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DLN: 93493220015667

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

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

OMB No 1545-0047 2015

Open to Public Inspection

			lendar year, or tax year beginr  C Name of organization	ing 10-01-2015 , and ending 09-30-20	016			d
_		applicable	American Quarter Horse Association	n			-	dentification number
_	aaress ame ch	change nange				75-0	7255	76
_	nitial ret	-	Doing business as					
Foturn		aatad	Number and street (or P O box if	mail is not delivered to street address) Room/	suite	E Teleph	none ni	umber
_	/termir nended	return	PO Box 200	, , , , , , , , , , , , , , , , , , , ,		(806	376	-4888
		on pending		ountry, and ZIP or foreign postal code				
			Amarıllo, TX 791680001			<b>G</b> Gross	receip	ts \$ 55,339,172
			<b>F</b> Name and address of princ Craig Huffhines	ipal officer	H(a) I	s this a grou	p retu	rn for
			1600 Quarter Horse Dr		1	subordinates? No	>	⊤ Yes 🗸
			AMARILLO,TX 79104			Are all subord	linate	s [Yes No
I Ta	ıx-exer	mpt status	501(c)(3) <b>3</b> 501(c)(5)	◀ (insert no )		ncluded?	ماده	it (see instructions)
J W	ebsit	e:► www	w aqha com			Group exemp		•
K For	m of or	rganızatıon	Corporation Trust 🗸 Asso	ciation		of formation 1		M State of legal domicile TX
Da	T	Sum	m 2 m/					
		_	-	on or most significant activities				
	Т	o colli	ECT, PRESERVE, AND MAINT	AIN RECORDS OF THE AMERICAN Q				
			E TO THE BREED, AND TO PU 'Quarter Racing Journal and th	JBLISH "The American Quarter Horse e "America's Horse"	Journal", "I	Performance	Horse	e Journal", "Ranch Horse
Activities & Governance		ournar ,	Quarter Rueling Journal and th	e America y Horse				
E E	_							
Ne.	]	Chaali th	h <b>h</b>	d	d = 6 = +1	2 F 0/ - f .+		
Ğ	2 '	check th	is box P   If the organization	discontinued its operations or disposed	a or more tr	1an 25% on it	.s net	assets
<b>&gt;</b> 5 √1	3	Number	of voting members of the gover	rning body (Part VI, line 1a)			3	291
Щe	4	Number	of independent voting members	of the governing body (Part VI, line 1b	o)		4	288
Ę	5	Total nur	mber of individuals employed in	n calendar year 2015 (Part V, line 2a)			5	377
⋖	6	Total nur	mber of volunteers (estimate if	necessary)			6	750
	7a	Total unr	related business revenue from	Part VIII, column (C), line 12			7a	3,615,641
	<b>b</b> N	let unrela	ated business taxable income f	rom Form 990-T, line 34			7b	-16,809
						Prior Year		Current Year
٥.	9 Program service rev		butions and grants (Part VIII,	line 1h)		277	,303	283,639
Ravenua			,	enue (Part VIII, line 2g)			,722	46,631,243
∂Aċ{	10		tment income (Part VIII, colur	•	2,340 -389		1,438,432	
	11		, , , , , , , , , , , , , , , , , , , ,	), lines 5, 6d, 8c, 9c, 10c, and 11e)	es 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), line			-7,086,885
	12	12)	revenue—add iines 8 through 1	. 1 (must equal Part VIII, column (A), II	ne	47,643	,121	41,266,429
	13	Grants	s and similar amounts paid (Pa	rt IX, column (A), lines 1–3)		7,290	,434	7,299,219
	14	Benefi	ts paid to or for members (Par	t IX, column (A), line 4)			0	0
æ	15	Saları 5–10)		yee benefits (Part IX, column (A), lines	;	14,727,894		15,359,756
Expenses	16a	Profes	ssional fundraising fees (Part I	X, column (A), line 11e)			0	0
E E	b	Total fu	indraising expenses (Part IX, column	(D), line 25) ▶ <u>0</u>				
_	17	Other	expenses (Part IX, column (A	), lines 11a-11d, 11f-24e)		25,593	,858,	26,680,137
	18			nust equal Part IX, column (A), line 25)		47,612	,186	49,339,112
	19	Reven	ue less expenses Subtract lin	e 18 from line 12		30	,935	-8,072,683
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
ssel 3ala	20	Total	assets (Part X, line 16)			50,998	,312	48,843,993
M F	21		liabilities (Part X, line 26) .			35,103	,883	40,108,294
	22		ssets or fund balances Subtra		15,894	,429	8,735,699	
	rt II		ature Block	vaminad this vature in the		adulaa aa ba		onto and to the term of
my k	nowle	dge and i	belief, it is true, correct, and co	xamined this return, including accompa omplete Declaration of preparer (other				•
prepa	arer ha	as any kr	nowledge					
		****				2017-08-08		
Sigr		Signa	ature of officer			Date		
Her	e		ton Taylor COO & Treasurer or print name and title					
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date		PTIN	<u> </u>
Paid	Ч		ramela Alexanderson	Pamela Alexanderson	2017-08-08	Check If self-employed	P012	218925
		or F	irm's name  Moss Adams LLP	ı		Firm's EIN >		9318
	pare On	1 1	irm's address ▶ 6565 Americas Parkv	vay NE Ste 600		Phone no (50	5) 878	-7200
USE	. UII	ייע	Albuquerque, NM 87	7110				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	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 2	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	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	
	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	<b>11</b> b		No
	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	<b>11</b> c	Yes	
	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	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a		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 $11e^7$ 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? <i>If "Yes," complete Schedule G, Part II</i>	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		

	750 (2013)			raye <del>-</del>
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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 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), 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 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 "Yes," complete Schedule L, Part II	26		No
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		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			
		<b>28</b> a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	<b>28</b> c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait 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	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		-	. rm 000	(201E)

	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   1a   5,658		165	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	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	26	Vac	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	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	
	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 <b>\(\bigs_{}\)</b>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
				NI -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
Oa	organization solicit any contributions that were not tax deductible as charitable contributions?	Od		NO
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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
а	If "Yes," indicate the number of Forms 8282 filed during the year			
	- · · · · · · · · · · · · · · · · · · ·			
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?	<b>7</b> f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>7</b> g		
h	required?	/y		
	Form 1098-C?	<b>7</b> h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilities  Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<b>12</b> a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$	14b		

### Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

14 Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committiee or similar committee, explain in Schedule 0  b Enter the number of voting members included in line 1a, above, who are independent or committee, explain in Schedule 0  1	Se	ction A. Governing Body and Management			
year  If there are material differences in voting rights among members of the governing body, or if the governing body or if the governing body, or if the governing body or if the governing body, or if the governing body or delegated broad authority to an executive committee or similar committee, explain in Schedule O  be there the number of voting members included in line 1a, above, who are independent independent independent independent of fine for independent indepe				Yes	No
body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0  b. Enter the number of voting members included in line 1a, above, who are independent or director, trustee, or key employee have a family relationship or a business relationship with eny order officer, director, trustee, or key employee have a family relationship or a business relationship with eny order officer, director, trustee, or key employees to a management own you under the direct supervision officers, directors or trustees, or key employees to a management company or other person?  4. Did the organization make any significant changes to its governing documents since the prior form 990 was filled?  5. Did the organization become aware during the year of a significant diversion of the organization's assess' 5.  5. Did the organization have members or stockholders, or other persons who had the power to election appoint one or more members of the governing body?  7. Did the organization have members, stockholders, or other persons who had the power to election appoint one or more members of the governing body?  8. Did the organization have members or stockholders, or other persons who had the power to election appoint one or more members of the governing body?  8. Did the organization outlemporaneously document the meetings held or written actions undertaken during the year by the following  8. The governing body?  9. Is there any officer, oriector, trustee, or sky employees listed in Part VII, Section A, who cannot be reached at the organization smaling address? If Yes, provide the manes and addresses in Schedule 0  9. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code,  10. Did the organization have local chapters, branches, or affiliates?  10. Did the organization have written policies and procedures governing the activities of such chapters affiliates, and branches to consider the manes and addresses in Schedule 0	1a	2 2 7 1 1 <b>a</b> 1 291			
Independent  Description  Desc		body, or if the governing body delegated broad authority to an executive committee			
and 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 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?  9 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?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  9 Is there any officer, director, trustee, or key imployee listed in Part VII. Section A, who cannot be reached at the organization's mailing oddress? If rest, "provide the names and addresses in Schedule?  9 Did the organization have local chapters, branches, or affiliates?  100 Did the organization have local chapters, branches, or affiliates?  101 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization semple purposes?  101 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization branches the surface which is provided the interest policy? If "Yes," do thine 13 Did the organization have a written policies of	b				
supervision of officers, directors or trustees, or key employees to a management company or other person?  4	2		2	Yes	
4 Did the arganization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  8 A rea may ownance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the gaverning body?  8 A rea may ownance decisions of the organization reserved to (or subject to approval by) members, stockholders, or between the properties of the prop	3		3		No
6	4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  A re any governance decrisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  B Lach committee with authority to act on behalf of the governing body?  B Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If "res," provide the names and addresses in Schedule 0.  Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code).  Did the organization have local chapters, branches, or affiliates?  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?  A bif "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Describe in Schedule O thow this was done.  Did the organization have a written conflict of interest policy? If "No," gotoline 13  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  The organization have a written whistleblower policy?  The organization have a written document retention and destruction policy?  The organization have a written document rete	5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
more members of the governing body?  A rea my governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  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 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.)  The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  The Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  The Section B. Policies (This Section B requests information addresses in Schedule O. In the Internal Revenue Code.)  The Section B. Policies (This Section B requests information and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization have a written white policies not be such a from 990 to all members of its governing body before filing the form?  The organization have a written policies and procedures governing the secretary of the organization formation of the organization have a written whistellower policy?  The organization have a written policies policy in the following persons include a review a	6	Did the organization have members or stockholders?	6	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  b Each committee with authority to act on behalf of the governing body?  c 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.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.  16 If "Yes," did the organization have local chapters, branches, or affiliates?  16 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?  18 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  10 Did the organization have a written conflict of interest policy? If "No," go for liner 13  11 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12 Did the organization have a written whisteblower policy?  12 Did the organization have a written whisteblower policy?  13 Did the organization have a written whisteblower policy?  14 Ves  15 Did the organization have a written policy or procedure requiring the organization and decision?  a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 Use of the organization in port venture arrangements under applicable federal tax law, and take steps to safeguard the	7a		7a	Yes	
the form?  Describe in Schedule O the process, if any, used by the organization by the form?  Describe in Schedule O the process, if any, used by the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," dot the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," do the organization have a written white which a content policy?  Did the organization have a written white white helpfully in 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 in joint venture arrangements under applicable in participation in policy for the organization in post year?  List the States with which a copy of this Form 990 is required to be filed.  Section 6.104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3) sonly) available for public inspection lumber of sub years and filed the persons in Schedule O whether (and if so, how) the organization to deal the tax year.  Usuation of the corganization regulation to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3) sonly) available for public inspection Indicate how you made these available. Check all that apply  Oscience in Schedule O whether (and if so, how) the organization made tax year.  Section 6.104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3) sonly) available for public inspection Indicate how you made these available. Check all that apply  Own website — Another's website — Vupon request — Other (explain in Schedule O)  Each of the area, address, and telephone number of the person who possesses the organization's books and records  The transmission of the following persons include the applicable of the process of the organization of the organization of the deliberation of the deliberation of the deliberation of the deliberation of th	b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	7b	Yes	
b Each committee with authority to act on behalf of the governing body?  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 Is there any officers (This Section B requests information about policies not required by the Internal Revenue Code.)  9 Ves   100	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
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's 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.)  10a Ves	а		8a	Yes	
Section B. Policies (This Section B requests information about policies not required by the Internal Reverse Code.)  Section B. Policies (This Section B requests information about policies not required by the Internal Reverse Code.)  Yes   10a   Did the organization have local chapters, branches, or affiliates?  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?  In Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule 0 how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  T	b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Yes   10a   Did the organization have local chapters, branches, or affiliates?   10a   Yes   10a   Yes   10b   Yes   11f   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?   1a   Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?   1a   1a   1a   1a   1a   1a   1a   1	9		9		No
Do Did the organization have local chapters, branches, or affiliates?  10a Yes  11a Has the organization have written policices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11a 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 Inne 13  12a Yes  12b Yes  12c Yes  12c Yes  13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 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?  15a Yes  15b Other officers or key employees of the organization  15a Yes  15b Other officers or key employees of the organization  15a Yes  15b Other officers or key employees of the organization  15c Yes  15d Yes	Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Code	≘.)
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?  1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  1b Describe in Schedule O the process, if any, used by the organization to review this Form 990  2a Did the organization have a written conflict of interest policy? If "No," go to line 13  2b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  1c Polit the organization have a written document retention and destruction policy?  1d Did the organization have a written document retention and destruction policy?  1d Did the organization have a written document retention and destruction policy?  1d The organization's CEO, Executive Director, or top management official  1f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  1d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  1s List the States with which a copy of this Form 990 is required to be filed  Section C. Disclosure  1 List the States with which a copy of this Form 990 is required to be filed  Section 6.04 requires an organization to make its Form 10.23 (or 10.24 if applicable), 990, and 990-T (501(c) (3)s only) available for public insequents. Form 990 is required to the filed participation in joint venture arrangements?  1 List the States with which a copy of this Form 990 is required to be filed.  Section 6.04 requires an organization to make its Form 10.23 (or 10.24 if applicable), 990, and 990-T (501(c) (3)s only) available for public insequents. Form 10.2				Yes	No
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  1b Describe in Schedule O the process, if any, used by the organization to review this Form 990  2a Did the organization have a written conflict of interest policy? If "No," go to line 13  2b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  2 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  3 Did the organization have a written whistleblower policy?  4 Did the organization have a written whistleblower policy?  5 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?  a The organization's CEO, Executive Director, or top management official  15 Yes  15b Yes  15b Yes  15c Yes  15c Tyes." do line 15a or 15b, describe the process in Schedule O (see instructions)  15d If "Yes," do 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?  15e Section C. Disclosure  7 List the States with which a copy of this Form 990 is required to be filed  8 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply  Own website Another's website V Upon request Other (explain in Schedule O)  9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  2a 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?  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  13d Yes  14d Yes  15d Unde the organization have a written whistleblower policy?  15d Unde organization have a written document retention and destruction policy?  15d Unde 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?  a The organization's CEO, Executive Director, or top management official  15a Yes  b Other officers or key employees of the organization  15b Yes  If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15d If "Ses," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in point venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  5ection C. Disclosure  7 List the States with which a copy of this Form 990 is required to be filed organization in Schedule O  8 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)'s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website Another's website Vupon request Other (explain in Schedule O)  9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail	b		10b	Yes	
Did the organization have a written conflict of interest policy? If "No," go to line 13	1a		11a		No
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  3 Did the organization have a written whistleblower policy?  4 Did the organization have a written document retention and destruction policy?  5 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?  a The organization's CEO, Executive Director, or top management official  15a Yes  b Other officers or key employees of the organization  1f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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?  5 Section C. Disclosure  7 List the States with which a copy of this Form 990 is required to be filed▶  8 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available Check all that apply  Own website Another's website ✓ Upon request Other (explain in Schedule O)  9 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  0 State the name, address, and telephone number of the person who possesses the organization's books and records	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
rise to conflicts?	2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
In Schedule O how this was done	b		12b	Yes	
4 Did the organization have a written document retention and destruction policy?	С		<b>12</b> c	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	3	Did the organization have a written whistleblower policy?	13	Yes	
a The organization's CEO, Executive Director, or top management official	4	Did the organization have a written document retention and destruction policy?	14	Yes	
b Other officers or key employees of the organization	5				
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	а	The organization's CEO, Executive Director, or top management official	<b>15</b> a	Yes	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Other officers or key employees of the organization	15b	Yes	
taxable entity during the year?		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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?	6a		<b>16</b> a		No
Section C. Disclosure  7 List the States with which a copy of this Form 990 is required to be filed▶  8 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply   ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)  9 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  0 State the name, address, and telephone number of the person who possesses the organization's books and records	b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16h		
Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website Another's website ✓ Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records	Se	ction C. Disclosure			
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website. ☐ Another's website. ☑ Upon request. ☐ Other (explain in Schedule O).  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records.					
Own website Another's website  Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records		Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
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	.9	Own website			
		interest policy, and financial statements available to the public during the tax year	s		

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

See Additional Data Table	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	tion i han d on is	one I both	oox, an o /tru:	officer stee)	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
	See Additional Data Table										
		+									
					_						

2611	t VII Section A. Officers,	Directors, irus		ney .		лоу	ees, a	iiu i			COIL	mueu)	
	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more to person	Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D)  Reportable compensation from the organization (W-organizations)  2/1099-MISC)  (E)  Reportable compensation compensation from relater organization (W-organizations)									ted f other ation he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganizati relati irganiza	ed
See	Addıtıonal Data Table												
1b					•		. 🕨						
c d	Total from continuation shee Total (add lines 1b and 1c)	•			٠.	٠.	. •		1,897,655	0		-	205,085
2	Total number of individuals (i \$100,000 of reportable com						d abov	e) w	ho received more th	nan			
												Yes	No
3	Did the organization list any on line 1a? If "Yes," complete					key •	emplo • •	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
5	Did any person listed on line services rendered to the orga									or individual for	5	. 30	No
S	ection B. Independent C	ontractors											
1	Complete this table for your for compensation from the organ											ax year	

<b>(A)</b> Name and business address	(B) Description of services	(C) Compensation
Joellen Sullivan	consulting services	250,000
25051 w nver road penysburg, OH 43551		
Adsfactory	IT Services	163,594
515 S Hoff El Reno, OK 73036		
Supreme Cleaning	Cleaning Services	152,093
6500 Stoneham Amanilo, TX 79109		
Kelly Hart & Hallman LLP	Legal Fees	118,393
201 Main Suite 2500 Fort Worth, TX 76102		
Stephen Estes	IT Services	101,205
24530 Lakeview Canyon, TX 79015		

Part VIII										
		Check If Schedi	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
့ မှ	1a	Federated cam	paigns 1a							
ant uni	ь	Membership du	ies <b>1b</b>							
G. Gr	С	Fundraising eve	ents <b>1c</b>							
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	zations <b>1d</b>	283,639						
mij.	e	Government grant	s (contributions) <b>1e</b>							
ions r Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>		ł					
but the	_	similar amounts no	ot included above ons included in lines		ļ					
n di	g	1a-1f \$	ons included in lines							
Cont and	h	Total. Add lines	s 1a-1f	· · · · •	283,639					
<u> </u>				Business Code						
Ven	2a	Championship Sho		900099	7,442,512	7,442,512				
2 <u>₹</u>	b	Sponsorship Incom		541800	6,607,816	6,607,816				
۸۲	d	Membership Incom Registrations	ne	900099	6,512,858	6,512,858 4,933,390				
₹ -	e e	Publication Adverti	sin.	541800	4,933,390 3,614,753	4,933,390 8,145	3,606,608			
Program Service Revenue	f		am service revenue	341000	17,519,914	17,519,914	3,000,000			
₽og	_					,,				
	g 3		s 2a-2f :ome (including dividen		46,631,243					
		and other simil	aramounts)	•	535,219			535,219		
	4		stment of tax-exempt bond	· · · · ·	375			375		
	5	Royaldes	(ı) Real	(II) Personal						
	6a	Gross rents	13,200	(1)						
	ь	Less rental	27,854							
	_ ا	expenses Rental income	-14,654							
	d	or (loss)	me or (loss)		-14,654		-7,588	-7,066		
	"	Net rental inco	(i) Securities	(II) Other	,		.,	.,,,,,		
	7a	Gross amount from sales of assets other than inventory	13,459,884	.,						
	ь	Less cost or other basis and sales expenses	12,556,671							
	C .	Gain or (loss)	903,213		002.242			002.242		
	d 8a	Net gain or (los Gross income f	from fundraising		903,213			903,213		
Other Revenue		events (not inc	luding s reported on line 1c)							
Oth O	ь		penses <b>b</b>							
_	c 9a		(loss) from fundraising ( From gaming activities	events ▶						
		See Part IV, Iir	ne 19 <b>a</b>							
	l		penses <b>b</b> (loss) from gamıng actı	vities						
		Gross sales of returns and allo	inventory, less owances	<b>&gt;</b>						
	,.	1	a	2,279,716						
		_	oods sold . . <b>b</b>   (loss) from sales of inve	1,488,218 entory <b>&gt;</b>	791,498	774,877	16,621			
	_	Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code	1 2 7 1 2 0	,	,			
	11a	Partnership Inc	come	900099	-193,414			-193,414		
	ь	Pension plan ac		900099	-7,670,690			-7,670,690		
	c		_							
	١ ٠			'						
	d	All other reven	ue							
	_	All other reven  Total. Add lines	ı	•	-7,864,104					

# Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4	) organizations must complete all c	olumns. All other organizations	must complete column (A)

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	560,169			
2	Grants and other assistance to domestic individuals See Part IV, line 22	6,086,690			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	652,360			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,010,125			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	11,380,202			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,315,632			
9	Other employee benefits	754,436			
10	Payroll taxes				
	· · · · · · · · · · · · ·	899,361			
11	Fees for services (non-employees)				
а	Management				
b	Legal	52,770			
С	Accounting	200,500			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	81,415			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,283,215			
12	Advertising and promotion	3,528,099			
13	Office expenses	2,233,788			
14	Information technology	516,465			
15	Royalties				
16	Occupancy	533,161			
17	Travel	1,004,479			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	166,277			
20	Interest	34,748			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,175,050			
23	Insurance	407,201			
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	Championship Shows	4,577,172			
b	Racing Challenge	2,822,752			
c	Genotyping	2,298,544			
d	Magazine	2,049,066			
е	All other expenses	3,715,435			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	49,339,112			
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	tΧ	Check if Schedule O contains a response or note to any line in this Part X			_
		Check it Schedule O contains a response of note to any line in this Part X	(A)	· ·	(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	2,642,695	1	1,447,943
	2	Savings and temporary cash investments	1,744,113	2	1,054,944
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,575,841	4	2,294,660
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	15,968	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	13,000	6	•
\$8	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use	693,892	8	886,149
	9	Prepaid expenses and deferred charges	512,131	9	1,001,109
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a 21,196,532		9	1,001,100
	ь	Less accumulated depreciation	- I	10c	7,990,223
	11	Investments—publicly traded securities	31,468,012	11	27,821,257
	12	Investments—other securities See Part IV, line 11	2,565,234	12	1,655,426
	13	Investments—program-related See Part IV, line 11	1,600,000	13	3,123,812
	14		1,000,000	14	5,125,612
		Intangible assets	1,558,766	15	1,568,470
	15	Other assets See Part IV, line 11	50,998,312		48,843,993
	16	Total assets.Add lines 1 through 15 (must equal line 34)	3,286,830	16	
	17	Accounts payable and accrued expenses	3,260,630	17	3,859,939
	18	Grants payable	26,437,618	18	23,788,543
	19	Deferred revenue	20,437,010	19	23,766,343
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
_iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ар		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	331,281	23	210,124
	24	Unsecured notes and loans payable to unrelated third parties	1,029,317	24	759,374
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D			
			4,018,837	25	11,490,314
	26	Total liabilities.Add lines 17 through 25	35,103,883	26	40,108,294
es		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ $\checkmark$ and complete lines 27 through 29, and lines 33 and 34.			
anc		Unwachwahad nah aasaha	45 004 400		0.705.600
ğ	27	Unrestricted net assets	15,894,429	27	8,735,699
Ā	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building or equipment fund		31	
) to	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	15,894,429	33	8,735,699
	34	Total liabilities and net assets/fund balances	50,998,312	34	48,843,993

orm	990 (2015)			I	Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		41,2	266,429
2	Total expenses (must equal Part IX, column (A), line 25)	2			339,112
3	Revenue less expenses Subtract line 2 from line 1	3			072,683
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u> </u>
5	Net unrealized gains (losses) on investments	5			394,429
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,5	523,812
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8,7	735,699
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ـــــــــــــــــــــــــــــــــــــــ
				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 review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		<b>2</b> c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule $0$	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A - 133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

## **Additional Data**

Software ID:

**Software Version: EIN:** 75-0725576

Name: American Quarter Horse Association

### Form 990, Part III, Line 4a

4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
			es of the American Quarter Horse and to proi 78,601 registrations of horses and their relate		As of 9/30/16, the

# Form 990, Part III, Line 4b

(Expenses \$ (Code circulation of these publications as of 9/30/16 was 255.070

including grants of \$ (Revenue \$ Publication of "The American Quarter Horse Journal." "Performance Horse Journal." "Ranch Horse Journal." "Ouarter Racing Journal and "America's Horse" Total

Form 990, Part III, Line 4c

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

of other

compensation

from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor	itracto	ors			, -	,		
(A) Name and Title	(B) Average hours per week (list any hours	Posit more t perso and a	ion ( han o n is b	ne b ooth	ox, i an o	unles s fficer		<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	
GLENN BLODGETT President (Through March 2016)	8 00 2 00	х		х				0	0
SANDRA ARLEDGE president as of March 2016	8 00 2 00	х		х				0	0
RALPH SEEKINS  1st vice president	8 00 2 00	х		x				0	0
DR JAMES HEIRD  2nd vice president	8 00 2 00	х		x				0	0
STAN WEAVER	8 00								

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DIRECTOR

DIRECTOR

DIRECTOR

AL DUNNING

executive committee member

executive committee member

ADRIANA GOMEZ BARNOLA

DIRECTOR-AT-LARGE

ALFREDO VASQUEZ

ALICE W HOLMES

FLOYD E 'BUTCH' WISE

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

of other

compensation from the

organization and related organizations

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Compensated Employees, and Inde				HTU	iste	es, 1	ve y	Employees, mg	mest
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more ti perso	tion ( han o n is b	ne b oth	o not check e box, unless th an officer tor/trustee)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
ANDREW DREN CSABA DIRECTOR	1 00	х						0	0
ANDY MOORMAN DIRECTOR EMERITUS	1 00	×						0	0
ANDY REES HONORARY VICE PRESIDENT	1 00	х						0	0
ANGELO D BIZZARRO DIRECTOR	1 50	×						0	0

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ANNA LEHANE-DAVNY

ANNA RIGGS-EADER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

ANNE L PRINCE

ANNE M BRZEZICKI

DIRECTOR-AT-LARGE

ANTONIO LOBETO TAMES

ANTONIO ALEARDO GIRAUDINI

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	tion ( han o n is b	ne b ooth	ox, ι an oi /trus	ınles s fficer tee)		( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
BEAU BAIRD DIRECTOR	2 00	х						0	0	0
BEN L HUDSON DIRECTOR-AT-LARGE	1 00	×						0	0	0
BENNIE T SARGENT DIRECTOR-AT-LARGE	5 00	Х						2,500	0	0
BERT WIERING DIRECTOR	5 00	×						0	0	0
BETH C AUSTIN DIRECTOR	5 00	Х						0	0	0
BOB G LINES DIRECTOR	1 00	Х						0	0	0
BOB MOORHOUSE DIRECTOR-AT-LARGE	1 00	Х						0	0	0

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15 00

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BRAD LUND

DIRECTOR

BRAD TATE

PAST PRESIDENT

**BUTCH HAMMER** 

DIRECTOR EMERITUS

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

of other

compensation from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs					
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position or director	ion ( han o n is b	ne b ooth	ox, i an o /trus	unless fficer stee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
C A COFER DIRECTOR EMERITUS	1 00	×					0	0
C W 'BILL' ENGLUND JR PAST PRESIDENT	1 00	×					0	0
CAL R BRANDT DIRECTOR	1 00	х					0	0
CALVIN R WHITE DVM DIRECTOR	2 00	×					0	0

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CAROL A BRADLEY

CAROL COOPER

DIRECTOR

DIRECTOR

CAROL ROSE

CATHY HANSON

DIRECTOR

DIRECTOR EMERITUS

CAROL L WHITTAKER

DIRECTOR-AT-LARGE

CHARLES W GRAHAM DVM

DIRECTOR-AT-LARGE

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

of other

compensation from the

organization and related organizations

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Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ıste	es, I	<b>(</b> ey	Employees, Hig	hest
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit more ti perso	n is be dire	on (do not check an one box, unless is both an officer director/trustee)  Highest com employee  Institutional				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
		ক্লিক	Trustee		Ď	pensated			
CHERYLLEE SARGENT DIRECTOR	20 00	×						30,000	0
CHRIS HARDCASTLE DIRECTOR-AT-LARGE	5 00	x						2,100	0
CHRIS J JENSEN DIRECTOR	1 00	×						0	0
CHRISTA L BALDWIN DIRECTOR	2 00	x						0	0
CHRISTIAN BEAUCHEMIN	2 00								

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DIRECTOR

CLARK BRADLEY

CLARK SCOGGIN

CLAUDIA HALDEN

CLAY E MACLEOD

CLAYTON RUSSELL

DIRECTOR-AT-LARGE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR EMERITUS

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	tion ( han o n is b	ne b ooth	ox, ι an oi /trus	ınles s fficer tee)		( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	<b>(F)</b> Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
COL EARL A LILLEY DIRECTOR EMERITUS	1 00	х						0	0	0
CONNIE ARMSTRONG DIRECTOR	5 00	x						0	0	0
CRISTINA CASAGRANDE DIRECTOR	1 00	×						0	0	0
CURTIS G FERGUSON DIRECTOR	10 00	×						0	0	0
DAN TREIN DIRECTOR	1 00	х						0	0	0
DARLENE M CHASE DIRECTOR	1 00	х						0	0	0
DAVID FLOHR DIRECTOR	2 00	х						0	0	0

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DAVID J DEPTFORD

DAVID L NELSON

DAVID S NELSON

DIRECTOR

DIRECTOR-AT-LARGE

DIRECTOR

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

of other

compensation

from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs			•	•		_
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position and individual trustee or director	ion ( han o n is b	ne b oth	ox, l an o /trus	unless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
DAVID SNODGRASS DIRECTOR	3 00	×						0	0
DAVID WHITAKER DIRECTOR-AT-LARGE	1 00	×						0	0
DEAN R JOHNSON DIRECTOR	1 00	х						0	0
DEAN ROSS DIRECTOR	1 00	×						0	0

5 00

3 00

2 00

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DEBARA K SCHAUF

DEBBI R HOLMES

DIRECTOR

DIRECTOR

DIRECTOR

DIRK JONES

DIRECTOR

DEBBY BREHM

DEE DEE MCGRANE

DIRECTOR-AT-LARGE

DOLLY R CHAYER

HONORARY VICE PRESIDENT

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

of other

compensation from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs			,	,		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position or director	tion ( han d n is b	ne b ooth	an o	unless fficer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
DON BELL DIRECTOR	1 00	×						0	0
Donna Goodson Casey DIRECTOR	10 00	х						0	0
DONNA JOHNSON HONORARY VICE PRESIDENT	2 00	х						0	0
DORN PARKINSON	1 00	х						0	0

1 00

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DIRECTOR EMERITUS

DIRECTOR EMERITUS

DIRECTOR-AT-LARGE

DR DICKSON VARNER

DR LARRY L FINDLEY

DR MICHAEL MARTIN

DIRECTOR EMERITUS

DR CAROLE JOUBERT GABOURY

.....

.....

DORVAN SOLBERG

DOUGLAS BROWN

DIRECTOR

DIRECTOR

DIRECTOR

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

of other

compensation

from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs				_		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position of the Position of th	ion ( han o n is b	ne b ooth	ox, i an o /trus	unless fficer stee)		( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
DR ROLAND WOHLIN DIRECTOR EMERITUS	1 00	х						0	0
DR SCOTT MYERS DIRECTOR	1 00	×						0	0
DR TRACY LEANNE ADAMS DIRECTOR	1 00	x						0	0
DUANE MCDAVITT DVM HONORARY VICE PRESIDENT	1 00	×						0	0
DUAYNE DIDERICKSEN	1 00	х						0	0

1 00

10 00

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DIRECTOR-AT-LARGE

DIRECTOR-AT-LARGE

EDWARD J MCNELIS

DIRECTOR EMERITUS

EDWARD L SQUIRES

ELEANOR M GREEN

FAUNTLY R GARRIDO

DIRECTOR

DIRECTOR

HONORARY VICE PRESIDENT

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ED MURRAY DVM

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

of other

compensation from the

organization and related organizations

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Compensated Employees, and Inde						Employees, Hig	nest		
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position or director	tion ( han o n is b	ne b ooth	ox, i an o /trus	unless fficer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
FRANK G MERRILL PAST PRESIDENT	5 00	х						0	0
GALE LITTLE DIRECTOR EMERITUS	4 00	×						0	0
GARY LYNN OLSON DIRECTOR	3 00	×						0	0
GENE A PARKER DIRECTOR-AT-LARGE	10 00	×						3,150	0
GEORGA M SUTTON	1 00	×						0	0

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3 00

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HONORARY VICE PRESIDENT

GEORGIANNA V RENOUARD

DIRECTOR

GINGER HYLAND

PAST PRESIDENT

GLORIA ENGER

DIRECTOR

DIRECTOR

DIRECTOR EMERITUS

**GREG TORGERSON** 

**GRETCHEN MATHES** 

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

of other

compensation from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs					1	1	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	tion ( han o n is b	ne b oth	ox, ι an o	ınles s fficer	5	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	
GUNNAR R OTNESS HONORARY VICE PRESIDENT	6 00	×						0	0	
GUS BARAKIS JR DIRECTOR-AT-LARGE	1 00	×						0	0	
HAIDEE LANDRY DIRECTOR	5 00	х						0	0	
HARRY A KNIGHT DIRECTOR EMERITUS	1 00	×						0	0	

1 00

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HEATHER LYNN THRAPP MAUCK

DIRECTOR

HOMER R STUDE

DIRECTOR-AT-LARGE

HOWARD R WEISS

PAST PRESIDENT

DIRECTOR

J D YATES

DIRECTOR

DIRECTOR

J LLOYD YOTHER

HUBERTUS LUERING

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

(F) Estimated amount of other compensation from the organization and related organizations

0

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0

Compensated Employees, and Inde	pendent Cor	itracto	rs			,	,		
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position and Individual trustee or director	tion ( han o n is b	ne b oth	ox, i an o /trus	unles s fficer		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
J WADE ELLERBROEK JR DIRECTOR EMERITUS	5 00	х						0	C
JACKIE KRSHKA DIRECTOR-AT-LARGE	10 00	х						500	C
JAMES A RUDOLPH DIRECTOR-AT-LARGE	1 00	х						0	C
JAMES BARTON PAST PRESIDENT	3 00	х						0	C
JAMES E HELZER	1 00	x						0	C

1 00

1 00

1 00

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3 00

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PAST PRESIDENT

James M Eller III

JAMES R HOOTMAN

JANET NEWTON

JANET S HANSEN

DIRECTOR

DIRECTOR EMERITUS

DIRECTOR-AT-LARGE

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JAMES HUNT

DIRECTOR

DIRECTOR

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

of other

compensation from the

organization and related organizations

0

0

(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion ( han o n is b	ne b oth ctor,	ox, i an o /trus	unless fficer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-M13C)	2/1099-MI3C)
JANETTE E ROBINSON DIRECTOR	1 00	×						0	0
JEFF B TEBOW DIRECTOR	1 00	×						0	0
JEFF TERPSTRA DIRECTOR-AT-LARGE	1 00	х						0	0
JERRY B BLACK DIRECTOR	1 00	×						0	0
JERRY S DANIELS	1 00								

1 00

1 00

1 00

5 00

2 00

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HONORARY VICE PRESIDENT

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JERRY W FULLER

JERRY WINDHAM

PAST PRESIDENT

JIM BRINKMAN

DIRECTOR

Jim Dudley

DIRECTOR

JIM J SHOEMAKE

PAST PRESIDENT

DIRECTOR

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

of other

compensation from the

organization and related organizations

0

0

0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position or director	ion ( han o n is b	ne b ooth	ox, l an o /trus	unless fficer tee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
JIM PURDY DIRECTOR-AT-LARGE	3 00	×						0	0
JIM R SEARLES DIRECTOR	1 00	х						0	0
JIMMY E SEAGO DIRECTOR	1 00	×						0	0
JOAN L SCHROEDER	5 00	×						0	0

2 00

1 00

4 00

5 00

1 00

5 00

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DIRECTOR

JOE CARTER

DIRECTOR-AT-LARGE

PAST PRESIDENT

JOHN ANDREINI

JOHN B KUNKLE

DIRECTOR

DIRECTOR

DIRECTOR

JOHN BOXELL

DIRECTOR EMERITUS

JOHN BOBENRIETH II

JOHANNES ORGELDINGER

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

of other

compensation

from the

organization and related organizations

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14,640

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Compensated Employees, and Inde	pendent Cor	ntracto	rs						
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Positi more til perso a an Individual trustee or director	tion ( han o n is b	ne b ooth	ox, t an o /trus	unless fficer itee)	( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	
JOHN D HAMMES DIRECTOR-AT-LARGE	1 00	×					0	0	
JOHN H SEDGWICK DIRECTOR	10 00	×					0	0	
JOHN HOVDE DIRECTOR	1 00	х					0	0	
JOHN L TAYLOR DIRECTOR	8 00	×					0	0	
JOHN PIPKIN DIRECTOR-AT-LARGE	5 00	×					0	0	

1 00

5 00

1 00

5 00

1 00

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JOHN SCHMAHL

JOHNE DOBBS

PAST PRESIDENT

JOHNNY TROTTER

PAST PRESIDENT

DIRECTOR

JOSE DE MENDIGUREN

JOSEPH H MCALLISTER

DIRECTOR-AT-LARGE

DIRECTOR EMERITUS

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

of other

compensation

from the

organization and related organizations

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Compensated Employees, and Inde						es, i	Key	Employees, Hig	nest
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position and individual trustee or director	ion ( han o n is b	ne b ooth	ox, i an o	unless ifficer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
JUDY COY-HORTON DIRECTOR	1 00	×						0	0
JULIANNA WAGNER DIRECTOR	1 00	х						0	0
KARL BAUER DIRECTOR	1 00	х						0	0
KATE BAMFORD DIRECTOR	3 00	×						0	0
KATE LEHANE JOHNSON	3 00								

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2 00

3 00

2 00

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2 00

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KATHRYN SCHROEDER

KATHY M PATTERSON

KELLY BOLES CHAPMAN

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KEN A MUMY

PAST PRESIDENT

KEN COCHRANE

DIRECTOR EMERITUS

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

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Compensated Employees, and the	pendent cor	iliacii	JI 5				1	ı	ı	1
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position of the person of director	tion ( han o in is b	ne b oth ctor/	ox, i an o /trus	inless fficer tee)		( <b>D</b> ) 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
KENNETH BANKS DIRECTOR-AT-LARGE	2 00	х						0	0	0
KENNETH T SMITH PAST PRESIDENT	1 00	х						0	0	0
KRISTINA K HELZER DIRECTOR	5 00	х						0	0	0
LAINA P BANKS DIRECTOR	10 00	Х						0	0	0
LAINIE M DEBOER DIRECTOR	3 00	х						5,050	0	0
LANCE R TREPTOW	2 00									

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2 00

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2 00

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DIRECTOR-AT-LARGE

DIRECTOR-AT-LARGE

LAUREL WALKER-DENTON

DIRECTOR-AT-LARGE

LAUREL BETH CAPURRO-WACHTEL

LARRY G CLIFFORD

DIRECTOR

DIRECTOR

LARRY LARSON

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

of other

compensation

from the

organization and related organizations

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Compensated Employees, and Inde					1310	C3, I	ve y		
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	tion ( han o n is b	ne b ooth	ox, ι an o	unles s fficer		<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
LAWRENCE A LEMKE DIRECTOR	1 00	×						0	0
LAWRENCE W JAYNES DIRECTOR	3 00	х						0	0
LENA OPSAHL DIRECTOR	2 00	х						0	0
LESLIE VAGNEUR LANGE HONORARY VICE PRESIDENT	1 00	×						500	0
LISA GARDNER	1 00								

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1 00

1 00

7 00

1 00

5 00

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DIRECTOR

LORI PFAFF

DIRECTOR

DIRECTOR

DIRECTOR

LUKE CASTLE

LLOYD BENOIT JR

DIRECTOR EMERITUS

DIRECTOR-AT-LARGE

LORI S BUCHOLZ

LORNE A WINTHER

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

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MARILYN RANDALL

MARK DUNHAM

MARK G PETRY

DIRECTOR

DIRECTOR

DIRECTOR-AT-LARGE

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion ( han o n is b	ne b ooth	ox, ι an oi /trus	ınles s fficer tee)		<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	<b>(F)</b> Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director	2/1099-MISC)	2/1099-MISC)	organization and related organizations				
LYLE LOVETT HONORARY VICE PRESIDENT	1 00	Х						0	0	0
MAGDALENA SZARSZEWSKA DIRECTOR	1 00	Х						0	0	0
MAIKO TAKAGI DIRECTOR	5 00	X						0	0	0
MARC GARNER DIRECTOR	2 00	×						0	0	0
MARCO STORS DIRECTOR	3 00	X						0	0	0
MARGARITA CHURCH DIRECTOR	5 00	X						0	0	0
MARGO LEA BALL DIRECTOR	2 00	Х						0	0	0

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

compensated Employees, and inde	pendent cor		,, 3				i	İ	İ	İ
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more the perso and a	nan ( nan o n is b i dire	ne b ooth ctor,	ox, ι an o /trus	ınles s 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	2/1099-MISC) 2/1099- Pormer Former Pormer Po			related organizations		
MARKUS MUELLER DIRECTOR	2 00	X						0	0	0
MARKUS RENSING DIRECTOR	20 00	x						0	0	0
MARLENE R MONVOISIN DIRECTOR	1 00	X						0	0	0
MARNIE SOMERS DIRECTOR-AT-LARGE	7 00	X						0	0	0
MARTEN A CLARK PAST PRESIDENT	1 00	X						0	0	0
MARTY OAK SIMPER DIRECTOR	4 00	X						0	0	0
MARY EBNET	1 00	.,								

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1 00

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MARY HANNAGAN

MATT R WITMAN

MELANIE BURNS

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

Compensated Employees, and Inde	pendent Cor						,	p.o,cco,g	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more the perso and a	ion ( han o n is b	ne b ooth	ox, i an o	unles s fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
MELISSA HARGETT DUKES DIRECTOR	1 00	х						2,500	0
MEREDITH 'PEG' EDMONDSON DIRECTOR EMERITUS	1 00	x						0	0
MICAH MCKINNEY DIRECTOR	15 00	х						0	0
MICHAEL D MURPHY DIRECTOR	5 00	x						0	0
MICHAEL JENNINGS	1 00	.,							

1 00

8 00

2 00

3 00

1 00

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DIRECTOR-AT-LARGE

DIRECTOR EMERITUS

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MICHAEL L SWAIN

MICHAELA KAYSER

MICHEL H CLITES

MICHELE PFENDER

DIRECTOR EMERITUS

MICHELLE M FORNESS

DIRECTOR

DIRECTOR

DIRECTOR

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(F) Estimated amount

of other

compensation

from the

organization and related organizations

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

(F) Estimated amount of other compensation from the organization and related organizations

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Compensated Employees, and Inde	pendent Cor	itracto	rs				_		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position a personal individual trustee or director	ion ( han o n is b	ne b oth	ox, ι an o	unless fficer stee)	Former	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
MIKE J PERKINS PAST PRESIDENT	1 00	X						0	0
NANCY A MARTIN DIRECTOR-AT-LARGE	1 00	Х						0	0
NANCY CAHILL DIRECTOR	1 00	Х						0	0
NARCISO FLORES DIRECTOR	10 00	Х						0	0
NORMAN K LUBA DIRECTOR	3 00	×						0	0

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1 00

8 00

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P G PAWLEY-WILSON

DIRECTOR-AT-LARGE

DIRECTOR-AT-LARGE

PARIS WIXON

PAUL E BAILEY

PAUL TREADWELL

PETE A SCARMARDO

DIRECTOR

DIRECTOR

DIRECTOR

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	tion ( han o n is b	ne b ooth	ox, ι an oi /trus	ınles s fficer tee)		( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	<b>(F)</b> Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
PETER J COFRANCESCO III PAST PRESIDENT	1 00	х						0	0	0
POUL HAUKROG MOLLER DIRECTOR	5 00	x						0	0	0
R H STEVENS JR PAST PRESIDENT	2 00	×						0	0	0
RALPH G YOUNG DIRECTOR	1 00	×						0	0	0
RANDY RATLIFF DIRECTOR	3 00	х						0	0	0
RICHARD L HARRIS DIRECTOR-AT-LARGE	1 00	х						0	0	0
RICHARD SHIFFLER DIRECTOR	2 00	х						0	0	0

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1 00

1 00

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RICK ADKINS

DIRECTOR

RICK BAILEY

DIRECTOR

RICK C JOHNS

PAST PRESIDENT

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

(F) Estimated amount

of other

compensation

from the

organization and related organizations

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Compensated Employees, and Inde				ıru	iste	es, i	key	Employees, Hig	леѕт		
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso	ion ( han o n is b	ne b ooth	ox, ι an o	unles: fficer		( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		
RICK CHAYER DIRECTOR-AT-LARGE	1 00	х						0	0		
RICKY BORDIGNON DIRECTOR	10 00	×						0	0		
RIK RAATS DIRECTOR	1 00	×						0	0		
ROB A BROWN DIRECTOR	1 00	×						0	0		
ROB BROWN	1 00										

1 00

1 00

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2 00

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PAST PRESIDENT

ROBBIE RAINER

DIRECTOR-AT-LARGE

ROBERT C NORRIS

PAST PRESIDENT

ROBERT H LIGHT

ROBERT MENEELY

DIRECTOR

DIRECTOR

ROGER ELDER

DIRECTOR-AT-LARGE

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

(F) Estimated amount

of other

compensation

from the

organization and related organizations

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Compensated Employees, and Inde					1366	C3, I	ve y	Linployees, ing	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	ion ( han o n is b	ne b ooth	ox, i an o	unles s fficer		( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
RONALD D SMITH DIRECTOR	3 00	х						0	0
RONALD J HARTLEY DIRECTOR EMERITUS	3 00	x						0	0
ROSS ROARK DIRECTOR	10 00	×						0	0
RUTH J MCDONALD-GATES DIRECTOR	10 00	X						0	0
RUTH P DISMUKE-BLAKELY	5 00	×						0	0

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20 00

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DIRECTOR

DIRECTOR

DIRECTOR

SAM ROSE

DIRECTOR

SANDRA VAUGHN

SARAH N KUNKLE

DIRECTOR EMERITUS

RUTI SHADMOT

SAAD-EL-DIN HADJ-ABDOU

HONORARY VICE PRESIDENT

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

(F) Estimated amount

of other

compensation from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor					, .	,	p.o, cco,g	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Posit more ti perso						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
SARAH SHOEMAKE DOLES DIRECTOR	1 00	х						0	0
SCOTT A MERRITT DIRECTOR-AT-LARGE	1 00	×						0	0
SCOTT R FLACH DIRECTOR	2 00	х						0	0
SCOTT R GILTNER DIRECTOR	2 00	×						0	0

1 00

4 00

2 00

1 00

1 00

1 00

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SHAUN DULEY-GLOUDE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SKIP SALOME

SHAWN T MAGEE

SHERRI A TEARNEY

SIMON MANCEAU

DIRECTOR EMERITUS

SOBRINHO HAROLDO ARAUJO PESSOA

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

(F) Estimated amount of other

> compensation from the

organization and

related organizations

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Compensated Employees, and Inde							,	Limployees, ing	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Posit more ti perso and a	ion ( han o n is b	ne b ooth ctor	ox, i an o /trus	unless fficer stee)	_	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1035 (1136)	2,1033 11136
STARLET HUNT DIRECTOR	1 00	×						0	0
STEPHEN D FISCH DVM DIRECTOR	1 00	×						0	0
STEPHEN J KLEBERG PAST PRESIDENT	1 00	×						0	0
STEVE D BURNS DVM DIRECTOR	1 00	х						0	0
STEVE MEADOWS DIRECTOR	5 00	×						0	0
STEVE SCHIESTEL	1 00								

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15 00

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2 00

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DIRECTOR

DIRECTOR

SUZY JEANE

DIRECTOR

TOM BIVINS

DIRECTOR

DIRECTOR-AT-LARGE

THOMAS M DOWNING

STEVEN CLAY OSBORNE DVM

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

(A) (B) (C) (D) (E)

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VINCENT P GENCO

DIRECTOR EMERITUS

(A) Name and Title	(B) Average hours per week (list any hours	Posit more th perso and a	ion ( han o n is b	ne b ooth	ox, ι an o	inles s fficer	5	( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
TOM MCBEATH DIRECTOR-AT-LARGE	6 00	×						0	0	0
TOM R LENZ DVM HONORARY VICE PRESIDENT	1 00	×						0	0	0
TOMMY HAYS DR DIRECTOR	1 00	×						0	0	0
TRAVIS DOBBS DIRECTOR	1 00	х						0	0	0
TYLER GRAHAM DIRECTOR	1 00	×						0	0	0
ULLRICH VEY DIRECTOR-AT-LARGE	4 00	×						0	0	0
VALERIE CLARK DIRECTOR	1 00	×						0	0	0
VAUGHN M COOK DIRECTOR-AT-LARGE	8 00	×						0	0	0
VICTOR WOLF DIRECTOR	2 00	×						0	0	0

0

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more the perso	ion ( han o n is b	ne b oth	ox, ι an oi /trus	ınles s fficer tee)		<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	<b>(F)</b> Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
W MICHAEL JUNG DIRECTOR	5 00	Х						0	0	0
W R 'ROSS' BRIGDEN DIRECTOR-AT-LARGE	2 00	X						0	0	0
WALT KNORPP DIRECTOR-AT-LARGE	2 00	x						0	0	0
WALTER FLETCHER PAST PRESIDENT	1 00	x						0	0	0
WANDA WATERS HONORARY VICE PRESIDENT	3 00	Х						0	0	0
WAYNE A BURWASH DVM DIRECTOR	2 00	Х						0	0	0
WAYNE HALVORSON DIRECTOR-AT-LARGE	1 00	Х						0	0	0

1 00

2 00

1 00

Χ

Х

0

. . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . .

WENDY KIM JOHNSON

WILLARD B NORDICK

DIRECTOR EMERITUS

WILLIAM R HORTON

.....

DIRECTOR

DIRECTOR

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

(A) (B) (C) (D) (E)

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion ( han o n is b	ne b oth	ox, ι an oi ⁄trus	inless ficer tee)		( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
ZUZANA PACESOVA DIRECTOR	1 00	Х						0	0	0
JAMES L EAKIN DIRECTOR (through 4/29/16)	5 00	×						0	0	0
JOHN W TRAFTON DIRECTOR (through 4/29/16)	1 00	×						0	0	0
JOSE ARTURO JIMENEZ MANGAS DIRECTOR (through 4/29/16)	8 00	×						0	0	0
KELVIN CHILDERS DIRECTOR (through 4/9/16)	2 00	Х						0	0	0
KENNETH W KNOWLTON DIRECTOR (through 1/26/16)	1 00	X						4,000	0	0
SUE O HAGERTY DIRECTOR (through 1/1/16)	1 00	×						0	0	0
STUART J SPROUSE	1 00									

Х

Х

55 00

5 00 50 00

10 00

. . . . . . . . . . . . . . . . . . .

DIRECTOR EMERITUS (through 8/18/16)

CRAIG HUFFHINES

TRENTON TAYLOR

EXECUTIVE VICE PRESIDENT

Treasurer & Chief Operating Officer

0

0

0

27,461

27,349

275,229

236,795

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

more than one box, unless

compensation

124,958

114,634

compensation

hours per

45 00

10 00 45 00

0.00

. . . . . . . . . . . . . . . . . . .

KAREN LATTA

PATRICIA CARTER

..... DIRECTOR OF MARKETING & PUBLICATION OPERATIONS

DIRECTOR OF SHOWS AND PROFESSIONAL HORSEMEN

(F)

Estimated amount of other

16,105

9,106

0

	week (list any hours	perso and a						from the organization (W-	from related organizations (W-	compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MICHAEL PETE KYLE CHIEF SHOW OFFICER	50 00				х			168,985	0	31,038
DON TREADWAY  Executive VICE PRESIDENT, Former	30 00 10 00					×		265,698	0	20,118
ROBERT PIERCE GENERAL COUNSEL	40 00 5 00					x		233,957	0	24,173
WILLIAM ALEX ROSS SENIOR DIRECTOR OF JUDGES	40 00					x		230,445	0	23,930
PHILIP JONES SENIOR DIRECTOR OF INFORMATION TECHNOLOGY	45 00					x		151,714	0	25,805

Х

Х

DLN: 93493220015667

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Inspection

Department of the Treasury

(Form 990)

**SCHEDULE D** 

Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

**Employer identification number** Name of the organization American Quarter Horse Association 75-0725576 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors 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 impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or Preservation of an historically important land area education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year 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 historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

	Organizations Maintaining ( (continued)	Jollections of Al	rt, His	torio	cal Tr	easures,	or Oth	er Similar Ass	ets
3	Using the organization's acquisition, accessollection items (check all that apply)	ssion, and other reco		neck a	ny of t	ne following	that are	a significant use o	of its
а	Public exhibition		d	Г	Loan	or exchange	prograr	ns	
b	Scholarly research		е		O the	-			
c	Preservation for future generations								
4	Provide a description of the organization's Part XIII	collections and exp	laın hov	w they	furthe	r the organiz	ation's e	exempt purpose in	
5	During the year, did the organization solici							mılar	
D	assets to be sold to raise funds rather that IV Escrow and Custodial Arrar		s part o	of the	organiz	ation's colle	ection?	Yes	No
Pall	t IV Escrow and Custodial Arrar Complete if the organization ar Part X, line 21.		Form	990,	Part I	V, line 9, o	r repor	ted an amount	on Form 990,
<b>1</b> a	Is the organization an agent, trustee, cust included on Form 990, Part X?	odian or other intern	nediary	for co	ontribu	cions or othe	erassets	r not <b>Yes</b>	No
b	If "Yes," explain the arrangement in Pai	rt XIII and complete	the fol	lowing	g table			A mou	nt
c	Beginning balance						<b>1</b> c		
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance						<b>1</b> f		
<b>2</b> a	Did the organization include an amount on	Form 990, Part X, Iı	ne 21,	for es	crow o	custodial a	ccount I	iability? <b>Yes</b>	☐ No
b	75W4 W								
	If "Yes," explain the arrangement in Part X  rt V Endowment Funds. Complete								· · · · · · ·
	2 Indominant Fands Complete	(a)Current year		or year		(c)Two years			e)Four years back
<b>1</b> a	Beginning of year balance								
b	Contributions								
c	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 c	urrent year end bala	nce (lın	ne 1g,	columi	n (a)) held a	5		
а	Board designated or quasi-endowment <b>&gt;</b>								
b	Permanent endowment ▶								
C	Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c s	hould equal 100%							
3a	Are there endowment funds not in the possorganization by	ession of the organi	zation <sup>.</sup>	that a	re held	and admini	stered fo	or the	Vec No
	(i) unrelated organizations							3a(i)	Yes No
	(ii) related organizations							3a(ii	
ь 4	If "Yes" on 3a(II), are the related organizar Describe in Part XIII the intended uses of							3b	
Par	t VI Land, Buildings, and Equipn	nent.							
	Complete if the organization ar Description of property	iswered 'Yes' to F		(a		(b	)	m 990, Part X,  Accumulated (c)depreciation	ine 10. (d)Book value
<u> </u>	Lond		+	(ınvest	tment)	(oth			407.465
	Land		-				427,199	1,000,000	427,199
<u> </u>	Less shold improvements		<u> </u>			6	,570,965	4,832,210	1,738,755
	Leasehold improvements		: ⊢			1.4	,198,368	8,374,099	5,824,269
	Other		·			14	,130,300	0,574,099	3,027,203
	I. Add lines 1a through 1e (Column (d) must							▶	7,990,223

See Form 990, Part X, line 12.  (a) Description of security or catego (including name of security)	pry	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
<u> </u>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.			
Complete if the organization answer	ed 'Yes' on Form 9		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)investment in subsidiaries		3,123,812	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>	3,123,812	
Part IX Other Assets. Complete if the organization (a) De	ation answered 'Yes' o scription	n Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.	rganızatıon answer	ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o		ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability	rganızatıon answer	ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	rganization answer	ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	rganızatıon answer	ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	rganization answer	ed 'Yes' on Form 990, F	
See Form 990, Part X, line 25.	rganization answer	ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	rganization answer	ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	rganization answer	ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	rganization answer	ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	rganization answer	ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	rganization answer	ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	rganization answer	ed 'Yes' on Form 990, F	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	rganization answer	ed 'Yes' on Form 990, F	

Part	Reconciliation of Revenue per Audited Financial Statements With R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	evenue per l	Return
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		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............. <b>2d</b>		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)............ <mark>4b</mark>		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		
Part :		Expenses pe	r Return.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• • -	+
∠ a	Donated services and use of facilities		
a b	Prior year adjustments		
C			
d	Other losses		
e e	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line <b>2e</b> from line <b>1</b>	. 20	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	.   3	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	. 4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)		
	rotal expenses Aud lines 3 and 40. (This must equal Form 330, Part 1, line 18)	5	
Part	XIII Supplemental Information		
Part V	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line: V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete mation		ide any additional
	Return Reference Explanation		
See Ad	dditional Data Table		
		-	

Page <b>5</b>	chedule D (Form 990) 2015				
	ormation <i>(continued)</i>	Supplemental Info	Part XIII		
	Explanation	Return Reference			
	1	L			

## **Additional Data**

Software ID: Software Version:

**EIN:** 75-0725576

Name: American Quarter Horse Association

**Supplemental Information** 

Return Reference

Part X, Line 2	AQHA IS QUALIFIED UNDER SECTION 501 OF THE INTERNAL REVENUE CODE (IRC), THEREFORE, THE MAJ ORITY OF ITS INCOME IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(
	C)(5) INCOME FROM CERTAIN OPERATIONS OF AQHA, PRIMARILY ADVERTISING IN ITS PUBLICATIONS,
	IS TAXABLE FOR FEDERAL INCOME TAX PURPOSES FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND
	201
	5, AQHA DID NOT INCUR ANY FEDERAL INCOME TAX EXPENSE ALL OTHER OPERATIONS OF AQHA ARE EXE
	MPT FROM FEDERAL INCOME TAX AQHF CLAIMS EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION
	501(C)(3) OF THE IRC AND IS RECOGNIZED AS A PUBLIC CHARITY UNDER SECTION 509(A)(3) OF THE
	IRC AQHA'S WHOLLY OWNED SUBSIDIARIES, RGP AND ARC, ARE LIMITED LIABILITY COMPANIES AND C
	ONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES AS SEPTEMBER 30, 2016, NOT SUBJECT TO ADDI
	TIONAL TAX FILINGS PER THE IRC Financial Accounting Standards Board (FASB) provides guida
	nce for how uncertain tax positions should be recognized, measured, disclosed and presente
	d in the financial statements This requires the valuation of tax positions taken or expec
	ted to be taken in the course of preparing the Association's tax return to determine wheth
	er the tax positions are "more-likely-than-not" of being sustained "when challenged or "wh
	en examined" by the applicable tax authority. Tax positions not deemed to meet the more-li
	kely-than-not threshold would be recorded as a tax benefit or expense and liability in the
	current year Management has determined that there are no material uncertain income tax p
	ositions

Explanation

efile GRAPHIC print - I	DO NOT PROCESS	As Filed Data	a -	DLN:	93493220015667	
SCHEDULE F (Form 990)	•		Outside the United States  n answered "Yes" to Form 990,			
Department of the Treasury nternal Revenue Service	Information about Sched	Part IV, line 14 ► Attach to	lb, 15, or 16. Form 990.		2015 Open to Public Inspection	
lame of the organization American Quarter Horse Ass	ocıatıon			75-0725576	ification number	
	rmation on Activit e organization answe			1		
For grantmakers. Do and other assistance used to award the grant used to award the grant area.	, the grantees' eligibi			_		
<ul><li>For grantmakers. De assistance outside th</li><li>Activites per Region (T</li></ul>	e United States			ng the use of its gran	ts and other	
(a) Region	<b>(b)</b> Number of offices in the 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	a <b>(f)</b> Total expenditures for and investments in region	
(1) See Add'l Data			5,			
(2)						
(3)						
(4)						
(5)						
<ul><li>3a Sub-total</li><li>b Total from continuation to Part I</li></ul>		0 0			467,856 408,388	
c Totals (add lines 3a and for Paperwork Reduction Act No	/	0 0	Cat	No 50082W <b>Sched</b>	876,244 ule F (Form 990) 2015	

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)	(c) 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)								
( 11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)								

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

32

57

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) Region	(c) Number of recipients	(d) Amount 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)
(1) See Add'l Data							, , ,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
( 10)							
(11)							
( 12)							
( 13)							
( 14)							
( 15)							
( 16)							
(17)							
( 18)							

### 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	AQHA 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- A PROGRAM WHE REBY AQHA-NOMINATED SHOW PARTICIPANTS AND BREEDERS WIN CASH PRIZES BASED ON TOTAL POINTS A CCUMULATED DURING EACH SHOW YEAR IN ORDER TO BE ELIGIBLE, BREEDERS MUST PAY NOMINATION FE ES FOR THEIR STALLIONS AND FOALS THE NOMINATION FEES AND THE RELATED INVESTMENT INCOME RE PRESENT 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 DU RING THE PREVIOUS YEAR. RACING CHALLENGE PROGRAM - AN INCENTIVE-TY PE PROGRAM OPEN TO ALL R EGISTERED AMERICAN QUARTER HORSE FOALS. THE RACING CHALLENGE RECEIVES FUNDS FROM INDIVIDUA LS FOR THE NOMINATION OF THEIR HORSE SOMINATIONS RECEIVED ARE USED TO SUPPLEMENT PURSE A WARDS AT CHALLENGE RACES AND ARE PAID TO THE NOMINATORS AND OWNERS AS BONUS AWARDS RACE E NTRY 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 WORLD SHOWS - THE WORLD'S BEST AMERICAN QUARTER HORSES MEET EACH YEAR FOR THE CHANCE TO BECOME A WORLD CHAMPION SHIP 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 LucaS OII WORLD CHAMPIONSHIP SHOW IS HELD END AWARDS FROM HALTER TO REINING AND JUMPING TO TRAIL, THE FORD YOUTH WORLD SHOW IS HELD IN AUGUST, AND THE AMATEUR AND OPEN LUCAS OII WORLD CHAMPIONSHIP SHOWS HELD EACH NOVEMBER IN OKLAHOMA CITY. THE ADEQUAN SELECT SHOW IS HELD IN HOUSTON EACH MARCH ENTRIES ARE BY INVITATION ONLY BASED UPON COMPETITION IN THE 2,400 APPROVED AQHA SHOWS A PANIEL OF JUDGES EVALUATES EACH CLASS TO DETERMINE THE BEST CHOICE FOR

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

990 Schedule F. Supplemental Information

#### **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	13,257
East Asia and the Pacific	0	0	Program services	Business Plan	38,897
Europe (including Iceland and Greenland)	0	0	Program services	Business Plan	253,207

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, agents in service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) 4,600

Business Plan

86,033

66,532

Middle East and North Africa	0	0	Program services	Business Plan	
North America (Canada and Mexico)	0	0	Program services	Business Plan	

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

South America

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region located in the region) Sub-Saharan Africa Business Plan 5,000 Program services South America Racing Challenge 330 IProgram services

Racing Challenge

13,646

North America (Canada and

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Europe (including Iceland Incentive Fund 21,900 Program services and Greenland) North America (Canada and Incentive Fund 95.576 IProgram services Mexico)

Incentive Fund

22

East Asia and the Pacific

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, (s) in region grants to recipients located in the region) South America lIncentive Fund Program services 665

IProgram services

Intermediate of the Year

Intermediate of the Year

980

4,373

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

East Asia and the Pacific

Europe (including Iceland

and Greenland)

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, agents in service, describe region specific type of service region program services. (s) in region grants to recipients located in the region) Intermediate of the Year 324

Intermediate of the Year

Intermediate of the Year

162

324

Middle East and North Africa	0	0	Program services
North America (Canada and Mexico)	0	0	Program services

South America

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

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Sub-Saharan Africa Intermediate of the Year 162 Program services Europe (including Iceland European Championship 34.983 IProgram services and Greenland)

World Show

36,478

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

North America (Canada and

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, (s) in region grants to recipients located in the region) 6,756

World Show

1.093

2,485

South America	0	0	Program services	World Show	
Central America and the	0	0	Program services	World Show	

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

Carıbbean

and Greenland)

Europe (including Iceland

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the emplovees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. (s) in region grants to recipients located in the region) 418

Youth World Cup

13.308

97,874

East Asia and the Pacific	Λ .	1 0	lProgram services	lWorld Show	1
	U	_	1		ı
South America		0	Program services	Latın American	
Journ America	U	١	li rodiani scivices	Latin American	1
				IC hampions hip	ı
				Championship	

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

Europe (including Iceland

and Greenland)

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) FEI World Championship 2,863 services 67 Europe (including Iceland IProgram services IA mericana

European Summit

14,398

_			_
and Greenland)			
Europe (including Iceland	0	0	Program

and Greenland)

and Greenland)

Europe (including Iceland

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

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, (s) in region grants to recipients located in the region) .122 .957 and Greenland)

Versatility Ranch Horse

1.344

Europe (including Iceland and Greenland)	0	0	Program Services	Judges Seminar	4,1
Europe (including Iceland	0	0	Program Services	Horsemanship Camps	51,9

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

North America (Canada and

Form 990 Schedule F Part I - Activities Outside The United States (c) Number of (e) If activity listed in (a) Region (b) Number of (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of region agents in service(s) in region region program services, grants to recipients located in the region) North America (Canada and Program Services lEast Level 1 654 Mexico) Championship East Asia and the Pacific Program Services East Level 1 445 Championship North America (Canada and Program Services West Level 1 564

Championship

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i e , fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) North America (Canada and Program Services Central Level 1 445

Championship

(a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Central America and lBusiness plan 13.257 checks and wires the Caribbean Fast Asia and the Business plan 38,897 Checks and wires

253,207

Checks and wires

4.600 Checks and wires

(1) Method of

	Pacific	,
l	Europe (including Iceland and	Business plan
	Greenland)	

Middle East and

North Africa

Business plan

(b) IRS code

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) North America lBusiness plan 86,033 Checks and wires (Canada and Mexico) South America Business plan 66,532 Checks and wires

(i) Method of

Sub-Saharan Africa lBusiness plan 5.000 Checks and wires

(b) IRS code

Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America World Show 6.986 Checks and wires 388 Buckles, Tackets, Cost (Canada and Mexico) trophies, etc

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Europe (including Incentive fund 6.259 Checks and wires Iceland and Greenland) North America Incentive fund Checks and wires

22 Checks and wires

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(Canada and Mexico)

Incentive fund

East Asia and the

Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number of (d) A mount of cash (e) Manner of cash (f) A mount of non-(g) Description of non-(h) Method of valuation assistance recipients grant disbursement cash assistance cash assistance (book, FMV, appraisal, other) 14 World Show 22,595 Checks and wires 6,509 buckles, jackets, trophies, cost North America (Canada and Mexico) World Show 9 3,004 Checks and wires 3,752 buckles, jackets, trophies, cost South America World Show 2,000 Checks and wires 485 buckles, jackets, trophies, cost Europe (including letc Iceland and Greenland) 1,093 Checks and wires World Show Central America and lthe Caribbean World Show Cost 418 Buckles, jackets, Fast Asia and the trophies, etc. Pacific 81 15,641 Checks and wires Incentive Fund Europe (including Iceland and Greenland) Incentive Fund 208 85,799 Checks and wires North America (Canada and Mexico) Incentive Fund Checks and wires South America 16 9,335 Checks and wires Racing Challenge North America (Canada and Mexico)

330 Checks and wires

Racing Challenge

South America

(a) Type of grant or (b) Region (c)Number of (d) A mount of cash (e) Manner of cash (f) A mount of non-(g) Description of non-(h) Method of valuation assistance recipients grant disbursement cash assistance cash assistance (book, FMV, appraisal, other) 162 Buckles Intermediate of the Year cost North America (Canada and Mexico) 980 Buckles Intermediate of the Year 6 cost East Asia and the Pacific 27 4,373 Buckles Intermediate of the Year cost Europe (including Iceland and (Greenland 324 Buckles Intermediate of the Year 2 cost Middle East and North A frica Intermediate of the Vear 224 Buckles

etc

letc.

etc

445 buckles, jackets, trophies, Cost

564 buckles, jackets, trophies, Cost

Intermediate of the Year	South America	2			324	buckies	COST
Intermediate of the Year	Sub-Saharan Africa	1			162	Buckles	cost
	North America (Canada and Mexico)	6	91	Checks and wires	1,253	buckles, jackets, trophies, etc	cost
East Level 1 Championship	North America	4			654	buckles, jackets, trophies,	Cost

	Sub Sunaran Annea			
	North America (Canada and Mexico)	6	91	Checks and wires
East Level 1 Championship	North America	4		

2

(Canada and Mexico)

(Canada and Mexico)

East Asia and the

North America

Pacific

East Level 1 Championship

West Level 1 Championship

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(d) A mount of cash (a) Type of grant or (b) Region (c)Number of (e) Manner of cash (f) A mount of non-(q) Description of non-(h) Method of valuation assistance disbursement cash assistance cash assistance (book, FMV, appraisal, recipients grant other) Central Level 1 445 Buckles, jackets, Cost

trophies, etc

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U.S.

North America

(Canada and Mexico)

Championship

Schedule I
(Form 990)

Grants and C
Governments

Complete if the organize

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Treasury

Internal Revenue Service Name of the organization

American Quarter Horse Association

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

201E

**DLN: 93493220015667**OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

75-0725576

						73 0723370	
Part I General Information	on on Grants an	d Assistance					
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or a	ssistance?				stance, and	<b>√</b> Yes
Part II Grants and Other Assistation that received more than				plete if the organization	answered "Yes" on F	form 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 gran or assistance
See Additional Data Table							
2 Enter total number of section 5							11
3 Enter total number of other orga					· · · · · ·		29
For Paperwork Reduction Act Notice, see	e tne Instructions foi	r rorm 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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					
Part IV Supplemental Informa	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other a	addıtıonal ınformatıon.

## Return Reference

## Explanation

Part I, Line 2

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 - A PROGRAM WHERE REQUESTS FOR GRANTS ARE SUBMITTED BY OUR STATE AFFILIATES FOR RACING PROMOTION INITIATIVE PURPOSES GRANTS ARE REVIEWED AND APPROVED BY AQHAS RACING COUNCIL and executive committee INCENTIVE FUND - A PROGRAM WHEREBY AQHA-SANCTIONED SHOW PARTICIPANTS AND BREEDERS WIN CASH PRIZES BASED ON TOTAL POINTS ACCUMULATED DURING EACH SHOW YEAR IN ORDER TO BE ELIGIBLE, BREEDERS MUST PAY NOMINATION FEES FOR THEIR STALLIONS AND FOALS THE NOMINATION FEES AND THE RELATED INVESTMENT INCOME REPRESENT THE SOURCE OF FUNDS FOR THE CASH PRIZES AWARDED 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 - 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 Grants Program - an educational program and partnership 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 Lucas Oil AQHA WORLD CHAMPIONSHIP SHOW IS HELD EACH NOVEMBER IN OKLAHOMA CITY THE ADEQUAN SELECT SHOW IS HELD IN AUGUST IN AMARILLO, AND THE ZOETIS VERSATILITY RANCH HORSE WORLD CHAMPIONSHIP IS HELD IN HOUSTON EACH MARCH ENTRIES ARE BY INVITATION ONLY BASED UPON COMPETITION IN THE 2,400 APPROVED AQHA SHOWS A PANEL OF JUDGES EVALUATES EACH CLASS TO DETERMINE THE BEST CHOICE FOR THE WORLD CHAMPION TITLE EACH EVENT IS FOR THOSE WHO LOVE AND APPRECIATE THE ATHLETIC ABILITY AND BEAUTY OF THE AMERICAN QUARTER HORSE AND WANT TO SHOWCASE THE BEST IN EACH CLASS

## **Additional Data**

Oswego, NY 13126

Software ID: Software Version:

**EIN:** 75-0725576

Name: American Quarter Horse Association

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of

organization or government	, ,	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Greenbelt Alliance of Denton County 2459 Blackjack Road West Aubrey,TX 76227	27-3340044	501(c)(3)	6,000				Step Grant Program
South Dakota QHA Box 655 Rushville,NE 69360	46-0374189		10,000				Affiliate Achievement Award Grant
Empire State Quarter Horse Association 790 O Connor Rd	22-2583168	501(c)(5)	10,000				Affiliate Achievement Award Grant

(h) Purpose of grant

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Minnesota Quarter Horse 41-1730740 501(c)(5) 10,000 Affiliate Achievement A ward Grant Assn 26810 County Hwy 24 Dine Island MN 55063 Grant

Fille Island, Mix 33303					
Sam Houston State University	74-6001430	501(c)(3)	20,000		Horsemanship Grant
1905 University Drive Huntsville, TX 77340					
Mississippi State University	64-6000819	501(c)(3)	12,500		Horsemanship Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Huntsville, TX 77340

Mississippi State Univer
Office of Controller and
Treasurer
PO Box 5227

Mississippi St, MS 39762

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 73-1383996 501(c)(3) 12.500 Horsemanship Grant Oklahoma State University 201 Animal Science Stillwater, OK 74078 501(c)(3) 14,000 Horsemanship Grant Texas A&M University 75-6001353 PO Box 30016

Racing Council Grant

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(5)

College Station, TX 77842

Idaho Quarter Horse

Association PO Box 97 Emmett,ID 83617 23-7243264

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 72-1559413 501(c)(3) 100,000 Racing Medication and Equine Research Grant Testing Consortium 821 Corporate Drive Lexington, KY 40503 61-1259683 501(c)(3) 25,000 Equine Disease

6,000

Communication Center

Donation

Racing Council

Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

AAEP Foundation Inc
4033 Iron Works Parkway
Lexington, KY 40511
University of Arizona Fnd

1111 N Cherry Ave Tucson, AZ 85271

RTIP

86-6050388

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) Racing Officials Accreditation 20-4137857 501(c)(6) 10,000 Racing Council Contribution Program 821 Corporate Drive

Lexington, KY 40503					
US Equestrian Team Foundation Inc	22-1668879	501(c)(3)	10,000		CCOCE
1040 Pottorsville Boad					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

VWP JR INC

PO BOX 898

HOLDENVILLE, OK 74848

73-1374391

E Pledae 1040 Pottersville Road Gladstone, NJ 07934

6,238

Race Challenge

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government other) assistance BUCKLES, JACKETS, TROPHIES, Race Challenge 12,632 BURNETT RANCHES LLC 26-1613545 3,418 Cost 801 CHERRY ST UNIT 9 FORT WORTH, TX 76102 Show

World Show

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 802207 DALLAS,TX 75380

EE RANCHES OF TEXAS INC 75-2145083 8,759

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) BUCKLES, JACKETS, TROPHIES, World Show MASTERSON FARMS LLC 62-1679726 9,498 180 Cost **IETC** 400 UNION DR SOMERVILLE, TN 38068 Show

SATHER FAMILY PARTNERSHIP PO BOX 427 MANSON,WA 98831	93-1135587	7,800	1,489	Cost	BUCKLES, JACKETS, TROPHIES, ETC	World Show
CIRCLE STAR LAND &	27-3177934	6,947	388	Cost	BUCKLES, JACKETS, TROPHIES, ETC	World Show

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CATTLE CO PO BOX 125

PONTOTOC,TX 76869

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) BUCKLES, JACKETS, TROPHIES, World Show 5,122 1,309 Cost ROGERS HEAVEN SENT 46-0519722 **IETC** RANCH OF 36 E TANOHE VEDDE DD

TUCSON, AZ 85749					
WACO BEND RANCH LTD 842 PHILLIPS RANCH RD	32-0119639	7,698	1,309	BUCKLES, JACKETS, TROPHIES, ETC	World Show

GRAHAM, IX /6450

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BUCKLES, JACKETS, TROPHIES, World Show 20-3597322 17,445 1,516 Cost

ETC

RDJ QUARTER HORSES LLC 5280 NC HIGHWAY 127

TAYLORSVILLE, NC 28681

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance BUCKLES, JACKETS, TROPHIES, World Show 7.772 1.336 Cost SILVER SPURS EQUINE 20-3986003 ETC 14445 E QUAIL TRACK RD SCOTTSDALE, AZ 85262

8,203

2,493 Cost

BUCKLES, JACKETS, TROPHIES, World Show

GALE FORCE QUARTER HORSES	20-8807255		5,292	180	Cost	BUCKLES, JACKETS, TROPHIES, ETC	World Show
4140 HIGHWAY 65							
CONWAY SC 29526	1	1	1	l			1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOB & KATE BALLEW

PO BOX 51087 CASPER, WY 82605 45-1745410

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) BUCKLES, JACKETS, TROPHIES, World Show DIXON FLOWERS QUARTER 27-3816051 13,178 3.971 Cost ETC HORSES

RR 2 BOX 239 NOWATA,OK 74048						
KNAPP QUARTER HORSE FARMS LLC 26413 360TH ST VAN METER,IA 50261	87-0541387	18,367	3,294	Cost	BUCKLES, JACKETS, TROPHIES, ETC	World SI Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PILOT POINT, TX 76258

Show, Incentive BUCKLES, JACKETS, TROPHIES, World Show CAPITAL OUARTER 45-3327294 7,565 1,336 Cost

HORSESTIC 11320 SAINT JOHN RD

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) BUCKLES, JACKETS, TROPHIES, World Show 45-4970798 6,187 597 Cost ROCKIN' K REMUDA LLC ETC 5025 COUNTY ROAD R DUMAS.TX 79029 BUCKLES, JACKETS, TROPHIES, World Show AARON RANCH 27-2887518 8,353 1,489 Cost ETC 5983 COUNTY ROAD 4400

AARON RANCH
5983 COUNTY ROAD 4400
COMMERCE,TX 75428

HDC QUARTER HORSES
USA INC
320 SEAPORT LN UNIT
3323

MOUNT PLEASANT, SC

29464

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1 1,299 Cost BUCKLES, JACKETS, TROPHIES, World Show

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) BUCKLES, JACKETS, TROPHIES, World Show RAWLINGS ENTERPRISES 36-4766130 5,261 359 Cost LLC PO BOX 608 SUMMERTON, SC 29148 DAROL OR KAREN 48-0959125 6,180 Incentive Fund RODROCK PO BOX 25390 OVERLAND PARK, KS 66225 62-1679726 7,609 Incentive Fund KENNETH & MARILYN

MASTERSON 400 UNION DR

SOMERVILLE, TN 38068

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) BRICKHAM QUARTER 39-2032366 6,972 Incentive Fund HORSESTIC 2265 WALDENIN

OSHKOSH, WI 54904				
US Marshal's Service 219 S DEARBORN ST STE 2444	54-1880804	11,148		Incentiv Forfeitu Crundwe

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

tive Fund - Asset well

ture/Rita CHICAGO,IL 60604 26-1729812 8,000 Sponsorship

Jeremy Plonk

Milnesville, PA 18239

PO Box 41

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment other) assistance 501(c)(3) 18.278 Museum operations.

equine research, youth

scholarships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

American Quarter Horse 51-0187823
Foundation
PO Box 32111

Amarıllo, TX 79120

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients cash grant non-cash assistance recipients cash grant non-cash assistance recipients recipients cash grant non-cash assistance recipients recip

1.666.653 cost

Buckles, trophies, etc

'	recipients	cash grant	non-cash assistance	inv, appraisal, other)

1.613.073

World Show

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(b) Number of recipients

(c) A mount of non-cash assistance

non-cash assistance

FMV, appraisal, other)



149,182

Racing Challenge

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

(b) Number of recipients

(c) A mount of non-cash assistance

(d) A mount of non-cash assistance

FMV, appraisal, other)

1.215.866

2844 l

Incentive Fund

(a) Type of grant or assistance (b) Number of (c) A mount of (d) A mount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other)

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

AQHA Promotion and Sponsorship Awards	3694	5,400	431,450	Buckles, jackets, pins, plaques, rings,

trophies, vests, etc

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of recipients

(c) A mount of non-cash assistance

(d) A mount of non-cash assistance

(e) Method of valuation (book, find the proposition of non-cash assistance

FMV, appraisal, other)

Team Wrangler/Championship and Rookie	501	38.250	360.120 cost	Buckles, trophies, etc	

Winners

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of recipients

(a) A mount of recipients

(b) Number of recipients

(c) A mount of recipients

(c) A mount of recipients

(a) A mount of recipients

(b) Number of recipients

(c) A mount of recipients

(c) A mount of recipients

(d) A mount of recipients

(e) Method of valuation (book, recipition of non-cash assistance for the properties of the properties o

32,363 cost

buckles, trophies, etc

recipients	Cash grant	non-cash assistance	i MV, appraisal, other)

Versatility Ranch Horse

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of recipients

(a) A mount of recipients

(b) Number of recipients

(c) A mount of recipients

(c) A mount of recipients

(a) A mount of recipients

(b) Number of recipients

(c) A mount of recipients

(c) A mount of recipients

(d) A mount of recipients

(e) Method of valuation (book, recipition of non-cash assistance for the properties of the properties o

113.835 cost

buckles, trophies, etc.

recipients	Cash grant	non-cash assistance	rm v , appraisai, other)

40.186

East Level 1 Championship

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of (c) A mount of (d) A mount of recipients cash grant non-cash assistance

(c) A mount of non-cash assistance

recipients cash grant non-cash assistance

FMV, appraisal, other)

109,285 cost

buckles, trophies, etc

		· · · · · / · · F F · · · · · · · /

41,073

West Level 1 Championship

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of recipients

(a) A mount of recipients

(b) Number of recipients

(c) A mount of recipients

(d) A mount of recipients

(e) Method of valuation (book, recipient of non-cash assistance)

(b) Number of recipients

(c) A mount of recipient of non-cash assistance

(b) Number of recipients

(c) A mount of recipient of non-cash assistance

(b) Number of recipients

(c) A mount of recipient of non-cash assistance

(b) Number of recipients

(c) A mount of recipient of non-cash assistance

(b) Number of recipients

(c) A mount of recipient of non-cash assistance

(c) A mount of recipient of non-cash assistance

(c) A mount of recipient of non-cash assistance

(d) A mount of recipient of non-cash assistance

(d) A mount of recipient of non-cash assistance

(e) Method of valuation (book, recipient of non-cash assistance)

69.079 cost

buckles, trophies, etc

recipients	cusii giane	non cash assistance	Thr V, appraisal, other)

24,369

Central Level 1 Championship

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(d) A mount of non-cash assistance

(e) Method of valuation (book, f) Description of non-cash assistance

FMV, appraisal, other)

1,157 Cost

Buckles, trophies, etc

·	-	
		•

10.000

Year-End High Point All-Around

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. (f)Description of non-cash assistance (a)Type of grant or assistance (b)Number of (c)A mount of (d)A mount of (e)Method of valuation (book. recipients cash grant non-cash assistance EMV. appraisal, other)

	 	,,	

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(d) A mount of non-cash assistance

(e) Method of valuation (book, recipients of non-cash assistance

FMV, appraisal, other)

1,157 Cost

Buckles, trophies, etc

10.000

All-Around Amateur

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

(d) A mount of non-cash assistance

FMV, appraisal, other)

10,000

Racing Breeder Award

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(d) A mount of non-cash assistance

(e) Method of valuation (book, f) Description of non-cash assistance

FMV, appraisal, other)

Buckles, trophies, etc

	 	//

10.000

All-Around High Point

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

(b) Number of recipients

(c) A mount of non-cash assistance

(b) Number of recipients

(c) A mount of non-cash assistance

(b) Number of recipients

(c) A mount of non-cash assistance

(d) A mount of non-cash assistance

(m) Method of valuation (book, provided to the control of the contro

1.157 Cost

Buckles, trophies, etc

		, , , ,		
			-	

5.000

Reserve All-Around High Point

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance

(b) Number of recipients

(c) A mount of non-cash assistance

recipients

(b) Number of recipients

(c) A mount of non-cash assistance

(d) A mount of non-cash assistance

FMV, appraisal, other)

recipients	cush grant	non cash assistance	1 MV, appraisal, other)

30,000

Superhorse A wards

DLN: 93493220015667

### Schedule J (Form 990)

### **Compensation Information**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Name of the organization **Employer identification number** American Quarter Horse Association 75-0725576 **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ▼ First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Any related organization?

section 53 4958-6(c)?

ın Part III

If "Yes," on line 6a or 6b, describe in Part III

6b

7

8

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 on 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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 CRAIG HUFFHINES EXECUTIVE VICE PRESIDENT		218,940	50,000	6,289	16,500	10,961	302,690	0
	(ii)	0	0	0	0	0	0	0
2 TRENTON TAYLOR Treasurer & Chief Operating	(i)	210,945	10,000	15,850	7,576	19,773	264,144	0
Officer	(ii)	0	0	0	0	0	0	0
3 MICHAEL PETE KYLE CHIEF SHOW OFFICER	(i)	163,337	5,000	648	10,800	20,238	200,023	0
	(ii)	0	0	0	0	0	0	0
4 DON TREADWAY Executive VICE PRESIDENT,	(i)	221,206	0	44,492	0	20,118	285,816	0
Former	(ii)	0	0	0	0	0	0	0
<b>5</b> ROBERT PIERCE GENERAL COUNSEL	(i)	218,859	8,000	7,098	14,118	10,055	258,130	0
	(ii)	0	0	0	0	0	0	0
6 WILLIAM ALEX ROSS SENIOR DIRECTOR OF	(i)	152,752	12,652	65,041	10,467	13,463	254,375	0
JUDGES	(ii)	0	0	0	0	0	0	0
7 PHILIP JONES SENIOR DIRECTOR OF	(i)	145,902	3,500	2,312	9,533	16,272	177,519	0
INFORMATION TECHN	(ii)	0	0	0	0	0	0	0

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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 the EVP AND INCLUDES IT IN
HIS TAXABLE COMPENSATION

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE 0** (Form 990 or

990-EZ)

Treasury

Service

Department of the

Internal Revenue

Name of the organization

### 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.irs.gov/form990.

OMB No 1545-0047

DLN: 93493220015667

Employer identification number

2015

Open to Public Inspection

Name of the organization	Employer identification number
American Quarter Horse Association	
	75-0725576

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Jim Heird, Executive Committee, and Eleanor Green, Director, family relationship Johne Dob bs, Past President, and Travis Dobbs, Director, family relationship Jim J. Shoemake, Past President, and Sarah Shoemake Doles, Director, family relationship Laina Banks, Director, and Kenneth Banks, Director-at-Large, family relationship Edward McNelis, Director Emeritus, and Laina and Kenneth Banks, Director and Director-at-Large, family relationship Charles Graham, Director-at-Large, and Tyler Graham, Director, family and business relationship Rob Brown, Past President, and Rob A. Brown, Director, family relationship Sarah N. Kunkle, Director Emeritus, and John B. Kunkle, Director, family relationship J. Wade Ellerbroek, Jr., Director Emeritus, and William R. Horton, Director, family and business relationship J. Wade Ellerbroek, Jr., Director Emeritus, and Georga M. Sutton, Honorary Vice President, family relationship Ralph C. Seekins, Executive Committee, and Beth C. Austin, Director, family relationship Pete Scarmardo, Director, and Johnny Trotter, Past President, busines s relationship Floyd E. "Butch" Wise, Executive Committee, and Micah McKinney, Director, b usiness relationship Floyd E. "Butch" Wise, Executive Committee, and Ben L. Hudson, Director-at-Large, family relationship

990 Schedule O, Supplemental Information

e Section II and III of the by-laws

Reference Form 990. Part

VI. Section A.

line 6

## Explanation

250,000 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 etotal 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. Se

The American Quarter Horse Association is a nonprofit corporation that is composed of over

990 Schedule O, Supplemental Information
Return

tion IV and V of the by-laws

Reference Form 990. Part

# Explanation

VI, Section A, line 7a

I, 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 policities 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.

The Board of Directors is composed of elected directors, past presidents, directors emerit

ng of the president, first vice president, second vice president, and two members. See Sec

990 Schedule O. Supplemental Information Return Explanation Reference Form 990, Part | The decisions of the Executive Committee are approved by the Board of Directors. The actio VI. Section A. ns of the Board of Directors are approved by the members at the annual membership meeting

line 7b

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part THE 990 IS COMPLETED WITH THE ASSISTANCE OF THE ACCOUNTING DEPARTMENT IN CONJUNCTION WITH VI. Section B. THE TREASURER. THE 990 IS THEN REVIEWED BY THE TREASURER AND THE EXECUTIVE VICE PRESIDENT. line 11 THE BOARD OF DIRECTORS THROUGH THE EXECUTIVE COMMITTEE ALSO REVIEWS THE RETURN AFTER FILL ING. THE 990 IS aVAILABLE TO ANYONE UPON REQUEST

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. Part All board members, officers, key employees, and highly compensated individuals are require VI. Section B. d to fill out the conflict of interest statements on an annual basis. All of these respons line 12c es are review ed to determine where conflicts may exist. If a conflict arises, the board me

mber with such conflict will not be allowed to vote on the transaction involved

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part	THE EXECUTIVE COMMITTEE APPROVES COMPENSATION FOR ALL STAFF, INCLUDING THE EXECUTIVE VICE
VI, Section B,	PRESIDENT, TREASURER, AND KEY EMPLOYEES THEY HAVE COMPARABILITY DATA AVAILABLE TO REVIEW
line 15	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 C
	OMMITTEE MEETINGS The compensation process was last done in 2016

Explanation

990 Schedule O, Supplemental Information

Return

Reference	,p.ss.iv
Form 990, Part	The organization's governing documents are printed in the annual official handbook that is
VI, Section C,	available upon request to all members and is posted on the AQHA wiebsite. The information
line 19	can also be dow nloaded 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 wiebsite. In addition, each
	director receives quarterly unaudited financials to share with the members they represent

Explanation

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part BOARD OF DIRECTOR COMPENSATION AMOUNTS INCLUDE PRIZE MONEY AND COMPENSATION FOR OTHER SERV

I ICES PROVIDED TO THE AMERICAN QUARTER HORSE ASSOCIATION IN THE NORMAL COURSE OF BUSINESS.

Compensation

Return Explanation
Reference

Reference
Form 990. Part To reflect net assets at whole, unconsolidated amount 1,523,812

XI, line 9

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**DLN: 93493220015667**OMB No 1545-0047

### **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE R** 

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at  $\underline{www.irs.qov/form990}$ .

Name of the organization American Quarter Horse Association Employer identification number

75-0725576

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</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 Amanllo, TX 791680001	See part VII	TX	509,423	1,630,984	American Quarter Horse Associati	on	
73-1557829 (2) Awards Recognition Concepts LLC po box 200 amarillo, TX 791680001 47-3392191	See part VII	TX	2,292,917	2,764,347	American Quarter Horse Associati	on	
Part II  Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the  (a)  Name, address, and EIN of related organization		he organization an	swered "Yes" or  (d)  Exempt Code sectio	(e)	(f)		g)
		1	Excilipt code section		ntus Direct controlling	Section	
		or foreign country)	Exempt code seeds	(if section 501(c)	(3)) Direct controlling entity	Section (13) co ent	ontrolled tity?
(1)American Quarter Horse Foundation PO Box 32111 Amanllo, TX 79120	See Part VII	or foreign country)  TX	501(c)(3)	(if section 501(c)	American Quarter Horse Association	Section (13) co	ontrolled
(1)American Quarter Horse Foundation PO Box 32111	See Part VII	- ''	·	(if section 501(c)	(3)) entity  American Quarter Horse	Section (13) co ent <b>Yes</b>	ontrolled tity?
(1)American Quarter Horse Foundation PO Box 32111 Amanllo, TX 79120	See Part VII	- ''	·	(if section 501(c)	(3)) entity  American Quarter Horse	Section (13) co ent <b>Yes</b>	ontrolled tity?
(1)American Quarter Horse Foundation PO Box 32111 Amanllo, TX 79120	See Part VII	- ''	·	(if section 501(c)	(3)) entity  American Quarter Horse	Section (13) co ent <b>Yes</b>	ontrolled tity?
(1)American Quarter Horse Foundation PO Box 32111 Amanllo, TX 79120	See Part VII	- ''	·	(if section 501(c)	(3)) entity  American Quarter Horse	Section (13) co ent <b>Yes</b>	ontrolled tity?

Part III	Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Pa	rt IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h</b> Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ral or aging	<b>(k)</b> Percentage ownership
				]			Yes	No	]	Yes	No	
									1			
Day IV Identification of Polated Organizations Tayable s		!	T	ط <b>د ک</b> ر محمامت				111/001		00 5	) 1	TV luna

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
·									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more i	related organizations lis	sted in Parts II-IV	<b>'</b>				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No	
<b>b</b> Gift, grant, or capital contribution to related organization(s)							
c Gift, grant, or capital contribution from related organization(s)							
d Loans or loan guarantees to or for related organization(s)							
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)							
<b>h</b> Purchase of assets from related organization(s)							
i Exchange of assets with related organization(s)							
j Lease of facilities, equipment, or other assets to related organization(s)							
k Lease of facilities, equipment, or other assets from related organization(s)						No	
Performance of services or membership or fundraising solicitations for related organization(s)						No	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	- 1	No	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of paid employees with related organization(s)							
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No	
q Reimbursement paid by related organization(s) for expenses							
r Other transfer of cash or property to related organization(s)				1r		No	
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				<b>1</b> s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	te this line, including co	vered relationships	and transaction thresholds				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount in	volved		
1)Amount less than 50k not reportable	В						
2)American Quarter Horse Foundation	С	283,639	ACTUAL AMOUNT INCURRED				
3)American Quarter Horse Foundation	Q	363,300	ACTUAL AMOUNT INCURRED				
			1				

### 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 regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) (d) Legal Predominant domicile income (state or foreign country) excluded from tax under sections 512-		<b>(h)</b> Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner? e		(k) Percentage ownership				
			514)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

Schedule R (Form 990) 2015	Page <b>5</b>				
Part VII Supplemental Information					
Provide additional information for responses to questions on Schedule R (see instructions)					
Return Reference	Explanation				
See Additional Data					

Schedule R (Form 990) 2015

# Additional Data

Software ID: Software Version:

**EIN:** 75-0725576

Name: American Quarter Horse Association

performance sales, as well as all facets of the Quarter Horse industry. It also maintains a large database of horse records

Explanation

Supports the activities of the American Quarter Horse Association by producing sale catalogs and pedigrees for the industry's premier race sales and

# Supplemental Information, Part VII

Return Reference

Form 990, schedule r, part I, line 1

(b), Robin Glenn Pedigrees, LLC

Supplemental Information, Part VII						
Return Reference	Explanation					
	SUPPORTS THE ACTIVITIES OF THE AMERICAN QUARTER HORSE ASSOCIATION BY MANUFACTURING AWARDS FOR SHOWS AND EVENTS					

Supplemental Information, Part VII

Return Reference Explanation

Form 990, Schedule R, Part II, Line 1(b),