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Department of the Treasury Internal Revenue Service

EXTENDED TO DECEMBER 15, 2015

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. Information about Form 990 and its instructions is at www.us.gov/form990.

<u> </u>	or the	2014 Calendar year, or tax year beginning FEB 1, 2014 and	ending C	AN 31, 2013			
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Address	UTAH PAINT HORSE CLUB					
	Name change	Doing business as		87-0	480734		
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•		
\vdash	Final	751 WEST 1400 NORTH	- TOOM GOING	(801			
Ь	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	210,583.		
	Amende			H(a) Is this a group re			
\vdash	ireturn T∏Applica-			for subordinates			
_	ltion pending		H(b) Are all subordinates included? X Yes No				
		⊣ `′					
		mpt status: 501(c)(3) X 501(c) (5) ◀ (insert no.) 4947(a)(1)	or 527	7	list. (see instructions)		
		x: ► N/A	1. 1/	H(c) Group exemption			
		organization: X Corporation Trust Association Other	IL Year	or formation: 1970 N	State of legal domicile: UT		
, 1- 0		Summary	ромопт	AMEDICAN DI	THE HOPERC		
Activities & Governance	1 6	Priefly describe the organization's mission or most significant activities. TO P	KOMOTE	AMERICAN PA	AINI HORSES		
na	2 (Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	ets.		
Š	3 1	Sumber of voting members of the governing body (Part VI, line 1a)		<u>3</u>	<u>17</u>		
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	0		
ಿ ೮	5 7	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0		
ij≘	6 7	Total number of volunteers (estimate if necessary)		6	0		
桑	7a]	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
ĕ	b 1	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0.		
_				Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)		3,855.	1,558.		
Ę	9 1	Program service revenue (Part VIII, line 2g)		160,952.	208,225.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) 28 20.5	. –	21.	61.		
8	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,585.	739.		
	1	Fotal revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		170,413.	210,583.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)	·	0.	0.		
	45 6	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	`	0.	0.		
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ē	loa		o. 🗔		1:41.2844.41.40		
X] _B	Fotal fundraising expenses (Part IX, column (D), line 25)	<u> </u>	130,796.	193,466.		
_	'' \	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	130,796.	193,466.		
		Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	••••	39,617.	17,117.		
_	19 I	Revenue less expenses. Subtract line 18 from line 12					
S	ë	T. 1 (7)	<u> </u>	eginning of Current Year 124,931.	End of Year 142,048.		
SSE	20 T	Total assets (Part X, line 16)	·	0.	0.		
Net Assets or	21	Total liabilities (Part X, line 26)	·	124,931.	142,048.		
름	<u>∄ 22 </u> art⊪i	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		124,331.	142,040.		
		ities of perjury, I declare that I have examined this return, including accompanying schedule	e and statem	ante and to the heet of m	knowledge and belief it is		
		ties of perjury, I declare that Thave examined this return, including accompanying schedule t, and complete. Declaration of prep <u>arer (other than officer) is based on all information of</u> wi			kijuwieuge and belief, it is		
true	e, correct	t, and complete. Declaration of preparer (dural trial officer) is based on all information of wi	mon prepare		1.		
Sign Date Date							
Sig	·						
Here JAMES CHRISTOPHERSON, TREASURER Type or print name and title							
- Doto Doto DIN							
Trinitry pe preparer 3 marie 12 30 17 17 17 17 17 17 17 17 17 17 17 17 17							
Pai		REBECCA HILL SCHREYER Firm's name STAYNER, BATES & JENSEN P.C.	17 1 1 7 Sen-employ				
	parer	Firm's EIN	87-0495153				
Use Only Firm's address PO BOX 2995							
SALT LAKE CITY, UT 84110-2995 Phone no. (801) 531-9100							
		S discuss this return with the preparer shown above? (see instructions)		<u></u>	X Yes No		
432	001 11-07	-14 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2014)		

orm ^t	990 (2014) UTAH PAINT HORSE CLUB	87-0480734	Page 2
	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
	Briefly describe the organization's mission:		
	PROMOTE AMERICAN PAINT HORSES		
			··
	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	and
40	revenue, if any, for each program service reported. (Code) (Expenses \$		
4a	(Code) (Expenses \$,
	EXHIBITION, AND UTILIZATION OF THE AMERICAN PAINT HORSE.	10, 14101110,	
		<u>.</u>	
4b	(Code) (Expenses \$ 16,123. including grants of \$) (Revenue)		
70	AWARDS AND BANQUETS: SOCIAL AND RECOGNITION ACTIVITY HELI		
	AT END OF YEAR TO AWARD FIRST AND SECOND PLACE OVERALL W		EACH
	EVENT OR CLASS.		
			- <u> </u>
		·	.
4c	(Code) (Expenses \$ 955. including grants of \$) (Reveni)
		TH INFORMATI	ON
	ON OTHER MEMBERS TO FACILITATE CONTACTS. PRINTING EXPENS	ES ARE ALMOS	ST
	EQUIVALENT TO INCOME FROM ADS.		
		<u> </u>	·
		 	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	192 901		

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4		4		
_	during the tax year? If "Yes," complete Schedule C, Part II	<u>├</u> -		<u> </u>
5		5		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<u> </u>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_ <u>^_</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ <u>^</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		- T
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	94 B 36,	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	405	维多	
	as applicable.	(P. 10	#172F	24.3%
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	_X_
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	İ		,,
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
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		١	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	١
	Schedule D, Parts XI and XII	12a	-	X
b	•	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	ļ	X
b	· · · · · · · · · · · · · · · · · · ·			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			- U
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
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	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	+	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	_v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	.
	1c and 8a? If "Yes," complete Schedule G, Part II	18	┼	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ v
	complete Schedule G, Part III	19	+-	X
2 0a	· · ·	20a	+-	X
t	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

/- 0	Continued			
	D. I the expension report more than \$5,000 of greate as other appropriate and demostic expension as		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) 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	İ		
	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	İ		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? #"Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		9, 4	
	instructions for applicable filing thresholds, conditions, and exceptions):	11.00	, î	9 si
а		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28b	<u></u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7.7
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	-	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
04	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 -	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1 04		Х
25-	Part V, line 1	34	 -	X
35a		35a		
b		256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		
37	If "Yes," complete Schedule R, Part V, line 2	30		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990	(004.4)

Form	990 (2014) UTAH PAINT HORSE CLUB 87-0480	734	Pa	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	. *\s	100	18:25°
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			Marin.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	*, %		1.
·	(gambling) winnings to prize winners?	1c	<u> </u>	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	r ATT Å	- 3	ų, ·
2 a	filed for the calendar year ending with or within the year covered by this return 2a 0	, \$3	- X	
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ĝ (=	
•	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
		3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X s	<u> </u>
b	If "Yes," enter the name of the foreign country:	23 2		, 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-	Ja 4	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		<u> </u>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_	-	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1,81	*: ***	-
е	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	· ;	ji.	
	sponsonng organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	11218	S	*.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		
b	Description of the control of the co	9b		
10	Section 501(c)(7) organizations. Enter:	1 %	- 7 3	14
а	1. L. L. L. Command and the state of the sta	, , , , , , , , , , , , , , , , , , ,		sil.
b	O and wanted as Form COO Port VIII has 10 for publication of slub footbase]	, (c)	8.3
11	Section 501(c)(12) organizations. Enter:	11.11	1 2 4	١.,
a	Out a manufacture of the manufacture of the second of the		î.ğ	
b	Company of the second of the s]	4
	amounts due or received from them.)			8 3
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		T
_	to the state of th	, t- I	-1.1.	
12	Section 501(c)(29) qualified nonprofit health insurance issuers.	10.	100	1
13	the state of the s	13a	os .	
а	•	134	. ‹	7
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		M ``.	
	organization is licensed to issue qualified health plans	 *	* 1 > }	
	Enter the amount of reserves on hand	1	 	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	├	 ^
<u>t</u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	990	(2014)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year Á If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: as.º Х 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup UT17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Own website Another's website 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, address, and telephone number of the person who possesses the organization's books and records: 20 JAMES CHRISTOPHERSON - 801-295-7581 751 WEST 1400 NORTH, WEST BOUNTIFUL 84087

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	Position (do not check more than		than d	one	Reportable	Reportable	Estimated		
	hours per week		box, unless person officer and a directo					compensation from	compensation from related organizations	amount of other
	(list any	cto						the		compensation
	hours for	ndividual trustee or director	يو			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	nstitutional trustee		8	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	dual tr	Jional	_	Key employee	st con	_		:	organizations
	line)	lug Ā	Institu	Officer	Key e	Hohe empic	Former			g
(1) SAMMY BARBOUR	2.00									
DIRECTOR		х						0.	0.	0.
(2) JERM CHRISTENSEN	2.00			ŀ						
DIRECTOR		X				<u> </u>		0.	0.	0.
(3) DEANNA BIERMAN	2.00						l			
SECRETARY		X	_	Х			L	0.	0.	0.
(4) JAMES CHRISTOPHERSON	2.00				l			_	_	_
TREASURER		Х		X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(5) SHANAE NELSON	2.00					l				
DIRECTOR		X		_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(6) BONNIE CHRISTENSEN	2.00	l		1						
DIRECTOR		X	ļ		├—	ļ	┞	0.	0.	0.
(7) COREY INGLE	2.00	١.,	1							_
DIRECTOR	 	X		L		\vdash	╄	0.	0.	0.
(8) SHAWNEE WAYMAN	2.00	↓				1			_	,
PRESIDENT	2 00	X	⊢	X		\vdash		0.	0.	0.
(9) BARRY BEACH	2.00	X	1	x				0.	0.	_
VICE PRESIDENT	2.00	1		<u> </u>		\vdash	⊢	0.	0.	0.
(10) DEBBIE NELSON DIRECTOR	2.00	$ _{\mathbf{x}}$		1	1		1	0.	0.	0.
(11) MARTY SIMPER	2.00	^	├	╁╾	├	 	╁	<u> </u>		<u> </u>
DIRECTOR	2.00	X	1					0.	٥.	0.
(12) MEGAN ROWLEY	2.00			\vdash		t	T			
DIRECTOR		\mathbf{x}			1		ı	0.	0.	0.
(13) MARLA FADEL	2.00							 		
DIRECTOR		x				ŀ		0.	0.	0.
(14) SALLY SHIELDS	2.00			İ			T			
DIRECTOR		\mathbf{x}			1			0.	0.	0.
(15) SYDNEY WEAVER	2.00									
DIRECTOR		X						0.	0.	0.
(16) JANET ROWLEY	2.00									
DIRECTOR		X	L	L	_		L	0.	0.	0.
(17) SARAH VOOTMEYER	2.00]	_							
DIRECTOR		X		<u>L</u>	<u>L_</u>			0.	0.	0.

Name and title Average Hours per week (list any hours for related organizations below line) But Bu	Form 990 (2014) UTAH PAIN	T HORSE	_C:	LU	В					87-04	<u>48073</u>	34 Page 8
Name and title Average hours per week (list any) hours for related organizations below line) 1b Sub-total 1 Total from continuation sheets to Part VII, Section A do Total (add lines to and to granization) 1 Total (add lines to and to) 1 Total (add lines to and to) 1 Total (add lines to and to) 1 Total (add lines to and to) 1 Total (add lines to and to) 1 Total (add lines to and to) 1 Total (add lines to and to) 1 Total (add lines to and to) 1 Total (add lines to and to) 1 Total (add lines to and to) 1 Total (add lines to and to) 1 Total (add lines to and to) 1 Total (add lines to and to) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual schedule J for such independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$1500,000 of compensation from the organization Report compensation from the organization from the organization Report compensation from the organization stax year.	Part VIII Section A. Officers, Directors, Truste	ees, Key Emp	loye	es,	and	Hig	<u>ahes</u>	t Co	ompensated Employee	s (continued)		
the sub-total 1 b Sub-total 1 c Total from continuation sheets to Part VII, Section A 1 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization sheets to Part VII, Section A 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization and related organization and related organization and related organization is tall as is the sum of reportable compensation and other compensation from the organization and related organization is related organization in a receiver or accrue compensation from any unrelated organization or individual for services and related organization? If "Yes," complete Schedule J for such individual for services and related organization greater than \$150,000? If "Yes," compensation from any unrelated organization or individual for services and related organization? If "Yes," complete Schedule J for such individual for services and related organization from the organization and related organization from the org		Average hours per	box,	Position (do not check more than one box, unless person is both an			than o	an	Reportable compensation	Reportable compensation	on	Estimated amount of
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes	, c	hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	кеу етріоуее	Highest compensated employee	Former	the organization	organization	SC)	compensation from the organization and related organizations
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes						_						
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) C)						_						
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Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) C)												
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Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) C)												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes	c Total from continuation sheets to Part VII,	, Section A					-	▶ ▶ ▶	0.		0.	0.
Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	2 Total number of individuals (including but no	ot limited to th	ose I	liste	d ab	ove) wh	o re		,000 of reportable		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		director, or tru	ustee	e, ke	y en	nplo	yee,	or I	highest compensated e	mployee on		Yes No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule I for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	4 For any individual listed on line 1a, is the sur	m of reportabl		-					•	the organization	*	- : : : : : : : : : : : : : : : : : : :
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	5 Did any person listed on line 1a receive or ac	ccrue comper	nsatio	on fr	rom	any	unre	elate				47 33 4 0
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)		plete Schedul	e J fo	or st	ıch i	oers	on			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5 X
(A) (B) (C)	1 Complete this table for your five highest con										pensatio	n from
NOME Description of services Compensation	(A)					itn c	<u>or wi</u>	tnin	(B)		Cor	
	regne and business (address	NC	זאנ	<u> </u>				Description of	Sci Vices		
												
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		_	ot lin	nite	d to		_	ted	above) who received m	ore than	***	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII_ (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1,533. 1b **b** Membership dues 25. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 1,558. h Total. Add lines 1a-1f Business Code 208,225. 208,225. 711300 2 a SHOW INCOME & FEES f All other program service revenue 208,225. Total. Add lines 2a-2f Investment income (including dividends, interest, and 61. 61 other similar amounts) .. Income from investment of tax-exempt bond proceeds Royalties . (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . . . 8 a Gross income from fundraising events (not Revenue including \$ 25. of contributions reported on line 1c). See 0. Part IV, line 18 Other 0. **b** Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a YOUTH ACTIVITIES 711300 739. 739. d All other revenue ... 739. e Total. Add lines 11a-11d 208,964. 210,583. 0. Total revenue. See instructions.

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			plete column (A).	
		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			,	
	and domestic governments. See Part IV, line 21	·			
2	Grants and other assistance to domestic				
	ındıviduals See Part IV, line 22				
3	Grants and other assistance to foreign			· · · · ·	
	organizations, foreign governments, and foreign				
	ındıviduals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,130.		1,130.	
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	1,319.		1,319.	
14	Information technology				
15	Royalties .		<u> </u>		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	994.	994.		
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 0.)				3
а	SHOW EXPENSES	135,135.	135,135.		
b	GROUND & ARENA FEES	29,694.	29,694.	-	
c	AWARDS & BANQUETS	16,123.	16,123.		
d	DANIE CUADOEC	6,948.		6,948.	
_	All other expenses	2,123.	955.	1,168.	
25	Total functional expenses Add lines 1 through 24e	193,466.	182,901.	10,565.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			[
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

UTAH PAINT HORSE CLUB Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 92,771. 75,659 Cash - non-interest-bearing 32,363. 32,368. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ... 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 8,009. basis Complete Part VI of Schedule D 10a 8,009. 8,009. b Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 8,900. 8,900. 15 15 Other assets. See Part IV, line 11 124,931. 142,048. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses . . . 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. 0. 0. Capital stock or trust principal, or current funds 30 30 0.

142,048.

142,048.

0.

124,931.

124,931.

124,931.

31

33

31

32

33

orm	990 (2014) UTAH PAINT HORSE CLUB	87-0480	734	Pag	e 12
Ŗar	tixis Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u>. </u>	
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	193 17	7,11 1,93	56. L7.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	142	2,04	_
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	···		<u>.</u>	
1 2a	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	O	2 a	Yes	No X
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Both consolidated and separate basis	basis,	2b		X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	edule O	2c 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	red audit	3b		

Form **990** (2014)

SCHEDÜLE D

Department of the Treasury Internal Revenue Service

(Form 990)

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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.c

Open to Rublic

Name of the organization

UTAH PAINT HORSE CLUB

Employer identification number 87-0480734

Par	Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
-36 -48 A A	organization answered "Yes" to Form 990, Part IV, line	÷ 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	ımpermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		and all
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. <u>2</u> b
C	Number of conservation easements on a certified historic stru	• • • • • • • • • • • • • • • • • • • •	. <u>2</u> c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struct	I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the pen		☐ Yes ☐ No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,	·	
6 7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above		
Ü	and section 170(h)(4)(B)(ii)?	o dation, the requirements of decient the	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	
Ū	include, if applicable, the text of the footnote to the organizat	•	
	conservation easements		
Pa	तिहारि Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ubition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		. \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	al gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenue included in Form 990, Part VIII, line 1		. • \$
h	Assets included in Form 990, Part X		▶ \$

		INT HORSE (<u> </u>			80734		<u>ge 2</u>
	dilla Organizations Maintaining Co											
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	t are a si	gnifi	cant u	se of its c	ollection i	tems	
	(check all that apply).											
а	a Public exhibition d Loan or exchange programs											
b	b Scholarly research e Other											
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and explain	how the	ey further th	ne organizatio	on's exe	mpt į	purpo:	se in Part	XIII.		
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
	to be sold to raise funds rather than to be ma									Yes		No
Par	t∛IV in Escrow and Custodial Arrange	gements. Comple	ete ıf the	organizatio	n answered '	"Yes" to	Forr	n 990.	Part IV, I	ine 9, or	_	
··	reported an amount on Form 990, Part			Ū								
1a	Is the organization an agent, trustee, custodia	an or other intermed	arv for o	ontribution	s or other ass	sets not	ınclı	ıded				
	on Form 990, Part X?		,							Yes		No
h	If "Yes," explain the arrangement in Part XIII a	and complete the fol	Ilowina ti	able.	•••	•		•••				
	in 100, Oxplain the artangement in 1 art xiii e	and complete the lo		40. 0.			ſ			Amount		
_	Beginning balance						İ	1c		7 WHO GITE		
C		•• •• •	-				"	1d				
đ	Additions during the year		•	•		•	ŀ					—
e	Distributions during the year		•		•	-	ŀ	1e 1f				—
7	Ending balance		01 for a		Jota dial agga	بطما المان	ا صحف			Yes		
	Did the organization include an amount on Fo						iity?		Ь.	_ res	\vdash	No
	If "Yes," explain the arrangement in Part XIII. † V 👯 Endowment Funds. Complete if						10					—
1, 41	E V. 4. Complete i				(c) Two yea		$\overline{}$	Thron	ears back	(=) Four	unara k	
	Barrage of week helenee	(a) Current year	(0) -	rior year	(C) TWO year	15 Dack	(a)	illiee y	rears Dack	(e) Four	years i	Jack_
1a	Beginning of year balance				1						_	—
þ	Contributions						_			-		—
C	Net investment earnings, gains, and losses						 					
d	Grants or scholarships									 		
е	Other expenditures for facilities				Ì							
	and programs		<u> </u>		<u> </u>							
f	Administrative expenses									ļ		
g	End of year balance .		<u> </u>				L			L		
2	Provide the estimated percentage of the curre		e (line 1g	, column (a	i)) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment >	%										
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.										
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	nd administe	red for tl	he or	ganıza	ation			
	by										Yes	No
	(i) unrelated organizations			-						3a(i)]	
	(ii) related organizations									3a(ii)		
b	if "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	ule R?	_					3b		
4	Describe in Part XIII the intended uses of the				-							
Pai	t VI Land, Buildings, and Equipm	ent.										
	Complete if the organization answered	d "Yes" to Form 990	, Part IV	, line 11a S	ee Form 990	, Part X,	line	10				
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) A	Accu	mulate	ed	(d) Book	value	,
		basis (investi	ment)	basis	(other)	de	epred	ciation				
1a	Land					311/41		:W: 13				
	Buildings	-										
c	Leasehold improvements	-										
d	_				8,009.	İ				8	,00	9.
	Other				,	1					, -	
	I. Add lines 1a through 1e (Column (d) must e	gual Form 900 Part	X colun	nn (R) Ime 1	10c)	<u> </u>		_		8	, 00	9.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2014 UTAH PAINT HORSE CLUB		87-0480734 Page 4
Par		nts With Revenue per Re	eturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	* \$.xxxx
b	Other (Describe in Part XIII)	4b] ', ',
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	t XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses per	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· .
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	\$ 7 2 4 8 4
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	rt XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part	IV, lines 1b and 2b, Part V, line	4, Part X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add		
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			· · · · · · · · · · · · · · · · · · ·

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Name of the organization

Employer identification number

UTAH PAINT HORSE CLUB	87-0480734
FORM 990, PART VI, SECTION A, LINE 8A:	
THE ORGANIZATION DOES NOT CONTEMPORANEOUSLY DOCUMENT THE M	MEETINGS BY THE
GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT CONTEMPORANEOUSLY DOCUMENT THE M	
COMMITTEES.	
FORM 990, PART VI, SECTION B, LINE 11:	
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, SECTION C, LINE 19:	
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
	<u></u>