar{\Box}$ | Name cha | | Number and street (or P O box if mail is not delivered to street address) Room. | /suite | E Telepho | ne number | |
| $\overline{\mathbf{V}}$ | Initial retur | • | 1104 Gemini Circle | | · | | |
| \Box | Terminate | | City, town or post office, state, and ZIP code | | | | |
| H | Amended | eceipts \$ | 05 224 | | | | |
| H | | | Portales, NM 88130 F Name and address of principal officer | 104-31-11-1 | | | 95,231 |
| ш | Application | n penaing | r Name and address of philopal officer | | | for affiliates? Yes | |
| | | | | | | ncluded? Yes a list (see instruction | |
| <u>L</u> _ | Tax-exem | | | | | • | ns) |
| <u>J_</u> | Website: | | w.AYHC.com | | | n number 🕨 | |
| K | | | ✓ Corporation Trust Association Other ► L Year of form | nation 1994 | M State | of legal domicile | NM |
| Р | art I | Summ | | | | | |
| | | | escribe the organization's mission or most significant activities: <u>Equi</u> | | support/fo | or youth Promoti | on of |
| Þ | 9 | <u>juality eq</u> | uine information and support of youth involvement in equine related act | vities | <u>/.</u> |) | |
| au | | | | <i>-</i> | <u> </u> | <u> </u> | |
| Ē | | | | | / | · · · · · · · · · · · · · · · · · · · | |
| Activities & Governance | 2 (| Check th | is box $ ightharpoonup \square$ if the organization discontinued its operations or dispose | d of more than | 1.25% of | its net assets. | |
| O. | 3 1 | Number (| of voting members of the governing body (Part VI, line 1a) | . سر ۱۰ مر ۱۰ | 3 | | 21 |
| Sa. | 4 1 | Number (| of independent voting members of the governing body (Part VI, line,1 | ني . 🖊 . ´ـر | 4 | | 21 |
| Ě | 5 1 | Total nun | nber of individuals employed ın calendar year 2012 (Part V, line 2a) 📐 | (, < , < ⁽) | ے '5ر | | 0 |
| Ė | 6 7 | rotal nun | nber of volunteers (estimate if necessary) | \ :\ . [*] . | 6 | n' | 110 |
| ⋖ | | | elated business revenue from Part VIII, column (C), line 12 | . \. \ | 7a | - | 0 |
| | 1 | | ated business taxable income from Form 990-T, line 34 | \ `. | ` _ 7b | | 0 |
| | | | | Pnor Y | ear | Current Ye | |
| _ | 8 0 | Contribut | tions and grants (Part VIII, line 1h) | | 47,605 | | 53,917 |
| Ž | 1 | | service revenue (Part VIII, line 2g) | | 44,840 | | 41,165 |
| Revenue | 1 | - | nt income (Part VIII, column (A), lines 3, 4, and 7d) | | 251 | | 149 |
| æ | 1 | | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | | 149 |
| | | | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | | 05 224 |
| | + | | nd similar amounts paid (Part IX, column (A), lines 1–3) | | 92,696 | | 95,231 |
| | 1 | | | | 1,375 | | 2,120 |
| | 1 | | paid to or for members (Part IX, column (A), line 4) | | 0 | | 0 |
| Expenses | 15 8 | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 0 | | 0 |
| ë | 16a F | | anal fundraising fees (Part IX, column (A), line 11e) | | 0 | | 0 |
| × | b] | | draising expenses (Part IX, column (D), line 25) ▶0 | | | | |
| _ | 17 | | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 95,464 | _ | 90,008 |
| | 1 | | penses. Add lines 13~17 (must equal Part IX, column (A), line 25) . | | 96,839 | | 92,128 |
| | | Revenue | less expenses. Subtract line 18 from line 12 | | -4,143 | | 3,103 |
| Net Assets or Fund Balances | } | | | Beginning of Cu | ırrent Year | End of Yea | er |
| sets | 20 T | fotal ass | ets (Part X, line 16) | | 38,276 | _ | 45,995 |
| t As | 21 T | Total liab | ilities (Part X, line 26) | | 0 | | 4,616 |
| žē | 22 N | Net asset | ts or fund balances. Subtract line 21 from line 20 | | 38,276 | | 41,379 |
| P | art li | Signat | ture Block | | | | |
| Un | ider penalti | es of perjui | ry, I declare that I have examined this return, including accompanying schedules and sta | tements, and to t | he best of r | my knowledge and | belief, it is |
| | | | ete Declaration of preparer (other than officer) is based on all information of which prepare | | | | · |
| | _ 1 | 13 | mote Marine | | 12-3 | 3-14 | |
| Sign Here | | Signa | ature of officer | . Da | | | |
| | | (D | anethe McGuire Executive Direct | 70r | | | |
| | | Type | or print name and title | <u> </u> | | | |
| _ | | ' - ' · | pe preparer's signature | Date | 1 | PTIN | |
| Pa | | 1 | | | Check [self-emp | □ # { | |
| | eparer | | | т. | | | |
| Us | se Only | | | | n's EIN ▶ | <u>-</u> | |
| NA- | v the IDS | | ddress b | Pho | ne no | | |
| _ | | | s this return with the preparer shown above? (see instructions) | <u>· · · · · · · · · · · · · · · · · · · </u> | • • • | · · L Yes | |
| For | Paperwo | ork Redu | ction Act Notice, see the separate instructions. Cat | No 11282Y | | Form 9 | 90 (2012) |

| Part | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Briefly describe the organization's mission: |
| • | Equine education support for youth; promotion of quality equine information and support for youth involvement in equine related |
| | activities |
| | |
| 2 | Did the organization undertake any granificant program continue during the year which were not listed on the |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | 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? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| | the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 86,718 including grants of \$ 2,120) (Revenue \$ 95,231) |
| | Publication of quality equine information for education support for youth involvement in equine related activities. One grant and one |
| | scholarship were awarded in 2012 |
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| 4b | (Code:) (Expenses \$including grants of \$) (Revenue \$) |
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| | |
| 4c | (Code.) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
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| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 40 | Total program service expenses > 00.740 |

Form 990 (2012)

Page 2

| Part | IV Checklist of Required Schedules | | | uge e |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|
| | In the companyation decombed in protein 501(a)(b) or 40.47(a)(1) (about them a minute foundation) 2.16 (i)(a) 7 | | 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 | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | 1 | |
| 3 | 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 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | - | | V |
| | Part III | 5 | | <u> </u> |
| 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 | | 1 |
| 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 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | 1 |
| b | 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 | | 1 |
| | 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 | | 1 |
| 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 | | 1 |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | ✓ |
| 12 a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | √ |
| b | , , , , , , , , , , , , , , , , , , , , | 12a | | ▼ |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | - | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| J | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 1 |
| 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 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | 1 |
| 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 (see instructions) | 17 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | √ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Part | Checklist of Required Schedules (continued) | | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----------|
| | Did the second in the first control of the second of the s | | 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 24a | 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | 1 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 25a | | 1 |
| 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 Schedule L, Part I | 25b | | 1 |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 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? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 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 b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| С | 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? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 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 | | , |
| 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? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | √ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | √ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | | ✓ |
| 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 | | 1 |
| 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> | 37 | | √ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 1 | |
| | | | 000 | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------|--------------|
| | Check if Schedule O contains a response to any question in this Part V | <u> </u> | | <u>, 🗆</u> |
| 4. | Establish and barrier and day Day 0 of Farm 4000 Faton 0 of and another black | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | <u>'</u> | | |
| • | reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 10 | Ť | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | ļ. |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 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 | | 1 | ١. |
| | account)? | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country: | | | |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | - | / |
| b c | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b | | ✓ |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 5c | | - |
| - Gu | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | " | | · • |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | į | | |
| | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| _ | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7f | | |
| g h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | _ |
| 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 | | | Á |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| 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: | | | |
| 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 . [10b] | - | | i. |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| a b | Gross income from members or shareholders | - | | |
| - | against amounts due or received from them.) | i | | i, |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | 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. | | | |
| 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. | | | |
| b | 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 | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ✓ |
| <u> </u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . | 14b | | 1 |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 this response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response to any question in this Part VI | ın Schedule C |). See in: | struct | ions. |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|----------|-----------------------------------------------|
| Secti | on A. Governing Body and Management | | | • | · <u>· · · · · · · · · · · · · · · · · · </u> |
| | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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. | <u>1a</u> | 21 | | |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business r any other officer, director, trustee, or key employee? | elationship wit | 2 | | 1 |
| 3 | Did the organization delegate control over management duties customarily performed by or usupervision of officers, directors, or trustees, or key employees to a management company or other | | at 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | 4 | | 1 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | | 5 | <u> </u> | ✓ |
| 6 7a | Did the organization have members or stockholders? | elect or appoin | 1t 6 | 1 | |
| b | Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body? | | | | 1 |
| 8 | Did the organization contemporaneously document the meetings held or written actions und the year by the following: | dertaken durin | g | | |
| а | The governing body? | | 8a | ✓ | |
| þ | Each committee with authority to act on behalf of the governing body? | | 8b | ✓ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | 1 | |
| Secti | on B. Policies (This Section B requests information about policies not required by the | | | • | |
| | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | ✓ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemptions. | ot purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | e filing the form? | 11a | <u> </u> | |
| b 12a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | | 1 |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | rise to conflicts | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done | | | | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | | 1 |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | ✓ |
| 15 | Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation | and decision? | | | |
| a b | The organization's CEO, Executive Director, or top management official | | 15a | | √ |
| b | Other officers or key employees of the organization | | 15b | | V |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year? | | t 16a | | √ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to | to evaluate it | s | | |
| | organization's exempt status with respect to such arrangements? | | 16b | | ✓ |
| Secti | on C. Disclosure | | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar available for public inspection. Indicate how you made these available. Check all that apply. | nd 990-T (Sect | ion 501(| c)(3)s | only) |
| 19 | Own website Another's website Upon request Other (explain in School Describe in Schedule O whether (and if so, how), the organization made its governing docu and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the box | ments, conflict | | • | olicy, |
| 20 | organization: Danette McGuire, 1104 Gemini Circle, Portales, NM 88130 (817) 320-2005 | oks and record | us of the | · | |

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

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 no | or any relate | d o <u>rg</u> a | anız | atio | n c | ompe | nsa | ated any currer | nt officer, director | , or trustee. |
|-------------------------------------------------|-----------------------------|--------------------------------|-----------------------|----------|---------------------------|------------------------------|------------|---------------------------------|---------------------------|--------------------------|
| (C) | | | | | | | | | | - |
| (A) | (B) | ,,,,, | -4 -4 | | sition k more than one | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | ıs both | | Reportable | Reportable | Estimated |
| | hours per week (list any | office | er and | dad | lirect | or/trust | | compensation | compensation from related | amount of other |
| | hours for | 유표 | Officer Institut | | <u>@</u> | ᆲ | Former | from the | organizations | compensation |
| | related organizations | Individual trustee or director | Institutional trustee | cer | Key employee | hest | nest mer | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | below dotted | o = = | onal | | 망 | 8 8 | | (44-27 1099-141130) | | and related |
| | line) | l ste | ğ | | e e |) pe | | | | organizations |
| | ľ | % | stee | | | Highest compensated employee | | | | |
| | † | | | | | - | | | | |
| (1) Stella Almeida | | | | | | | | | | |
| Board member | | ✓ | | | | <u> </u> | | 0 | 0 | 0 |
| (2) Candi Bothum | | | | | | | ĺ | | | |
| Board member | | ✓ | | _ | | | _ | 0 | 0 | .0 |
| (3) Rebecca Bott | | | | | | | | 1 | | |
| Board member | | ✓ | | | | | | 0 | o | 0 |
| (4) Todd Branson | | | | | | | | | | |
| Board member | ļ | ✓ | | <u> </u> | | | | 0 | 0 | 0 |
| (5) Celeste Crisman | | | | | | | | 1 | | |
| Board member | | ✓ | | | | | | 0 | 0 | 0 |
| (6) Debra Hagstrom | | | | | | | | | | |
| Board member | | ✓ | | | | | | 0 | O | 0 |
| (7) Jennifer Hancock | | | | | | | | | | |
| Board member | | ✓ | | | | | | 0 | _ 0 | 0 |
| (8) Cecelia Harshfield | | | | 1 | | | | | | |
| Board member | | ✓ | | L | | | <u> </u> | 0 | 0 | 0 |
| (9) Arny Lawyer | . 1 | | | | | | | | | |
| Board member | | ✓ | | | | | | 0 | 0 | 0 |
| (10) Debbie Manring | 1 | | | 1 | | | | | | |
| Board member | | ✓ | | _ | | | L | 0 | 0 | 0 |
| (11) Shiane Megel | | | | | | | | | i | |
| Board member | | ✓ | | <u> </u> | | | | 0 | o | 0 |
| (12) Beth Powers | | | | | | | 1 | | | |
| Board member | | ✓ | | | | | | O | io | 0 |
| (13) Liv Sandberg | | | | | | | |] | | |
| Board member | | ✓ | | | | | | o | 0 | 0 |
| (14) Jason Turner | | | | | | | | | | |
| Board member | | ✓ | | | | | | 0 | <u> </u> | _0 |

| 1.5] Rich Wilcke | (F) stimated nount of other pensation om the anization d related anizations |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Board member (16) Karol Wilson Board member (17) Karen Waite 8.00 V 0 0 (18) Jenifer Nadeau Vice President (19) Meg Sax Treasurer V 0 0 (20) Kristen Wilson Sceretary V 0 0 (21) Ward Stutz Past President (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total (add lines 1b and 1c) 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 For any individual listed on line 1a, is the sum or reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual Total properson 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 individual Total properson 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 compensation from the organization Report compensation for the calendar year ending with or within the organization. (A) (B) (B) (B) (CE) | |
| Board member 17 Karen Waite | 0 |
| (17) Karen Waite 8,00 | |
| President | 0 |
| 168 Jenifer Nadeau | O |
| Vice President Vic | |
| Treasurer (20) Kristen Wilson Secretary (21) Ward Stutz Past President (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 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 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization Report compensation for the calendar year ending with or within the organization report compensation for the calendar year ending with or within the organization report compensation for the calendar year ending with or within the organization. (A) | 0 |
| Treasurer | |
| (21) Ward Stutz | 0 |
| (21) Ward Stutz | |
| Past President | 0 |
| (23) (24) (25) 1b Sub-total . c Total from continuation sheets to Part VII, Section A . ▶ | |
| (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 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 or compensation from the organization Report compensation for the calendar year ending with or within the organization year. | 0 |
| (24) (25) 1b Sub-total | |
| (24) (25) 1b Sub-total . | |
| 1b Sub-total | |
| 1b Sub-total | |
| 1b Sub-total | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 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 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization Report compensation for the calendar year ending with or within the organization year. (A) (B) | |
| 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 | 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 | |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | Yes No |
| for services rendered to the organization? If "Yes," complete Schedule J for such person | 1 |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization year. | ✓ |
| compensation from the organization Report compensation for the calendar year ending with or within the organization year. (A) (B) (C) | |
| | |
| | |
| | |
| | |
| 2 Total number of independent contractors (including but not limited to those listed above) who | |

| Part VIII | | Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII | | | | | | | | | |
|--------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------------------|--|--|--|--|
| | | Check if Schedule O contains a res | ponse to any ques | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | | | | |
| ts st | 1a | Federated campaigns 1a | 3 | | | | | | | | |
| irar Our | ь | Membership dues 11 | 3,575 | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ြင | Fundraising events 10 | | | | | | | | | |
| ifts ar A | d | Related organizations 10 | | | | | | | | | |
| a, iĕ | e | Government grants (contributions) | | | | | | | | | |
| Sil Sil | f | All other contributions, gifts, grants, | | | | | | | | | |
| iţi, | - | and similar amounts not included above | 50 242 | | | | | | | | |
| 를 를 급 | | Noncash contributions included in lines 1a-1f: \$ | 00/012 | | | | | | | | |
| Š | g h | Total. Add lines 1a-1f | | 52.047 | | | | | | | |
| - | - " | Total: Add lines Ta-11 | Business Code | 53,917 | | | | | | | |
| Ĕ | | Booth Boutel | | | | · | | | | | |
| ě | 2a | Booth Rental | 900099 | 960 | 960 | | | | | | |
| ě | b | Publication Advertising | 900099 | 14,195 | 14,195 | · · · · · · · · · · · · · · · · · · · | | | | | |
| Ξ̈́ | C | Meetings Income | 900099 | 26,010 | 26,010 | | _ | | | | |
| Se | d | | - | | | | | | | | |
| ran | е | | | | | | | | | | |
| Program Service Revenue | f | All other program service revenue. | | | | | | | | | |
| <u> </u> | g | Total. Add lines 2a–2f | | 41,165 | | | | | | | |
| | 3 | Investment income (including div | | | | | | | | | |
| | | and other similar amounts) | μ. | 149 | 149 | | | | | | |
| | 4 | Income from investment of tax-exempt | | | | | | | | | |
| | 5 | Royalties | | | | | | | | | |
| | | | (II) Personal | | | | | | | | |
| | 6a | Gross rents | | | | | | | | | |
| | b | Less: rental expenses | | | j | | | | | | |
| | С | Rental income or (loss) | <u> </u> | | | | | | | | |
| | d | — | . | | | | | | | | |
| | 7a | Gross amount from sales of (i) Securities | (II) Other | | | | | | | | |
| | | assets other than inventory | | | | | | | | | |
| | b | Less: cost or other basis | | | | | | | | | |
| | | and sales expenses | | | | | | | | | |
| | С | Gain or (loss) | | | | | | | | | |
| | d | Net gain or (loss) | . <u> </u> | | | | | | | | |
| <u>e</u> | 00 | Grass income from fundrousing | | | | | | | | | |
| enne | 8a | Gross income from fundraising events (not including \$ | | | | | | | | | |
| - | | | | | | | | | | | |
| Other Re | | of contributions reported on line 1c). See Part IV, line 18 | | i | | | | | | | |
| the | | | | | | | | | | | |
| Ö | | • | b[| | ŀ | | | | | | |
| | | Net income or (loss) from fundraisin | | | | | | | | | |
| | 94 | Gross income from gaming activities. See Part IV, line 19 | | | | | | | | | |
| | | | · | | | | | | | | |
| | | Less: direct expenses | b | | | | | | | | |
| | | Gross sales of inventory, less | | | | | | | | | |
| | IUa | returns and allowances | | | | | | | | | |
| | | | | | | | | | | | |
| | 1 | Less: cost of goods sold Net income or (loss) from sales of in | bi oventorv ▶ | | | | | | | | |
| | <u>c</u> | Miscellaneous Revenue | Business Code | - | | | | | | | |
| | 11a | | | | | | | | | | |
| | b | | · | | | | | | | | |
| | C | | · | | · | | | | | | |
| | d | All other revenue | · | | | | | | | | |
| | | Total. Add lines 11a–11d | | | | | - 1 | | | | |
| | 12 | Total revenue. See instructions. | <u> </u> | 95,231 | 41,314 | | | | | | |
| | | | | | 71,314 | | | | | | |

Part IX Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must con | nplete all columns. A | VI other organization | s must complete co | olumn (A). |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|-------------------------------------|------------------------------------------|
| | Check if Schedule O contains a respon | se to any question | in this Part IX | | 🗆 |
| | t include amounts reported on lines 6b, 7b, , 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 | | | , | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 2,120 | 2,120 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | · | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | |
| 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 8 | Other salaries and wages | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 17246 | 12,935 | 4,311 | |
| b | Legal | | | | |
| С | Accounting | 500 | | 500 | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f g | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | 14,378 | 14,378 | | |
| 13 | Office expenses | 530 | 277 | 253 | |
| 14 | Information technology | 296 | 296 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 3,199 | 3,199 | | _ |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 26,781 | 26,781 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | 281 | 281 | | |
| 24 | Other expenses. Itemize expenses not covered | i | į | | |
| | 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.) | , | | : | |
| _ | Awards Trophics | 4 000 | 4.000 | | |
| a b | Bank, Credit Card Fees | 1,039 | 1,039 | | |
| C | Dugo Subscriptions | 1,045 725 | 1,045 725 | <u> </u> | |
| d | | 125 | 125 | - | |
| e | All other expenses | 23,988 | 23,642 | 346 | · |
| 25 | Total functional expenses. Add lines 1 through 24e | 92,128 | 86,718 | 5,410 | 0 |
| 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 if following SOP 98-2 (ASC 958-720) | 72,128 | 00,718 | 5,410 | <u> </u> |

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 1,354 5,751 2 2 Savings and temporary cash investments . 33,854 33,480 3 Pledges and grants receivable, net 3 4 4 3,068 6,764 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other 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). Complete Part II of Schedule L. 6 Assets 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 11 Investments—publicly traded securities . . . 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11. 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 38,276 45,995 17 17 Accounts payable and accrued expenses 0 4,616 18 18 Grants payable 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 26 26 Total liabilities. Add lines 17 through 25 4,616 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . 27 28 Temporarily restricted net assets 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . 32 Retained earnings, endowment, accumulated income, or other funds. 38.276 32 41.379 33 33 38,276 41,379 Total liabilities and net assets/fund balances . 38,276 34 45,995

| orm 99 | 0 (2012) | | | | Page 12 |
|--------|----------------------------------------------------------------------------------------------------------|----------|--------------------|---------|----------------|
| Part | | | | | ago |
| | Check if Schedule O contains a response to any question in this Part XI | | | | . 🗆 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | _ | | 95,231 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 92,128 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 3,103 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 38,276 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | - |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | | 41,379 |
| 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. Cash Accrual Other | | | 103 | NO |
| • | If the organization changed its method of accounting from a prior year or checked "Other," exp | olain i | <u>_</u> | - | |
| | Schedule O. | ,iuiii i | ·· | 4 | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | 2a | 1 |
| Lu | If "Yes," check a box below to indicate whether the financial statements for the year were comp | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | 1 |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | : il | ļ . |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2 | 2b | 1 |
| - | If "Yes," check a box below to indicate whether the financial statements for the year were audite | d on | | س مت | والأعاد |
| | separate basis, consolidated basis, or both: | | | | i i |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | Į | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov | ersiat | ıt 📗 | | |
| _ | of the audit, review, or compilation of its financial statements and selection of an independent account | • | . 1 | 2c | |
| | if the organization changed either its oversight process or selection process during the tax year, exp | plain i | | | |
| | Schedule O. | | | | |

b 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

За

3b

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization Employer identification number American Youth Horse Council, Inc 61-1229542 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 331/3% 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 331/3% 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. **b** Type II **c** Type III–Functionally integrated **d** Type III-Non-functionally integrated 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) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 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) Provide the following information about the supported organization(s). (III) Type of organization (i) Name of supported (ii) EIN (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in support governing document? col (i) of your support? (i) organized in the US? above or IRC section (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

| Part | | | | | | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|----------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| | (Complete only if you checked the Part III. If the organization fails to | | | | - | | ality under |
| Secti | on A. Public Support | J quality unde | er the tests in | sted below, p | lease comple | ste i ait iii.j | |
| | idar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | Total. Add lines 1 through 3 | | | | | 1 | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | <u> </u> | L | | | ji | <u> </u> |
| | on B. Total Support | | 41000 | () 00/0 | 4,0,0044 | 1 1 2 2 2 2 | |
| | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 8 | Amounts from line 4 | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 12 13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he | ne organization | n's first, secon | | | | on 501(c)(3) ▶ □ |
| Secti | on C. Computation of Public Suppor | rt Percentag | e | | | | |
| 14 15 16a | Public support percentage for 2012 (line of Public support percentage from 2011 Scl 331/3% support test—2012. If the organity box and stop here. The organization qua | hedule A, Part zation did not | II, line 14 . check the box | on line 13, and | d line 14 is 33¹ | 14 15 28% or more, o | |
| b | 331/3% support test—2011. If the organ check this box and stop here. The organ | nization did no | ot check a box | x on line 13 o | | e 15 is 33 ¹ /3% | or more, |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization | ets the "facts- facts-and-circu | and-circumsta umstances" te | ances" test, che | eck this box ar ation qualifies | nd stop here. I as a publicly s | line 14 ıs Explaın in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part IV how the organization m supported organization | tion meets the | e "facts-and-c s-and-circums | ircumstances" tances" test. T | test, check the organization | nis box and st on qualifies as | t op here . a publicly |
| 18 | Private foundation. If the organization di instructions | id not check a | box on line 13 | s, 16a, 16b, 17a | a, or 17b, chec | k this box and | see |

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.)

| Secti | on A. Public Support | | | | | | |
|----------|----------------------------------------------------------------------------------------------|-----------------|-----------------|------------------|---------------|------------------|----------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| _ | received. (Do not include any "unusual grants.") | 50,378 | 23,381 | 38,964 | 30,883 | 53,917 | 197,523 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | 1 | |
| | furnished in any activity that is related to the | | | | | | |
| _ | organization's tax-exempt purpose | 49,317 | 40,390 | 42,697 | 61,564 | 41,165 | 235,133 |
| 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 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 | 99,695 | 63,771 | 81,661 | 92,447 | 95,082 | 432,656 |
| /a | received from disqualified persons . | [| İ | | | | |
| L | • | | | | | | |
| 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 | | 11,225 | | | | 11,225 |
| С | Add lines 7a and 7b | | 11,225 | | | | 11,225 |
| 8 | Public support (Subtract line 7c from | | | | | | , |
| | line 6.) | | | | | | 421,431 |
| Secti | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | 99,695 | 63,771 | 81,661 | 92,447 | 95,082 | 432,656 |
| 10a | Gross income from interest, dividends, | | | | | į | |
| | payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| | • | 857 | 689 | 464 | 251 | 149 | 2,410 |
| D | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | 857 | 689 | 464 | 251 | 149 | 2,410 |
| 11 | Net income from unrelated business | | | 404 | 231 | 143 | 2,410 |
| | activities not included in line 10b, whether | | | | ! | | |
| | or not the business is regularly carried on | | | 1 | | | |
| 12 | Other income. Do not include gain or | | | | | · | |
| | loss from the sale of capital assets | | | İ | | | |
| | (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 4.4 | and 12.) | 100,552 | 64,460 | 82,125 | 92,698 | 95,231 | 435,066 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | - | | | _ | | |
| Secti | on C. Computation of Public Suppor | | | | | · · · · · | · · - <u>-</u> |
| 15 | Public support percentage for 2012 (line to | | | 3 column (fl) | | 15 | 96 866 % |
| 16 | Public support percentage for 2012 (inter- | , , | - | | | 16 | 96 770 % |
| | on D. Computation of Investment In | | | | · · · · · | | 30 770 70 |
| 17 | Investment income percentage for 2012 (| | | y line 13, colum | nn (f)) | 17 | 0 554 % |
| 18 | Investment income percentage from 201 | | | | | 18 | 0 570 % |
| 19a | 331/3% support tests - 2012. If the organ | | | | | ore than 331/39/ | |
| | 17 is not more than 331/3%, check this box | | - | | | | _ |
| b | 331/3% support tests—2011. If the organiz | | | | | | |
| | line 18 is not more than 331/3%, check this | | | | | | |
| 20 | Private foundation. If the organization di | a not check a b | oox on line 14. | 19a. or 19b. c | neck this box | and see instruc | tions - |

| Schedule A (Form 990 or 990-EZ) 2012 | | | | | | |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|--|--|
| 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). | <u>-</u> | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

| American Youth Horse Council, Inc | 61-1229542 |
|-----------------------------------|------------|
| | |
| | |

| Identifier | Return Reference | Explanation |
|-----------------------|---------------------|------------------------------------------------------------------|
| 01-Members or | | -AYHC is governed by an Executive Board consisting of the |
| stockholder classes | | President, Vice President, Treasurer, Secretary and Past |
| and rights (Part VI, | | President. It also has a 16 member board. Those who pay annua |
| line 6) | | dues elect these officials at the Annual AYHC Symposium. |
| 02 member election | | AYHC is governed by an Executive Board consisting of the |
| for additional | | -President, Vice-President, Treasurer, Secretary and Past |
| members (Part VI, | 1 | President. It also has a 16 member board. Those who pay annua |
| line 7a) | | dues elect these officials at the Annual AYHC Symposium. |
| 03 Governing body | | Major decisions are voted on by the full Board and Directors |
| decisions (Part VI, | | |
| line 7b) | | |
| 04 Form 990 | | A review of the tax return is conducted at the monthly Executive |
| governing body | | Committee Meeting |
| review (Part VI, line | | |
| 11) | | |
| 05 Officer, director, | | President Karen Waite Michigan State University 1287-Anthony |
| etc. mailing address | | Hall East Lansing MI 48824 Vice President Jenifer Nadeau |
| | - | University of CT 3636 Horsebarn Rd Storrs CT 06269-4040 |
| | | Treasurer Meg Sax 555 South Central Ave Milaca MN 56353 |
| | | Secretary Kristen Wilson 11975 Homewood Road Ellicott |
| | | -City MD-21042-Past-President-Ward-Stutz-1600 Quarter-Horse D |
| | | Amarillo TX 79104 |
| 06 Governing | | Governing documents are available to anyone who calls (817) |
| documents, etc | ļ | 320-2005 or emails info@AYHCcom to request them |
| available to public | | |
| (Part-VI,-line-19) | <u> </u> | |
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