

Department of the Treasury

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public

A F	or the	= 2017 calendar year, or tax year beginning $$ JAN 1 , $$ 2017 $$ and ending	g JUN	30, 2017	
В	Check if	C Name of organization	D E	mployer identific	cation number
a	pplicab	6			
[_	Addre	HORSE COUNTRY, INC.	ŀ		
7	Name			47-1	608262
<u>~</u>	Initial	Number and street (or P 0 box if mail is not delivered to street address) Room/	/suite E To	elephone number	
<u> </u>	Ireturn ☐Final		/Suite L		963-1004
Ъ.	returnال۔ termin				266,289.
Γ	ated Amen	City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40588	<u> </u>	oss receipts \$	
; ≒	Ireturn □Applic			Is this a group re	
ــــ	⊥tiòn pend⊪	F Name and address of principal officer ANNE 5. HARDI	.A I	for subordinates	
		SAME AS C ABOVE	11.77	Are all subordinates in	
		empt status	; 		list (see instructions)
		te: WWW.VISITHORSECOUNTRY.COM		Group exemption	
		· · · · · · · · · · · · · · · · · · ·	Year of form	ation. ZU14 N	State of legal domicile; KY
P	art I	Summary	0111700011	T110 T	~
9	1	Briefly describe the organization's mission or most significant activities. HORSE CO	OUNTRY	, INC. I	S A
Governance		COORDINATED INDUSTRY INITIATIVE TO SUPPORT 1			
eru	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	more than	25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	• 1	3	9
প্ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	1	5	3
7	6	Total number of volunteers (estimate if necessary)	í	6	30
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4	b	Net unrelated business taxable income from Form 990-T line 34		7b	0.
		KECEIVEI	_ Pr	or Year	Current Year
o)	8	Contributions and grants (Part VIII, line 1h)	· 11 ·	44,060.	28,940.
Revenue		Program service revenue (Part VIII, line 2g)		284,998.	237,349.
š	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>ــــــــــــــــــــــــــــــــــــ</u>	0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and debotion	-5;	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	329,058.	266,289.
	7			5,000.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,059.	0.
	i	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	134,004.	77,757.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ē		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)			
ĸ	1	(-),	<u> </u>	06 075	E1 70E
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	———	86,975.	51,795.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	227,038.	129,552.
- 60	19	Revenue less expenses Subtract line 18 from line 12		102,020.	136,737.
s or n				g of Current Year	End of Year
Net Assets Fund Baland	20	Total assets (Part X, line 16)	ļ	373,852.	510,589.
A A	21	Total liabilities (Part X, line 26)		0.	0.
翨	22	Net assets or fund balances. Subtract line 21 from line 20		373,852.	510,589.
LP ₂	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, ar	nd to the best of my	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has an	y knowledge	
		N Cian XVIII		5/14/1	8
Sig	n	Signatifier of Minuser O 1 V V V V V V V V V V V V V V V V V V		Date	
Her	e	ANNE S. HARDY, EXECUTIVE DIRECTOR			
_		Type or print name and title			
		Print/Type preparer's name Preparer's gigna (vie //	Date	Check	PTIN
Paid	i	JENNIFER SHAH (). Mal.	. 5 4	118 It self-employe	_d №00448795
Prep	parer	Firm's name DEAN DORTON ALLEN FORD, PLLC		Firm's EIN	27-3858252
	Only	Firm's address 106 W. VINE STREET, SUITE 600		1	
	•	LEXINGTON, KY 40507		Phone no (8	59)255-2341
—— Mav	the II	RS discuss this return with the preparer shown above? (see instructions)		1 : ::=:::	X Yes No
	,				

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2017) HORSE COUNTRY, INC. 47-100	18262	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u></u> _
1	Briefly describe the organization's mission	TDDODM	
	HORSE COUNTRY, INC. IS A COORDINATED INDUSTRY INITIATIVE TO SU		
	FAN DEVELOPMENT OF THOROUGHBRED RACING THROUGH EXPERIENCES AT	FOOTNE	<u>. </u>
	LOCATIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes	v
	prior Form 990 or 990-EZ?	L Yes □	L&L No
	If "Yes," describe these new services on Schedule O		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	L& No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, a	nd
	revenue, if any, for each program service reported		
4a		011/01/27	· · · ·
	A CENTRAL BOOKING OUTLET SHARING THE OVERARCHING STORY OF KENT		
	HORSE COUNTRY AND PARTICIPATING LOCATIONS TO CONNECT VISITORS		
	STORY OF THE HORSES, THE LAND, AND THE PEOPLE, AND TO DEVELOP	FANS C)F'
	FARMS AND CLINICS BY PROVIDING ACCESS TO THESE FACILITIES.		
4b	(Code) (Expenses \$) (Revenue \$))
4c	(Code) (Expenses \$)
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		

Form **990** (2017)

Page 3

47-1608262

Form 990 (2017) HORSE COUNTRY, INC.

Part IV Checklist of Required Schedules

Is the organization described in section 501(p(3) or 4947(a(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization requested to complete Schedule B, Schedule of Contributors? Do the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer of "Ires," complete Schedule C, Part I is section 501(p(3) organizations. Did the organization dependent of campaign activities, or have a section 501(p(3) organizations. Did the organization as ection 501(p(4) S01(p(5), or 501(p(6)) organization that receives membership dises, assessments, or similar announts as defined in Revenue Procedule C, Part II is 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or funds funds and the organization report an amount in Part X, line 187 (as a complete Schedule D, Part VII is Did the organization report an amount for or investments. In the such assets reported in Part X, line 187 (as a complete Schedule D, Part X vii in the organization report an amount for or investments. Program r					
If Yes, "complete Schedule A Schedule A Schedule of Contributors		to the average decembed in acction E04(a)(b) or 4047(a)(1) (attended to a province for indication)		Yes	No
2 Is the organization required to complete Schedule of Contributions 2 Did the organization engage in direct or indicate political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I as Section 501(c)(4) organizations. Did the organization engage in lobbying activities, or have a section 501(p) election in effect during the tax year? If "Yes," complete Schedule C, Part II as 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 98.191 If "Yes," complete Schedule C, Part III as the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advise or the environment, historical drass, or historic advised in Cartifuction or any similar funds or accounts for which donors have the right to provide advise or provide advised to provid	•				v
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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 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VII, VIII, IVII, IXI, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments - other securities 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X 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 VIII 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X Did the organization began an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 12b X 13	۵		-		
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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 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 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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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or more? If "Yes," complete Schedule F, Parts I and IV 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 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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	16		4.0		v
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	47		16	_	
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1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	12		_1/		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	· · · · · · · · · · · · · · · · · · ·	12		х
	19		,0		-
		· · · · · · · · · · · · · · · · · · ·	19		X

Form **990** (2017)

Part IV Checklist of Required Schedules (continued

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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		X
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		<u> </u>
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease]		
	any tax-exempt bonds?	24c		L
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]	ļ ,	
	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		'	İ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	!		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		'	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		١ .	
	instructions for applicable filing thresholds, conditions, and exceptions)			١,,
	A current or former Officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
٠.	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		_v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051	:	
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
^-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		١.,	x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	 ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	Х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form		(2017)
		-carm	JUU	~~111/

Par	Check if Schedule O contains a response or note to any line in this Part V								
	Check if Schoolie O contains a response of note to any line in this rait v		T	Yes	No				
4.	Fatour the assert of the Pow 2 of Form 1006. Enter 0 of not applicable	8	\dashv	165	NO				
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			l					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaments.								
С	(gambling) winnings to prize winners?		1c	x					
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-	'						
28	filed for the calendar year ending with or within the year covered by this return	3	ļ						
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x					
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>			•				
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	į	3a	- 1	X				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<u> </u>	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of	_	-		-				
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	l l	4a		X				
h	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fi	BAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	· ·	5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ition solicit							
	any contributions that were not tax deductible as charitable contributions?		6a	Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	s							
	were not tax deductible?		6b	X					
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 provide	ed to the payor?	7a						
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	ł	ł						
	to file Form 8282?	L	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_	7e						
f		<u> </u>	7f						
g	· · · · · · · · · · · · · · · · · · ·		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a f	Form 1098-C?	7h						
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						
9	Sponsoring organizations maintaining donor advised funds.	ŀ	_						
		—	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	9b						
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		- 1						
_	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against								
D	amounts due or received from them)								
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O	<u> </u>							
ь	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		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b						

Form 990 (2017) HORSE COUNTRY, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response of the circumstances, processes, or changes in Schedule O See instructions

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			(T			
	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
þ	Enter the number of voting members included in line 1a, above, who are independent 9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		$\frac{\lambda}{X}$			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х				
6	Did the organization have members or stockholders?	6					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	.	х				
	more members of the governing body?	7a					
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		х			
	persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ا م	х				
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b_	Λ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		х			
~	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No			
	District the state of the state	10a	168	X			
	Did the organization have local chapters, branches, or affiliates?	IUa					
D	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
440	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 filing the form?						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Х				
	The state of the s	12a	х	1			
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	122	<u> </u>	·			
·	in Schedule O how this was done	12c	x				
13	Did the organization have a written whistleblower policy?	13		х			
14	Did the organization have a written document retention and destruction policy?	14		Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
1.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
2	The organization's CEO, Executive Director, or top management official	15a	Х				
a h	Other officers or key employees of the organization	15b	 	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
.00	taxable entity during the year?	16a		Х			
h	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?	16b	İ				
Sec	tion C. Disclosure	•					
17	List the states with which a copy of this Form 990 is required to be filed ▶KY						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole				
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	icial				
-	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
•	THE ORGANIZATION - 859 963-1004						
	P.O. BOX 84, LEXINGTON, KY 40588						

Form 990 (2017)

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization in	or any related	orga	nıza	tion	cor	npe	nsat	ed any current officer, of	director, or trustee	
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Name and Title Average		not c	Posi	tion	l than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an				h an	compensation	compensation	amount of
	week	-	officer and a director/trustee)		a director/trustee)		tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	a l			pg get		organization	(W·2/1099-MISC)	from the
	related	stee	ruste			E S		(W-2/1099-MISC)		organization
	organizations	al tru	onali		ploye	ខ្លួ				and related
	below line)	Individual trustee or director	Institutional trustee	Ойісег	Key employee	Highest compensated employee	Б оттег			organizations
(1) PRICE HEADLEY BELL JR	15.00									
DIRECTOR		Х						0.	0.	0.
(2) PRICE HEADLEY BELL	1.00									
DIRECTOR		Х						0.	0.	0.
(3) BRUTUS CLAY	7.00									
DIRECTOR		X						0.	0.	0.
(4) LUKE FALLON	1.00									
DIRECTOR		X				ļ		0.	0.	0.
(5) DUNCAN TAYLOR	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MARY QUINN RAMER	1.00									
DIRECTOR		X						0.	0.	0.
(7) ALLISON HANCOCK	1.00									
DIRECTOR		X						0.	0.	0.
(8) JOHN PHILLIPS	1.00									
DIRECTOR		X				l		0.	0.	0.
(9) BRIAN R. THOMPSON	1.00									
DIRECTOR		X						0.	0.	0.
(10) ANNE S. HARDY	40.00									_
EXECUTIVE DIRECTOR				X				97,970.	0.	0.
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			L	L					l	L

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

			Check if Schedule O conti	ains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		þ	Membership dues	1b					
		С	Fundraising events	1c					
		d	Related organizations	1d					
		е	Government grants (contributi	ions) 1e					
tion r S		f	All other contributions, gifts, grant	ts, and					
the			similar amounts not included above	ve 1f	28,940.				
ntri d O		g	Noncash contributions included in lines	1a-1f \$					
a Co		h	Total. Add lines 1a-1f		<u> </u>	28,940.			
					Business Code				
ce	2	а	EVENT TICKET SA	LES	711210	237,349.	237,349.		
ē Ķ		b							
Se		С							
Program Service Revenue		d					•		
og. F		е							
ď		f	All other program service reve	nue					
		g	Total. Add lines 2a-2f		>	237,349.			<u> </u>
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		•				
	4		Income from investment of tax	k-exempt bond p	roceeds 🕨				
	5		Royalties	F	•			· - · · · · · · · · · · · · · · · · · ·	
				(ı) Real	(II) Personal				}
	6	а	Gross rents						
		b	Less: rental expenses						
		C	Rental income or (loss)		L				
		d	Net rental income or (loss)		.				
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						ļ
		þ	Less. cost or other basis						
			and sales expenses						ļ
		С	Gain or (loss)	<u></u>	<u> </u>				
		d	Net gain or (loss)						
e	8	а	Gross income from fundraising	g events (not					
evenue			including \$	of					
			contributions reported on line	1c) See					
Other R			Part IV, line 18	а					
₹			Less. direct expenses	b					
			Net income or (loss) from fund	-	> _				
	9	а	Gross income from gaming ac	tivities. See					
			Part IV, line 19	а					
			Less. direct expenses	b	L				
			Net income or (loss) from gam						 -
	10	а	Gross sales of inventory, less						
			and allowances	a					
			Less cost of goods sold	b					
	-	С	Net income or (loss) from sales		Business Out				
	4.0		Miscellaneous Revenu		Business Code				1
	11			_	<u> </u>				
		b							
		с С	All other revenue						
		d	Total. Add lines 11a-11d						
	12		Total revenue. See instructions.			266,289.	237,349.	0.	0.
							,		

Form 990 (2017) HORSE COUNTRY, INC.

Part IX | Statement of Functional Expenses

Section 5O1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX									
	Check if Schedule O contains a respor	(A)	this Part IX (B)	(C)	(D)				
	not in clude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Gran ts and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21		<u></u>						
2	Grants and other assistance to domestic								
	ındi∨ıduals See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	ındı∨ıduals See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	45 060							
	trustees, and key employees	45,860.							
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	24 640							
7	Other salaries and wages	24,640.							
8	Pension plan accruals and contributions (include								
_	section 401(k) and 403(b) employer contributions)	907.							
9	Other employee benefits	6,350.							
10	Payroll taxes	0,330.							
11	Fees for services (non-employees)								
a	Management	369.							
b	Legal	4,515.							
	Accounting	4,3131	· · ·		,				
d	Lob bying Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·	 					
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
9	column (A) amount, list line 11g expenses on Sch O.)	15,181.							
12	Advertising and promotion	7,816.							
13	Office expenses	12,357.							
14	Information technology	·							
15	Royalties								
16	Occupancy			-	- ···· · · · · · · · · · · · · · · · ·				
17	Travel	4,104.							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	596.							
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,539.							
23	Insurance	3,678.							
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)			j					
	amount, list line 24e expenses on Schedule 0.)	1 000							
а	MEMBER SERVICES & SUPPO	1,023.							
b	DUES & SUBSCRIPTIONS	617.							
C				 					
d				 					
e	All other expenses	129,552.							
25	Total functional expenses. Add lines 1 through 24e	143,334.							
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 figure if following SOP 98-2 (ASC 958-720)								
	IT following SUP 98-2 (ASC 958-720)	***		L					

Part X	Check if Schedule O contains a response or note to any line in this Part X			
	Check in Golfeddie G contains a response of hote to any line in this Fart X	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	330,145.	1	441,621.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	-
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
İ	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1	employers and sponsoring organizations of section 501(c)(9) voluntary		ŀ	
1 2	employees' beneficiary organizations (see instr). Complete Part II of Sch L.		6	
Assets	Notes and loans receivable, net		7	
ž 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other			
- 1	basis. Complete Part VI of Schedule D Less accumulated depreciation 10a 2,307. 10b 923.		l	
	Less accumulated depreciation 10b 923.	1,707.	10c	1,384
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	42,000.	14	67,584
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	373,852.	16	510,589
17	Accounts payable and accrued expenses	0.	17	0.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	,	20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
<u>ဗ</u> 22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>	key employees, highest compensated employees, and disqualified persons			
22 22 Clabilities	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	···	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
S	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
r 28	Temporarily restricted net assets		28	
탈 29	Permanently restricted net assets		29	
[Organizations that do not follow SFAS 117 (ASC 958), check here			
0 0	and complete lines 30 through 34.	. 0.	_	0 .
30	Capital stock or trust principal, or current funds	0.	30	0.
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 1	Retained earnings, endowment, accumulated income, or other funds	373,852.	32	510,589
33	Total net assets or fund balances	373,852.	33	510,589
34	Total liabilities and net assets/fund balances	373,852.	34	510,589

	990 (2017) HORSE COUNTRY, INC.	<u>47-</u>	<u>-1608262</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			89.
2	Total expenses (must equal Part IX, column (A), line 25)	2			52.
3	Revenue less expenses. Subtract line 2 from line 1	3			37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37	3,8	52.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	51	0,5	<u>89.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: X Cash — Accrual — Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	. \square		
	consolidated basis, or both				
	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 oversight of the	e audıt			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au		-	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		зь		
	M M M M M M M M M M M M M M M M M M M			990	(2017)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501 (c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501 (c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501 (c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• ;	Section 501 (c)(4), (5), or (6) organiza	tions Complete Part III			
Nam	ne of organization			Emplo	oyer identification number
	HORSE C	OUNTRY, INC.			47-1608262
Pa	irt I-A Complete if the org	ganization is exempt unde	r section 501(c)	or is a section 527 or	rganization.
1	Provide a description of the organiz	zation's direct and indirect political	campaign activities	ın Part IV.	
2	Political campaign activity expendit	tures		▶ \$	
3	Volunteer hours for political campai	ign activities		••	
D ₀	art I-B Complete if the org	ganization is exempt unde	r section 501(c)	(3)	
$\overline{}$	Enter the amount of any excise tax			▶ \$	
	Enter the amount of any excise tax			k .	
	If the organization incurred a section			, Ψ	Yes No
	Was a correction made?	11 4505 tax, did it ille i 6111 4726 te	ino year.		Yes No
	o If "Yes," describe in Part IV				
	irt I-C Complete if the org	ganization is exempt unde	r section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt func	tion activities >\$	
2	Enter the amount of the filing organ	nization's funds contributed to othe	er organizations for se	ection 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here an	d on Form 1120-POL	,	
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er				
	made payments For each organiza				
	contributions received that were pr				te segregated fund or a
	political action committee (PAC) If	additional space is needed, provide	le information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				lunds if none, enter-o-	delivered to a separate
					political organization
					If none, enter -0
_					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 H Part II-A Complete if the orga	ORSE	COUNT	RY, INC.	on 501/c)/3) and file	4 7 - 7 ad Form 5769 /s	1608262 Page 2
section 501(h)).	inizatio	II IS EXE	inpi under section	ni soricijoj and ili	ea Form 5700 (e	section under
	_		• • •	n Part IV each affiliated	group member's nai	me, address, EIN,
B Check ► if the filing organization		. •		ovisions apply.		
Limits	on Lobb	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence publ	ic opinion (grass roots lobbying)			1
b Total lobbying expenditures to influe						
c Total lobbying expenditures (add lin	-					
d Other exempt purpose expenditures		•			•	
e Total exempt purpose expenditures		s 1c and 1c	(t			
f Lobbying nontaxable amount. Enter	the amou	unt from the	e following table in bo	th columns	· · · · · · · · · · · · · · · · · · ·	
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	nount is:		
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000,	000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50	0,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0			00 plus 5% of the exce			
Over \$17,000,000		\$1,000,0	000			
g Grassroots nontaxable amount (ente	er 25% of	line 1f)				
h Subtract line 1g from line 1a If zero						
Subtract line 1f from line 1c If zero						
j If there is an amount other than zero	on eithe	r line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this ye	ear?					Yes No
(Some organizations that	at made a	section 5	eraging Period Under 01(h) election do not ate instructions for l	have to complete all o	of the five columns	below.
	Lobb	ying Exper	nditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures					-	
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots Johnwan expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 HORSE COUNTRY, INC. 47-160826 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)		
of the lobbying activity	Yes No		Amount		
1 During the year, did the filing organization attempt to influence foreign, national, state or			· · · · · · · · · · · · · · · · · · ·		
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			·		
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)(5), or se	ection		
		-	Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	х		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year?			Х	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	a "No," OK		τ III-A, III	ie 3, is	
		1		<u> </u>	
(,,, 3, 3,,,,	licai				
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		<u> </u>	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
expenditure next year?	4	l			
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		5			
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groups and Part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1, Alexandria the part II-B, line 1	ip iist), Part II-A	A, lines 1	and 2 (see		
instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
	<u>.</u>				
					
					

SCHEDULE D

(Form 990)

Department of the Treasury

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. Attach to Form 990.

OMB No. 1545-0047 **Open to Public**

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990. Inspection Name of the organization Employer identification number HORSE COUNTRY, INC. 47-1608262 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 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 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 Yes 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? 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 education) Preservation of a historically important land area 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 Held at the End of the Tax Year day of the tax year. 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 year 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) _ Yes 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a 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 b 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 (ii) Assets included in Form 990, Part X 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 a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X

	dule D (Form 990) 2017 HORSE C			Aprical To		041-	Ciii		08262		ge 2
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following tha	at are a s	ignificant	use of its	collection	rtems	
	(check all that apply)										
а	Public exhibition	ď	' -	Loan or exc	hange progra	ams					
b	Scholarly research	€	, 🗀	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how t	hey further t	he organizati	ion's exe	mpt purp	ose in Par	t XIII		
5	During the year, did the organization solicit of					er sımıla	r assets	_	_		
_	to be sold to raise funds rather than to be m								Yes	لبل	No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" or	Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table					_		
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabi	lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanati	on has been	provided on	Part XII					
Pai	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Parl	t IV, line	10				
	(a) Current year (b) Prior year (c) Two years back (d) Three years b								(e) Four	rears b	ack
1a	Beginning of year balance										
b	Contributions			_							
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
9	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	Ig, column (a	a)) held as						
а	Board designated or quasi-endowment		<u></u> %								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administe	ered for t	he organı	zation	_		
	py.									/es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part 1	V, line 11a S	See Form 990	0, Part X	line 10				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value	
		basis (investi	ment)	basis	(other)	de	preciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment				2,307.		9	23.	1	, 38	4.
<u>e</u>	Other										
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	(Oc)				$\overline{1}$, 38	4.

Schedule D (Form 990) 2017

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

Sche	idule D (Form 990) 2017 HORSE COUNTRY, INC.		47-1608	262 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per		
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a (1 1	
b		2b	7	
c		2c	7	
d		2d	7	
	Add lines 2a through 2d			
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	1	
	Other (Describe in Part XIII)	4b	7	
	Add lines 4a and 4b		7 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		_	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d	IJ_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b		4c	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b and 2b, Part V, lin	e 4, Part X, line	2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional information		
				· · · · · · · · · · · · · · · · · · ·
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SCHEDULE.O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

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

Employer identification number 1608262

HORSE COUNTRY, INC. 47-1006202
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THOROUGHBRED RACING THROUGH EXPERIENCES AT EQUINE LOCATIONS.
FORM 990, PART VI, SECTION A, LINE 2:
PRICE HEADLEY BELL AND PRICE HEADLEY BELL JR HAVE A FAMILY RELATIONSHIP.
THE BOARD IS COMPRISED OF MEMBERS INVOLVED IN THE HORSE INDUSTRY. AS SUCH,
BOARD MEMBERS MAY PROVIDE SERVICES TO OTHER BOARD MEMBERS FROM TIME TO
TIME. THESE SERVICES MAY INCLUDE, BUT ARE NOT LIMITED TO, VETERINARY
SERVICES, CONSIGNMENT SERVICES, BOARDING, VALUATION SERVICES AND STALLION
SERVICES.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION IS COMPRISED OF MEMBERS WHO PARTICIPATE IN THE HORSE
INDUSTRY.
FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS OF THE ORGANIZATION ELECT THE BOARD OF DIRECTORS, AND AS THE
GOVERNING BODY, THE BOARD OF DIRECTORS MAKES THE DECISIONS FOR THE
ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PROVIDED TO AND REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS, SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH
PERSON: HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ
AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND
UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS
FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH
ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS WILL DETERMINE THE COMPENSATION FOR THE EXECUTIVE

DIRECTOR AND KEY EMPLOYEES USING COMPARABLE DATA. THE BOARD OF DIRECTORS

WILL IMPLEMENT A PERFORMANCE BASED REVIEW OF THE COMPENSATION STRUCTURE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT REQUIRED TO BE DISCLOSED PUBLICLY PURSUANT TO IRC SECTION 6104. THESE DOCUMENTS MAY BE DISCLOSED BASED UPON THE DISCRETION OF THE BOARD OF DIRECTORS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES 15,179.

BANK SERVICE CHARGES 2.

15 101

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 15,181.

SHORT PERIOD RETURN:

PURSUANT TO REVENUE PROCEDURE 85-58, THE ORGANIZATION IS FILING A SHORT

PERIOD RETURN FOR 1/1/17-6/30/17 BY THE EXTENDED DUE DATE AFTER

YEAR-END TO CHANGE ITS YEAR-END TO A FISCAL YEAR 6/30.