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Form 990

Department of the Treasury

For the 2013 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

20

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013, and ending

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

D Employer identification number Check if applicable C Name of organization American Youth Horse Council, Inc. Address change Doing Business As 61-1229542 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number П Name change \checkmark Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return G Gross receipts \$ Portales, NM 88130 F Name and address of principal officer H(a) Is this a group return for subordinates? Yes Vo No Application pending H(b) Are all subordinates included? Tyes No If "No," attach a list (see instructions) **✓** 501(c)(3) 501(c) () ◀ (insert no) 🔲 4947(a)(1) or Tax-exempt status www.AYHC.com H(c) Group exemption number ▶ Website: ▶ Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ► L Year of formation M State of legal domicile 1994 Part I Briefly describe the organization's mission or most significant activities: Equine education support for youth; promotion of Activities & Governance quality equine information and support of youth involvement in equine related activities Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 3 20 4 Number of independent voting members of the governing body (Part VI, line 1b) 20 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 110 Total unrelated business revenue from Part VIII, column (C), line 121, 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Pnor Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 53,917 42,498 Program service revenue (Part VIII, line 2g) 9 41,165 28,905 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 149 88 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 95,231 71,491 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,120 2,500 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . O 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 90,008 73,385 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 92,128 75,885 Revenue less expenses. Subtract line 18 from line 12 19 3.102 4,394 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 37.395 21 Total liabilities (Part X, line 26) . . 4,616 410 22 Net assets or fund balances. Subtract line 21 from line 20 41,379 36,985 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Danette Mica Sian Signature of office Executive Director Here aneth Type or print name and title Print/Type preparer's name Preparer's signature Paid Check 🔲 if self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.



Yes No
Form **990** (2013)

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Equine education support for youth; Promotion of quality equine information and support for youth involvement in equine related activities
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ 68,084 including grants of \$ 2,500) (Revenue \$ 71,491)
	Publication of quality equine information for education; support for youth involvement in equine related activities; One scholarship was awarded in 2013
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Jodd/(Expenses #
	······································
4d	Other program services (Describe in Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 68,084

Form 990 (2013)

Page 2

art	Checklist of Required Schedules		- V	T
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	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	1	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		√
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
	Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	:	/
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	,	1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		✓_
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L .

Part	Checklist of Required Schedules (continued)			-3-
_			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or 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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>			./
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	→	\

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4.			Yes	No
1a 5	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
•	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶			-
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	:		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	organization, have excess business holdings at any time during the year?	8		<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		ž,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. 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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	truct	ions.
 :	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · </u>	•	<u>. V</u>
Section	on A. Governing Body and Management		Yes	No
4.			103	140
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
	if the governing body delegated broad authority to an executive committee or similar	3	•	34.5
	committee, explain in Schedule O.		ζ,	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 20		,	, .
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		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Did the organization have members or stockholders?	6	<u> </u>	
14	one or more members of the governing body?	7a	1	
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		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			<i>-</i>
	the year by the following:			
a b	The governing body?	8a 8b	<u>√</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	✓	
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
		\longrightarrow	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓_	ļ
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by	1		1.1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		2.	
a b	The organization's CEO, Executive Director, or top management official	15a 15b		√
D	Other officers or key employees of the organization	130		<u>, </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	, ., ·	er e
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		<u> </u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	- 3		
04	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the conflict of interes	erest p	oolicy	, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Danette McGuire, 1104 Gemini Circle, Portales, NM 88130 (817) 320-2005			

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

✓ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average	box,	unles	Pos eck s pe	rson	e than o	n an	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)		amount of other compensation from the organization and related organizations
(1) Elaine Bailey Board member		✓						0	0	0
(2) Candi Bothum										
Board member		✓						0	0	0
(3) Rebecca Bott										
Board member	_	✓						0	0	0
(4) Todd Branson										
Board member		✓						0	0	0
(5) Julie Bryant Board member		1						0	o	0
(6) Kara Colvin										<u>·</u>
Board member		1						o	ا	0
(7) Celeste Crisman								_	Ī	
Board member		1						o	اه	0
(8) Debra Hagstrom										
Board member		✓						0	0	0
(9) Amy Lawyer										
Board member		✓						о	o	0
(10) Debbie Manrin										
Board member		✓							0	0
(11) Shianne Megel										
Board member		✓						о	o	0
(12) Shawna Strickland										
Board member		1						о	o	0
(13) Rich Wilcke										
Board member		✓						о	o	0
(14) Karol Wilson										
Board member		1			<u> </u>			o	o	0

(20) (21) (22) (23) (24) (25) 1b Sub-total	Part	VI Section A. Officers, Directors, Trus	lees, Rey L		yee:		C)	iigiies	31 C			in deal		
Name and title Average week, field any related compensation from the organization below the president organization below detined below detine		(A)	(B)	•						(D)	(E)		Æ	
Total number of individuals including but not limited to those listed above) who Total number of individuals and usings address Total number of individuals and usings address Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total compensation from the organization Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who Total number of independent contractors (including but not limited to those listed above) who														l
related components of the comp			hours per							compensation	compensation fro	1	mount of	
15 Karen Waite				95	=	o	<u>~</u>	क ऋ	بت	1				
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who		reportable compensation from the organ	zation ► 0								4			
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 6 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 1 Total number of independent contractors (including but not limited to those listed above) who	_			_									Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3										est compensa	— —	<u> </u>	<u> </u>
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	_											ļ 		/
Individual	4												1	
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Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	Socii		: 11 165, 0	Juli	516	JUI	CUL	ne J I	UI S	acii persori		· 5		_ ✓
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(A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			ort compo	risanc	,,,,	<i>)</i> , ()		aiciiu	ai y	real ending wit	ii or within the	organiza		ax
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	<u>-</u>	·							Γ.	(B)			CI	
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received more than \$100,000 of a compound the form the average by		Total number of independent continues	re (includia	na b	+ -	o+ 1	ımı.	od *-	. 41-	ana listad ab				
	~								, ui		Jve, wild	٠	• , •	

Part	VIII	Statement of Revenue Check if Schedule O contains		nonco or noto to	any line in this	Port VIII		
		Check if Schedule O contains	ares	polise of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a			·		
ira	b	Membership dues	1b	3,290				
ts, Grants Amounts	c	Fundraising events	1c					
ar /	d	Related organizations	1d					
s, C mil	е	Government grants (contributions)	1e					
ion	f	All other contributions, gifts, grants,						
but		and similar amounts not included abov	1f	39208				
i di	g	Noncash contributions included in lines 1	a-1f: \$, , , , , , , , , , , , , , , , , , , ,		-		
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	42,498			j
				Business Code				
en	2a	Publication Royalties		900099	2,270	2,270	_	
Re	b	Booth Rental		900099	1,280	1,280		
e	C	Publication Advertising		900099	2,175	2,175		
e <u>v</u>	d	Meetings Income		900099	23,180	23,180		_
ηS	e			300033	23,100	23,100		
Program Service Revenue	f	All other program service rever						
or o	g	Total. Add lines 2a-2f		•	28905			_
	3	Investment income (including	divid	ends. interest.	20303			
		and other similar amounts) .			88	88		
	4	Income from investment of tax-ex			- 66	- 00		
	5							
		Royalties	al	(ii) Personal				1
	6a	Gross rents		 ``				
	b	Less rental expenses		 				
	C	Rental income or (loss)		 				
	d	Net rental income or (loss) .						
	7a	Gross amount from sales of (i) Secu	rities	(ii) Other				
	74	assets other than inventory		 				
	ь	Less, cost or other basis		+				
		and sales expenses .						
		· ————		-				
	C	Gain or (loss)						
	d	Net gain or (loss)		▶				
<u>e</u>	00	Gross income from fundraising				'		
enne	8a	events (not including \$						
		,	4-0					
T.		of contributions reported on line See Part IV, line 18						
Other Rev		· ·	-					
ō		Less: direct expenses						
		Net income or (loss) from fund Gross income from gaming acti		events . ►				
	9a	See Part IV, line 19						1
		Less: direct expenses Net income or (loss) from game						<u>-</u> -
	C 400	Gross sales of inventory,	-	ivities				
	IUa	returns and allowances						
	١.		_	-				
		Less: cost of goods sold						
	c	Net income or (loss) from sales Miscellaneous Revenue	OI INV				·	
	44-	iviiscellarieous Hevenue		Business Code				
	11a							 -
	b							
	C	A II . Maria						
	d	All other revenue	-	L			-	
	e a	Total. Add lines 11a-11d						
	12	Total revenue. See instruction	S	🟲	71,491	28,993		L

Form 990 (2013) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service expenses (C) Management and general expenses (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 2,500 2,500 Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes 10 Fees for services (non-employees): 11 Management а 22,433 16,832 5,611 Legal . b c Accounting 100 100 **d** Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion 998 998 13 Office expenses 655 14 Information technology 462 462 Royalties 15 16 Occupancy 17 799 799 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . 19 32,444 31,911 20 21 22 Depreciation, depletion, and amortization . 23 250 250 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Awards Trophies 891 891 Bank Credit Card Fees 770 770 Dues Subscriptions 275 275 d Printing Reproduction 12396 12396 e All other expenses 912 912 912 Total functional expenses. Add lines 1 through 24e 25 75,885 68,084 6,623 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 Infollowing SOP 98-2 (ASC 958-720) Infollowing SOP 98-2 (ASC 958-720)

Form **990** (2013)

P	art x				
		Check if Schedule O contains a response or note to any line in this Pa			<u></u>
			(A) Beginning of year		(B) End of year
_	1	Cash—non-interest-bearing	5,751	1	6,917
	2	Savings and temporary cash investments	33,480	2	29,079
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,764	4	1,399
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11	•	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	45,995	16	37,395
	17	Accounts payable and accrued expenses	4,616	17	410
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	-	21	
S	22	Loans and other payables to current and former officers, directors,			
Ě		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L [22	
	23	Secured mortgages and notes payable to unrelated third parties [23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,616	26	410
w		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Ö		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund Balances	}	complete lines 30 through 34.	···		
şţ	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
tΑ	32	Retained earnings, endowment, accumulated income, or other funds .	41,379		36,985
Š	33	Total net assets or fund balances	41,379		36,985
	34	Total liabilities and net assets/fund balances	45,995	34	37.395

 Total revenue (must equal Part V Total expenses (must equal Part V Revenue less expenses. Subtract V Net assets or fund balances at b Net unrealized gains (losses) on Donated services and use of fact Investment expenses Prior period adjustments Other changes in net assets or fit 			F	age 12
 Total revenue (must equal Part V Total expenses (must equal Part V Revenue less expenses. Subtract V Net assets or fund balances at b Net unrealized gains (losses) on Donated services and use of fact Investment expenses Prior period adjustments Other changes in net assets or fit 				
 Total expenses (must equal Part Revenue less expenses. Subtract Net assets or fund balances at b Net unrealized gains (losses) on Donated services and use of fact Investment expenses Prior period adjustments Other changes in net assets or full 	ains a response or note to any line in this Part XI	<u> </u>	· · <u>· · · · · · · · · · · · · · · · · </u>	<u></u>
 Revenue less expenses. Subtract Net assets or fund balances at b Net unrealized gains (losses) on Donated services and use of faction Investment expenses Prior period adjustments Other changes in net assets or fundamental 	/III, column (A), line 12)	1		71,491
 4 Net assets or fund balances at b 5 Net unrealized gains (losses) on 6 Donated services and use of factor 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fundamental 	IX, column (A), line 25)	2		75,885
 Net unrealized gains (losses) on Donated services and use of fact Investment expenses Prior period adjustments Other changes in net assets or full 	et line 2 from line 1	3		-4,394
 Donated services and use of factor Investment expenses Prior period adjustments Other changes in net assets or full 	peginning of year (must equal Part X, line 33, column (A))	4		41,379
7 Investment expenses8 Prior period adjustments9 Other changes in net assets or full	investments	5		
8 Prior period adjustments9 Other changes in net assets or full	ilities	6		
9 Other changes in net assets or fu		7		
_		8		
10 Not seeds or fund balances at a	und balances (explain in Schedule O)	9		
	end of year. Combine lines 3 through 9 (must equal Part X, line			
		10		36,985
Part XII Financial Statements a				_
Check if Schedule O cont	ains a response or note to any line in this Part XII			, ⊔
	0 0 0.		Yes	No
	pare the Form 990: Cash Accrual Other		H-1	,
if the organization changed its Schedule O.	method of accounting from a prior year or checked "Other," ex	plain in		
	statements compiled or reviewed by an independent accountant?		2a	√
	indicate whether the financial statements for the year were com	pilea or	200	1 22
reviewed on a separate basis, co				
•	dated basis Both consolidated and separate basis			
	I statements audited by an independent accountant?		2b	_
separate basis, consolidated bas	indicate whether the financial statements for the year were audite	ed on a		
			2.7.	3
	dated basis	.oroiaht		
	on of its financial statements and selection of an independent accou		2c	
•	er its oversight process or selection process during the tax year, ex		2C	
Schedule O.	er its oversight process or selection process during the tax year, ex	ріант Ін	£	0 0
	was the organization required to undergo an audit or audits as set	forth in		
	rcular A-133?	ioitii iii	3a	1,
<u> </u>	dergo the required audit or audits? If the organization did not under	ran the	38	 /
	why in Schedule O and describe any steps taken to undergo such a		3ь	
	, and a second and a second and a second as a second a		Form 99 (0 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047
2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization						Employer id	dentificatio	n number	
American Youth Horse Council, Inc								229542	
Part I Reason for Public Cha							nstruction	ons.	
The organization is not a private founda									
1 A church, convention of church				ed in sec	tion 170	(b)(1)(A)(i	i).		
2 A school described in section									
3 A hospital or a cooperative hos									
4 A medical research organization	· -	ction with	n a nospii	al descri	bed in se	ction 17	U(D)(T)(A))(III). Enter the	•
hospital's name, city, and state 5 An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit desci	ribed in
 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 									
8 A community trust described in	n section 170(b)(1)(A))(vi). (Cor	mplete Pa	art II.)					
receipts from activities related support from gross investme									
10 An organization organized and	operated exclusively	to test fo	or public :	safety. Se	e sectio	n 509(a)((4).		
11 An organization organized an purposes of one or more pub									
a 🗌 Type I 🐞 🔲 Type	II c ☐ Type IIi	I–Functio	nally inte	grated	d □.	Type III–N	Non-func	tionally integr	ated
e By checking this box, I certify other than foundation manage or section 509(a)(2)									
f If the organization received a	written determination	on from t	the IRS	that it is	a Type	I, Type	II, or Typ	pe III suppor	ting
organization, check this box .									. 🗆
g Since August 17, 2006, has the	ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•		
following persons?									
(i) A person who directly or in (iii) below, the governing bo					persons			nd Ye	No No
(ii) A family member of a person	on described in (i) abo	ve?						11g(iı)	\top
(iii) A 35% controlled entity of	a person described in	(i) or (ii) a	above?.					11g(III)	
h Provide the following informati	on about the supporte	ed organi	izatıon(s).					•	
(i) Name of supported (ii) EIN organization	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	ts the tion in col zed in the S?	(vii) Amount of r suppor	•
		Yes	No	Yes	No	Yes	No		
(A)									•
(B)		· -							
(C)									-
(D)									
(E)									

Total

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						ality under
Secti	ion A. Public Support	s quality arra	or the tools in	otou botout, p	nouse compi	, , , , , , , , , , , , , , , , , , ,	
	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		ļ				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		l	İ.			
	on B. Total Support			T	T		T
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for thorganization, check this box and stop here.	ne organizatio	n's first, secon	d, third, fourth			
Secti	on C. Computation of Public Suppor	_					
14	Public support percentage for 2013 (line 6			11, column (f))		14	%
15	Public support percentage from 2012 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2013. If the organization qual box and stop here. The organization qual	lıfies as a pub	licly supported	organization			> 🗀
b	331/3% support test—2012. If the organ check this box and stop here. The organi					15 is 33¹/3% 	or more, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta umstances" tes	inces" test, cho st The organiz	eck this box ar ation qualifies	nd stop here. I as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part IV how the organization m supported organization	tion meets the neets the "fact:	e "facts-and-c s-and-circums	rcumstances" tances" test. T	test, check the	ns box and st n qualifies as	i, and line t op here . a publicly
18	Private foundation. If the organization di						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")	23,381	38,964	30,883	53,917	42,498	189,643		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	40,390	42,697	61,564	41,165	28,905	214,721		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	10,000			.,,,,,,	25,000			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge		_						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	63,771	81,661	92,447	95,082	71,403	404,364		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
_	- 1	11,225					11,225		
_	Add lines 7a and 7b	11,225					11,225		
8	Public support (Subtract line 7c from line 6.)		i i		:		393,139		
	on B. Total Support	() 2222	# 1 a a a a			4 3 22 22 1			
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
9	Amounts from line 6	63,771	81,661	92,447	95,082	71,403	404,364		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	689	464	251	149	88	1,641		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b	689	464	251	149	88	1,641		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						<u> </u>		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	64,460	82,125	92,698	95,231	71,491	406,005		
14	First five years. If the Form 990 is for the organization, check this box and stop her		's first, second	d, third, fourth,	or fifth tax ye		n 501(c)(3)		
Secti	on C. Computation of Public Suppor	t Percentage	,						
15	Public support percentage for 2013 (line 8	3, column (f) div	ded by line 1	3, column (f))	· · · ·	15	96.831 %		
16	Public support percentage from 2012 Sch					16	96.866 %		
Secti	on D. Computation of Investment Inc								
17		Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 0.404 %							
18		Investment income percentage from 2012 Schedule A, Part III, line 17							
19a	331/3% support tests - 2013. If the organi								
	17 is not more than 331/3%, check this box								
b	331/3% support tests—2012. If the organiz line 18 is not more than 331/3%, check this b						31/3%, and		
20	Private foundation. If the organization die								

Schedule A (Form 990 or 990-EZ) 2013 Page 4									
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).								

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Identifier Return Reference 01 Members or		Explanation		
		AYHC is governed by an Executive Board consisting of the		
stockholder classes		President, Vice President, Treasurer, Secretary and Past		
and rights (Part VI,		President. It also has a 16 member board. Those who pay annua		
line 6)		dues elect these officials at the Annual AYHC Symposium.		
02 member election		AYHC is governed by an Executive Board consisting of the		
for additional		President, Vice President, Treasurer, Secretary and Past		
members (Part VI,		President. It also has a 16 member board. Those who pay annua		
line 7a)		dues elect these officials at the Annual AYHC Symposium.		
03 Governing body		Major decisions are voted on by the full Board and Directors		
decisions (Part VI, line 7b)		•		
	•			
04 Form 990		A review of the tax return is conducted at the monthly Executive		
governing body		Committee Meeting		
review (Part VI; line				
11)				
05 Officer, director,		President Karen Waite Michigan State University 1287 Anthony		
etc. mailing address		Hall East Lansing MI 48824 Vice President Jenifer Nadeau		
		University of CT-3636 Horsebarn-Rd-Storrs-CT-06269-4040		
		Treasurer Meg Sax 555 South Central Ave Milaca MN 56353		
		Secretary Kristen Wilson University of KY 212 Ag North,		
		Lexington, KY 40546; 21042 Past President Ward Stutz 1600		
		Quarter Horse Dr Amarillo TX 79104		
06 Governing		Governing documents are available to anyone who calls (817)		
documents, etc		320-2005 or emails info@AYHCcom to request them		
available to public				
(Part VI, line 19)				