

Return of Organization Exempt From Income Tax

Department of the Treasury

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

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>	Go to ww	v.irs.gov/Form	n990 for inst	ructions and	the latest info	ormation.

	For the	2017 calendar year, or tax year beginning		2017, and	endina			n						
				2011, 610	CIALLIG		D Employer ide		mber					
		policable: C Name of organization American You	Ith Horse Council, inc						a rupts					
님	Address o			10			61-1229542							
님	Name cha	7	s not dervered to sueea addre	SS) N	com/suite		E Telephone number							
닏	Initial retu						817-	320-2005						
П	Final return	Aterminated City or town, state or province, country	, and ZIP or foreign postal co	de										
	Amended						G Gross receipts	\$	129,138					
	Application	n pending F Name and address of principal officer:	Danette McGuire,			HÇA)İstrisa g	aup retum far subardi	aates?□Yes	✓ No					
		1 Gainer Rd, McDonald NM 88262				(J(b) Are all :	subordinates inclu	ded? 🗌 Yes	☐ No					
1	Tax-exempt status:													
J	Websited	AYHC.com		!		H(c) Group	exemption numb	er ▶						
ĸ	Form of or	ganization: 🗸 Corporation 🗌 Trust 📋 Association	n Other▶	L Year of	f formation:	1994	M State of leg	al domicile:	NM					
Ρ	art I	Summary												
1 Briefly describe the organization's mission or most significant activities: Equine Education support for youth, Promot														
ø	Į.	-	-	-										
Governance	! -	quality equine information and support of youth involvement in equine related activities												
Ē	2 6	Check this box ▶☐ if the organization dis	continued its operation	s or dispe	osed of r	nore than	25% of its no	et assets						
<u> </u>		Number of voting members of the governi	•	•			131		18					
<u>ن</u> ھ	1	Number of independent voting members	• • •	-	 ne 1h)		4		18					
Š	1	Total number of individuals employed in c			-	_ · · ·	5		0					
₹		Total number of volunteers (estimate if ne	* (CETY	ED .	1	6							
Activitles &		Total unrelated business revenue from Pa	uessary) . . <u></u>		 .	ت اد	7a		250					
•		Vet unrelated business tevenue from Fa			018		7b		0					
	<u> </u>	ver unrelated business taxable income inc	NII FOILII 330 25, III ISI OM	1 1 0 Z	U10 - 13	Prior Ye		Current Ye	0					
	١.,	Santifications and senses (Deat VIII) fine 4th	,			2 1110		Quican re						
9		Contributions and grants (Part VIII, line 1h	• 1 003	DEN.	UT-		20,182		25,590					
ē	1	Program service revenue (Part VIII, line 2g			44,047		103,517							
Revenue	ı	nvestment income (Part VIII, column (A), I	·		43		31							
_	1	Other revenue (Part VIII, column (A), lines			0		0							
		Total revenue—add lines 8 through 11 (mus			12)		64,272		129,138					
	13 (Grants and similar amounts paid (Part IX,	column (A), lines 1-3) .				2,000		<u>3,449</u>					
	14	Benefits paid to or for members (Part IX, o	efits paid to or for members (Part IX, column (A), line 4)											
8	15	Salaries, other compensation, employee ber	nefits (Part IX, column (A)), lines 5–1	10)		0		0					
Expenses	16a	Professional fundraising fees (Part IX, colu	umn (A), line 11e)		. L_		o		0					
ğ	b .	Fotal fundraising expenses (Part IX, colum	ın (D), line 25) 🕨		0									
Ú	17 (Other expenses (Part IX, column (A), lines	11a-11d, 11f-24e) .		. L		70,126		116,936					
	18 -	Total expenses. Add lines 13-17 (must eq	ual Part IX, column (A),	line 25)			72,126		120,385					
	19	Revenue less expenses. Subtract line 18 f	irom line 12				-7,854		8,753					
58			<u> </u>	<u> </u>	Beg	irming of Cu	ment Year	End of Ye	ar					
	20	Total assets (Part X, line 16)					23,294		34,723					
₹ <u>₽</u>	21 -	Total liabilities (Part X, line 26)			. [3,485		6,161					
Net Assets Fund Balanc	22	Net assets or fund balances. Subtract line	21 from line 20		. [19,809		28,562					
	art II	Signature Block												
Un	der penalt	es of perjury, I declare that I have examined this retu	rm, including accompanying s	chedules an	d statemer	nts, and to t	ne best of my kno	wiedge and	belief, it is					
tru	e, correct,	and complete. Declaration of preparer (other than off	icer) is based on all informatic	n of which p	oreparer ha	s any knowi	edge.	_						
		Annoho Mari	ve				11-14-	<u> </u>						
Sig	ın	Signature of officer				Da								
He		1 Tarotte Merriro	Executive.	Dive	chr									
	ł	Type or print name and title												
		Print/Type preparer's name Preparer's signature Dat					T	PTIN						
Pa			- -				Check if self-employed							
	eparer	l				7-		L						
Us	e Only		's EIN ▶	_										
Mar	the IP	Firm's address ► 6 discuss this return with the preparer sho	own shove? (see instru	tione)		[Pho	ne no		□ No					
ivid	y ule in	odiscuss this return with the preparer sho		. (2001	· · · ·			. ∐Yes	No (2017)					

orni 98			age Z
Part	Ш	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1		fly describe the organization's mission:	
		ine education support for youth; Promotion of quality equine information and support for youth involvement in equine	
	relat	ed activities	
	5: 4		
2		the organization undertake any significant program services during the year which were not listed on the	
	•	r Form 990 or 990-EZ?	No
_		'es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program	
		rices?	No
		es," describe these changes on Schedule O.	
4		cribe the organization's program service accomplishments for each of its three largest program services, as measure	
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	ners,
	the 1	total expenses, and revenue, if any, for each program service reported.	
4a	•	de:) (Expenses \$112,130 including grants of \$3,449) (Revenue \$129,138)	
		lication of quality equine information for education; support for youth involvement in equine related activities; three grants ar	<u>nd</u>
	one	scholarship were awarded in 2017	
4b	(Cor	de:) (Expenses \$ including grants of \$) (Revenue \$)	
	,00,	(apares 4	
4c	(Cod	de:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Oth	er program services (Describe in Schedule O.)	
		penses \$ including grants of \$) (Revenue \$)	
4e		al program service expenses 112,130	
		1 0 116/100	

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Part				
			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
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		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	K 4.		,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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	_	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		/

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? 16

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Part	Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	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		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	122		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		\vdash	
	\$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		√
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	ł		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		\
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		•
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			,
22	complete Schedule N, Part II	32		✓
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		
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		1
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	n 990	(0047)
		rom	ນ ວຽປ	(2017)

Form **990** (2017)

Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
та	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable garning (gambling) winnings to prize winners?	1c		
29	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	"		<u> </u>
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	-	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4a	1	1
Ь	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			ŀ
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			İ
	gifts were not tax deductible?	66		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		—	
_	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year	\ <u>`</u>		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	71		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 `
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		T
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.			
а	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:	1		
а	Initiation fees and capital contributions included on Part VIII, line 12			ł
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	1	
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross income from members or shareholders	ł	l	
b	Gross income from other sources (Do not net amounts due or paid to other sources		l	1
	against amounts due or received from them.)			<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ł	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-	├	
а	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. Enter the amount of reserves the organization is required to maintain by the states in which]
b	the organization is licensed to issue qualified health plans			1
_	Enter the amount of reserves on hand	1	ŀ	1
C		14a	├─	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b		+
Ь	II TES, HAS IL HIEU & FUTHI 120 TO TEPOIL LIESE PAYMENTS: IL 190, PROVIDE ALL EXPIRITATION IN SCHEDULE O.	1.70		1.,,,

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
1-	Enter the number of voting members of the governing back at the and of the tay year		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 18 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		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	1	
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?	7a	√	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓_	ļ
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	✓	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		1
40	Didden in the head beauty to the Company of the Com	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1110	-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		7
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		1
þ	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
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		<u>-</u>	
<u> </u>	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	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 int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and reparette McGuire, 1 Gainer Rd. McDonald NM 88262	cords	: •	

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Form	330	CU.	"

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Page	•

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch unles er and	Position check more than one ass person is both an and a director/trustee)				(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dishon, Karissa										
Board Member		1					ļ	١	0	o
(2) Eberle, Hayley		Ť	-	\vdash			 	<u> </u>		
Board Member		/					l	1 .		0
(3) Franke, Teddy		Ì		 			 	<u>-</u>		
Board Member		1				ľ	•	ا ،	٥	0
(4) Henry, Christine					 		Г			
Board Member		1				!		1 0		0
(5) Jousan, Dean							Г			
Board Member		1					ļ	l	o	0
(6) Leatherwood, Jessice										
Board Member		✓					l		o	00
(7) Manring, Debbie										
Board Member		1					L	0	0	0
(8) Mays, Laurie										
Board Member		✓				<u> </u>		0	0	0
(9) Reynolds, Katie										
Board Member		1						0	0	0
(10) Reynolds, Katie							l		Ì	
Board Member		✓					L	0	0	0
(11) Spooner, Holly		l			l		l			•
Board Member		1				L	<u> </u>	0	o	0
(12) TenBroeck, Saundra								1	İ	
Board Member		✓	Ш	L_			L_	0	0	0
(13) Whitlock, Brenna		[[
Board Member		1		<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>	_	0	0	0
(14) Nadeau, Jenifer										
President				✓	L.	L	l	0	0	0 Earn 990 (2017)

(A) Name and title		(B) Average hours per week (list any	Position (do not check more than of box, unless person is both officer and a director/trust						(D) Reportable compensation from	(E) Reportable compensation from		Esti ame	(IF) imated bunt of ither	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-Mi		comp fro orga and	ensatio m the nization related nizations	•
(15)	Lowder, Maria	1		 	T						寸			
	Vice President		<u> </u>		✓			L.,	0		0			
(16)	Jehlik, Connie	<u> </u>	}	ļ	_			1	ŀ					
	Secretary	 	<u> </u>	 	1	—					0			
	Sax, Meg	 -	ļ	ŀ		ŀ	•	ŀ		ļ				
	Treasurer Waite, Karen	 	 	\vdash	<u> </u>	\vdash	-	\vdash	0	 	4			
	waite, Karen Past-President	 	1		1						٨			(
(19)	- ast-riesiuciit	 	\vdash	 	H			-			1			<u>`</u>
<i>-</i>		†	1								- 1			
(20)														
(21)	Name of the Control o											 		
(22)					\vdash						+		-	
		ļ			_			_						
(23)	·	ļ	ł			Ī								
(24)		├		-		\vdash		\vdash						
1241		 												
(25)								Г	 		1			
46	C.b Ashel	<u> </u>	<u> </u>		l	L		Ļ						
1b c	Sub-total	 VII Sectio	 n A	•	•		•		0		0			
ď	Total (add lines 1b and 1c)	-		•	•			>			- 1			
2	Total number of individuals (including bur reportable compensation from the organization)	t not limited						e) w	ho received m	ore than \$10	0,00	0 of		
	Teportable compensation nom the organ	2200117								······································			Yes	No
3	Did the organization list any former of	fficer, direc	tor, c	or tr	rusto	ee,	key e	amp	oloyee, or high	est comper	rsate	d 🗌		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	indi	ivid	ual					3		✓
4	For any individual listed on line 1a, is the													l
	organization and related organizations	greater th	an \$1	150,	,000)? h	f "Ye	S, "	complete Sch	edule J for	SUC			
_	individual				Lan	•	-		mistad amani	 ration or indi	 inden	, 4	\vdash	/
5	for services rendered to the organization											5		1
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													3X
	(A) Name and business add	iress							(8) Description of s	ervices		(C) Compens		
								\vdash						
									·					
								<u> </u>	·					
		,						<u> </u>	H-44					
2	Total number of independent contractor received more than \$100,000 of compens) th	ose listed abo	ove) who				

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Part	VIII							
		Check if Schedule O contains	a res	ponse or note to	any line in this	Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 数	1a	Federated campaigns	1a	O				
E 5	b	Membership dues	1b	1,170	ļ			
tributions, Gifts, Grants Other Similar Amounts	C	Fundraising events	1c	0				
₹ %	d	Related organizations	1d	0				
e, ₹	8	Government grants (contributions)	1e	0				
2 20	f	All other contributions, gifts, grants,			ł			
풀로		and similar amounts not included above	11	24,420				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1:		0			•	
	h	Total. Add lines 1a-1f			25,590	:		
		1000.1.001.1.001.2.1.1.1.1.1.1.1.1.1.1.1		Business Code	20,000	· · · · · · · · · · · · · · · · · · ·		
	2a	Publication royalties		900099	83,267	83,267		
ě	b	Meetings income		900099	20,250	20,250		
8	C	meetings income		300033	20,230	20,230		
2	d							
Š	e							
Ē	f	All other program service reven				-		
Program Service Revenue	g				103,517			
	3	Investment income (including	divid		103,317		<u>.,</u>	
		and other similar amounts) .			31	31		
	4	Income from investment of tax-exe			31	3,1		
	5	- ···	агфі о	and proceeds				
	,	Hoyalties	<u> </u>	(ii) Personal	-			
	6a	Gross rents	-					1
1		Less: rental expenses	~	· · · · · · · · · · · · · · · · · · ·				
	b	Rental income or (loss)						į
	0	Net rental income or (loss) .						
	d 7a	Gross amount from sales of 0 Securi	ties	(ii) Other				
	' a	assets other than inventory		440000				
	ь	Less: cost or other basis						
		and sales expenses .						
	_	Gain or (loss)						į
	C	Net gain or (loss)						
	đ	Het gain or (loss)					L	
venue	8a	Gross income from fundraising events (not including \$						
Other Reven		of contributions reported on line See Part IV, line 18	. a					
ō	b	Less: direct expenses						
	9a	Net income or (loss) from fundr Gross income from garning activ See Part IV, line 19	rities.					
	b	Less: direct expenses						
		Net income or (loss) from garning						
		Gross sales of inventory,			*			
		returns and allowances						
	ь	Less: cost of goods sold	_					
		Net income or (loss) from sales						
	 -	Miscellaneous Revenue		Business Code				
	11a							
	b							
	c	*************************					 	
	ď	All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue See instruction		•	120 120	120 120		

Part IX Statement of Functional Expenses

Secțio	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		<u>, </u>
	et include amounts reported on lines 6b, 7b, o, and 10b of Part VIIL	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		,		
	and domestic governments. See Part IV, line 21	3,449	3,449		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16				•
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	32,799	24,599	8,200	
b	Legal				
C	Accounting	55		55	
đ	Lobbying				
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,546	2,546		
13	Office expenses	1,605	1,605		
14	Information technology	999	999		
15	Royalties				
16	Occupancy				
17 18	Payments of travel or entertainment expenses	3,861	3,861		· · · · · · · · · · · · · · · · · · ·
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	24,515	24,515		
20	interest	24,313	24,513		t the graph ,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,174	1,174		
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.)				
a	Awards	390	390		
b	Credit card/PayPal processing fees	2,271	2,271		
C	Freight, shipping	6,378	6,378		
d	Printing & reproduction	40,063	40,063		
9	All other expenses	280	280		
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	120,385	112,130	8,255	_
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet	·		
_	•	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	3,925	1	16,778
	2	Savings and temporary cash investments	17,076	2	12,108
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,293	4	5,837
	5	Loans and other receivables from current and former officers, directors,		Т	
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	······································	5	······································
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
\$		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,294	16	34,723
	17	Accounts payable and accrued expenses	3,485	17	6,161
	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	-
8	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ide		disqualified persons. Complete Part II of Schedule L		22	
Ĭ	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 /	3,485	26	6,161
990		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			. -
ă	27	Unrestricted net assets		27	
Sal	28	Temporarily restricted net assets		28	
₹:	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	19,809	32	28,562
ē	33	Total net assets or fund balances	19,809		28,562
~	34	Total liabilities and net assets/fund balances	23,294		34,723
	<u> </u>				Form 990 (2017)

Form 9	90 (2017)			Pa	ge 12
Par	XI Reconciliation 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		12	9,138
2	Total expenses (must equal Part IX, column (A), line 25)	2		12	0,385
3	Revenue less expenses. Subtract line 2 from line 1	3			8,753
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	9,809
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2	8,562
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	i	}	
	Schedule O.			l!	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	·		
	reviewed on a separate basis, consolidated basis, or both:			}	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	٠	ł	<u> </u>	
Ь	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:		j	1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		İ		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight	:		
_	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	oplain in	,		

3a

Form **990** (2017)

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.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(2) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection
Employer identification number

Ame	rican Youth Horse Council, Inc.						29542
Par	t I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The c	organization is not a private foundate	tion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
	A church, convention of church		-		_		~ 9
2	A school described in section	-					-)
3	☐ A hospital or a cooperative hos		-				ノー
4	A medical research organization		•			**	(iii) Enter the
4	hospital's name, city, and state	•	AUGURCUCAL WILLIA I ROS	лы осос	indea iii s	section motolinital	hade critical disc
_	•						
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operato	a by a government	al unit described in
6	☐ A federal, state, or local govern	ment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or from	the general public
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)				
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	☐ An agricultural research organic			-	orated in	conjunction with a l	and orant college
	or university or a non-land-grauuniversity:	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally n receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and uni	nctions—subject to co related business taxal	ertain exc ble incom	eptions, e (less so	and (2) no more that ection 511 tax) from	n 331/a% of its
11	An organization organized and		=		-	-	
	☐ An organization organized and	-	-	_			ry out the ourooses
	of one or more publicly suppo						
	Check the box in lines 12a thro	•		-			
_		_			_		
а							
	the supported organization supporting organization. You					ne directors or trust	ees of the
b							
	control or management of to organization(s). You must o		_		persons	that control or man	age the supported
C	Type III functionally integreits supported organization(s)						ally integrated with,
d	,	_		-			
	that is not functionally integ requirement (see instruction	_		_		<u>-</u>	u an allenuveness
	_ ` `	•	-		-		
е	L. Check this box if the organi functionally integrated, or T						e II, Type III
f	Enter the number of supported o						
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(m) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10		r governing		other support (see
			above (see instructions))	occu	nent?	instructions)	instructions)
				Yes	No	1	
							
(A)	i]	
(B)			· · · · · · · · · · · · · · · · · · ·				·
(C)							
(D)							
			 				
E)							
Total			<u> </u>				

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Secti	on A. Public Support	quality disde	i die tests is	ited below, p	icase comple	to rait iii.j	
	dar year (or fiscal year beginning in)_>	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(0) 2014	(6) 2010	(4) 2010	(6) 2011	/ 1002
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		\ /	<u> </u>			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	ſ		A			
9	Net income from unrelated business activities, whether or not the business is regularly carried on				•		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10/ Gross receipts from related activities, etc First five years. If the Form 990 is for the			d, third, fourth	or fifth tax y	12 ar as a section	n 501(c)(3)
	organization, check this box and stop he	_			1		▶ 🗅
Secti	on C. Computation of Public Suppor		e	· . <u></u>			_
14	Public support percentage for 2017 (line (6, column (f) di	vided by line 1	1, column (f))	\	14	%
15	Public support percentage from 2016 Sch					15	%
16a	331/2% support test-2017. If the organi				nd line 14 is 33	31/3% or more,	check this
b	box and stop here. The organization qua 331.5% support test—2016. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16		is 331/3% or m	ore, check
4-	- /	•	•	_	,	م م	اسا
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—21 15 is 10% or more, and if the organization of Explain in Part VI how the organization of the organization of the organization.	ttion meets th	e "facts-and-o	circumstances	" test, check t	this box\and:	stop here.
18	Private foundation. If the organization di instructions				ı, or 17b, chec	k this box and	see \▶□

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

04	if the organization rails to quarry	under the tes	is isled beid	w, please cu	inpiete ran ii	<u>., </u>	
	on A. Public Support					T	
_	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	42,498	20,399	19,002	20,182	25,590	127,671
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	i		i		1	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	28,905	45,947	35,704	44,047	103,517	258,120
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				į	ĺ	
4	Tax revenues levied for the				Î		
•	organization's benefit and either paid to	ļ			į	ŀ	
	or expended on its behalf	İ					
5	The value of services or facilities			-			
5	furnished by a governmental unit to the	Í		İ			
	organization without charge	į				İ	
_	_						
6	Total Add lines 1 through 5	71,403	66,346	54,706	64,229	129,107	385,791
7a	Amounts included on lines 1, 2, and 3			j			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		1		İ		
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000				Į	į	
	or 1% of the amount on line 13 for the year					10,000	10,000
C	Add lines 7a and 7b					10,000	10,000
8	Public support. (Subtract line 7c from		i	1		1	
	line 6.)	<u> </u>				<u> </u>	375,791
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	71,403	66,346	54,706	64,229	129,107	385,791
10a	Gross income from interest, dividends,				Í		
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	88	54	55	43	31	271
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ľ			ŀ	
	acquired after June 30, 1975					i	
c	Add lines 10a and 10b	88	54	55	43	31	271
11	Net income from unrelated business						
••	activities not included in line 10b, whether				1		
	or not the business is regularly carried on			i			
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)					1	
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)	74 464	66,400	54,761	64,272	129,138	386,062
14	First five years. If the Form 990 is for th	71,491					
14	organization, check this box and stop her						
<u> </u>	on C. Computation of Public Suppor					· · · · · ·	
	Public support percentage for 2017 (line 8			2 ook man (A)		15	07.000 9/
15	· · · · · · · · · · · · · · · · · · ·					16	97.339 %
16 Secti	Public support percentage from 2016 School D. Computation of Investment Inc.			· · · · ·		110	99.889 %
	Investment income percentage for 2017 (/ Sino 13 cohm	on (fl)	17	.070 %
17						18	.110 %
18	Investment income percentage from 2016 331/s% support tests—2017. If the organi	ization did not	chack the bee				
19a	17 is not more than 331/8%, check this box	and stop hose	The opposite the	. Uli 1818 14, 28 Voca difference	na mie 19 19 III	ure uran 33'/37 atted omanizati	on . ► [7]
_							
Ь	331/3% support tests—2016. If the organiz	ation did not cl	neck a dox on i	irie 14 Of IIIIe 1	ac a publich	is more than 3	o∵oro, anu ization ► 🗀
	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di	d not check a l	pox on line 14,	19a, or 19b, c	neck this box	and see instruc	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Casti	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	an v	·)	
Sect	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		res —	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	1 2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	48		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	-	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	_	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		T	

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)]	
	below, the governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c			
	on B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				į
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				ł
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			i I	
	controlled the organization's activities. If the organization had more than one supported organization,				
1	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		<u> </u> _	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			il	ı
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				J
	supervised, or controlled the supporting organization.	2			
Section	on C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				ĺ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed		:		J
	the supported organization(s).	1	L	<u> </u>	
Section	on D. All Type III Supporting Organizations				
			Yes	No	;
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	[
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				ŀ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			اـــا	ı
		1		<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			J	
_	•	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				į
	supported organizations played in this regard.		<u> </u>		
Ó41		3	L	Щ	
Secu	on E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ction	s).	
а	☐ The organization satisfied the Activities Test. Complete line 2 below.				
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).	
•	Activities Test. Answer (a) and (b) below.		Yes	No	
2	· · · · · ·				
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		,	1 1	ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,	l		1 1	į
	how the organization was responsive to those supported organizations, and how the organization determined			1 1	Į
	that these activities constituted substantially all of its activities.	2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	F			
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1			
	reasons for the organization's position that its supported organization(s) would have engaged in these	l			į
	activities but for the organization's involvement.	2b			
2	Parent of Supported Organizations. Answer (a) and (b) below.			<u> </u>	j
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1			ļ
а	trustees of each of the supported organizations? Provide details in Part VI.	3a	_	ــا	
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<u> </u>		J
Ø	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.	3b		ا	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explai	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	,	
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1 d		
e Discount claimed for blockage or other			! [
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	-		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		<u></u>
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	g organization (see
instructions)			

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)			
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(īii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017					
	(reasonable cause required-explain in Part VI). See					
	instructions.			,		
3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013			· · · · · · · · · · · · · · · · · · ·		
С	From 2014					
	From 2015		· · · · · · · · · · · · · · · · · · ·			
е	From 2016					
f	Total of lines 3a through e		·			
	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2017 distributable amount			· 		
<u>i</u>	Carryover from 2012 not applied (see instructions)					
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from					
	Section D, line 7:					
	Applied to underdistributions of prior years			• • • • • • • • • • • • • • • • • • • •		
<u> </u>	Applied to 2017 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			_		
8	Breakdown of line 7:					
а	Excess from 2013					
b	Excess from 2014					
C	Excess from 2015					
	Excess from 2016					
	Excess from 2017					

Page	8
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

American Youth Horse Council, Inc	61-1229542
01 Statement of Program Service Accomplishments Part III, Line 3	
AYHC developed a new educational equine publication, released in early 2017	
02 Members or Stockholder Classes and Rights Part VI, Line 6	
AYHC is governed by an Executive Board consisting of the President, Vice President, Treasurer, Secre	etary and Past President. It also has a
13 member board. Those who pay annual dues elect these officials at the Annual AYHC Symposium.	
03 Member Election for additional Members Part VI, Line 7a	
AYHC is governed by an Executive Board consisting of the President, Vice President, Treasurer, Secre	etary and Past President. It also has a
13 member board. Those who pay annual dues elect these officials at the Annual AYHC Symposium.	
04 Governing Body Decisions Part VI, line 7b	
Major decisions are voted on by the full Board and Directors	
04 Form 990 governing body review Part VI, line 11	
A review of the tax return is conducted at the monthly Executive Committee Meeting	
05 Officer, director, etc. mailing address Part VI, line 9	
President Jenifer Nadeau University of CT 3636 Horsebarn Rd Storrs CT 06269-4040; Vice President	nt Maria Lowder, PO Box 758155,
Fairbanks, AK 99775; Treasurer Meg Sax 555 South Central Ave Milaca MN 56353; Secretary Conni	e Jehlik, 4041 Iron Works Pkwy,
Lexington KY 40511; Past President Karen Waite Michigan State University 1287 Anthony Hall East	Lansing MI 48824
06 Governing documents, etc available to public Part VI, Line 19	
Governing documents are available to anyone who calls (817) 320-2005 or emails info@AYHCcom	to request them

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
American Youth Horse Council, Inc	61-1229542
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