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DLN: 93493204012055

Form **990** 

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 ca		ng 10-01-2013 , 2013, and ending 09	9-30-2014						
		applicable	C Name of organization AMERICAN QUARTER HORSE ASSO	CIATION		D Emplo	yer iden	tification number			
_	dress c	-	Doing Business As			75-07	25576				
Na —	me cha	ange									
Init	tial retu	nm		mail is not delivered to street address) Room	/suite	E Telepho	ne numb	per			
Tei	rmınate	ed	PO BOX 200			(806)	(806) 376-4888				
_ Am	ended	return	City or town, state or province, cou AMARILLO, TX 791680001	ıntry, and ZIP or foreign postal code		(000)	370-4				
— Apı	plicatio	n pending	AMARILLO, 1X 791000001			<b>G</b> Gross re	eceipts \$	54,040,404			
			<b>F</b> Name and address of pr	ncıpal officer	H(a)	Is this a group	return	for			
			CRAIG HUFFHINES 1600 QUARTER HORSE D	D		subordinates?		┌ Yes 🗸 No			
			AMARILLO,TX 79104		H(b)	Are all subordi	natas	┌ Yes ┌ No			
						included?	nates	j řesj No			
<b>T</b> a	x-exer	npt status	「 501(c)(3) <b>▽</b> 501(c)(5)◀	(insert no ) 4947(a)(1) or 527		If "No," attach	alıst (	(see instructions)			
ı w	ebsit	e:► W\	VW AQHA COM		H(c)	Group exempt	ion num	nber ►			
<b>K</b> For	m of or	rganızatıor	Corporation Trust 🗸 Associati	on  Other ►	<b>L</b> Yea	r of formation 19	40 <b>M</b> :	State of legal domicile TX			
Pa	rt I	Sun	nmary		<u> </u>						
Governance		TO COL	LECT, PRESERVE, AND MAIN' VE TO THE BREED, AND TO P	on or most significant activities TAIN RECORDS OF THE AMERICAN UBLISH "THE AMERICAN QUARTEI	R HORSE J	OURNAL" AND	) "AME	RICA'S HORSE "			
Š	2	Check t	his box 🔭 if the organization d	iscontinued its operations or dispose	d of more t	han 25% of its	net ass	sets			
	3	Number	of voting members of the govern	ning body (Part VI, line 1a)			3	275			
<u>କ</u>	1		-	of the governing body (Part VI, line 1			4	270			
ACTIVITIES &	1			calendar year 2013 (Part V, line 2a)			5	379			
្ន	1		·	necessary)			6	750			
	7a	Total ur	related business revenue from F	Part VIII, column (C), line 12			7a	3,968,706			
	Ь	Net unre	elated business taxable income	from Form 990-T, line 34			7b	-9,286			
						Prior Year		Current Year			
	8	Contr	ibutions and grants (Part VIII, I	ıne 1h)		137,9	50	185,897			
Revenue	9	Progr	am service revenue (Part VIII,	45,445,5	33	44,753,714					
9,46	10	Inves	tment income (Part VIII, colum	-716,5	-716,587 2,084						
<b>T</b>	11		revenue (Part VIII, column (A)	3,645,8	392	324,855					
	12			(must equal Part VIII, column (A),		48,512,7	788	47,348,772			
	13			t IX, column (A), lines 1–3 )		7,268,1	_	7,142,920			
	14			IX, column (A), line 4)		· · · · · ·	0	0			
	15			ee benefits (Part IX, column (A), line							
Expenses		5-10	•			15,587,0	_	15,028,702			
क्	16a	P rofe:	ssional fundraising fees (Part IX	, column (A), line 11e)	•	9,2	225	0			
ਡੋ	b		undraising expenses (Part IX, column (I		-						
	17			lines 11a-11d, 11f-24e)		26,341,0	_	24,268,733			
	18			ust equal Part IX, column (A), line 25		49,205,4	-	46,440,355			
	19	Rever	nue less expenses Subtract line	18 from line 12		-692,6		908,417			
ල් ජි කික					Begi	inning of Currei Year	nt	End of Year			
Net Assets of Fund Balances	20	Total	assets (Part X, line 16)			50,276,2	281	53,732,688			
걸	21					35,166,7		36,833,983			
žĒ	22	Net a	ssets or fund balances Subtrac	t line 21 from line 20		15,109,5	26	16,898,705			
Pa	rt II	Sigr	nature Block								
ny k	nowle	dge and		ramined this return, including accomp mplete Declaration of preparer (othe							
		***				2015-07-23					
Sigr		Sign	ature of officer			Date					
Her	е		NTON TAYLOR ACTING COO AND TREAS e or print name and title	SURER							
			Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	225			
Paid	d	<u> </u>	PAMELA ALEXANDERSON Firm's name  MOSS ADAMS LLP	l		self-employed Firm's EIN ► 91	P01218				
Pre	pare	er L	Time 3 hame F 11033 ADAMS LLP			I IIIII 2 LIM F 91	. 010331				
	On		Firm's address 🟲 6565 AMERICAS PARK	WAY NE STE 600		Phone no (505	878-72	00			
		·	ALBUQUERQUE, NM 8	37110		1					

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

✓ Yes No

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)? $^{f colored}$	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	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		No
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
e	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		No
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 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	Yes	
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	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? <i>If "Yes," complete Schedule J</i>	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 25a	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	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	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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	Yes	
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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	

<b>7</b>	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	 No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   7,185			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	†		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	1c	Yes	
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.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	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" to line 3b, provide an explanation in Schedule O	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
3	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
'	Organizations that may receive deductible contributions under section 170(c).	_		
	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		
3	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ł	If "Yes," indicate the number of Forms 8282 filed during the year   7d			
_	Did the appropriate and the finds discatly as individually to pay many many and appropriate			
=	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		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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.			
a	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		
	Section 501(c)(7) organizations. Enter	55		
	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			
3	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 )			
a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
=	Enter the amount of reserves on hand			
3	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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	esponse or note to ar	v line in this Part VI .							

36	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax  1a 275			
	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			
Ь	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
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		Νo
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	
_	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	
	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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	-
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15		1-7	162	
13	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b				
	Other officers or key employees of the organization	15b	Yes	
	Other officers or key employees of the organization	15b	Yes	
16a		15b 16a	Yes	No
	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		Yes	No
b	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?	16a	Yes	No
b	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?	16a	Yes	No
b Se	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?	16a	Yes	No

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 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 ►TRENTON TAYLOR 1600 QUARTER HORSE DR AMARILLO, TX 79104 (806) 376-4811

Form 990	(2013)	
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

for related organizations and contracting of the part		(A) Name and Title	(B) Average hours per week (list any hours	more t	han o	one both	box, an	heck unless officer stee)	3	( <b>C</b> Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W-		(F) Estima amount o compens from t	ted fother ation he
c Total from continuation sheets to Part VII, Section A			below	Individual trustee or director	Former lighest compensated amployee (ey employee (by employee Institutional Trustee and wisctor					2/1099-MISC)		relate	ed		
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
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c Total from continuation sheets to Part VII, Section A													+		
d Total (add lines 1b and 1c)	1b	Sub-Total		<u> </u>	<u> </u>	<u>.                                    </u>	<u>.                                    </u>	<u> </u>	<b> </b>						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►8  Yes No  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	c	Total from continuation sheet	s to Part VII, S	ection A	۸.				Þ						
\$100,000 of reportable compensation from the organization      Yes   No	d	Total (add lines 1b and 1c) .							F		1,791,468		0		156,012
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	2							d abov	e) w	ho receive	d more th	nan			
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															
on line 1a? If "Yes," complete Schedule J for such individual	3	Did the organization list any fe	<b>ormer</b> officer du	rector o	r trus	tee	kev	emnlo	vee	or highes	t compen	sated employee		Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual							•	• •	•		• •		3		No
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	4														
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  SUPREME CLEANING 6500 STONEHAM AMARILLO TX 79109  KELLY HART & HALLMAN LLP 201 MAIN SUITE 2500 FORT WORTH TX 76102  LEGAL FEES  100,780			• • • •			•	•	• •	•	• •	• • •		4	Yes	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  SUPREME CLEANING 6500 STONEHAM AMARILLO TX 79109  KELLY HART & HALLMAN LLP 201 MAIN SUITE 2500 FORT WORTH TX 76102  LEGAL FEES  100,780	5										anızatıon	or individual for	1		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  SUPREME CLEANING 6500 STONEHAM AMARILLO TX 79109  CLEANING SERVICES  147,464  KELLY HART & HALLMAN LLP 201 MAIN SUITE 2500 FORT WORTH TX 76102  LEGAL FEES  100,780		services rendered to the organ	ilzation <i>t It "Ye</i> s	, compi	ete S	спеа	iuie .	TOFSU	сп ре	erson .			5		No
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  SUPREME CLEANING 6500 STONEHAM AMARILLO TX 79109  KELLY HART & HALLMAN LLP 201 MAIN SUITE 2500 FORT WORTH TX 76102  LEGAL FEES  100,780	Se	ction B. Independent Co	ntractors												
(A) Name and business address SUPREME CLEANING 6500 STONEHAM AMARILLO TX 79109 KELLY HART & HALLMAN LLP 201 MAIN SUITE 2500 FORT WORTH TX 76102  LEGAL FEES  100,780	1													tax vear	
SUPREME CLEANING 6500 STONEHAM AMARILLO TX 79109  KELLY HART & HALLMAN LLP 201 MAIN SUITE 2500 FORT WORTH TX 76102  LEGAL FEES  100,780			(A)						, ,			(B)		(C	)
	SUPR			addicss										сопрет	
2 Total number of independent contractors (including but not limited to those listed above) who received more than	KELLY	HART & HALLMAN LLP 201 MAIN SUIT	E 2500 FORT WORT	TH TX 761	.02						LEGAL FEES	5	$\dashv$		100,780
2 Total number of independent contractors (including but not limited to those listed above) who received more than															
	2	Total number of Independent co	ntractors (ınclu	dıng but	not	lımıt	ed t	o thos	e list	ed above)	who rece	ıved more than	$\dashv$		

Contributions, Gifts, Grants and Other Similar Amounts	1aabbcccccccccccccccccccccccccccccccccc
Program Service Revenue	2a b c d e f
ievenue	9 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other Re	b 9a b (10a
	11a

VIII	Statement o	of Revenue					Page S
	Check if Sched	ule O contains a respoi	nse or note to any lu	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
STIRROUNT IDENTIFY IN THE PROPERTY IN THE PROP	Government grant All other contributi similar amounts no Noncash contributi 1a-1f \$	tes	185,897	185,897			
<b> </b>	Total. Add line	sla-ir	<b>.</b>	103,097			
2a b c d	MEMBERSHIP INCOMPOSED INCOMPOSED CHAMPION REGISTRATIONS PUBLICATION ADV	NSHIP SHO	900099 541800 900099 541800	6,881,941 6,096,122 6,001,347 5,059,510 3,960,338	6,881,941 6,096,122 6,001,347 5,059,510 1,899	3,958,439	
f	All other progra	am service revenue		16,754,456	16,754,456		
g	Total. Add line	s 2a-2f		44,753,714			
3		come (including dividen ar amounts)		514,627			514,62
4		stment of tax-exempt bond	proceeds 🕨	5 200			5.00
5	Royalties .	(ı) Real	(II) Personal	5,300			5,30
6a b c	Less rental expenses Rental income or (loss)	11,000 0 11,000					
d	Net rental inco	me or (loss)		11,000		10,267	73:
7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(1) Securities 7,736,179 6,166,500	(II) O ther				
c	Gain or (loss)	1,569,679					
d 8a	events (not inc	from fundraising luding s reported on line 1c)		1,569,679			1,569,679
ь	Less direct ex	penses b					
c 9a	Gross income f	(loss) from fundraising from gaming activities ne 19 a	events ▶				
b c		penses <b>b</b> (loss) from gaming acti	vities				
10a		inventory, less	823,151				
b c		oods sold <b>b</b> (loss) from sales of inv	525,132 entory <b>p</b> -	298,019	298,019		
F	Miscellaneou		Business Code				
11a	PARTNERSHI	PINCOME	900099	36,511			36,51
ь	PENSION PLA	N ACTUARIAL	900099	-25,975			-25,97
С	A.II						
d e		ue s 11a-11d	▶				
12		s 11a-11d		10,536			
	TOLAT revenue.	See Instructions .	►	47,348,772	41,093,294	3,968,706	2,100,87

# Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c)(4) o	rganizations must complete all columns	All other organizations must complete column (A	()
--	-----------------------------------	--	---	----

,	on 301(c)(3) and 301(c)(4) organizations must complete an columns. An	other organizati	ons masc comp	nete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> Г</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	376,951			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	6,047,055			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	718,914			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	989,481			
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	10,958,023			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,031,209			
9	Other employee benefits	1,176,926			
10	Payroll taxes	873,063			
11	Fees for services (non-employees)				
а	Management				
b	Legal	123,772			
С	Accounting	210,733			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	91,990			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,283,485			
12	Advertising and promotion	3,464,476			
13	Office expenses	2,116,023			
14	Information technology	526,071			
15	Royalties				
16	Occupancy	557,173			
17	Travel	874,450			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	298,528			
20	Interest	30,922			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,269,301			
23	Insurance	368,153			
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)				
а	WORLD CHAMPIONSHIP SHOW	2,979,163			
b	RACING CHALLENGE	2,883,704			
С	MAGAZINE	2,236,423			
d	GENOTYPING	1,390,066			
е	All other expenses	3,564,300			
25	Total functional expenses. Add lines 1 through 24e	46,440,355			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τX	Check if Schedule O contains a response or note to any line in	this Pa	art X			· · · ·
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			905,683	1	1,974,131
	2	Savings and temporary cash investments			1,972,347	2	2,138,927
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,970,104	4	1,654,814
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete P. Schedule L	art II d	of			
Assets	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	contril mploy	outing employers	47,904	6	31,935
8	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use			453,025	8	510,184
	9	Prepaid expenses and deferred charges			428,051	9	501,378
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		16,698,436	·		
	Ь	Less accumulated depreciation	10b	10,774,288	5,276,978	10c	5,924,148
	11	Investments—publicly traded securities	٠		35,480,543	11	37,134,778
	12	Investments—other securities See Part IV, line 11			3,292,568	12	2,318,500
	13	Investments—program-related See Part IV, line 11				13	<u>`</u>
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			449,078	15	1,543,893
	16	Total assets. Add lines 1 through 15 (must equal line 34).			50,276,281	16	53,732,688
	17	Accounts payable and accrued expenses			2,603,890	17	3,622,358
	18	Grants payable			2,000,000	18	0,022,000
	19	Deferred revenue			28,123,847	19	27.937.887
	20				20, 120,047	20	27,007,007
		Tax-exempt bond liabilities				21	
es	21	Escrow or custodial account liability Complete Part IV of Scholans and other payables to current and former officers, direct				21	
Liabiliti	22	key employees, highest compensated employees, and disquali	fied	•			
<u>. E</u>		persons Complete Part II of Schedule L				22	440,000
_	23	Secured mortgages and notes payable to unrelated third partie				23	448,832
	24	Unsecured notes and loans payable to unrelated third parties				24	1,291,648
	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	4.439.018	25	3,533,258
	26	Total liabilities. Add lines 17 through 25			35,166,755	26	36,833,983
۵ د		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.					
2	27	Unrestricted net assets			15,109,526	27	16,898,705
<u>ප</u>	28	Temporarily restricted net assets	•		10,100,020	28	,555,1.55
Fund Balance	29	Permanently restricted net assets				29	
Ĭ	23	Organizations that do not follow SFAS 117 (ASC 958), check h					
		complete lines 30 through 34.	GIC F	, and			
s o.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Q.S.S.	32	Retained earnings, endowment, accumulated income, or other				32	
Net /	33	Total net assets or fund balances			15,109,526	33	16,898,705
ž	34	Total liabilities and net assets/fund balances			50,276,281	34	53,732,688
		rotal habilities and het assets/land balances	• •	• •	JU,201	J-4	33,732,000

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		47,3	348,772
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1			40,	140,355
_		3		ġ	08,417
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15.	109,526
5	Net unrealized gains (losses) on investments	-		10,.	,520
		5		8	380,762
6	Donated services and use of facilities	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
40		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))	10		16,8	398,705
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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 revie a separate basis, consolidated basis, or both	ewed or	n		
	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 separate basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: Software Version:

**EIN:** 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation Compensated Employees, and Inde				ıru	ste	es, r	сеу	Employees, Higi	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (i nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1033-11136/	2/1033-11136/	related organizations
JOHNNY TROTTER	8 00	x		x				22,884	0	0
EC/DIRECTOR GEORGE PHILLIPS	2 00 8 00							22,001		
EC/DIRECTOR	2 00	х		Х				0	0	0
DR GLENN BLODGETT	8 00	х		х				0	0	0
EC/DIRECTOR-AT-LARGE SANDRA ARLEDGE	2 00 8 00	<u> </u>								
EC/DIRECTOR EMERITUS RALPH SEEKINS	2 00	X		Х				0	0	0
EC/DIRECTOR	8 00	х		х				0	0	0
ADRIANA BARNOLA	30 00	x						0	0	0
DIRECTOR AL DUNNING	1 00									
DIRECTOR-AT-LARGE		Х						0	0	0
ALICE HOLMES DIRECTOR	1 00	x						0	0	О
ANDY MOORMAN	1 00	x						0	0	0
DIRECTOR EMERITUS ANDY REES	2 00									
HONORARY VICE PRESIDENT	2 00	Х						0	0	0
ANGELO BIZZARRO	1 00	х						0	0	0
DIRECTOR ANNA RIGGS-EADER	3 00									
DIRECTOR ANNE BRZEZICKI	4.00	×						0	0	0
DIRECTOR	4 00	x						0	0	О
ANTONIO GIRAUDINI	2 00	х						0	0	0
DIRECTOR-AT-LARGE BEN HUDSON	5 00									
DIRECTOR-AT-LARGE		Х						0	0	0
BENNIE SARGENT  DIRECTOR-AT-LARGE	2 00	x						3,000	0	О
BETH AUSTIN	1 00	×						0	0	0
DIRECTOR BILL BREWER	5 00									
HONORARY VICE PRESIDENT		Х						22,500	0	0
BOB LINES	1 00	х						0	0	0
DIRECTOR BOB MOORHOUSE	1 00									
DIRECTOR-AT-LARGE BRAD LUND	1.00	×						0	0	0
DIRECTOR	1 00	x						0	0	0
BRADE TATE	1 00	х						0	0	0
PAST PRESIDENT BUTCH HAMMER	20 00	-								
DIRECTOR EMERITUS		Х						0	0	0
C A COFER  DIRECTOR EMERITUS	1 00	x						0	0	О
C DAVID FLOHR	1 00	X						0	0	0
DIRECTOR	J									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) Name and Title (C)
Position (do not check **(D)** Reportable (E) (F) Average Reportable Estimated amount more than one box, unless compensation compensation of other hours per week (list person is both an officer from the from related compensation

	any hours	and a						organization (W-	organizations (W-	from the
	for related organizations below	Individual trustee or director	Institutional	Office	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
	dotted line)	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>o</u>	<u>"</u>	mple	oyee Sto	<u> </u>			5
		rtae	<u>छ</u> 		0) 66	qrao				
		i iii	Trustee		_	ensa				
			č							
CAL BRANDT	1 00	J							0	
DIRECTOR		Х						0	0	0
DR CALVIN WHITE	8 00	x						0	0	0
DIRECTOR  CARL COOPER	1 00									
DIRECTOR	1 00	х						0	0	0
CAROL BRADLEY	1 00									
DIRECTOR		Х						0	0	0
CAROL ROSE	4 00	x						0	0	0
DIRECTOR-AT-LARGE  CAROL WHITTAKER	2 00									
DIRECTOR	2 00	х						0	0	0
DR CAROLE GABOURY	2 00									
DIRECTOR-AT-LARGE		Х						0	0	0
CATHY HANSON	1 00	x						0	0	0
DIRECTOR CHARLES W GRAHAM DVM	1.00							_	_	
	1 00	x						0	0	0
DIRECTOR-AT-LARGE CHERYL MCCRINDLE	4 00									
DIRECTOR		X						0	0	0
CHERYLLE SARGENT	14 00	х						32,500	0	0
DIRECTOR CHRIS HARDCASTLE										
	2 00	х						0	0	0
DIRECTOR-AT-LARGE CHRIS JENSEN	1 00									
DIRECTOR		X						0	0	0
CHRISTA BALDWIN	2 00	х						0	0	0
DIRECTOR CLARK BRADLEY	1.00									
	1 00	x						0	0	0
DIRECTOR EMERITUS CLAY MACLEOD	1 00									
DIRECTOR		X						2,000	0	0
CLAYTON RUSSELL	1 00	х						0	0	0
DIRECTOR COL EARL LILLEY	1.00							_	_	
	1 00	x						0	0	0
DIRECTOR EMERITUS  CONNIE ARMSTRONG	1 00									
DIRECTOR		X						0	0	0
CURTIS FERGUSON	1 00	х						0	0	0
DIRECTOR								Ů	Ů	
CW BILL ENGLUND	1 00	х						0	0	0
PAST PRESIDENT  D JOE SMITH	1 00									
DIRECTOR-AT-LARGE		×						0	0	0
DAN TREIN	5 00	х						0	0	0
DIRECTOR		<u> </u>						ľ	Ů	
DARLENE CHASE	1 00	×						0	0	0
DIRECTOR DAVID L NELSON	1 00									
DIRECTOR-AT-LARGE		×						0	0	0
	-		-	-	•	•	-			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee DAVID S NELSON 1 00 Χ 0 0 DIRECTOR DAVID WHITAKER 1 00 Χ 0 0 DIRECTOR-AT-LARGE DEAN ROSS 1 00 Χ 0 0 DIRECTOR DEBBY BREHM 4 00 0 0 0 Х DIRECTOR DEE DEE MCGRANE 1 00 Х 0 0 0 HONORARY VICE PRESIDENT DENNY HASSETT 1 00 Χ 0 0 DIRECTOR EMERITUS DICKSON DR VARNER 1 00 Χ 0 0 0 DIRECTOR **DIRK JONES** 2 00 Х 0 0 O DIRECTOR-AT-LARGE DON BELL 5 00 Χ 5,500 0 DIRECTOR DONNA JOHNSON 3 00 0 Χ 0 HONORARY VICE PRESIDENT DORN PARKINSON 1 00 Х 0 0 0 DIRECTOR DORVAN SOLBERG 1 00 Χ 0 0 0 DIRECTOR EMERITUS DOUGLASS BROWN 5 00 Χ 0 0 DIRECTOR DUANE MCDAVITT DVM 1 00 0 Х 0 0 HONORARY VICE PRESIDENT DUANE WALKER 1 00 Χ 0 0 0 DIRECTOR-AT-LARGE DUAYNE DIDERICKSEN 2 00 Χ 0 0 DIRECTOR-AT-LARGE ED MURRAY DVM 3 00 Χ 0 0 DIRECTOR-AT-LARGE EDWARD MCNELIS 1 00 Χ 0 0 0 DIRECTOR EMERITUS EDWARD SQUIRES 1 00 0 Χ 0 0 HONORARY VICE PRESIDENT DR ELEANOR M GREEN 2 00 0 0 Χ DIRECTOR FLOYD E 'BUTCH' WISE 15 00 Х 0 0 0 DIRECTOR FRANK MERRILL 5 00 0 0 Х

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PAST PRESIDENT
GALE LITTLE

DIRECTOR
GARY LYNN OLSON

DIRECTOR GENE PARKER

DIRECTOR-AT-LARGE

( <b>A</b> ) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit the person a Individual trustae or director	ion (d nan o n is b	ne bo oth a ctor/	ox, u an of trus	inless ficer tee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		instee	) Trustee		)ee	Highest compensated employee			
GEORGA SUTTON	1 00	х					0	0	0
HONORARY VICE PRESIDENT GEORGIANNA RENOUARD	3 00								
DIRECTOR		Х					0	0	0
GEROLD DAUTZENBERG	1 00	x					0	0	0
DIRECTOR-AT-LARGE GIL SWITZER	1 00								
DIRECTOR-AT-LARGE		×					0	0	0
GINGER HYLAND	1 00	х					0	0	0
PAST PRESIDENT GLENN GABEL	5 00							_	
DIRECTOR-AT-LARGE	3 00	x					0	0	0
GLORIA ENGER	1 00	х					0	0	0
DIRECTOR EMERITUS GREG TORGERSON	1.00						Ů	Ů	
DIRECTOR	1 00	x					0	0	0
GRETCHEN MATHES	2 00								
DIRECTOR		Х					4,000	0	0
GUNNAR OTNESS	1 00	×					0	0	0
HONORARY VICE PRESIDENT GUS BARAKIS	1 00								
DIRECTOR-AT-LARGE		Х					0	0	0
HAIDEE LANDRY	1 00	×					0	0	0
DIRECTOR HARRY KNIGHT	1 00								
DIRECTOR EMERITUS		x					0	0	0
HEATHER MAUCK	2 00	×					0	0	0
DIRECTOR HOMER STUDE	1 00						_		
DIRECTOR-AT-LARGE	1 00	×					0	0	0
HOWARD WEISS	1 00						0	0	0
PAST PRESIDENT		X					0	0	0
HUBERTUS LUERING	1 00	x					0	0	0
DIRECTOR J LLOYD YOTHER	3 00								
DIRECTOR		Х					0	0	0
J WADE ELLERBROCK JR	5 00	x					0	0	0
DIRECTOR  JACKIE KRSHKA	10 00								
DIRECTOR		×					0	0	0
JAMES BARTON	4 00	х					0	0	0
PAST PRESIDENT JAMES ELLER III	1 00								
DIRECTOR		х					0	0	0
DR JAMES HEIRD	5 00	х					7,600	0	0
DIRECTOR	4.00	<u> </u>					7,000	Ŭ.	
JAMES HELZER PAST PRESIDENT	1 00	×					o	0	0
JAMES HOOTMAN	1 00								
DIRECTOR EMERITUS		Х					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee JAMES HUNT 1 00 Χ 0 0 DIRECTOR JAMES EAKIN 1 00 Χ 0 0 **DIRECTOR** JAMES MITCHELL 1 00 Χ 0 0 DIRECTOR JAMES RUDOLPH 2 00 0 0 0 Х DIRECTOR-AT-LARGE JANET HANSEN 1 00 Х 0 0 0 DIRECTOR JANET NEWTON 2 00 Χ 0 0 DIRECTOR-AT-LARGE JD YATES 10 00 Χ 2,750 0 0 DIRECTOR JEFF TEBOW 1 00 Х 0 0 0 DIRECTOR JEFF TERPSTRA 1 00 Χ 0 0 DIRECTOR JERRY BLACK 1 00 0 0 Χ DIRECTOR JERRY DANIELS 1 00 Х 0 0 0 HONORARY VICE PRESIDENT JERRY FULLER 1 00 Χ 0 0 0 DIRECTOR JERRY MATTHEWS 1 00 Χ 0 0 DIRECTOR-AT-LARGE JERRY WINDHAM 1 00 0 0 Х 0 PAST PRESIDENT JIM BRINKMAN 3 00 Χ 0 0 0 DIRECTOR JIM DUDLEY 1 00 Χ 0 0 DIRECTOR JIM PURDY 1 00 Χ 0 0 DIRECTOR-AT-LARGE JIM SHOEMAKE 2 00 Χ 0 0 0 PAST PRESIDENT JOAN SCHROEDER 5 00 Χ 0 0 0 DIRECTOR JOE CARTER 5 00 19,850 0 Χ DIRECTOR-AT-LARGE JOHANNES ORGELDINGER 1 00 Х 0 0 0 PAST PRESIDENT JOHN ANDREINI 3 00 0 0 Х 0 DIRECTOR JOHN BOBENRIETH II 1 00

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JOHN BOXELL

DIRECTOR
JOHN HAMMES

DIRECTOR-AT-LARGE

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee JOHN HOVDE 1 00 Χ 0 0 DIRECTOR JOHN KUNKLE 4 00 Χ 0 0 DIRECTOR JOHN PIPKIN 5 00 Χ 6,300 0 DIRECTOR-AT-LARGE JOHN SCHMAHL 1 00 0 0 0 Х DIRECTOR EMERITUS JOHN SEDGWICK 4 00 Х 0 0 0 DIRECTOR JOHN TAYLOR 10 00 Χ 0 0 DIRECTOR JOHN TRAFTON 1 00 Χ 0 0 0 DIRECTOR JOHNE DOBBS 5 00 Χ 0 0 0 PAST PRESIDENT 1 00 JOSE MANGAS 1 00 Χ 0 0 DIRECTOR JOSEPH MCALLISTER 2 00 900 0 Χ DIRECTOR-AT-LARGE JUDY COY-HORTON 1 00 Х 0 0 0 DIRECTOR JULIANNA WAGNER 1 00 Χ 0 0 0 DIRECTOR KARL BAUER 2 00 Χ 0 0 DIRECTOR KATE BAMFORD 1 00 0 0 Х 0 DIRECTOR KATE JOHNSON 1 00 Χ 0 0 0 DIRECTOR KATHRYN SCHROEDER 2 00 Χ 0 0 DIRECTOR KATHY PATTERSON 2 00 Χ 0 0 DIRECTOR KELLY CHAPMAN 6 00 Χ 0 0 0 DIRECTOR KELVIN CHILDERS 2 00 0 Χ 0 DIRECTOR KEN COCHRANE 1 00 0 0 Χ DIRECTOR EMERITUS KEN MUMY 1 00 Х 0 0 0 PAST PRESIDENT KENNETH BANKS 2 00 0 0 Х 0 DIRECTOR-AT-LARGE KENNETH SMITH 1 00 Χ 0 0 PAST PRESIDENT KENNY KNOWLTON 1 00

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DIRECTOR
KRISTINA HELZER

DIRECTOR

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee LAINA BANKS 4 00 Χ 0 0 DIRECTOR LAINIE DEBOER 1 00 Χ 0 0 DIRECTOR LANCE TREPTOW 5 00 0 0 DIRECTOR-AT-LARGE LARRY CLIFFORD 1 00 0 0 0 Х DIRECTOR DR LARRY FINDLEY 2 00 Х 0 0 0 DIRECTOR LARRY LARSON 1 00 Χ 0 0 DIRECTOR LAUREL CAPURRO-WATCHEL 4 00 Χ 0 0 0 DIRECTOR LAURENCE JAYNES 5 00 Х 900 0 0 DIRECTOR LAWRENCE LEMKE 2 00 Χ 0 0 DIRECTOR LENA OPSAHL 1 00 0 0 Χ DIRECTOR LESLIE LANGE 2 00 Х 0 0 0 HONORARY VICE PRESIDENT LLOYD BENOIT 1 00 Χ 0 0 0 DIRECTOR EMERITUS LORI BUCHOLZ 2 00 Χ 0 0 DIRECTOR LORI PFAFF 4 00 0 0 Х 0 DIRECTOR-AT-LARGE LYLE LOVETT 1 00 Χ 0 0 0 HONORARY VICE PRESIDENT LORNE WINTHER 1 00 Χ 0 0 DIRECTOR MARCO STORS 3 00 Χ 0 0 **DIRECTOR** LUKE CASTLE 4 00 Χ 0 0 0 DIRECTOR MARGARITA CHURCH 2 00 0 Χ 0 DIRECTOR MARGO BALL 1 00 0 Χ DIRECTOR MARILYN RANDALL 5 00 Х 13,850 0 0 DIRECTOR-AT-LARGE MARK DUNHAM 4 00 0 0 Х

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DIRECTOR MARKUS MUELLER

DIRECTOR MARKUS RENSING

DIRECTOR

DIRECTOR

MARLENE MONVOISIN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C)
Position (do not check
more than one box, unless **(D)** Reportable compensation (A) Name and Title (E) (F) Average hours per Reportable Estimated amount of other compensation

	hours per week (list any hours	more the person and a	n ıs b	oth	an of	fficer	;	compensation from the organization (W-	compensation from related organizations (W-	of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee				Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
			ě			ated				
MARNIE SOMERS	2 00	х						0	0	0
DIRECTOR-AT-LARGE MARTEN CLARK	1 00	,,								
PAST PRESIDENT MARTY SIMPER	0.00	X						0	0	0
DIRECTOR	8 00	х						0	0	0
MARY EBNET	2 00	х						0	0	0
DIRECTOR MARY HANNAGAN	1 00	х						0	0	0
DIRECTOR MATT WITMAN	1 00									
DIRECTOR		Х						0	0	0
MELISSA DUKES  DIRECTOR	1 00	х						0	0	0
MEREDITH PEG EDMONDSON	10 00	х						0	0	0
DIRECTOR EMERITUS MICHAEL JENNINGS	1 00							_		
DIRECTOR-AT-LARGE		Х						0	0	0
DR MICHAEL MARTIN DIRECTOR	1 00	х						0	0	0
MICHAEL MURPHY	5 00	х						0	0	0
DIRECTOR MICHAEL SWAIN	1 00									
DIRECTOR EMERITUS MICHAELA KAYSER	12.00	X						0	0	
DIRECTOR	12 00	х						2,000	0	0
MICHAL PETLAN DIRECTOR	1 00	х						0	0	0
MICHEL CLITES	3 00	х						0	0	0
DIRECTOR MICHELE PFENDER	4 00									
DIRECTOR		Х						0	0	0
MICHELLE FORNESS  DIRECTOR	2 00	x						0	0	0
MIKE J PERKINS	1 00	х						0	0	0
PAST PRESIDENT NANCY CAHILL	2 00	x						0	0	0
DIRECTOR NANCY MARTIN	1 00									
DIRECTOR		Х						0	0	0
NARCISO FLORES  DIRECTOR	5 00	x						0	0	0
NORMAN LUBA	5 00	х						0	0	0
DIRECTOR PARIS WIXON	1 00									
DIRECTOR PAUL BAILEY	10.00	X						0	0	0
DIRECTOR	10 00	x						0	0	0
PAUL LINDSEY JR	1 00	х						0	0	0
DIRECTOR-AT-LARGE	J			<u> </u>						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) Position (do not check **(D)** Reportable **(F)** Estimated amount (A) Name and Title **(E)** Reportable

Name and Title	A verage hours per week (list any hours for related	Posit more th perso and a	nan o n ıs b	ne booth a	ox, u an of trus	nless ficer tee)		Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 1413€)	2/1033 (4130)	related organizations
PAUL TREADWELL DIRECTOR	1 00	×						0	0	0
PETE KYLE	5 00	х						2,100	0	0
DIRECTOR PETER COFRANCESCO III	1 00	x						0	0	0
PAST PRESIDENT PG PAWLEY-WILSON	5 00									
DIRECTOR-AT-LARGE		Х						0	0	0
POUL MOLLER DIRECTOR	5 00	х						0	0	0
RALPH YOUNG	1 00	х						0	0	0
DIRECTOR RANDY RATLIFF	3 00	х						0	0	0
DIRECTOR RC PUNCH JONES	1 00									
DIRECTOR-AT-LARGE	1 00	Х						0	0	0
RH STEVENS JR PAST PRESIDENT	1 00	×						0	0	О
RICHARD HARRIS	1 00	х						1,500	0	0
DIRECTOR-AT-LARGE RICHARD SHIFFLER	3 00	.,								
DIRECTOR RICK ADKINS	1 00	Х						0	0	0
DIRECTOR	1 00	Х						0	0	0
RICK BAILEY DIRECTOR	5 00	×						0	0	О
RICK CHAYER	1 00	х						0	0	0
DIRECTOR RICK JOHNS	1 00	x						0	0	0
PAST PRESIDENT RICKY BORDIGNON	1 00									
DIRECTOR	100	x						0	0	0
ROB A BROWN	1 00	х						0	0	0
DIRECTOR ROB BROWN	1 00	x						0	0	0
PAST PRESIDENT ROBBIE RAINER	1 00								-	
DIRECTOR-AT-LARGE		х						0	0	0
ROBERT NORRIS PAST PRESIDENT	1 00	×						0	0	0
ROGER ELDER	2 00	х						900	0	0
DIRECTOR-AT-LARGE DR ROLAND WOHLIN	1 00	х						0	0	0
DIRECTOR RONALD HARTLEY	1 00									
DIRECTOR EMERITUS		Х						0	0	0
RONALD SMITH  DIRECTOR	2 00	x						0	0	0
ROSS ROARK	3 00	х						0	0	0
DIRECTOR	J									<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee DR RM CHRISTENSEN 1 00 Χ 0 0 DIRECTOR-AT-LARGE RUTH DISMUKE-BLAKELY 5 00 Χ 0 0 **DIRECTOR** RUTH MCDONALD-GATES 30 00 0 0 DIRECTOR SAAD-EL-DIN HADJ-ABDOU 28 00 0 0 0 Х DIRECTOR SAM ROSE 5 00 Х 8,800 0 0 DIRECTOR SANDRA VAUGHN 4 00 Χ 0 0 0 HONORARY VICE PRESIDENT SARAH DOLES 1 00 Χ 0 0 0 DIRECTOR SARAH KUNKLE 2 00 Х 0 0 0 DIRECTOR EMERITUS SCOTT FLACH 1 00 Χ 0 0 0 DIRECTOR SCOTT GILTNER 1 00 0 0 Χ DIRECTOR DR SCOTT MYERS 1 00 Х 0 0 0 DIRECTOR SCOTT MERRITT 1 00 Χ 0 0 0 DIRECTOR-AT-LARGE SHAUN DULEY-GLOUDE 1 00 Χ 0 0 DIRECTOR SHAWN MAGEE 3 00 0 0 Х 0 DIRECTOR SHERRI TEARNEY 4 00 Χ 0 0 0 DIRECTOR SID MILLER 1 00 Χ 0 0 HONORARY VICE PRESIDENT SKIP SALOME 1 00 Χ 0 0 DIRECTOR EMERITUS STAN WEAVER 5 00 Χ 0 0 0 DIRECTOR STARLET HUNT 1 00 0 Χ 0 0 **DIRECTOR** STEPHEN FISCH DVM 1 00 0 0 Χ DIRECTOR DR STEPHEN KLEBERG 1 00 Х 0 0 0 PAST PRESIDENT STEVEN MEADOWS 1 00 0 0 Х 0 DIRECTOR STEVEN OSBORNE DVM 10 00

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DIRECTOR
STEVEN SCHIESTEL

DIRECTOR STUART SPROUSE

DIRECTOR EMERITUS

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe ♂ Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee SUE HAGERTY 2 00 Χ 0 0 DIRECTOR SUZY JEANE 28 00 Χ 0 0 DIRECTOR-AT-LARGE THOMAS DOWNING 1 00 Χ 0 0 DIRECTOR TOM BIVINS 1 00 0 0 0 Х DIRECTOR TOM LENZ DVM 1 00 Х 0 0 0 HONORARY VICE PRESIDENT DR TOM MCBEATH 10 00 Χ 0 0 DIRECTOR DR TOMMY HAYS 1 00 Χ 0 0 0 DIRECTOR DR TRACY ADAMS 3 00 Х 0 0 0 DIRECTOR TRAVIS DOBBS 1 00 Χ 0 0 DIRECTOR TYLER GRAHAM 1 00 0 0 Χ DIRECTOR ULLRICH VEY 2 00 Х 0 0 0 DIRECTOR-AT-LARGE VALERIE CLARK 5 00 Χ 0 0 0 DIRECTOR VAUGHN COOK 2 00 Χ 0 0 DIRECTOR-AT-LARGE VICENT GENCO 1 00 0 0 Х 0 DIRECTOR VICTOR WOLF 1 00 Χ 0 0 0 DIRECTOR W A BURWASH DVM 2 00 Χ 0 0 DIRECTOR W MICHAEL JUNG 2 00 Χ 900 0 DIRECTOR WALT KNORPP 1 00 Χ 0 0 0 DIRECTOR-AT-LARGE WALTER FLETCHER 1 00 Χ 0 0 0 PAST PRESIDENT WANDA WATERS 1 00 0 0 Χ HONORARY VICE PRESIDENT WAYNE HALVORSON 1 00 Х 0 0 0 DIRECTOR-AT-LARGE WILLARD NORDICK 1 00 0 0 Х 0 DIRECTOR EMERITUS WILLIAM CROUCH 2 00 Χ 0 0 DIRECTOR EMERITUS

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WILLIAM HORTON

DIRECTOR
WR 'ROSS' BRIGDEN

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

**Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Position (do not check Reportable Estimated amount Name and Title Average Reportable compensation hours per more than one box, unless compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Office Former Highest compensated employee Individual trustee or director organizations Institutional Trustee related below emplo) ee organizations dotted line) ANDREA STILLO 4 00 Χ 0 0 0 **DIRECTOR THROUGH FALL 2013** BILL HOBURG 1 00 Х 0 0 0 DIRECTOR THROUGH DECEMBER 2013 CHRISTIAN BEAUCHEMIN 2 00 0 0 Х 0 **DIRECTOR THROUGH MARCH 2014** DONALD TOPLIFF 5 00 7,200 0 0 Χ DIRECTOR THROUGH DECEMBER 2013 JERR MELLOTT 2 00 0 0 Χ 0 **DIRECTOR THROUGH NOVEMBER 2013** MILTON RIGETTI 1 00 Χ 0 0 DIRECTOR THROUGH DECEMBER 2013 RANDALL TROUTNER 1 00 Х 0 0 0 DIRECTOR THROUGH JULY 2014 SCOTT NEUMAN 5 00 4,900 0 Х 0 **DIRECTOR THROUGH NOVEMBER 2013** DR CHARLES CROWE 3 00 0 Х 0 0 DIRECTOR THROUGH APRIL 2014 **BUD BREEDING** 1 00 Х 0 HONORARY VICE PRESIDENT THROUGH JULY 2014 CHARLES MENKER 1 00 Χ 0 0 0 HONORARY VICE PRESIDENT THROUGH MAY 2014 DONALD TREADWAY JR 45 00 Χ 365,385 0 23,033 EXECUTIVE VICE PRESIDENT 15 00 TRENTON TAYLOR 50 00 Х 232,553 0 26,201 ACTING CHIEF OPERATING OFFICER & TREASURER 15 00 TOM PERSECHINO 50 00 Х 167,637 0 10,135 CHIEF MARKETING OFFICER ROBERT PIERCE 40 00 Х 232,643 0 21,861 **GENERAL COUNSEL** 10 00 WILLIAM 'ALEX' ROSS 40 00 Х 232,189 0 23,747 SENIOR DIRECTOR OF JUDGES PHIL JONES 40 00 148,193 0 25,116 Х SENIOR DIRECTOR OF INFORMATION TECHNOLOGY KAREN LATTA 40 00 Х 129,420 0 13,092 DIRECTOR OF MARKETING & PUBLICATION OPERATIONS 10 00 RICHARD BUCK 40 00 0 12,827 Х 110,614 SENIOR DIRECTOR OF RACING

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### DLN: 93493204012055

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

emai	Revenue Service and its instruct				Tiishect	1011
	me of the organization RICAN QUARTER HORSE ASSOCIATION			oloyer identifica 0725576	ition numbe	r
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990				. Complet	e if the
	organization answered Tes to Form 550	(a) Donor advised funds		(b) Funds and	other accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	<del>-</del>	nor adv	ısed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				┌ Yes	┌ No
ľ	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of a Preservation of a	certifie	d historic struc	ture	
	easement on the last day of the tax year			1		
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histor	, ,	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d		4	
	Number of conservation easements modified, transferrenthe tax year -	ed, released, extinguished, or terminat	ed by ti	ie organizacion	during	
	Number of states where property subject to conservati	ion easement is located ▶				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	f violations, and	│ │ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year		
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durin	g the year		
	Does each conservation easement reported on line 2 (and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	☐ Yes	┌ No
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia				
ľ	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar	Assets.	
	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	ts held for public exhibition, education,	or rese	earch in furthera		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue its held for public exhibition, education,	statem	nent and balanc		ıc
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histor following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		
	Assets included in Form 990, Part X			<u></u>		
	meraded in rolling your dit A			r +		

Part	Organizations Maintaining Collections of Art, H	istor	ic	al Treası	ires, or Ot	he	r Similar Asse	ts (co	ntınued)
3	Using the organization's acquisition, accession, and other records, collection items (check all that apply)	check	car	ny of the fol	lowing that ar	e a	significant use of	ıts	
а	Public exhibition	ı		Loan or exc	hange progra	ms			
b	Scholarly research	• 「	-	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain heart ${\tt XIII}$	now th	ey	further the	organızatıon's	s ex	empt purpose ın		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as par							Yes	□ No
Par	t IV Escrow and Custodial Arrangements. Complete	ıf the	9 0	rganizatio					1 110
	Part IV, line 9, or reported an amount on Form 990,  Is the organization an agent, trustee, custodian or other intermedia				or other asse	ts r	not		
Ь	included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following the second secon	lowing	+->	blo			Г	Yes	Г No
D	IT TES, explain the arrangement in Part XIII and complete the for	iowing	la	bie			Amou	ınt	
c	Beginning balance					lc	711100		
d	Additions during the year					Ld			
e	Distributions during the year				<u> </u>	le			
f	Ending balance				-	Lf			
2a	Did the organization include an amount on Form 990, Part X, line 2	1?					Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check here if the ex		tion	n has been i	provided in Da	ort '			Г
Pai	<b>t V Endowment Funds.</b> Complete if the organization a								
		<b>(b)</b> Prio						)Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year end balance (	line 1	g, d	column (a))	held as				
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment ▶								
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%								
За	Are there endowment funds not in the possession of the organization	n that	ar	e held and a	admınıstered	for	the		
	organization by  (i) unrelated organizations						3a(i)	Yes	No
	(ii) related organizations					•	3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as required or	 n Sche	edu	le R?			3b		
4	Describe in Part XIII the intended uses of the organization's endov	vment	fur	nds					
Par	<b>Land, Buildings, and Equipment.</b> Complete if the 11a. See Form 990, Part X, line 10.	orga	nız	zation ans	wered 'Yes'	to	Form 990, Part	IV, lır	ne
	Description of property			Cost or other (investment)	( <b>b)</b> Cost or other		(c) Accumulated depreciation	( <b>d</b> ) Bo	ok value
<b>1</b> a l	and				197,5	529			197,529
b E	Buildings				6,921,8	350	4,476,879		2,444,971
<b>c</b> l	easehold improvements								
	Equipment	F			9,579,0	057	6,297,409		3,281,648
	I. Add lines 1a through 1e <i>(Column (d) must equal Form 990, Part X, c</i> o	olumn	(R	) line 10(c)	)		🕨		5,924,148
		orannii l	(2)	,, ,,,,,, ±0(C/.,	<i>,</i> • • •	•			J, J Z T, I TO

Part VII Investments—Other Securities. Con See Form 990, Part X, line 12.	nplete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year	market value
(1) Financial derivatives			
(2)Closely-held equity interests Other			
Tatal (Column (h) must equal Form 000, Bart V, col. (B) line 12.)	<b>F</b>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. Co		answered 'Ves' to Fo	orm 990 Part IV line 11c
See Form 990, Part X, line 13.	implete il tile organization	ranswered les to re	in 990, Part IV, line IIC.
(a) Description of investment	(b) Book value	(c) Method of va	
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>		
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990	, Part IV , line 11d See F	orm 990, Part X, line 15
(a) Descri	ption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.	5.)		
Part X Other Liabilities. Complete if the orga			ine 11e or 11f. See
Form 990, Part X, line 25.			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
MINIMUM PENSION LIABILITY	3,533,258		
	†		
Tabl (0-has 4)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	3,533,258		

Par		Revenue per Audited Financial State Wered 'Yes' to Form 990, Part IV, line 12		ts With Revenue p	er R	<b>eturn</b> Complete if
1		er support per audited financial statements			1	
2		ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	tments	2a			
b	Donated services and use of	facilities	2b			
С	Recoveries of prior year grant	·s	2c			
d		)	2d		1	
e	Add lines <b>2a</b> through <b>2d</b> .				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII	)	4b		1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines <b>3</b> an	d <b>4c.</b> (This must equal Form 990, Part I, line 1	L2) .		5	
Part		xpenses per Audited Financial Stat		nts With Expenses	per	Return. Complete
		nswered 'Yes' to Form 990, Part IV, line			Τ.	Τ
1		er audited financial statements			1	<u> </u>
2		ut not on Form 990, Part IX, line 25	ا م	I		
a		acılıtıes	2a		-	
b	, ,		2b		-	
с			2c		_	
d		)	2d		ا	
e					2e	
3					3	
4		00, Part IX, line 25, but not on line 1:	۱.	I		
a	•	luded on Form 990, Part VIII, line 7b	4a			
b	·	)	4b		۱.	
_ C					4c	
5 Dari	XIII Supplemental In	nd <b>4c.</b> (This must equal Form 990, Part I, line	18)	<u> </u>	5	
		r Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4 - F	Part IV Junes 1 h and 2 h		
Part		, lines 2d and 4b, and Part XII, lines 2d and 4				de any additional
	Return Reference	Explanation				
PART	X, LINE 2	AQHA IS QUALIFIED UNDER SECTION 5 THEREFORE, THE MAJORITY OF ITS INC. THE PROVISIONS OF SECTION 501(C)(5 PRIMARILY ADVERTISING IN ITS PUBLIC PURPOSES FOR THE YEARS ENDED SEPTANY FEDERAL INCOME TAX EXPENSE AND FEDERAL INCOME TAX AQHF CLAIMS EXECTION 501(C)(3) OF THE IRC AND ISSECTION 509(A)(3) OF THE IRC AQHAS TO A LIMITED LIABILITY COMPANY ON DISREGARDING ENTITY FOR TAX PURPOND ADDITIONAL TAX FILINGS PER THE IRC	OME I OME I OME	S EXEMPT FROM FEDIOME FROM CERTAIN OME FROM CERTAIN ONS, IS TAXABLE FOR FR 30, 2014 AND 2013 HER OPERATIONS OF TON FROM FEDERAL GNIZED AS A PUBLIC LLY OWNED SUBSIDIA 3, 2014, AS IS THERE	ERAL OPER FEDE 3, AQI AQH INCO CHAF ARY RO	INCOME TAX UNDER RATIONS OF AQHA, RAL INCOME TAX HA DID NOT INCUR A ARE EXEMPT FROM ME TAXES UNDER RITY UNDER GP WAS CONVERTED CONSIDERED A

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493204012055

OMB No 1545-0047

2013

## SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

**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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

	e of the organization				Employer ident	fication number
	ERICAN QUARTER HORSE ASSO				75-0725576	
Pa	"Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	<b>For grantmakers.</b> Does the or other assistance, the grantee to award the grants or assista	s' eligibility fo	r the grants or	assistance, and the s	selection criteria used	d <b>▽ Yes                                   </b>
2	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's pr	rocedures for monitori	ng the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ace is needed )	
	<b>(a)</b> Region	<b>(b)</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
( 1	) See Add'l Data					
( 2	)					
( 3	)					
( 4	)					
( 5	)					
	a Sub-total b Total from continuation sheets to Part I	0	0			456,906 404,475
	c Totals (add lines 3a and 3b)	0	0		N- 50003W 61.1	861,381

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
( 6)								
(7)								
(8)								
(9)								
(10)							1	
(11)								
( 12)								
(13)								
(14)								
( 15)								
(16)								
· · · · ·								

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

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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.

(a) Type of grant or assistance	( <b>b)</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	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
( 2)							
( 3)							
(4)							
( 5)							
( 6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
( 13)							
(14)							
( 15)							
(16)							
( 17)							
( 18)							
	1			ı	1	Sched	ule F (Form 990) 2013

### Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the 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	Yes	F	N	0
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 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)	Г	Yes	딕	N	0
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	Yes	٦	N	0
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	N	0
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	Yes	V	N	0
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).	Г	Yes	آب حا	N	0

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5** 

### Part V Supplemental Information

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).

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	ACHA BUSINESS PLAN FUNDING - THE AMERICAN QUARTER HORSE ASSOCIATION PROVIDES FUNDING TO IT S INTERNATIONAL AFFILIATES BASED ON MEMBERSHIP AND HORSE POPULATION 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 INCENTIVE FUND. IS A PROGRAM WHEREBY AQHA-NOMINATED SHOW PARTICIPANTS AND BREEDERS WIN CASH PRIZES BASED ON TOTAL POINT S 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 NOMINATED STALLIONS AND FOALS ARE ELIGIBLE TO RECEIVE PAY MENTS FROM THE INCENTIVE FUND BASED ON TOTAL SHOW POINTS EARNED DURING THE PREVIOUS YEAR RACING CHALLENGE PROGRAM - IS AN INCENTIVE-TYPE PROGRAM OPEN TO ALL REGISTERED AMERICAN QUARTER HORSE FOALS THE RACING CHALLENGE RECEIVES FUNDS FROM IND VIDUALS FOR THE NOMINATION OF THEIR HORSES NOMINATIONS RECEIVED ARE USED TO SUPPLEMENT P URSE 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 CHALLENGE RACE AND ARE ADDED TO THE PURSE AWARDS AS WELL WORLD SHO WS - THE WORLDS BEST AMERICAN QUARTER HORSES MEET EACH YEAR FOR THE CHANCE TO BECOME A WORLD CHAMPION AND SHARE IN CASH AND AWARDS FROM HALTER TO REINING AND JUMPING TO TRAIL, THE FORD 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 SHOW IS HELD IN AUGUST IN AMARILLO AND THE ZOETIS VERSATILITY RANCH HORSE WORLD CHAMPIONSHIP IS HELD IN HOUSTON EACH HAMPON THE ZOETIS VERSATILITY RANCH HORSE WORLD CHAMPIONSHIP IS HELD IN HOUSTON EACH HAMPON THE EACH EVENT IS FOR THOSE WHO LOVE AND APPRECIATE THE ATHLETIC ABILITY AND BE AUTY OF THE AMERICAN QUARTER HORSE AND WANT TO SHOWCASE THE BEST IN EACH CLASS.

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	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 ACCOUNTING

## **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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	BUSINESS PLAN	15,113
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	BUSINESS PLAN	20,845
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	BUSINESS PLAN	266,182

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	13,166			
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	BUSINESS PLAN	86,165			
SOUTH AMERICA	0	0	PROGRAM SERVICES	BUSINESS PLAN	50,062			

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	5,038			
SOUTH AMERICA	0	0	PROGRAM SERVICES	RACING CHALLENGE	335			
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	RACING CHALLENGE	11,132			

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	INCENTIVE FUND	27,888		
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	INCENTIVE FUND	132,472		
SOUTH AMERICA	0	0	PROGRAM SERVICES	INCENTIVE FUND	11		

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		
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INCENTIVE FUND	24		
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ROOKIE OF THE YEAR	153		
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ROOKIE OF THE YEAR	459		

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	ROOKIE OF THE YEAR	4,590		
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	ROOKIE OF THE YEAR	618		
SOUTH AMERICA	0	0	PROGRAM SERVICES	ROOKIE OF THE YEAR	832		

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	ROOKIE OF THE YEAR	153		
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0		EUROPEAN CHAMPIONSHIP	37,663		
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EUROPEAN SUMMIT	8,806		

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		EUROPEAN JUDGES SEMINAR	3,305		
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	WORLD SHOW	47,087		
SOUTH AMERICA	0	0	PROGRAM SERVICES	WORLD SHOW	22,224		

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			
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	WORLD SHOW	1,978			
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	WORLD SHOW	10,254			
SOUTH AMERICA	0	0	PROGRAM SERVICES	LATIN AMERICAN CHAMPIONSHIP	29,116			

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	YOUTH WORLD CUP	59		
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0		FEI WORLD EQUESTRIAN GAMES	18,928		
NORTH AMERICA (CANADA AND MEXICO)	0	0		CANADIAN MBNA AMERICA FUNDING	15,000		

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	HORSEMANSHIP CAMPS	29,589		
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	VERSATILITY RANCH HORSE	675		
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	EAST NOVICE CHAMPIONSHIP	404		

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			
EAST ASIA AND THE PACIFIC	0	0		WEST NOVICE CHAMPIONSHIP	458			
NORTH AMERICA (CANADA AND MEXICO)	0	0		CATTLE NOVICE CHAMPIONSHIP	597			

, Form 990 Schedu	le F Part II!	- Grants or Entitie	s Outside The Unجs Outside	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)
		SUB-SAHARAN AFRICA	BUSINESS PLAN		CHECKS AND WIRES	•	TRAVEL EXPENSE AND JUDGING FEES	COST
		NORTH AMERICA (CANADA AND MEXICO)	BUSINESS PLAN	1	CHECKS AND WIRES		TRAVEL EXPENSE AND JUDGING FEES	COST
		SOUTH AMERICA	BUSINESS PLAN	16,584	CHECKS AND WIRES	,	TRAVEL EXPENSE AND JUDGING FEES	COST
		CENTRAL AMERICA AND THE CARIBBEAN	BUSINESS PLAN	1	CHECKS AND WIRES	,	TRAVEL EXPENSE AND JUDGING FEES	COST

, Form 990 Schedu	ale F Part II	- Grants or Entitie	es Outside The Un	lited States				
(a) Name of organization	and EIN(If applicable)		(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	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	BUSINESS PLAN	1	CHECKS AND WIRES	,	TRAVEL EXPENSE AND JUDGING FEES	COST
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BUSINESS PLAN	234,695	CHECKS AND WIRES	,	TRAVEL EXPENSE AND JUDGING FEES	COST
		MIDDLE EAST AND NORTH AFRICA	BUSINESS PLAN	1	CHECKS AND WIRES	,	TRAVEL EXPENSE AND JUDGING FEES	COST
		EUROPE (INCLUDING ICELAND AND GREENLAND)	INCENTIVE FUND	,	CHECKS AND WIRES			

Form 990 Schedu	rm 990 Schedule F Part II - Grants or Entities Outside The United 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	(i) Method of valuation (book, FMV, appraisal, other)			
		NORTH AMERICA (CANADA AND MEXICO)	INCENTIVE FUND	•	CHECKS AND WIRES						
		NORTH AMERICA (CANADA AND MEXICO)	RACING CHALLENGE	•	CHECKS AND WIRES						
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORLD SHOW	· · · · · · · · · · · · · · · · · · ·	CHECKS AND WIRES						
		NORTH AMERICA (CANADA AND MEXICO)	WORLD SHOW		CHECKS AND WIRES		BUCKLES, JACKETS, TROPHIES, ETC	соѕт			

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(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	(i) Method of valuation (book, FMV, appraisal, other)			
		EAST ASIA AND THE PACIFIC	WORLD SHOW		CHECKS AND WIRES	,	BUCKLES, JACKETS, TROPHIES, ETC	COST			

Form 990 Schedule F P	'art III - Grants ai	10 Assistance	e to Individuals O	utside i ne U S

I OI III 330 Schedule I	i di CIII Gi di Co	id A3313tdile	C to Illuividuals C	diside The O.S.			
(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)	8	32,870	CHECKS AND WIRES	7,158	BUCKLES, JACKETS, TROPHIES, ETC	COST
WORLD SHOW	SOUTH AMERICA	1	19,622	CHECKS AND WIRES	2,602	BUCKLES, JACKETS, TROPHIES, ETC	COST
WORLD SHOW	EUROPE (INCLUDING ICELAND AND GREENLAND)	9	3,928	CHECKS AND WIRES	1,721	BUCKLES, JACKETS, TROPHIES, ETC	COST
INCENTIVE FUND	EUROPE (INCLUDING ICELAND AND GREENLAND)	116	22,322	CHECKS AND WIRES			
INCENTIVE FUND	NORTH AMERICA (CANADA AND MEXICO)	258	118,484	CHECKS AND WIRES			
INCENTIVE FUND	SOUTH AMERICA	1	11	CHECKS AND WIRES			
INCENTIVE FUND	EAST ASIA AND THE PACIFIC	1	24	CHECKS AND WIRES			
RACING CHALLENGE	NORTH AMERICA (CANADA AND MEXICO)	19	8,259	CHECKS AND WIRES			
RACING CHALLENGE	SOUTH AMERICA	2	335	CHECKS AND WIRES			
ROOKIE OF THE YEAR	CENTRAL AMERICA AND THE CARIBBEAN	1			153	BUCKLES	COST

orm 990 Schedule F F	Part III - Grants an	id Assistance to	o Individuals Oi	utside The U S

TOTHI 330 Schedule I	Part III - Grants an	- ABBISTAILCE	- to Individuals o	utside The 0.5			
(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)
ROOKIE OF THE YEAR	EAST ASIA AND THE PACIFIC	3			459	BUCKLES	COST
ROOKIE OF THE YEAR	EUROPE (INCLUDING ICELAND AND GREENLAND)	30			4,590	BUCKLES	COST
ROOKIE OF THE YEAR	NORTH AMERICA (CANADA AND MEXICO)	4			618	BUCKLES	COST
ROOKIE OF THE YEAR	SOUTH AMERICA	6			832	BUCKLES	COST
ROOKIE OF THE YEAR	SUB-SAHARAN AFRICA	1			153	BUCKLES	COST
VERSATILITY RANCH HORSE	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	505	CHECKS AND WIRES	170	BUCKLES, JACKETS, TROPHIES, ETC	COST
EAST NOVICE CHAMPIONSHIP	NORTH AMERICA (CANADA AND MEXICO)	2	0		404	BUCKLES, JACKETS, TROPHIES, ETC	COST
WEST NOVICE CHAMPIONSHIP	EAST ASIA AND THE PACIFIC	3	0		458	BUCKLES, JACKETS, TROPHIES, ETC	COST
CATTLE NOVICE CHAMPIONSHIP	NORTH AMERICA (CANADA AND MEXICO)	4	291	CASH	306	BUCKLES, JACKETS, TROPHIES, ETC	COST

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

Schedule I

(Form 990)

DLN: 93493204012055

OMB No 1545-0047

## 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 Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization AMERICAN QUARTER HORSE ASSOCIATION 75-0725576 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization section valuation non-cash assistance grant cash orassistance or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table

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

31

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>(b)</b> Number of recipients	<b>(c)</b> 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
See Additional Data Table					
De LEW Consideration of the Constant				// / /	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

AND BEAUTY OF THE AMERICAN QUARTER HORSE AND WANT TO SHOWCASE THE BEST IN EACH CLASS

PART I, LINE 2

Return Reference

**Explanation** 

AFFILIATE PROGRAM - AQHA HAS PARTNERSHIPS WITH LIKE-MINDED GRASSROOTS AMERICAN QUARTER HORSE ASSOCIATIONS TO HELP 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 THAT STATE OR PROVINCE IN THE CASE WHERE THOSE SEGMENTS ARE REPRESENTED BY THEIR OWN ENTITY, THEN AQHA COULD HAVE TWO AFFILIATES IN THAT LOCATION THE AFFILIATE/AQHA PARTNERSHIP WILL UNITE AMERICAN QUARTER HORSE OWNERS, DEVELOP AND PROVIDE BENEFICIAL SERVICES FOR ALL HORSE OWNERS THAT ENHANCE AND ENCOURAGE AMERICAN QUARTER HORSE OWNERSHIP AND PARTICIPATION THE AFFILIATE/AQHA PARTNERSHIP WILL GENERATE GROWTH OF AFFILIATE MEMBERSHIP VIA THE EDUCATIONAL PROGRAMS, RECOGNITION, MONITORING PUBLIC POLICY, MARKETING, PROMOTION, AND PUBLICITY OF THE AMERICAN QUARTER HORSE THE AFFILIATE/AQHA PARTNERSHIP WILL BE THE EFFECTIVE INDUSTRY VOICE SERVING ALL AQHA MEMBERS AND HORSE OWNERS AT THE LOCAL LEVEL WITH DIVERSE PROGRAMS THAT PROMOTE THE AMERICAN QUARTER HORSE RACING COUNCIL GRANTS - IS A 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 - IS A PROGRAM WHEREBY AQHA-SANCTIONED SHOW PARTICIPANTS AND BREEDERS WIN CASH PRIZES BASED ON TOTAL POINTS ACCUMULATED DURING EACH SHOWYEAR 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 NOMINATED 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 INCENTIVE-TYPE PROGRAM OPEN TO ALL REGISTERED AMERICAN QUARTER HORSE FOALS THE RACING CHALLENGE RECEIVES FUNDS FROM INDIVIDUALS FOR THE NOMINATION OF THEIR HORSES NOMINATIONS RECEIVED 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 CHALLENGE RACE AND ARE ADDED TO THE PURSE AWARD. CORPORATE SPONSORS CONTRIBUTE FUNDS TO THE PURSE AWARDS AS WELL HORSEMANSHIP GRANTS - EACH YEAR U S COLLEGE EQUESTRIAN TEAMS FILL OUT APPLICATIONS FOR GRANTS TO TRAVEL ABROAD AND TEACH HORSEMANSHIP SKILLS AND THE VALUE OR THE AMERICAN QUARTER HORSE BREED AS THE RIDE OF CHOICE THE RECIPIENTS ARE SELECTED BASED UPON THEIR APPLICATION AND THEIR TEAM COMMITMENT TO HORSEMANSHIP THE TEAMS THEN CONDUCT CLINICS IN VARIOUS EUROPEAN COUNTRIES PROMOTING THE WESTERN STYLE OF RIDING AND THE AMERICAN QUARTER HORSE STEP OR STEWARDS FOR TRAILS, EDUCATION AND PARTNERSHIPS IS A PROGRAM UNDER AQHA'S WING THAT WAS FORMERLY KNOWN AS TRAIL TROTTERS TRAIL TROTTERS WAS LAUNCHED IN NOVEMBER 2004 BY THE EQUESTRIAN LAND CONSERVATION RESOURCE IN PARTNERSHIP WITH THE NATIONAL FOREST FOUNDATION THE IDEA WAS TO BUILD A PROGRAM THAT WOULD INCREASE PARTICIPATION IN TRAIL STEWARDSHIP AMONG EQUINE ENTHUSIASTS WHILE CASTING A POSITIVE LIGHT ON HORSEBACK RIDERS TO LAND MANAGERS AND OTHER TRAIL USERS THIS PROGRAM PROMOTES EQUESTRIAN INVOLVEMENT IN THE RESTORATION, REPAIR, AND ESTABLISHMENT OF TRAILS AND TRAILHEADS ON NATIONAL TRAILS DAY, WHICH HAS BEEN HELD EVERY JUNE SINCE 1992 AND HAS BEEN EXPANDED TO INCLUDE THE ENTIRE MONTH OF JUNE IN CONJUNCTION WITH GREAT OUTDOORS MONTH EQUESTRIAN GROUPS AND INDIVIDUALS ARE ENCOURAGED TO PARTICIPATE IN TRAIL MAINTENANCE AND RESTORATION PROJECTS A NATIONAL STEWARDSHIP AWARD IS GIVEN EACH YEAR TO A GROUP OR ORGANIZATION WHOSE PROJECT PROVES COMMENDABLE THROUGH COMMUNITY INVOLVEMENT AND SUSTAINABILITY 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 REINING AND JUMPING TO TRAIL, THE FORD YOUTH WORLD SHOW IS HELD IN AUGUST AND AMATEUR AND OPEN AQHA WORLD 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

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
EQUESTRIAN LAND CONSERVATION RESOURCE 4037 IRON WORKS PKWY STE 20 LEXINGTON.KY 40511	52-2139677	501(C)(3)	12,500				STEP PROGRAM GRANT

Form 990,Schedule 1, Pa	-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NEBRASKA QUARTER HORSE ASSN PO BOX 256 GRETNA,NE 68028	47-0565204	501(C)(5)	10,000				AFFILIATE ACHIEVEMENT AWARD GRANT				

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CONNECTICUT QUARTER HORSE ASSN 392 HIGHLAND ST WETHERSFIELD,CT 06109	06-1424696		10,000				AFFILIATE ACHIEVEMENT AWARD GRANT				

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WASHINGTON STATE QUARTER HORSE ASSN PO 1010 MCKENNA, WA 98558	31-1467592	501(C)(5)	10,000				AFFILIATE ACHIEVEMENT AWARD GRANT			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS,CO 80523	84-6000545	115	12,500				HORSEMANSHIP GRANT			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SAM HOUSTON STATE UNIVERSITY 1831 UNIVERSITY DRIVE HUNTSVILLE,TX 77340	74-6001430		12,500				HORSEMANSHIP GRANT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE UNIVERSITY OF FINDLAY 1000 N MAIN STREET FINDLAY,OH 45840	34-4431169	501(C)(3)	12,500				HORSEMANSHIP GRANT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(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 ACCREDITATION 821 CORPORATE DRIVE LEXINGTON,KY 40503	20-4137857	501(C)(6)	10,000				RACING COUNCIL SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF ARIZONA FND RTIP 1111 N CHERRY AVE TUCSON,AZ 85271	86-6050388	501(C)(3)	6,000				RACING COUNCIL SPONSORSHIP			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RUIDOSO DOWNS RACETRACK 1461 HWY 70 EAST RUIDOSO DOWNS,NM 88346	85-0264407		20,000				RACING COUNCIL SPONSORSHIP			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KANSAS QUARTER HORSE RACING ASSOCIATION 19001 NALL AVE STILWELL, KS 66085	48-0689151	501(C)(5)	15,000				RACING COUNCIL GRANT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RESEARCH MEDICATION AND TESTING CONSORTIUM 821 CORPORATE DRIVE LEXINGTON,KY 40503	72-1559413	501(C)(3)	50,000				EQUINE RESEARCH GRANT			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</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			
T BILL STABLES INC 1776 S ROGERS AVE CLARE,MI 48617	38-2755402		9,790				RACE CHALLENGE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHAPARROSA ENTERPRISES L P PO BOX 549 LA PRYOR,TX 78872	76-0401645		9,027	404		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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		6,571	346		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARMENTA QUARTER HORSES 1299 ANDERSON RD WHITESBORO,TX 76273	26-3304806		5,053	173		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COWAN RANCH INC PO BOX 2492 ARDMORE,OK 73402	73-1605593		10,545	173		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WACO BEND RANCH LTD 842 PHILLIPS RANCH RD GRAHAM,TX 76450	32-0119639		8,087	346		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BELLE MEADE RANCH QH OWNERS 5469 NIWOT RD LONGMONT,CO 80503	74-3187761		6,878				WORLD SHOW			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RDJ QUARTER HORSES LLC 5280 NC HIGHWAY 127 TAYLORSVILLE,NC 28681	20-3597322		8,533				WORLD SHOW		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LUGA LLC PO BOX 361 WHITESBORO,TX 76273	37-1594370		7,741				WORLD SHOW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
XTRA QUARTER HORSES LLC 24589 210TH ST PURCELL,OK 73080	27-3029951		6,192				WORLD SHOW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DIXON FLOWERS QUARTER HORSES RR 2 BOX 239 NOWATA,OK 74048	27-3816051		5,779				WORLD SHOW		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KNAPP QUARTER HORSE FARMS LC 26413 360TH ST VAN METER,IA 50261	87-0541387		8,406	750		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CAPITAL QUARTER HORSES LLC PO BOX 1039 WHITESBORO,TX 76273	45-3327294		8,493	577		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW		

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HOLY COWPERF HORSES TX LLC PO BOX 338 SANTA YNEZ,CA 93460	46-1522720		6,878	1,290		BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ROBBIE & JOAN SCHROEDER 6736 HIGHWAY 82 GAINESVILLE,TX 76240	75-2963729		7,075				INCENTIVE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</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		
KENNETH & MARILYN MASTERSON 400 UNION DR SOMERVILLE,TN 38068	62-1679726		5,033				INCENTIVE		

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GALLOPING B RANCH LLC 3554 NE DEER CREEK RD TURNEY,MO 64493	45-1762288		6,704				INCENTIVE		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
KNAPP QUARTER HORSE FARMS LC 26413 360TH ST VAN METER,IA 50261	87-0541387		8,395				INCENTIVE	

Form 990, Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</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 PLONK PO BOX 41 MILNESVILLE,PA 18239	26-1729812		10,000				SPO NSO RSHIP	

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
US EQUESTRIAN TEAM FOUNDATION PO BOX 355 GLADSTONE,NJ 07934	22-1668879	501(C)(3)	10,000				SPO NSO RSHIP	

Form 990,Schedule 1, Pa	-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF WISCONSIN- RIVER FALLS 410 S 3RD ST RIVER FALLS,WI 54022	39-1805963	115	12,500				HORSEMANSHIP GRANT	

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(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	
BURNETT RANCHES LLC 801 CHERRY ST FORT WORTH,TX 76102	02-6163545		8,068				RACE CHALLENGE	

Form 990,Schedule 1, Pa	form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TRAVELERS' FARM PO BOX 1920 SANTA YNEZ,CA 93460	77-0342927	27 6,017 402			BUCKLES, TROPHIES, JACKETS, ETC	WORLD SHOW			

Form 990,Schedule 1, Pa	rt II, Grants an	<u>a Otner Assistance</u>	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN QUARTER HORSE FOUNDATION PO BOX 32111 AMARILLO,TX 79120	51-0187823	501(C)(3)	9,725				MUSEUM OPERATIONS, EQUINE RESEARCH, YOUTH SCHOLARSHIPS

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance
WORLD SHOW	646	1,510,880	1,601,314	COST	BUCKLES, SADDLES, TROPHIES
RACING CHALLENGE	168	154,026			
INCENTIVE FUND	3568	1,751,489			
AQHA PROMOTION AND SPONSORSHIP AWARDS	4170	28,000	348,202		BAGS, BLANKETS, CAPS, CERTIFICATES, JACKETS, PATCHES, PENS, RINGS, SADDLE TO
TEAM WRANGLER/CHAMPIONSHIP AND ROOKIE WINNERS	417	76,500	356,643	COST	BUCKLES, TROPHIES, JACKETS, VESTS, ETC
VERSATILITY RANCH HORSE	20	39,386	23,462	COST	BUCKLES, TROPHIES, ETC
EAST NOVICE CHAMPIONSHIP	500	1	35,363	COST	BUCKLES, TROPHIES, ETC
WEST NOVICE CHAMPIONSHIP	423	•	36,230	COST	BUCKLES, TROPHIES, ETC
CATTLE NOVICE CHAMPIONSHIP	142	11,034	34,526	COST	BUCKLES, TROPHIES, ETC
ALL AROUND AMATEUR	1	10,000			
ALL AROUND JUNIOR HORSE	1	10,000			
ALL AROUND SENIOR HORSE	1	10,000			
RACING WORLD CHAMPION	1	10,000			

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DLN: 93493204012055

OMB No 1545-0047

Inspection

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### Schedule J (Form 990)

Department of the Treasury

**Compensation Information** 

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization AMERICAN QUARTER HORSE ASSOCIATION

**Employer identification number** 

De	, , , , ,	Overtions Describes Commencetion		[/5-0/255/6			
Рa	rt I	Questions Regarding Compensation				<b>.</b> .	
	<u> </u>			60 60		Yes	No
1a		ck the appropiate box(es) if the organization provic , Part VII, Section A , line 1a Complete Part III to		ny of the following to or for a person listed in Form ide any relevant information regarding these items			
	굣	First-class or charter travel	Γ	Housing allowance or residence for personal use			
		Travel for companions		Payments for business use of personal residence			
	고	Tax idemnification and gross-up payments	고				
	l	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
b	rein	ny of the boxes in line 1a are checked, did the orga abursement or provision of all of the expenses desc	rıbed	above? If "No," complete Part III to explain	1b	Yes	
2		the organization require substantiation prior to reir ctors, trustees, officers, including the CEO/Execut			2	Yes	
3	orga	cate which, if any, of the following the filing organiz inization's CEO/Executive Director Check all that d by a related organization to establish compensati	appl				
	굣	Compensation committee	Γ	Written employment contract			
	$\sqcap$	Independent compensation consultant	<u></u>	Compensation survey or study			
		Form 990 of other organizations	굣	Approval by the board or compensation committee			
4		ng the year, did any person listed in Form 990, Pai related organization	rt VII	, Section A, line 1a with respect to the filing organization			
а	a Receive a severance payment or change-of-control payment?						
b	Par	cicipate in, or receive payment from, a supplementa	l non	qualified retirement plan?	4b		Νo
С	Par	cicipate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		Νo
	If"\	es" to any of lines 4a-c, list the persons and provi	de th	e applicable amounts for each item in Part III			
	Onl	/ 501(c)(3) and 501(c)(4) organizations only must	com	olete lines 5-9.			
5	For	persons listed in Form 990, Part VII, Section A, lir pensation contingent on the revenues of					
а	The	organization?			5a		
b		related organization?			5b		
		es," to line 5a or 5b, describe in Part III					
6		persons listed in Form 990, Part VII, Section A, lir pensation contingent on the net earnings of	ne 1 a	, did the organization pay or accrue any			
а	The	organization?			6a		
b	Any	related organization?			6b		
	If"	es," to line 6a or 6b, describe in Part III					
7	For	persons listed in Form 990, Part VII, Section A, lir ments not described in lines 5 and 6? If "Yes," des			7		
8	sub	e any amounts reported in Form 990, Part VII, paid lect to the initial contract exception described in Ro art III		ccured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe	8		
9		es" to line 8, did the organization also follow the rection 53 4958-6(c)?	ebutt	able presumption procedure described in Regulations	9		

### 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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)DONALD TREADWAY JR EXECUTIVE VICE PRESIDENT	(i) (ii)	298,722 0	0	66,663 0	3,000	20,033	388,418 0	0
(2)TRENTON TAYLOR ACTING CHIEF OPERATING OFFICER & TRE	(i) (ii)	210,945 0	6,798 0	14,810 0	6,600 0	19,601	258,754 0	0
(3)TOM PERSECHINO CHIEF MARKETING OFFICER	(i) (ii)	157,606 0	0	10,031	0	10,135 0	177,772 0	0 0
(4)ROBERT PIERCE GENERAL COUNSEL	(i) (ii)	218,865 0	6,798 0	6,980 0	11,985 0	9,876 0	254,504 0	0
(5)WILLIAM 'ALEX' ROSS SENIOR DIRECTOR OF JUDGES	(i) (ii)	152,764 0	10,880	68,545 0	10,452 0	13,295	255,936 0	0
(6)PHIL JONES SENIOR DIRECTOR OF INFORMATION TECHN	(i) (ii)	146,142	0	2,051	9,323	15,793 0	173,309	0

Schedule J (Form 990) 2013

### Part III Supplemental Information

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

The state of the s	
Return Reference	Explanation
	FIRST-CLASS TRAVEL FOR EXECUTIVE COMMITTEE MEMBERS IS NOT REPORTED AS TAXABLE COMPENSATION AS THE ORGANIZATION UTILIZES UPGRADES THROUGH AIRLINE REWARD PROGRAMS AFTER PURCHASING COACH FARES SPOUSAL TRAVEL IS OFFERED TO EXECUTIVE COMMITTEE MEMBERS ONLY SPOUSES ARE REQUIRED TO ATTEND MEETINGS AND FUNCTIONS AND THEIR TIME IS DEDICATED TO ASSOCIATION ACTIVITIES WHILE TRAVELING, THEREFORE SPOUSAL TRAVEL IS NOT TAXABLE TO THE INDIVIDUAL THE ORGANIZATION DOES REPORT TAX INDEMNIFICATIONS AND GROSS-UP PAYMENTS FOR ALEX ROSS AND DONALD TREADWAY AND DOES INCLUDE THEM IN TAXABLE COMPENSATION THE ORGANIZATION PAYS FOR HEALTH/SOCIAL CLUB DUES FOR DONALD TREADWAY AND INCLUDES IT IN HIS TAXABLE COMPENSATION

Schedule J (Form 990) 2013

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DLN: 93493204012055

**Employer identification number** 

OMB No 1545-0047

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN QUARTER HORSE ASSOCIATION

# **Transactions with Interested Persons**

► 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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

David T. Even	as Danafit :	T.,, ., .,	. /ssst.sr	- F01/a\/2\	and sastion I	F01/a\/4\ a=		-072				
		Transactions nization answere									40b	
	of disqualified			np between d		(c) Descri					( <b>d)</b> Corre	ected
			person	and organızat	ion						Yes	No
					+					-+		
										$-\!\!+\!\!$		
					+					-+		
2 Enterthe a	mount of tax ir	ncurred by organ	ızatıon ma	anagers or dis	aualified perse	ons during the	e vear i	ınder	section			
4958								•	<b>&gt;</b> \$			
3 Enterthe a	mount of tax, i	fany, on line 2,	above, rei	mbursed by t	he organızatıor	n			<b>►</b> \$			
Down III Lor		ou Fuere Tret		Davasas								
		or From Integration answ			0-EZ Part V I	line 38a or Fo	orm 99	0 Par	t IV lın	e 26 o	rıfthe	
		ted an amount o						·, · ·.	,			
(a) Name of	(b)	(c) Purpose o			(e)O riginal	(f)Balance			(h)		(i)Wrı	
interested person	Relationship with	loan	or from		principal amount	due	defaul	lt?	A pprov	ed	agreen	nent?
person	organization		organiza	icion.	amount				board			
									or			
			То	From	-		Yes	No	Yes	No	Yes	No
.) DONALD		SPLIT	10	X	159,680	0 31,935		No	Yes	140	Yes	NO
READWAY JR		DOLLAR LIFE		^				''	' "		'	
		INSURANCE										
		AGREEMENT			1	+				$\vdash$		
											_	
						1					_	
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											_	
otal		<b>▶</b> \$				31,935	5					
		stance Bene										
		organization a	1			1			1,,			
(a) Name of in		<b>b)</b> Relationship l terested person		(c) A mount	of assistance	( <b>d)</b> Type o	orassis	stance	(e)	Purpos	e of assi	istanc
person	.	organizatio										
						_						
						_						
						_						
						_						
						_						

Business Transactions In			20 201 20		
Complete if the organization	<u>n answered "Yes" on F</u>	<u>-orm 990, Part IV, lin</u>	e 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) Sh of organiz reveni	: zatıon's
				Yes	No

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2013

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SCHEDULE O

As Filed Data -

DLN: 93493204012055

OMB No 1545-0047

2013

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# 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.

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

Name of the organization
AMERICAN QUARTER HORSE ASSOCIATION

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

75-0725576

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 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

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 260,000 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.

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

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

Return Reference	Explanation
	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.

Return Reference	Explanation
,	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

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 THE COMPENSATION PROCESS WAS LAST DONE IN 2014

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S 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.

Return Reference	Explanation
FORM 990, PART VIL COMPENSATION	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

Return Reference	Explanation
FORM 990, PART X- BALANCE SHEET	THE PRIOR YEAR DEFERRED REVENUE, LINE 19 WAS UPDATED TO PROPERLY INCLUDE DEFERRED REVENUE FROM THE INCENTIVE FUND AND RACING CHALLENGE THAT WAS PREVIOUSLY CLASSIFIED AS OTHER LIABILITIES

#### DLN: 93493204012055

2013

OMB No 1545-0047

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# **Related Organizations and Unrelated Partnerships**

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Name of the organization **Employer identification number** AMERICAN QUARTER HORSE ASSOCIATION 75-0725576

/->	4.5		7.15	(-)	/0		
<b>(a)</b> Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) ROBIN GLENN PEDIGREES LLC PO BOX 200 AMARILLO, TX 791680001 73-1557829	SEE PART VII	тх	185,717	1,611,784		_	
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	<b>nizations</b> Complete ıf the tax year.	the organization a	nswered "Yes" (	on Form 990, Part :	IV, line 34 because it h	nad or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	ontrolle tity?
(1) AMERICAN QUARTER HORSE FOUNDATION	SEE PART VII	TX	501(C)(3)	LINE 11A, I	AMERICAN QUARTER HORSE	<b>Yes</b> Yes	No
PO BOX 32111			301(0)(3)		ASSOCIATION	103	
AMARILLO, TX 79120 51-0187823							
	Ī	1	I	1	1	1	1

Part III	<b>Identification of Related Org</b> because it had one or more rela						ation ansv	vered "Ye	es" on	Form	990, Part	IV, lu	ne 34	ļ		
	(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity -	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income		re of Disprop of-year alloca		(h) Dispropitionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	j) eral or agıng :ner?	<b>(k)</b> Percentage ownership
						,			Yes	No		Yes	No			
												_				
													$\square$			
Part IV	<b>Identification of Related Org</b> line 34 because it had one or mo	ore related organız							wered	d "Yes				IV,		
Na	( <b>a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		<b>(d)</b> Direct controllir entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share	(g) e of end- -year ssets		(h) ercentage wnership	Section (b) (continue)	i) on 512 (13) rolled tity?	No.		
							1			-	ĺ	Yes	<u>*</u>	No		
												ı				

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule								
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?		П				
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	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		
g	Sale of assets to related organization(s)				1g		No		
h	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		
k	Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundraising solicitations for related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Im								
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No		
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No		
n									
o	<b>-</b>								
р	· · · · · · · · · · · · · · · · · · ·								
q	Reimbursement paid by related organization(s) for expenses				1q	Yes			
r	Other transfer of cash or property to related organization(s)				1r		No		
s	Other transfer of cash or property from related organization(s)				1s		No		
2									
	(a) Name of related organization	Transaction type (a-s)	(c) Amount involved		ount II	nvolved			
<b>1)</b> Al	dends from related organization(s)  dends from related organization(s)  con assets to related organization(s)  chase of assets from related organization(s)  chase of assets with related organization(s)  con facilities, equipment, or other assets to related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equipment, or other assets from related organization(s)  con facilities, equi								
<b>2)</b> Al	MERICAN QUARTER HORSE FOUNDATION	С	185,897	ACTUAL AMOUNT INCURRED					
				<u> </u>					

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

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

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

revenue) that was not a related organization. See instructions i													
(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 sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
LINE 1B	SUPPORTS THE ACTIVITIES OF THE AMERICAN QUARTER HORSE ASSOCIATION BY PRODUCING SALE CATALOGS AND PEDIGREES FOR THE INDUSTRY'S PREMIER RACE SALES AND PERFORMANCE SALES, AS WELL AS ALL FACETS OF THE QUARTER HORSE PERFORMANCE INDUSTRY IT ALSO MAINTAINS A LARGE DATABASE OF HORSE RECORDS
FORM 990, SCHEDULE R, PART II LINE 1B	SUPPORT OF EDUCATIONAL PROJECTS OF INTEREST TO DEVOTEES OF THE QUARTER HORSE

Schedule R (Form 990) 2013