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DLN: 93493223008874

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

Open to Public

A Fo	r the	2012 ca	lendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30	-2013			<u> </u>
		pplicable	C Name of organization		D Emplo	yer id	entification number
☐ Add		• •	AMERICAN QUARTER HORSE ASSOCIATION		_ 75-07	72557	7.6
┌ Na	me cha	ange	Doing Business As		_ / 3-0.	, 233,	. 0
Init		_	Number and street (on D.O. hour formal and delivered to street address). Description		_		
Tei			Number and street (or P O box if mail is not delivered to street address) Room/suit PO BOX 200	e	E Teleph	one nui	mber
, rei			City or town, state or country, and ZIP + 4		(806)	376-	4888
_			AMARILLO, TX 791680001				
j Apj	olicatio	n pending					\$ 66,737,151
			F Name and address of principal officer DONALD TREADWAY JR		his a group iates?	retur	n for □ Yes 🔽 No
			1600 QUARTER HORSE DR	aiiii	iales		j 1 es j• 110
			AMARILLO,TX 79104	H(b) Are	all affiliate	s incl	uded? 「Yes 「No
	v-avan	nnt statu	S	If"I	No," attach	n a list	(see instructions)
				H(c) Gro	oup exempt	tion ni	ımber ►
J W	ebsit	e:► W	WW AQHA COM	(-/			
K For	n of or	ganızatıo	n	L Year of	formation 19	940	M State of legal domicile TX
Pa	rt I	Sur	nmary				
Activities & Governance		то со	describe the organization's mission or most significant activities LLECT, PRESERVE, AND MAINTAIN RECORDS OF THE AMERICAN QI IVE TO THE BREED, AND TO PUBLISH "THE AMERICAN QUARTER HO				
очеп	2	 Check	this box দ if the organization discontinued its operations or disposed of	more than	25% of its	net a	ssets
ট							1
40 93	l		r of voting members of the governing body (Part VI, line 1a)			3	266
Ě	l		r of independent voting members of the governing body (Part VI, line 1b)			4	258
ij	l		umber of individuals employed in calendar year 2012 (Part V, line 2a) .		• •	6	379
Q.	l		umber of volunteers (estimate if necessary)			_	750
			related business taxable income from Form 990-T, line 34			7a 7b	4,259,850
	-	TVCC GIII	crated business taxable medine from 10m1 570 1, mic 54		ior Year	 /5	Current Year
	8	Cont	ributions and grants (Part VIII, line 1h)		7,489,	803	137,950
≘	9		ram service revenue (Part VIII, line 2g)		39,339,	-	45,445,533
Revenue	10		stment income (Part VIII, column (A), lines 3, 4, and 7d)		1,128,	-	-716,587
걆	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		577,	-	3,645,892
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
			 		48,534,		48,512,788
	13		ts and similar amounts paid (Part IX, column (A), lines 1–3)		8,962,		7,268,126
	14		fits paid to or for members (Part IX, column (A), line 4)			0	0
82	15	Salaı 5-10	ries, other compensation, employee benefits (Part IX, column (A), lines		17,516,	393	15,587,041
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)		,	0	9,225
÷	ь		fundraising expenses (Part IX, column (D), line 25) •0				- ,
Ð	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,502,	048	26,341,083
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		51,980,		49,205,475
	19		nue less expenses Subtract line 18 from line 12		-3,445,		-692,687
× ₩					ng of Curre		
90 GE					Year		End of Year
Not Assets or Fund Balances	20	Tota	assets (Part X, line 16)		56,223,	930	50,276,281
38	21		l liabilities (Part X, line 26)		40,977,	-	35,166,755
	22		assets or fund balances Subtract line 21 from line 20		15,246,	288	15,109,526
Unde my k	nowle	alties o dge and as any	nature Block f perjury, I declare that I have examined this return, including accompany i belief, it is true, correct, and complete Declaration of preparer (other the knowledge	an officer) i			
Sigr	1	Sig	nature of officer		Date		
Her		TRI	ENTON TAYLOR TREASURER				
			e or print name and title				
			Print/Type preparer's name Preparer's signature Da PAMELA ALEXANDERSON Da	ا کا	neck I if	PTIN P012	18925
Paid		ł	Firm's name MOSS ADAMS LLP		lf-employed m's EIN ► 9		
Pre	•						
Use	On	ly	Firm's address ► 6565 AMERICAS PARKWAY NE STE 600	Pł	none no (505) 878-	7200

ALBUQUERQUE, NM 87110

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

4e Total program service expenses ►

art IV	Checklist of	Required	Schedules

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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^{\bullet}	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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^{\square}	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
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	Yes	
С	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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	Yes	
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	Yes	
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
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	Yes	
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	Yes	
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

a I	Statements Regarding Other IRS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	. l No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 8,300		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
1	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	res	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
	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			
		_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
•	organization solicit any contributions that were not tax deductible as charitable contributions?			1 N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C L		
	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	[
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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			
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	(e.)
				<u> </u>
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		
	Did the organization have local chapters, branches, or affiliates?		Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a	Yes Yes	
b L1a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10a 10b	Yes Yes	No
b L1a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b	Yes Yes	No
b L1a b L2a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10a 10b 11a	Yes Yes	No
b L1a b L2a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a	Yes Yes Yes	No
b L1a b L2a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
b L1a b L2a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b l1a b l2a c l3 l4 l5 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No

- (3)s only) available for public inspection Indicate how you made these available Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DON TREADWAY JR 1600 QUARTER HORSE DR AMARILLO, TX (806) 376-4811

Form 990	(2012	•
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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, or 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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	han on is	ne l both	oox, an d	officer stee)		Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W	/ -	(F) Estima amount of compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC		rganizati relate organiza	ed
												+		
												+		
1b	Sub-Total			٠.		<u> </u>		 				+		
c	Total from continuation sheet	s to Part VII, S	ection A	١.				F						
d	Total (add lines 1b and 1c) .							F		1,740,779		0		158,188
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan			
													Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	, or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fix	e highest comp												
	compensation from the organiz	ration Report co	ompens	atıon	fort	the c	alenda	arye	ar ending	with or wi	thin the organizat (B)	ion's	tax year (C	
	N	ame and business	address							Des	cription of services		Compen	

(A) Name and business address	(B) Description of services	(C) Compensation
SUPREME CLEANING 6500 STONEHAM AMARILLO TX 79109	CLEANING SERVICES	148,588
UNDERWOOD LAW FIRM PC PO BOX 9158 AMARILLO TX 791059158	LEGAL FEES	121,765
MCGLADREY LLP 5155 PAYSPHERE CIRCLE CHICAGO IL 60674	AUDIT AND TAX SERVICES	104,630
2. Total number of independent contractors (including but not limited to those listed about	(a) who recoved more than	+

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

Part V	<u> </u>	Statement of Check of Schedu	o f Revenue ule O contains a respor	ase to any question i	n this Part VIII			
				loc to uny question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s s	1a	Federated cam	paigns 1a					
ant un	ь	Membership du	ies 1b					
Gr. mo	c c	Fundraising eve	ents 1c					
fts, rA	d	_	zations 1d	137,950				
Gii ila								
ns, Sim	e	Government grant	s (contributions) 1e		ļ			
tio er S	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributi	ons included in lines		i			
intr id (1a-1f \$			427.050			
Co	h	Total. Add line:	s 1 a - 1 f	· · · · •	137,950			
le				Business Code				
ænı	2a	SPONSORSHIP INC	COME	541800	7,474,801	7,474,801		
Rev	ь	MEMBERSHIP INCO	OME	900099	7,007,585	7,007,585		
931	С	WORLD CHAMPION	NSHIP SHO	900099	6,002,602	6,002,602		
Program Serwce Revenue	d	PUBLICATION ADV	ERTISIN	541800	4,214,642	3,600	4,211,042	
3 (e	REGISTRATIONS		900099	4,159,380	4,159,380		
Ğ Fa	f	All other progra	am service revenue		16,586,523	16,586,523		
<u>Ұ</u>	g	Total. Add lines	s 2a-2f		45,445,533			
	3		ome (including dividen					
		and other simil	aramounts)	•	629,964			629,964
	4		stment of tax-exempt bond	proceeds	F01			F01
	5	Royalties .		🟴	591			591
	6a	Gross rents	(ı) Real 36,920	(II) Personal				
	Ь	Less rental	0					
		expenses Rental income	36,920					
	C	or (loss)						
	d	Net rental inco	me or (loss)	· · · · · · · · · · · · · · · · · · ·	36,920			36,920
	 7a	Gross amount	(ı) Securities	(II) O ther				
	/4	from sales of assets other than inventory	16,477,813	1,739				
	ь	Less cost or other basis and	14,002,149	3,823,954				
		sales expenses Gain or (loss)	2,475,664	-3,822,215				
	C C	, ,	ss)		-1,346,551			-1,346,551
	d 8a	Gross income f	ı		1,540,551			1,540,551
Other Revenue		events (not inc	luding s reported on line 1c) ne 18					
er	ь	Loca direction	penses b					
o t h	C		penses b (loss) from fundraising	events L				
_	9a	Gross income f	from gaming activities ne 19					
			а					
	b		penses b	L				
	С 10а		(loss) from gaming acti	vides				
	104	Gross sales of returns and allo		654,203				
	ь	Less cost of g	oods sold b	398,260				
	С	Net income or	(loss) from sales of inv	entory -	255,943	207,135	48,808	
		Miscellaneou	s Revenue	Business Code				
	11a	PENSION PLA	N ACTUARIAL	900099	3,710,732	3,710,732		
	ь	PARTNERSHIF	PINCOME	900099	-358,294			-358,294
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	3,352,438			
	12	Total revenue.	See Instructions .	🗚	48,512,788	45,152,358	4,259,850	-1,037,370
	1				-10,312,700	73,132,330	7,237,030	1,057,570

	IX Statement of Functional Expenses				
ectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u></u>
	t include amounts reported on lines 6b, , 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	567,190			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	6,039,812			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	661,124			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,050,310			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	11,112,819			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,529,142			
9	Other employee benefits	994,011			
)	Payroll taxes	900,759			
L	Fees for services (non-employees)				
а	Management				
b	Legal	47,750			
С	Accounting	160,144			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	9,225			
f	Investment management fees	86,769			
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	820,001			
	Advertising and promotion	4,046,826			
	Office expenses	1,705,687			
	Information technology	593,213			
	Royalties	393,213			
	Occupancy	472.715			
		473,715			
3	Travel	895,145			
)	Conferences, conventions, and meetings	305,141			
	Interest	6,955			
	Payments to affiliates				
	Depreciation, depletion, and amortization	1,255,086			
	Insurance	344,907			
ļ	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)				
а	WORLD CHAMPIONSHIP SHOW	3,330,529			
b	RACING CHALLENGE	2,968,834			
С	MAGAZINE	2,694,986			
d	GENOTYPING	1,128,047			
e	All other expenses	5,477,348			
5	Total functional expenses. Add lines 1 through 24e	49,205,475			
6	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)				

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response to any question in thi	s Part	x				
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			794,064	1	905,683	
	2	Savings and temporary cash investments	3,413,867	2	1,972,347			
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			1,573,626	4	1,970,104	
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete Paschedule L		5	47,904			
ts	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers	63,872		47,504		
Assets	7	Notes and loans receivable, net			00,072	7		
4	8	Inventories for sale or use			243,275	8	453,025	
	9				626,748	9	428,051	
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	i	15,392,047	·	9	420,001	
	Ь	Less accumulated depreciation	10b	10,115,069	8,378,276	100	5,276,978	
	11	Investments—publicly traded securities						
	12	Investments—other securities See Part IV, line 11			37,129,903 3,538,947	11 12	35,480,543	
	13	Investments—program-related See Part IV, line 11			0,000,047	13	0,202,000	
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11			461,352	15	449,078	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			56,223,930	16	50,276,281	
	17	Accounts payable and accrued expenses			2,811,558	17	2,603,890	
	18				2,611,556	18	2,003,090	
		Grants payable			18.391,406	19	16,463,491	
	19	Deferred revenue			18,391,400		10,403,491	
	20	Tax-exempt bond liabilities				20		
S	21	Escrow or custodial account liability Complete Part IV of School				21		
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	fied	·				
펻		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third partie				23		
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule	19,774,678	25	16,099,374	
	26	Total liabilities. Add lines 17 through 25			40,977,642	26	35,166,755	
	20	Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.			15,511,612	-20	33,.33,.33	
ĕ	27	Unrestricted net assets			15,246,288	27	15,109,526	
<u>ଟ</u>				• •	13,240,200	28	13, 103,320	
<u> </u>	28	Temporarily restricted net assets		29				
Fund Balance	29	Permanently restricted net assets				29		
		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ele F	j aliu				
0.	30	Capital stock or trust principal, or current funds	_			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_	
\$ S	32	Retained earnings, endowment, accumulated income, or other				32		
Net /	33	Total net assets or fund balances			15,246,288	33	15,109,526	
ž	34	Total liabilities and net assets/fund balances			56,223,930	34	50,276,281	
		rotal habilities and net assets/land balances	• •	• •	1 30,223,930	J-4	30,210,201	

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48,	512,788
2	Total expenses (must equal Part IX, column (A), line 25)	2		49,2	205,475
3	Revenue less expenses Subtract line 2 from line 1	3		- (592,687
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,2	246,288
5	Net unrealized gains (losses) on investments	5		Ţ	555,925
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	В			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	.0		15,	109,526
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe a separate basis, consolidated basis, or both	d on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both	te			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o audit, review, or compilation of its financial statements and selection of an independent accountant?	fthe	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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?		3a		No
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.	uired	3b		

Software ID: Software Version:

EIN: 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

Form 990, Part VII - Compensation of Compensated Employees, and Indeper	Officers, Dir	rectors,Trustees, Key Employees, Highest actors						st			
(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				th		(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	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
GEORGE PHILLIPS EC/DIRECTOR	8 00 2 00	х		х				0	0	0	
DR GLENN BLODGETT EC/DIRECTOR-AT-LARGE	3 00 1 00	х		х				0	0	0	
JOHNE DOBBS EC/DIRECTOR-AT-LARGE	12 00 3 00	х		х				0	0	0	
JOHNNY TROTTER EC/DIRECTOR	8 00 2 00	х		х				29,432	0	0	
SANDRA K ARLEDGE EC/DIRECTOR EMERITUS	8 00 2 00	х		х				0	0	0	
ADRIANA GOMEZ BARNOLA DIRECTOR	15 00	х						0	0	0	
AL DUNNING DIRECTOR-AT-LARGE	1 00	х						0	0	0	
ALICE HOLMES DIRECTOR	1 00	х						0	0	0	
ANDREA STILLO DIRECTOR	4 00	х						0	0	0	
ANDY REES SENIOR DIRECTOR OF JUDGES	1 00	х						0	0	0	
ANDY MOORMAN DIRECTOR	1 00	х						0	0	0	
ANGELO BIZZARRO DIRECTOR	1 00	х						0	0	0	
ANNA RIGGS-EADER DIRECTOR	1 00	х						0	0	0	
ANNE BERZEZICKI DIRECTOR	6 00	х						0	0	0	
ANTONIO ALEARDO GIRAUDINI DIRECTOR-AT-LARGE	3 00	х						0	0	0	
BEN HUDSON DIRECTOR-AT-LARGE	2 00	х						0	0	0	
BENNIE SARGENT DIRECTOR-AT-LARGE	10 00	х						0	0	0	
BILL BREWER HONORARY VICE PRESIDENT	20 00	х						90,000	0	0	
BILL HOBURG DIRECTOR	1 00	х						0	0	0	
BOB MOORHOUSE DIRECTOR-AT-LARGE	1 00	х						0	0	0	
BRADE TATE PAST PRESIDENT	1 00	х						0	0	0	
BUD BREEDING HONORARY VICE PRESIDENT	1 00	х						0	0	0	
BUTCH HAMMER DIRECTOR EMERITUS	15 00	х						0	0	0	
BUTCH WISE DIRECTOR	1 00	х						0	0	0	
C A COFER DIRECTOR EMERITUS	1 00	x						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the per from related compensation organization (Worganizations (Wan officer and a from the week (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or dilector Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 1 00 C DAVID FLOHR Χ 0 0 0 DIRECTOR 1 00 CAL BRANDT 0 Х 0 **DIRECTOR** 1 00 DR CALVIN WHITE 0 0 0 Х DIRECTOR 1 00 CARL COOPER Х 0 0 0 DIRECTOR 3 00 CAROL WHITTAKER 0 0 0 Х DIRECTOR 1 00 CAROL BRADLEY 0 0 0 Х DIRECTOR 2 00 CAROL ROSE 0 0 0 Х DIRECTOR-AT-LARGE 1 00 CAROLE DR GABOURY 0 0 0 DIRECTOR-AT-LARGE 1 00 CATHY HANSON Χ 0 0 DIRECTOR 1 00 CHARLES MENKER 0 0 0 X HONORARY VICE PRESIDENT 3 00 DR CHARLES CROWE Χ 0 0 0 DIRECTOR 2 00 DR CHARLES GRAHAM 0 0 DIRECTOR-AT-LARGE 20 00 CHERYLLE SARGENT 29,500 0 0 Х DIRECTOR 5 00 CHRISTA BALDWIN Х 4,200 0 0 DIRECTOR 3 00 CHRISTA HARDCASTLE Х 0 0 0 DIRECTOR-AT-LARGE 2 00 CHRISTIAN BEAUCHEMIN 0 0 0 Х DIRECTOR 2 00 CLARK BRADLEY 0 0 0 Х DIRECTOR EMERITUS 5 00 CLAY MACLEOD Χ 3,000 0 0 **DIRECTOR** 1 00 CLAYTON RUSSELL Х 0 0 0 DIRECTOR 1 00 COL EARL LILLEY 0 0 0 Х DIRECTOR EMERITUS 1 00 CONNIE ARMSTRONG Х O 0 0 DIRECTOR 1 00 **CURTIS FERGUSON** 0 0 0 DIRECTOR 1 00 CW BILL ENGLUND 0 0 0 Х PAST PRESIDENT 1 00 D JOE SMITH O 0 Х 0 DIRECTOR-AT-LARGE 5 00 DAN TREIN 9,800 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the per from related compensation organization (Wan officer and a organizations (Wfrom the week (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or dilector Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 1 00 DAVID L NELSON Χ 0 0 0 DIRECTOR-AT-LARGE 1 00 DAVID S NELSON 0 Х 0 **DIRECTOR** 1 00 DAVID S WHITAKER 0 0 0 Х DIRECTOR-AT-LARGE 1 00 **DEAN ROSS** Х 0 0 0 DIRECTOR 2 00 DEBBY BREHM 0 0 0 Х DIRECTOR 1 00 DEE DEE MCGRANE 0 0 0 Х HONORARY VICE PRESIDENT 1 00 **DENNY HASSETT** 0 0 0 Х DIRECTOR EMERITUS 1 00 DICKSON DR VARNER 0 0 0 DIRECTOR 1 00 DARLENE CHASE Χ 0 0 DIRECTOR 2 00 n 0 0 X DIRECTOR-AT-LARGE 5 00 DON BELL Χ 3,850 0 0 DIRECTOR 5 00 DONALD TOPLIFF 0 1,200 0 DIRECTOR 3 00 DONNA JOHNSON 0 0 0 Х HONORARY VICE PRESIDENT 1 00 DORN PARKINSON Х 0 0 0 DIRECTOR 5 00 DORVAN SOLBERG Х 0 0 0 DIRECTOR EMERITUS 4 00 DOUGLASS BROWN 0 0 0 Х DIRECTOR 1 00 DR DUANE MCDAVITT 0 0 0 Х HONORARY VICE PRESIDENT 1 00 DR DUANE WALKER Χ 0 0 0 DIRECTOR-AT-LARGE 1 00 DUAYNE DIDERICKSEN Х 0 0 0 **DIRECTOR-AT-LARGE** 1 00 DR ED MURRAY 0 0 0 Х DIRECTOR-AT-LARGE 1 00 EDWARD SOUTRES Х O 0 0 HONORARY VICE PRESIDENT 15 00 EDWARD MCNELIS 0 0 0 DIRECTOR EMERITUS 3 00 DR ELEANOR GREEN 0 0 0 Х DIRECTOR 3 00 FRANK MERRILL 0 0 Х 0 PAST PRESIDENT 4 00 GALE LITTLE 0 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the per from related compensation organization (Wan officer and a organizations (Wfrom the week (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or dilector Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 2 00 GARY LYNN OLSON Χ 0 0 0 DIRECTOR 1 00 GENE PARKER 0 Х 0 **DIRECTOR-AT-LARGE** 1 00 GEORGA SUTTON 0 0 0 Х HONORARY VICE PRESIDENT 1 00 GEROLD DAUTZENBERG Х 0 0 0 DIRECTOR-AT-LARGE 5 00 GEORGIANNA RENOUARD 0 0 0 Χ DIRECTOR 1 00 GIL SWITZER 0 0 0 Х DIRECTOR-AT-LARGE 1 00 GINGER HYLAND 0 0 0 Х PAST PRESIDENT 5 00 DR GLENN GABEL 4,500 0 0 DIRECTOR-AT-LARGE 1 00 GLORIA ENGER Χ 0 0 DIRECTOR EMERITUS 5 00 **GRETCHEN MATHES** 0 0 4,091 X DIRECTOR 1 00 GUNNAR OTNESS Χ 0 0 0 HONORARY VICE PRESIDENT 1 00 **GUS BARAKIS** 0 0 DIRECTOR-AT-LARGE 1 00 HAIDEE LANDRY 0 0 0 Х DIRECTOR 1 00 HARRY KNIGHT Х 0 0 0 DIRECTOR EMERITUS 2 00 HEATHER MAUCK Х 0 0 0 DIRECTOR 1.00 HOMER STUDE 0 0 0 Х DIRECTOR-AT-LARGE 1 00 HOWARD WEISS 0 0 0 Х PAST PRESIDENT 4 00 J LLOYD YOTHER Χ 0 0 0 DIRECTOR 4 00 J WADE ELLERBROCK JR Х 0 0 0 DIRECTOR 4 00 JACKIE KRSHKA 0 750 0 Х DIRECTOR 2 00 JAMES RUDOLPH Х O 0 0 DIRECTOR-AT-LARGE 1 00 JAMES MITCHELL 0 0 0 DIRECTOR 2 00 JAMES BARTON 0 0 0 Х PAST PRESIDENT 1 00 JAMES HOOTMAN 0 0 Х 0 DIRECTOR EMERITUS 1 00 JAMES HELZER 0 0 PAST PRESIDENT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Wan officer and a organizations (Wweek from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or dilector Institutional hours organizations 쥰 for employee related organızatıons trustae below Trustee dotted line) 5 00 DR JAMES HEIRD Χ 10,717 0 0 DIRECTOR 1 00 JAMES ELLER III 0 0 Х 0 **DIRECTOR** 1 00 JANET NEWTON 0 0 0 Х DIRECTOR-AT-LARGE 2 00 JANET HANSEN Χ 0 0 0 DIRECTOR 5 00 1D YATES 750 0 0 Χ DIRECTOR 1 00 JEFF TEBOW 0 0 0 Х DIRECTOR 1 00 JEFF TERPSTRA 0 0 0 Х DIRECTOR 2 00 JERR MELLOTT 0 0 0 DIRECTOR 1 00 JERRY MATTHEWS Χ 0 0 DIRECTOR-AT-LARGE 1 00 JERRY BLACK 0 0 0 X DIRECTOR 1 00 JERRY WINDHAM Χ 0 0 0 PAST PRESIDENT 1 00 JERRY W FULLER 0 0 Χ DIRECTOR 2 00 JIM SHOEMAKE 0 0 0 Х PAST PRESIDENT 1 00 JIM DUDLEY 0 Х 0 0 DIRECTOR 1 00 JIM BRINKMAN Х 0 0 0 DIRECTOR 5.00 JIM HUNT 2,230 0 0 Х DIRECTOR 1 00 JIM PURDY 0 0 0 Х **DIRECTOR** 2 00 JOAN SCHROEDER Χ 0 0 0 **DIRECTOR** 1 00 JOE CARTER Х 0 0 0 DIRECTOR-AT-LARGE 1 00 JOE H YOUNG 0 0 0 Х HONORARY VICE PRESIDENT 3 00 JOHANNES ORGELDINGER Х O 0 0 PAST PRESIDENT 2 00 JOHN ANDREINI 0 0 0 DIRECTOR 1 00 JOHN HAMMES 0 0 0 Х DIRECTOR 5 00 JOHN BOXELL 0 0 Х 0 DIRECTOR 1 00 JOHN TRAFTON 0 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Wan officer and a organizations (Wfrom the week (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or dilector Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 1 00 10HN HOVDE Χ 0 0 0 DIRECTOR 2 00 JOHN KUNKLE 0 Х 0 **DIRECTOR** 5 00 JOHN PIPKIN 0 0 0 Х DIRECTOR-AT-LARGE 1 00 JOHN HARDY Х 0 0 0 DIRECTOR EMERITUS 1 00 10HN SCHMAHL 0 0 0 Х DIRECTOR EMERITUS 2 00 JOHN SEDGWICK 0 0 0 Х DIRECTOR 2 00 JOHN SHAW JR 0 0 0 Х DIRECTOR-AT-LARGE 1 00 JOHN BOBENRIETH II 0 0 0 DIRECTOR 2 00 JOSE A JIMENEZ MANGAS Χ 0 0 DIRECTOR 5 00 JOSEPH MCALLISTER 0 0 3,600 X DIRECTOR-AT-LARGE 1 00 JUDY COY-HORTON Χ 0 0 0 DIRECTOR 3 00 KARL BAUER 0 0 DIRECTOR 3 00 KATE LEHANE JOHNSON 0 0 0 Х DIRECTOR 1 00 KATE LEHANE BAMFORD 0 Х 0 0 DIRECTOR 5 00 KATHRYN SCHROEDER Х 1,200 0 0 DIRECTOR 2 00 KATHY PATTERSON 0 0 0 Х DIRECTOR 1 00 KAY HELZER 0 0 0 Х DIRECTOR 5 00 KELLY BOLES CHAPMAN Χ 2,000 0 0 DIRECTOR 2 00 KELVIN CHILDERS Х 0 0 0 DIRECTOR 1 00 KEN MUMY 0 0 0 Х PAST PRESIDENT 1 00 KEN COCHRANE Х O 0 0 DIRECTOR EMERITUS 2 00 KENNETH BANKS 0 0 0 DIRECTOR-AT-LARGE 1 00 KENNY KNOWLTON 0 0 0 Х DIRECTOR 8 00 LAINA BANKS 600 0 Х 0 DIRECTOR 1 00 LANCE TREPTOW 0 0 DIRECTOR-AT-LARGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Wan officer and a organizations (Wfrom the week (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual to or director Highest compensated employee Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 1 00 LARRY LARSON Χ 0 0 0 DIRECTOR 1 00 LARRY CLIFFORD 0 Х 0 DIRECTOR 1 00 DR LARRY FINDLEY 0 0 0 Х DIRECTOR 8 00 LARRY DR JAYNES Х 1,800 0 0 DIRECTOR 2 00 LAUREL BETH CAPURRO-WATCHEL 0 0 0 Х DIRECTOR 1 00 LAWRENCE LEMKE 0 0 0 Х DIRECTOR 5 00 LESLIE VAGNEUR LANGE 1,500 0 0 Х HONORARY VICE PRESIDENT 1 00 LLOYD BENOIT 0 0 0 DIRECTOR EMERITUS 1 00 LORI PFAFF Χ 0 0 DIRECTOR-AT-LARGE 5 00 LORI BUCHOLZ 0 0 2,500 X DIRECTOR 5 00 LUKE CASTLE Χ 0 0 0 DIRECTOR 1 00 LYLE LOVETT 0 0 HONORARY VICE PRESIDENT 1 00 MARGO BALL 0 0 0 Х DIRECTOR 5 00 MARILYN RANDALL Х 4,500 0 0 DIRECTOR-AT-LARGE 2 00 MARK DUNHAM Х 0 0 0 DIRECTOR 12 00 MARKUS RENSING 0 0 0 Х DIRECTOR 4 00 MARLENE MONVOISIN 0 0 0 Х DIRECTOR 2 00 MARNIE SOMERS Χ 0 0 0 DIRECTOR-AT-LARGE 1 00 MARTEN CLARK Х 0 0 0 PAST PRESIDENT 5 00 MARTY OAK SIMPER 0 0 0 Х DIRECTOR 5 00 MARY HANNAGAN Х 2,700 0 0 DIRECTOR 10 00 MARY EBNER 0 0 0 DIRECTOR 10 00 MATT WITMAN 0 0 0 Х DIRECTOR 2 00 MELISSA HARGETT DUKES 0 0 Х 0 1 00 MEREDITH PEG EDMONDSON 0 0 **DIRECTOR EMERITUS**

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Wan officer and a organizations (Wweek from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual to or director Highest compensated employee Institutional hours organizations 쥰 for employee related organızatıons trustae below Trustee dotted line) 1 00 MICHAEL SWAIN Χ 0 0 0 DIRECTOR EMERITUS 5 00 MICHAEL JENNINGS 3,000 0 Х 0 **DIRECTOR-AT-LARGE** 5 00 MICHAEL D MURPHY 0 0 0 Х DIRECTOR 1 00 DR MICHAEL MARTIN Х 0 0 0 DIRECTOR 12 00 MICHAELA KAYSER 0 0 0 Х DIRECTOR 1 00 MICHEL CLITES 0 0 0 Х DIRECTOR 6 00 MICHELE PFENDER 0 0 0 Х DIRECTOR 1 00 MICHELLE FORNESS 0 0 0 DIRECTOR 5 00 MIKE J PERKINS Χ 1,000 0 0 PAST PRESIDENT 1 00 MILTON RIGETTI 0 0 0 X DIRECTOR 1 00 NANCY CAHILL Χ 0 0 0 DIRECTOR 12 00 NANCY MARTIN 0 0 DIRECTOR 5 00 NARCISO FLORES 0 0 0 Х **DIRECTOR** 4 00 NORMAN LUBA 0 Х 0 0 DIRECTOR 1 00 PARIS WIXON Х 0 0 0 DIRECTOR 1.00 PAUL TREADWELL 0 0 0 Х DIRECTOR 5 00 PAUL E BAILEY 0 0 0 Х DIRECTOR 1 00 PAUL LINDSEY JR Χ 600 0 0 DIRECTOR-AT-LARGE 5 00 PETE KYLE Х 900 0 0 DIRECTOR-AT-LARGE 1 00 PETER COFRANCESCO III 0 0 0 Х PAST PRESIDENT 6 00 PG PAWLEY-WILSON Х O 0 0 DIRECTOR-AT-LARGE 1 00 DR R M CHRISTENSEN 0 0 0 DIRECTOR-AT-LARGE 1 00 RALPH SEEKINS 0 0 0 Х DIRECTOR 1 00 RANDAL TROUTNER 0 0 Х 0 DIRECTOR 4 00 RANDY RATLIFF 0 0 DIRECTOR

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OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

itema	F Attach to For	ili 330. F See separate ilistructions.	Inspection
	me of the organization ERICAN QUARTER HORSE ASSOCIATION		Employer identification number
	<u> </u>		75-0725576
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benefit		
2	conferring impermissible private benefit?	the every tree and would live !! to	
	rt II Conservation Easements. Complete if		o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation	<u> </u>	historically important land area
	Protection of natural habitat	·	certified historic structure
	Preservation of open space	·	
2	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in t	he form of a conservation
2	easement on the last day of the tax year	a quanned conservation contribution in t	ne form of a conservation
		[Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histo	oric structure included in (a)	2c
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transferr	red, released, extinguished, or terminate	d by the organization during
	the tax year 🕨		
4	Number of states where property subject to conservat	ıon easement ıs located ▶	<u> </u>
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	iling of violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents during the year
	<u>*</u>		
7	A mount of expenses incurred in monitoring, inspecting \$\blue{\sigma}\$ \blue{\sigma}\$	g, and enforcing conservation easements	during the year
3	Does each conservation easement reported on line 2 (and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial	
ar	Complete if the organization answered "Y		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education, o	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education, o	
	(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, histor following amounts required to be reported under SFAS		•
а	Revenues included in Form 990, Part VIII, line 1		▶- \$

b Assets included in Form 990, Part X

	Organizations Maintaining Co											nemaca)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ras, cr	іеск	•		_		_	se or	ITS	
а	Public exhibition		d	Γ	Loan	or excl	hange progi	rams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ain hov	v the	y furthe	rthe c	organızatıor	ı's ex	empt purpos	e ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г.	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organı	zatior			es" to Form	1 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•				or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able							
										A mou	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?								Yes	┌ No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has l	seen n	rovided in F	art)	KIII			Γ
Pa	rt V Endowment Funds. Complete											
	•	(a)Current year)Prior					Three years bad		Four ye	ars back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships							T				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	ent year end balan	ce (lın	e 1g	, colum	n (a)) l	held as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are held	d and a	dministere	d for	the			
	organization by								_		Yes	No
	(i) unrelated organizations							•	 	Ba(i)		
	(ii) related organizations							•	<u> </u>	a(ii)		
h	If "Ves" to 3a(u) are the related organization	ne lietad ae raniiira	d on S							7h		
	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the								· · · L	3b		
4	Describe in Part XIII the intended uses of th	e organization's en	dowm	ent f	ınds					3b		
4		e organization's en	dowm	ent f	ınds	LO.	(b)Cost or o		(c) Accumula	ted	(d) Bo	ok value
4 Par	Describe in Part XIII the intended uses of the triangle of triangle of the triangle of triangl	e organization's en	dowm	ent f	unds , line 1) Cost or	LO.	(b) Cost or c basis (othe	er)		ted	(d) Bo	
Par	Describe in Part XIII the intended uses of the trivial	e organization's en	dowm	ent f	unds , line 1) Cost or	LO.	(b) Cost or c basis (othe	er) 7,529		ted n		197,529
Par	Describe in Part XIII the intended uses of the tand, Buildings, and Equipmed Description of property Land	e organization's en	dowm	ent f	unds , line 1) Cost or	LO.	(b)Cost or c basis (other	er) 7,529	depreciatio	ted n		
1a b c	Describe in Part XIII the intended uses of the tand, Buildings, and Equipmed Description of property Land	e organization's en	dowm	ent f	unds , line 1) Cost or	LO.	(b)Cost or c basis (other	er) 7,529 5,561	depreciatio	ted n		197,529
1a b c d	Describe in Part XIII the intended uses of the table to tabl	e organization's en	odowm	ent f	unds , line 1) Cost or	LO.	(b)Cost or c basis (other 197 6,746	er) 7,529 5,561	depreciatio	ted n		197,529 2,462,575

(a) Description of security or category (including name of security) (1)Financial derivatives (2)Closely-held equity interests		
(1)Financial derivatives (2)Closely-held equity interests	(b)Book value	(c) Method of valuation
(2)Closely-held equity interests		Cost or end-of-year market value
(3)Other		
(A) PARTNERSHIP INVESTMENTS	3,292,568	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	3,292,568	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	*	
Part IX Other Assets. See Form 990, Part X	•	
(a) De	scription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) lir		
Part X Other Liabilities. See Form 990, Pa		
	(b) Book value	
(a) December of hebits		
1 (a) Description of liability		
1 (a) Description of liability Federal income taxes		
1 (a) Description of liability Federal income taxes	7,140,053	
1 (a) Description of liability Federal income taxes INCENTIVE FUND	7,140,053	
1 (a) Description of liability Federal income taxes INCENTIVE FUND RC PROGRAM NOMINATIONS	4,520,303	
1 (a) Description of liability Federal income taxes INCENTIVE FUND RC PROGRAM NOMINATIONS CAPITAL LEASE LIABILITY	4,520,303 562,867	
1 (a) Description of liability Federal income taxes INCENTIVE FUND RC PROGRAM NOMINATIONS CAPITAL LEASE LIABILITY	4,520,303	
	4,520,303 562,867	
1 (a) Description of liability Federal income taxes INCENTIVE FUND RC PROGRAM NOMINATIONS CAPITAL LEASE LIABILITY	4,520,303 562,867	
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1 (a) Description of liability Federal income taxes INCENTIVE FUND RC PROGRAM NOMINATIONS CAPITAL LEASE LIABILITY	4,520,303 562,867	
1 (a) Description of liability Federal income taxes INCENTIVE FUND RC PROGRAM NOMINATIONS CAPITAL LEASE LIABILITY	4,520,303 562,867	
1 (a) Description of liability Federal income taxes INCENTIVE FUND RC PROGRAM NOMINATIONS CAPITAL LEASE LIABILITY	4,520,303 562,867	
1 (a) Description of liability Federal income taxes INCENTIVE FUND RC PROGRAM NOMINATIONS CAPITAL LEASE LIABILITY	4,520,303 562,867	
1 (a) Description of liability Federal income taxes INCENTIVE FUND RC PROGRAM NOMINATIONS CAPITAL LEASE LIABILITY	4,520,303 562,867 3,876,151	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE AQHA IS QUALIFIED UNDER SECTION 501 OF THE INTERNAL REVENUE CODE (IRC), THEREFORE, THE MAJORITY OF ITS INCOME IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501 (C)(5) INCOME FROM CERTAIN OPERATIONS OF AQHA, PRIMARILY ADVERTISING IN ITS PUBLICATIONS, IS TAXABLE FOR FEDERAL INCOME TAX PURPOSES FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, AQHA DID NOT INCUR ANY FEDERAL INCOME TAX EXPENSE ALL OTHER OPERATIONS OF AQHA ARE EXEMPT FROM FEDERAL INCOME TAX FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED, AND PRESENTED IN THE FINANCIAL STATEMENTS THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ASSOCIATION'S TAX RETURN TO DETERMINE WHETHER TAX POSITIONS ARE "MORE LIKELY THAN NOT" OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE AND LIABILITY IN THE CURRENT YEAR MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN INCOME TAX POSITIONS THE ASSOCIATION IS NO LONGER SUBJECT TO U S FEDERAL, STATE, AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2009

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AMERICAN QUARTER HORSE ASSOCIATION

As Filed Data -

DLN: 93493223008874

OMB No 1545-0047

2012

Open to Public Inspection

No

Employer identification number

75-0725576

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Name of the organization

Part I	General Information on Activities Outside the United States.	Complete	e if the organization answered
	"Yes" to Form 990, Part IV, line 14b.	-	_

- **2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
S	ee Add'l Data					
3a Su	ıb-total	0	0			433,230
	tal from continuation sheets Part I	0	1			356,151
с То	tals (add lines 3a and 3b)	0	1			789,381

art II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 99	<u>√</u>
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

•	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								
	_								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as
	tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter \blacktriangleright

(

3 Enter total number of other organizations or entities

118

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be	duplicated if additio	nal space is ne	eeded.	<u> </u>			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
WORLD SHOW	NORTH AMERICA (CANADA AND MEXICO)	36	35,198	CHECK	5,510	BUCKLES, TROPHIES, BOOTS, ETC	COST
WORLD SHOW	SOUTH AMERICA	6	0		1,754	BUCKLES, TROPHIES, BOOTS, ETC	COST
WORLD SHOW	EUROPE (INCLUDING ICELAND AND GREENLAND)	5	3,508	CHECK	509	BUCKLES, TROPHIES, BOOTS, ETC	COST
INCENTIVE FUND	EUROPE (INCLUDING ICELAND AND GREENLAND)	178	29,400	CHECK			
INCENTIVE FUND	NORTH AMERICA (CANADA AND MEXICO)	326	108,766				
INCENTIVE FUND	SOUTH AMERICA	1	35	CHECK			
INCENTIVE FUND	EAST ASIA AND THE PACIFIC	2	107	СНЕСК			
RACING CHALLENGE	NORTH AMERICA (CANADA AND MEXICO)	13	8,696	CHECK			
VERSATILITY RANCH HORSE	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	0		1,291	BUCKLES, TROPHIES, BOOTS, ETC	COST
EAST AND WEST NOVICE CHAMPIONSHIPS	NORTH AMERICA (CANADA AND MEXICO)	12	0		2,045	BUCKLES, TROPHIES, BOOTS, ETC	COST

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Υ	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Y	'es	<u> -</u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
See Additional Data		
		Cahadula E (Farm 000) 2012

Additional Data

Software ID: Software Version:

EIN: 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	BUSINESS PLAN	61,295
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	BUSINESS PLAN	235,499
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	BUSINESS PLAN	9,292

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region			
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	BUSINESS PLAN	4,745			
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	BUSINESS PLAN	20,145			
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	BUSINESS PLAN	85,500			

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region				
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	BUSINESS PLAN	5,794				
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	RACING CHALLENGE	10,960				
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	INCENTIVE FUND	37,892				

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	INCENTIVE FUND	127,983		
SOUTH AMERICA	0	0	PROGRAM SERVICES	INCENTIVE FUND	35		
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INCENTIVE FUND	177		

Form 990 Schedule F F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EURO CHAMPIONSHIP	34,353
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	WORLD SHOW	52,703
SOUTH AMERICA	0	0	PROGRAM SERVICES	WORLD SHOW	1,754

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	WORLD SHOW	4,017		
SOUTH AMERICA	0	0	PROGRAM SERVICES	LATIN AMERICAN CHAMPIONSHIP	11,700		
SOUTH AMERICA	0	0	PROGRAM SERVICES	LATIN AMERICAN SUMMIT	4,438		

Form 990 Schedule F P	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EQUITANA SPORTS WORLD FAIR	5,000
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	HORSEMANSHIP CAMPS	36,871
EAST ASIA AND THE PACIFIC	0	1		CHINESE REPRESENTATIVE CONSULTING FEES	39,228

Form 990 Schedu	le F Part II	- Grants or Entitie	s Outside The Un	ited States	_	_	_	· , · · · · · · · · · · · · · · · · · ·
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		SOUTH AMERICA	BUSINESS PLAN	8,240	WIRE AND CHECKS	,	TRAVEL EXPENSE AND JUDGING FEES	COST
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BUSINESS PLAN	142,875	WIRE AND CHECKS	,	TRAVEL EXPENSE AND JUDGING FEES	COST
		CENTRAL AMERICA AND THE CARIBBEAN	BUSINESS PLAN	5,000	WIRE AND CHECKS	,	TRAVEL EXPENSE AND JUDGING FEES	COST
		SUB-SAHARAN AFRICA	BUSINESS PLAN	0		,	TRAVEL EXPENSE AND JUDGING FEES	COST

Form 990 Schedu	ıle F Part II	- Grants or Entitic	es Outside The Un	ited States	_			
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		EAST ASIA AND THE PACIFIC	BUSINESS PLAN	0		,	TRAVEL EXPENSE AND JUDGING FEES	COST
		NORTH AMERICA (CANADA AND MEXICO)	BUSINESS PLAN	49,239	WIRE AND CHECKS	,	TRAVEL EXPENSE AND JUDGING FEES	COST
		MIDDLE EAST AND NORTH AFRICA	BUSINESS PLAN	0		,	TRAVEL EXPENSE AND JUDGING FEES	COST
		NORTH AMERICA (CANADA AND MEXICO)	RACING CHALLENGE	2,264	WIRE AND CHECKS			

, Form 990 Schedv	Ale F Part II	- Grants or Entiti	es Outside The Un	ited States	_	_	_	· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA (CANADA AND MEXICO)	WORLD SHOW	11,656	WIRE AND CHECKS		BUCKLES, SADDLES, BOOTS, ETC	COST
		EAST ASIA AND THE PACIFIC	INCENTIVE PLAN	70	WIRE AND CHECKS			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	INCENTIVE PLAN	8,492	WIRE AND CHECKS			
		NORTH AMERICA (CANADA AND MEXICO)	INCENTIVE PLAN	19,217	WIRE AND CHECKS			

Form 990 Schedule F - Supplemental Information

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 AQHA BUSINESS PLAN FUNDING - THE AMERICAN QUARTER HORSE ASSOCI ATION PROVIDES FUNDING TO ITS INTERNATIONAL AFFILIATES BASED ON MEMBERSHIP AND HORSE POPUL ATION THIS FUNDING IS USED FOR THE PROMOTION OF THE QUARTER HORSE IN THE AFFILIATE COUNTRY AND MUST BE ACCOUNTED FOR BY SENDING COPIES OF EXPENDITURES AND EXAMPLES OF PROMOTION I NCENTIVE FUND- IS A PROGRAM WHEREBY AQHA-NOMINATED SHOW PARTICIPANTS AND BREEDERS WIN CASH PRIZES BASED ON TOTAL POINTS ACCUMULATED DURING EACH SHOW YEAR IN ORDER TO BE ELIGIBLE, BREEDERS MUST PAY NOMINATION FEES FOR THEIR STALLIONS AND FOALS THE NOMINATION FEES AND THE RELATED INVESTMENT INCOME REPRESENT THE SOURCE OF FUNDS FOR THE CASH PRIZES AWARDED NO MINATED STALLIONS AND FOALS ARE ELIGIBLE TO RECEIVE PAYMENTS FROM THE INCENTIVE FUND BASED ON TOTAL SHOW POINTS EARNED DURING THE PREVIOUS YEAR RACING CHALLENGE PROGRAM - IS AN IN CENTIVE-TYPE PROGRAM OPEN TO ALL REGISTERED AMERICAN QUARTER HORSE FOALS THE NOMINATION OF THEIR HORSES NOMINATIONS RECEI VED ARE USED TO SUPPLEMENT PURSE AWARDS AT CHALLENGE RACES AND ARE PAID TO THE NOMINATORS AND OWNERS AS BONUS AWARDS RACE ENTRY FEES ARE RECEIVED FROM INDIVIDUALS TO ENTER A CHALL ENGE RACE AND ARE PAID TO THE NOMINATORS AND OWNERS AS BONUS AWARDS RACE ENTRY FEES ARE RECEIVED FROM INDIVIDUALS TO ENTER PONSORS CONTRIBUTE FUNDS TO THE PURSE AWARDS AS WELL WORLD SHOWS - THE WORLD'S BEST AMERICAN QUARTER HORSES MEET EACH YEAR FOR THE CHANCE TO BECOME A WORLD CHAMPION AND SHARE IN CASH AND AWARDS FROM HALTER TO REIN ING AND JUMPING TO TRAIL, THE FOOD YOUTH WORLD SHOW IS HELD IN AUGUST AND THE AMATEUR AND OPEN AQHA WORLD CHAMPIONSHIP SHOW ARE HELD EACH NOVEMBER IN OKLAHOMA CITY THE ADEQUAN SELECT SHOWIS HELD IN AUGUST IN AMARILLO AND THE ZOETIS VERSATILITY RANCH HORSE WORLD CHAMPIONSHIP IS HELD IN HOUSTON EACH MARCH ENTRIES ARE BY INVITATION ONLY BASED UPON COMPETITION IN THE 2,400 APPROVED AQHA SHOWS A PANEL OF JUDGES EVALUATES EACH CLASS TO DETERMINE THE BEST CHOICE FOR THE WORLD CHAMPION TITLE EACH EVENT IS FOR TH

Form 990 Schedule F - Supplemental Information

Identifier	ReturnReference	Explanation
	, ,	AMERICAN QUARTER HORSE ASSOCIATION REQUIRES THE USE OF QUERIES OF OUR ACCOUNTING SYSTEM TO IDENTIFY FOREIGN EXPENDITURES IN OUR FINANCIAL STATEMENTS REVEALING THE SOURCE AND GEOGRA PHIC ORIGIN OF THOSE EXPENDITURES EXPENDITURES ARE BASED UPON THE ACCRUAL METHOD OF ACCOU

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

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

OMB No 1545-0047

DLN: 93493223008874

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

lame of the organization						Employer identificat	ion number
AMERICAN QUARTER HORSE ASSO	CIATION					75-0725576	
Part I General Information	n on Grants an	d Assistance				•	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	vard the grants or as	ssistance?					✓ Yes
Part II Grants and Other A Form 990, Part IV, line	ssistance to Go	vernments and O	rganizations in the	United States. Com			res" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	• • • • • • • • • • • • • • • • • • • •
See Additional Data Table							
2 Enter total number of section 50						_	10
3 Enter total number of other orga	ınızatıons lısted ın t	ne line 1 table				<u> ▶ _</u>	40

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) WORLD SHOW	648	1,614,833	1,401,690	COST	BUCKLES, SADDLES, TROPHIES
(2) RACING CHALLENGE	162	167,173			
(3) INCENTIVE FUND	4225	1,917,477			
(4) AQHA PROMOTION AND SPONSORSHIP AWARDS	2004	32,250	328,650	COST	BUCKLES, TROPHIES, RINGS, CERTIFICATES, JACKETS, EMBLEMS
(5) TEAM WRANGLER/CHAMPIONSHIP AND ROOKIE WINNERS	200	75,000	351,716	COST	BUCKLES, TROPHIES, ETC
(6) VERSATILITY RANCH HORSE	23	46,657	33,957	COST	BUCKLES, TROPHIES, ETC
(7) EAST AND WEST NOVICE CHAMPIONSHIPS	693		70,409	COST	BUCKLES, TROPHIES, ETC

Part IV Supplemental Information.

Complete this part to provid	e the information required in Part I, l	lne 2, Part III, column (b), and any other additional information
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AFFILIATE PROGRAM - AQHA HAS PARTNERSHIPS WITH LIKE-MINDED GRASSROOTS AMERICAN QUARTER HORSE ASSOCIATIONS TO HELE PROMOTE THE BENEFITS OF AMERICAN QUARTER HORSE INVOLVEMENT THERE ARE 83 STATE/PROVINCIAL AQHA AFFILIATES REPRESENTING ALL FIFTY STATES AND SEVEN PROVINCES IF AN ASSOCIATION HANDLES BOTH THE RACE AND SHOW SEGMENTS OF OUR INDUSTRY, THEN AQHA HAS ONLY ONE AFFILIATE IN THAIT STATE OR PROVINCE IN THE CASE WHERE THOSE SEGMENTS ARE REPRESENTED BY THEIR OWN ENTITY, THEN AQHA COULD HAVE TWO AFFILIATES IN THAIL LOCATION THE AFFILIATE (AQHA PARTNERSHIP WILL UNITE AMERICAN QUARTER HORSE OWNERS, DEVELOP AND PROVIDE BENEFICIAL SERVICES FOR ALL HORSE OWNERS, HARDLE AND ENCOURAGE AMERICAN QUARTER HORSE OWNERS, DEVELOP AND PROVIDE BENEFICIAL SERVICES FOR ALL HORSE OWNERS, HARDLE AND ENCOURAGE AMERICAN QUARTER HORSE OWNERS, DEVELOP AND PROVIDE BENEFICIAL SERVICES FOR ALL HORSE OWNERS, HARDLE AT SHAPPING AND PARTNERSHIP WILL GENERAL GROWTH OF AFFILIATE MEMBERSHIP VIA THE EDUCATIONAL PROGRAMS, RECOGNITION, MONITORING PUBLIC POLICY, MARKETING, PROMOTION, AND PUBLICITY OF THE AMERICAN QUARTER HORSE THE AFFILIATE APPROMENTS. HE AFFILIATE AFFILIATE AND PROMOTION THE AMERICAN QUARTER HORSE BACING COUNCIL GRANTS - 15A PROGRAM WHERE REQUESTS FOR GRANTS ARE SUBMITTED BY OUR STATE AFFILIATES FOR RACING PROMOTION INITIATIVE PURPOSES GRANTS ARE REVIEWED AND APPROVED BY OUR RACING COUNCIL GRANTS - 15A PROGRAM WHERE REQUESTS FOR GRANTS ARE SUBMITTED BY OUR STATE AFFILIATES FOR RACING PROMOTION INITIATIVE PURPOSES GRANTS ARE REVIEWED AND APPROVED BY OUR RACING COUNCIL INCENTIVE FUND - 1SA PROGRAM WHERE BY AQHA-SANCTIONED SHOW PARTICIPANTS AND BREEDERS WIN CASH PRIZES BASED ON TOTAL POINTS ACCUMULATED DURING EACH SHOW PARTICIPANTS AND BREEDERS WIN CASH PRIZES BASED ON TOTAL POINTS ACCUMULATED DURING EACH SHOW POINTS EACH SHOW THE PROBLEM FOR THE SUBMIT OF THE PROBLEM FOR THE PROBLEM FOR THE SUBMIT OF THE PROBLEM FOR TH
		CHAMPIONSHIP SHOW ARE HELD EACH NOVEMBER IN OKLAHOMA CITY THE ADEQUAN SELECT SHOW IS HELD IN AUGUST IN AMARILLO AND THE ZOETIS VERSATILITY RANCH HORSE WORLD CHAMPIONSHIP IS HELD IN
		HOUSTON EACH MARCH ENTRIES ARE BY INVITATION ONLY BASED UPON COMPETITION IN THE 2,400 APPROVED AQHA SHOWS A PANEL OF JUDGES EVALUATES EACH CLASS TO DETERMINE THE BEST CHOICE FOR
		THE WORLD CHAMPION TITLE EACH EVENT IS FOR THOSE WHO LOVE AND APPRECIATE THE ATHLETIC ABILITY AND BEAUTY OF THE AMERICAN QUARTER HORSE AND WANT TO SHOWCASE THE BEST IN EACH CLASS

Software ID:

Software Version:

EIN: 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BACK COUNTRY HORSEMEN OF CALIFORNIA1 LOS PADRES UNIT ARROYO GRANDE,CA 93420	20-4093378	501(C)(3)	8,225				STEP PROGRAM GRANT
TREAD LIGHTLY353 E 400 S STREET SUITE 100 SALT LAKE CITY, UT 84111	87-0481456	501(C)(3)	7,500				STEP PROGRAM GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE QUARTER HORSE ASSOCIATIOINPO BOX 19 SHERMAN,ME 04776	23-7388628	501(C)(5)	10,000				A CHIEVEMENT A WARD GRANT
NEW MEXICO QUARTER HORSE ASSOCIATION6655 COORS BLVD SW ALBUQUERQUE,NM 87121	85-0248307	501(C)(5)	10,000				A CHIEVEMENT A WARD GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE QUARTER HORSE ASSOCIATIONPO BOX 1010 MCKENNA, WA 98558	31-1467592	501(C)(5)	10,000				A CHIEVEMENT A WARD GRANT
SAM HOUSTON STATE UNIVERSITY1831 UNIVERSITY DRIVE HUNTSVILLE,TX 77340	74-6001430		14,000				HORSEMANSHIP GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF FINDLAY1000 N MAIN STREET FINDLAY,OH 45840	34-4431169		14,000				HORSEMANSHIP GRANT
TEXAS A&M UNIVERSITY 249 KLEBERG CENTER 2471 TAMU COLLEGE STATION,TX 77843	74-6000531		10,000				HORSEMANSHIP GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RACING OFFICIALS ACCREDITATION821 CORPORATE DRIVE LEXINGTON,KY 40503	20-4137857	501(C)(6)	10,000				RACING COUNCIL SPONSORSHIP
UNIVERSITY OF ARIZONA FND RTIP1111 N CHERRY AVE TUCSON,AZ 85271	86-6050388	501(C)(3)	6,000				RACING COUNCIL SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEREMY PLONKPO BOX 41 MILNESVILLE,PA 18239	26-1729812		10,000				RACING COUNCIL SPONSORSHIP
RUIDOSO DOWNS RACETRACK1461 HWY 70 EAST RUIDOSO DOWNS,NM 88346	85-0264407		20,000				RACING COUNCIL SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA QUARTER HORSE RACING ASSOCIATION 9085 MAGNOLIA HILL DRIVE TALLAHASEE,FL 32309	43-2098099	501(C)(6)	71,329				RACING COUNCIL GRANT
GROTTA MARKETING RESEARCH INC1905 THOUSAND OAK DR BURLESON,TX 76028	45-4165488		8,000				RACING COUNCIL GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH MEDICATION AND TESTING CONSORTIUM821 CORPORATE DRIVE LEXINGTON,KY 40503	72-1559413	501(C)(3)	50,000				EQUINE RESEARCH GRANT
HORTON RACING LLC6451 NORTH FWY FORT WORTH,TX 76131	43-0250350		9,378				RACING CHALLENGE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOOTAN RACING505 W DALLAS ST LLANO,TX 78643	46-7783658		12,155				RACING CHALLENGE
T I CATTLE COMPANY9401 TELGE RD HOUSTON,TX 77095	76-0121226		5,118				RACING CHALLENGE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNER K QUARTER HORSES LLC3015 E JOYCE BLVD FAYETTEVILLE,AR 72703	33-1383539		5,569				RACING CHALLENGE
SPANKY BROWNE9200 NW HIGHWAY 2 WILBURTON,OK 74578	73-1108923		5,993	570		BUCKLES, BOOTS, JACKETS, ETC	WORLD SHOW

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROL ANDERSON WARD 14300 JACKSON RD RANCHO MURIETA,CA 95683	68-0093675		9,703	1,275		TROPHIES, JACKETS, ETC	WORLD SHOW, HIGH POINT, INTERMEDIATE EXHIBITORS
CRYIN COYOTE RANCH 32800 GIBONEY RD HEMPSTEAD,TX 77445	24-8841328		5,916	400		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
P BTRSTBILEK FMLY TT 38072428 MILANO TER CHINO HILLS,CA 91709	45-4210867		5,998	305		TROPHIES,	WORLD SHOW, INTERMEDIATE EXHIBITORS
EE RANCHES OF TEXAS INCPO BOX 829 WHITESBORO,TX 76273	75-2145083		6,849				WORLD SHOW

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FURST RANCH1157 W JETER RD BARTONVILLE,TX 76226	75-2724922		11,297				WORLD SHOW
GRAY QUARTER HORSE- NEVADA LLCPO BOX 471224 FORT WORTH,TX 76147	99-0356660		6,213	170		BUCKLES, TROPHIES, JACKETS,ETC	WORLD SHOW

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIRCLE STAR LAND & CATTLE COPO BOX 125 PONTOTOC,TX 76869	27-3177934		11,955	678		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW
RANCHO BRILLANDO INC 11404 BROADVIEW DR MOORPARK,CA 93021	77-0585150		7,432	400		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY COW PERFORMANCE HORSES LLCPO BOX 338 SANTA YNEZ,CA 93460	46-1522720		9,041	170		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW
WACO BEND RANCH LTD 842 PHILLIPS RANCH RD GRAHAM,TX 76450	32-0119639		7,908	400		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EE RANCHES INCPO BOX 802207 DALLAS,TX 75380	75-2145083		11,528	339		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW
SMITH PERFORMANCE HORSES LLCPO BOX 16428 LAS CRUCES,NM 88004	26-3949509		6,514	339		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XTRA QUARTER HORSES LLC24589 210TH ST PURCELL,OK 73080	27-3029951		9,907	170		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW
GLOVER GALYEAN PARTNERSHIP8994 E 450 RD CLAREMORE,OK 74017	45-3909312		14,003	400		BUCKLES, TROPHIES, JACKETS,ETC	WORLD SHOW

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNAPP QUARTER HORSE FARMS LC26413 360TH ST VAN METER,IA 50261	87-0541387		7,341	339		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW
CAPITAL QUARTER HORSES LLCPO BOX 1039 WHITESBORO,TX 76273	45-3327294		7,670	305		TROPHIES,	WORLD SHOW, INTERMEDIATE EXHIBITORS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JACOB FAMILY19 HIGH POINT CIR HARRISON CITY, PA 15636	19-1502986		7,269				INCENTIVE
ROBBIE & JOAN SCHROEDERSCHROEDER RANCH GAINESVILLE,TX 76240	75-2963729		7,075				INCENTIVE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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
KENNETH & MARILYN MASTERSON400 UNION DR SOMERVILLE,TN 38068	62-1679726		5,033				INCENTIVE
GALLOPING B RANCH LLC 3554 NE DEER CREEK RD TURNEY,MO 64493	45-1762288		6,704				INCENTIVE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNAPP QUARTER HORSE FARMS LLC 26413 360TH ST VAN METER, IA 50261	87-0541387		8,395				INCENTIVE
EQUESTRIAN EVENTS INC PO BOX 12110 LEXINGTON,KY 40580	61-0899468	170(B)(1)(A)(VI)	10,000				SPO NSO RSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US EQUESTRIAN TEAM FOUNDATIONPO BOX 355 GLADSTONE,NJ 07934	22-1668879	501(C)(3)	10,000				SPO NSO RSHIP
INTERSCHOLASTIC EQUESTRIAN ASSOCIATION2721 SCARBOROUGH RD CLEVELAND HEIGHTSS, OH 44106	20-5381112	501(C)(3)	10,000				SPO NSO RSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAILEPO BOX 36367 LOUISVILLE,KY 40233	61-0600439		6,500				SPONSORSHIP
AMERICAN QUARTER HORSE FOUNDATIONPO BOX 32111 AMARILLO.TX 79120	51-0187823	501(C)(3)	9,803				EQUINE RESEARCH, YOUTH SCHOLARSHIPS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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
NORTHEASTERN OKLAHOMA A&M200 I STREET NE MIAMI,OK 74354	73-6017987		12,000				HORSEMANSHIP GRANT
RHODES RIVER RANCH INC 22016 ENTSMINGER RD ARLINGTON,WA 98223	46-3238603		10,472				WORLD SHOW

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANCHO OSO RIO LLC 14241 E RIO VERDE DR SCOTTSDALE,AZ 85262	06-1735243		6,304	400		BUCKLES, BOOTS, JACKETS, ETC	WORLD SHOW
DIXON FLOWERS QUARTER HORSESRR 2 BOX 239 NOWATA,OK 74048	27-3816051		14,433				WORLD SHOW

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493223008874

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN QUARTER HORSE ASSOCIATION

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			75-0725576			
Pa	t I Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel		Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement or provision of all of the expenses of			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directors			2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	that apply				
	▼ Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	고	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		No
b	Participate in, or receive payment from, a supplement	ental non	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-l	based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines $4a-c$, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		
9	If "Yes" to line 8, did the organization also follow the	he rebutta	able presumption procedure described in Regulations			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)DONALD TREADWAY JR EXECUTIVE VP	(i) (ii)	288,721 0	0 0	59,958 0	0 0 0, E 0	19,960 0	371,639 0	0
(2)TRENTON TAYLOR TREASURER	(i) (ii)	199,519 0	0 0	14,300 0	6,600 0	19,325 0	239,744 0	0 0
(3)TOM PERSECHINO EXECUTIVE DIRECTOR OF COMPETITION &	(i) (ii)	141,093 0	7,873 0	9,961 0	12,000	10,260	181,187 0	0
(4)WILLIAM ROSS SENIOR DIRECTOR OF JUDGES	(i) (ii)	151,764 0	9,308 0	61,827 0	10,166 0	13,220 0	246,285 0	0
(5)ROBERT PIERCE ATTORNEY	(i) (ii)	208,365 0	0	9,077 0	12,609 0	9,798 0	239,849 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference

Schedule J (Form 990) 2012

Explanation

DLN: 93493223008874

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Transactions with Interested Persons

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

Name of the organization AMERICAN OUARTER HORSE ASSOCIATION **Employer identification number**

75-0725576 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to (i)Written (a) Name of (b) Relationship (c) Purpose of (e)Original (f)Balance **(g)** In (h) or from the principal agreement? ınterested with loan due default? Approved person organization organization? amount by board or committee? Τо From Yes No Yes Yes No 159,680 47,904 (1) DONALD SPLIT Χ Νo Yes TREADWAY DOLLAR LIFE INSURANCE AGREEMENT 47,904 Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization (1) LAUREN HALVORSON DAUGHTER OF WAYNE 1,000 GENERAL SCHOLARSHIP HALVORSON FROM AMERICAN QUARTER HORSE FOUNDATION, A RELATED ENTIT (2) MEGAN PATTERSON DAUGHTER OF KATHY M INTERNSHIP WITH PATTERSON AMERICAN QUARTER HORSE FOUNDATION, A RELATED ENTITY (3) SANDRA VAUGHN DIRECTOR 5,000 PROFESSIONAL HORSEMAN'S CRISIS GRANT FROM AMERICAN QUARTER HORSE FOUNDATION

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.						
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) JOHNNY TROTTER	EXECUTIVE COMMITTEE/DIRECTOR	· · · · · · · · · · · · · · · · · · ·	CATTLE FOR SHOW		No	

Doub W	Commissions	l Toda woodia o
Part V	Supplementa	i information

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

Ident if ier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493223008874

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Name of the organization AMERICAN QUARTER HORSE ASSOCIATION	Employer identifi	cation number
	75-0725576	

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	JAMES HEIRD, DIRECTOR, AND ELEANOR GREEN, DIRECTOR - FAMILY RELATIONSHIP DIRK JONES, DIRECTOR-AT-LARGE, AND R C JONES, DIRECTOR-AT-LARGE - FAMILY RELATIONSHIP TRAVIS DOBBS, DIRECTOR, AND JOHNE DOBBS, PRESIDENT OF EXECUTIVE COMMITTEE - FAMILY RELATIONSHIP LORI BUCHOLZ, DIRECTOR, AND MELISSA DUKES, DIRECTOR - BUSINESS RELATIONSHIP JIM J SHOEMAKE, PAST PRESIDENT, AND SARAH SHOEMAKE-DOLLES, DIRECTOR - FAMILY RELATIONSHIP LAINA BANKS, DIRECTOR, AND KENNETH BANKS, DIRECTOR-AT-LARGE - FAMILY RELATIONSHIP LAINA BANKS, DIRECTOR, AND EDWARD MCNELIS, DIRECTOR EMERITUS - FAMILY RELATIONSHIP CHARLES GRAHAM, DIRECTOR-AT-LARGE, AND TYLER GRAHAM, DIRECTOR - FAMILY RELATIONSHIP AND BUSINESS RELATIONSHIP (EMPLOYER OF TYLER) R A (ROB) BROWN JR, PAST PRESIDENT, AND ROB A BROWN, DIRECTOR - FAMILY RELATIONSHIP SARAH N KUNKLE, DIRECTOR EMERITUS, AND JOHN B KUNKLE, DIRECTOR - FAMILY RELATIONSHIP

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE AMERICAN QUARTER HORSE ASSOCIATION IS A NONPROFIT CORPORATION THAT IS COMPOSED OF OVER 270,000 MEMBERS WORLDWIDE. THE MEMBERS IN ATTENDANCE EACH HAVE A VOTE AT THE ANNUAL MEMBERSHIP MEETINGS. THESE MEMBERS ARE DIVIDED INTO GEOGRAPHICAL AREAS REPRESENTING STATES, PROVINCES, COUNTRIES, OR REGIONS. THESE MEMBERS ARE REPRESENTED ON THE BOARD OF DIRECTORS. THE TOTAL NUMBER OF ELECTED DIRECTORS IS 150. THE NUMBER OF DIRECTORS REPRESENTING AN AREA IS DETERMINED BY THE NUMBER OF REGISTERED AMERICAN QUARTER HORSES IN THEIR GEOGRAPHIC REGION. THE MEMBERS FROM EACH REGION ELECT. THE DIRECTORS FROM THEIR REGION. THE MEMBERS APPROVE ALL DECISIONS OF THE BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE AT THE ANNUAL MEETING. SEE SECTION II AND III OF THE BY-LAWS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS IS COMPOSED OF THESE ELECTED DIRECTORS, PAST PRESIDENTS, DIRECTORS EMERITI, DIRECTORS AT LARGE, HONORARY VICE PRESIDENTS, AND APPOINTED INTERNATIONAL DIRECTORS ALL OF THESE HAVE VOTING RIGHTS ON THE BOARD OF DIRECTORS PROVIDED THEY ADHERE TO THE POLICIES TO MAINTAIN THEIR VOTING RIGHTS THE BOARD OF DIRECTORS MEETS ANNUALLY AT THE ANNUAL MEMBERSHIP MEETING THE BOARD OF DIRECTORS ELECTS THE EXECUTIVE COMMITTEE, WHICH HAS ALL RIGHTS OF THE BOARD OF DIRECTORS EXCEPT THE POWER TO CHANGE BY-LAWS AND ANY RULES PERTAINING TO THE REGISTRATION OF HORSES THE EXECUTIVE COMMITTEE IS A FIVE-MEMBER COMMITTEE CONSISTING OF THE PRESIDENT, FIRST VICE PRESIDENT, SECOND VICE PRESIDENT, AND TWO MEMBERS SEE SECTION IV AND V OF THE BY-LAWS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE DECISIONS OF THE EXECUTIVE COMMITTEE ARE APPROVED BY THE BOARD OF DIRECTORS THE ACTIONS OF THE BOARD OF DIRECTORS ARE APPROVED BY THE MEMBERS AT THE ANNUAL MEMBERSHIP MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS COMPLETED WITH THE ASSISTANCE OF THE ACCOUNTING DEPARTMENT IN CONJUNCTION WITH THE TREASURER THE 990 IS THEN REVIEWED BY THE TREASURER AND THE EXECUTIVE VICE PRESIDENT THE BOARD OF DIRECTORS THROUGH THE EXECUTIVE COMMITTEE ALSO REVIEW THE RETURN AFTER FILING, THE 990 IS AVAILABLE TO ANY ONE UPON REQUEST

Identifier	Return Reference	Explanation
	VI, SECTION B,	ALL BOARD MEMBERS ARE REQUIRED TO FILL OUT THE CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS ALL OF THESE RESPONSES ARE REVIEWED TO DETERMINE WHERE CONFLICTS MAY EXIST IF A CONFLICT ARISES, THE BOARD MEMBER WITH SUCH CONFLICT WILL NOT BE ALLOWED TO VOTE ON THE TRANSACTION INVOLVED THERE WERE NO INCIDENCES OF CONFLICTS DURING THE YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE APPROVES COMPENSATION FOR ALL STAFF, INCLUDING THE EXECUTIVE VICE PRESIDENT, TREASURER, AND KEY EMPLOYEES THEY HAVE COMPARABILITY DATA AVAILABLE TO REVIEW FOR BOTH NON-PROFIT AND FOR-PROFIT CORPORATIONS THEY HAVE RECEIVED INDEPENDENT REVIEWS OF THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IN THE PAST, BUT IT IS NOT DONE ON AN ANNUAL BASIS THE DOCUMENTATION OF THEIR DECISIONS IS REFLECTED IN THE MINUTES OF THE EXECUTIVE COMMITTEE MEETINGS

I	ldentifier	Return Reference	Explanation						
I		FORM 990, PART VI, SECTION C, LINE 18	THE FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST						

Identifier	Return Reference	Explanation
	PART VI, SECTION C,	THE ORGANIZATIONS GOVERNING DOCUMENTS ARE PRINTED IN THE ANNUAL OFFICIAL HANDBOOK THAT IS AVAILABLE UPON REQUEST TO ALL MEMBERS AND IS POSTED ON THE AQHA WEBSITE. THE INFORMATION CAN ALSO BE DOWNLOADED THROUGH THE AQHA APP THE CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PRESENTED TO THE MEMBERS AT THE ANNUAL MEETING AND THEN POSTED ON THE AQHA WEBSITE. IN ADDITION, EACH DIRECTOR RECEIVES QUARTERLY UNAUDITED FINANCIALS TO SHARE WITH THE MEMBERS THEY REPRESENT

Identifie	Return Reference	Explanation
	FORM 990, PART VILCOMPENSATION	BOARD OF DIRECTOR COMPENSATION AMOUNTS INCLUDE PRIZE MONEY AND COMPENSATION FOR OTHER SERVICES PROVIDED TO THE AMERICAN QUARTER HORSE ASSOCIATION IN THE NORMAL COURSE OF BUSINESS

ldentifier	Return Reference	Explanation
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART IX, LINE 24E	SPONSORSHIP TOTAL EXPENSES 990,911 DRUG TESTING TOTAL EXPENSES 748,064 AWARDS TOTAL EXPENSES 654,303 INCENTIVE FUND TOTAL EXPENSES 446,114 EAST / WEST NOVICE CHAMPIONSHIP SHOW TOTAL EXPENSES 427,858 AQHF REIMBURSEMENT EXPENSE TOTAL EXPENSES 409,403 REPAIRS AND MAINTENANCE. TOTAL EXPENSES 373,022 TROPHIES TOTAL EXPENSES 371,448 CONTRIBUTIONS TOTAL EXPENSES 149,121 TATTOOING TOTAL EXPENSES 148,189 EMPLOYEE EXPENSE TOTAL EXPENSES 95,524 DUES AND SUBSCRIPTIONS TOTAL EXPENSES 94,927 TV SERIES TOTAL EXPENSES 94,445 HORSEMEN PROGRAMS TOTAL EXPENSES 90,409 MEMBERSHIP TOTAL EXPENSES 86,296 MISCELLANEOUS TOTAL EXPENSES 69,711 CONTRACT LABOR TOTAL EXPENSES 58,685 EMPLOYEE TRAINING TOTAL EXPENSES 46,011 RANCH HERITAGE CHALLENGE TOTAL EXPENSES 34,505 DIRECTORS EXPENSE TOTAL EXPENSES 29,300 VERSATILITY RANCH HORSE TOTAL EXPENSES 24,962 AUTOMOTIVE TOTAL EXPENSES 16,353 RESEARCH TOTAL EXPENSES 12,681 SALES USE TAX TOTAL EXPENSES 5,106

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DLN: 93493223008874

2012

OMB No 1545-0047

Employer identification number

75-0725576

SCHEDULE R (Form 990)

Name of the organization

AMERICAN QUARTER HORSE ASSOCIATION

Department of the Treasury

Internal Revenue Service

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.

Open to Public Inspection

Part I Identification of Disregarded Entities (Comple	ete if the organization	answered "Yes" to	Form 990, Par	t IV, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) ind-of-year assets	D	(f) prect controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	zations (Complete if t ne tax year.)	he organization ar	nswered "Yes" t	o Form 990, P	Part IV,	line 34 because it	had or	ıe
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Public charity (if section 501	status 1(c)(3))	(f) Direct controlling entity	Section (13) co ent	ity?
(1) AMERICAN QUARTER HORSE FOUNDATION PO BOX 32111 AMARILLO, TX 79120 51-0187823	SUPPORT OF EDUCATIONAL PROJECTS OF INTEREST TO DEVOTEES OF THE QUARTER HORSE	TX	501(C)(3)	LINE 11A, I		NONE	Yes	No No
								_
							1	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	<u>I</u>		<u>1</u> 5Y			Schedule R (Form	990) 2	 012

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organiza	itions li	sted in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b Gift, grant, or capital contribution to related organization(s)									
c Gift, grant, or capital contribution from related organization(s)									
d	Loans or loan guarantees to or for related organization(s)				1d		No		
e	Loans or loan guarantees by related organization(s)				1e		No		
f	Dividends from related organization(s)				1f		No		
					1g		No		
	Purchase of assets from related organization(s)				1h		No		
i	Exchange of assets with related organization(s)				1i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
	Lease of facilities, equipment, or other assets from related organization(s)				1k 1l		No No		
l Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No		
0	Sharing of paid employees with related organization(s)				10		No		
n	Reimbursement paid to related organization(s) for expenses				1p		No		
-	Reimbursement paid by related organization(s) for expenses				1q	Yes			
ч	Rembulsement paid by related organization(s) for expenses								
r	Other transfer of cash or property to related organization(s)				1r		No		
s	Other transfer of cash or property from related organization(s)				1 s		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inclu	ıdıng co	overed relationships	and transaction thresholds					
	(a) (b) Name of other organization Transactio type (a-s)		(c) Amount involved	(d) Method of determining amo	ount II	nvolved			

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	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)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: Software Version:

EIN: 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

Schedule R (Form 990) 2012

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
Identifier	Return Reference	Explanation							