DLN: 93493224015959 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

		f the Treasu nue Service	► Information about Form 990 and its				C	pen to Public Inspection	
A Fo	or the	e 2017 c	alendar year, or tax year beginning 10-01-2017	, and ending 09-30	0-2018				
	dress (pplicable change ange	C Name of organization AMERICAN QUARTER HORSE ASSOCIATION			D Employe 75-0725		cation number	
☐ Init			Doing business as						
□ Am	ended	n/terminated d return on pending	Number and street (or P O box if mail is not delivered to st PO BOX 200	reet address) Room/su	ite	E Telephon (806) 3	e number 76-4888		
		,	City or town, state or province, country, and ZIP or foreign AMARILLO, TX 791680001	postal code		G Gross red		1 976 064	
			F Name and address of principal officer		U(2) Ta			,870,904	
			CRAIG HUFFHINES 1600 QUARTER HORSE DR AMARILLO, TX 79104		sı	this a group ret ibordinates? re all subordinat		□Yes ☑No	
[Tax	«-exen	npt status		7(a)(1) or	i ` í ın	cluded? "No," attach a l		Yes No	
J W	ebsit	e:► WW	W AQHA COM		1	roup exemption		•	
K Forn	n of or	ganization	☐ Corporation ☐ Trust ☑ Association ☐ Other ►		L Year of f	ormation 1940	M State	of legal domicile TX	
Pai	rt I	Sum	mary						
Activities & Governance	T F	THE ÅMER AQHA MEN POPULAR DR SIMPL'	cribe the organization's mission or most significant ac ICAN QUARTER HORSE ASSOCIATION IS THE LARGES IBERS SHARE A PASSION FOR THE AMERICAN QUART HORSE WHETHER YOU'RE A SEASONED HORSE SHOW Y SOMEONE DREAMING OF SOMEDAY OWNING A HOR WHICH A CONNECTION CAN BE MADE BETWEEN ME	ST EQUINE BREED AN 'ER HORSE AND THE N VETERAN, A FAN O RSE, AN AQHA MEMBE	VAST LIFE F THE RAC ERSHIP WI	STYLE CREATED E TRACK, A BAC LL PROVIDE CO	BY THE CKYARD I UNTLESS	WORLD'S MOST HORSE ENTHUSIAST	
9	-								
ধ জু			s box > 🔲 if the organization discontinued its operal of voting members of the governing body (Part VI, line		nore than i		ssets 3	280	
Міе	4	4 Number of independent voting members of the governing body (Part VI, line 1b)							
(CE)	5	Total nun	nber of individuals employed in calendar year 2017 (P	art V, line 2a)			5	370	
٩	6	Total nun	nber of volunteers (estimate if necessary)				6	650	
			elated business revenue from Part VIII, column (C), li				7a	3,183,331	
	b	Net unrel	ated business taxable income from Form 990-T, line 3	34			7b	0	
						Prior Year		Current Year	
<u>Qı</u>	8	Contribut	ions and grants (Part VIII, line 1h)			145,0		20,174	
ēnuē	9	Program service revenue (Part VIII, line 2g)						45,564,274	
R⇒v	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			720,6	39	1,132,340	
	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	and 11e)		7,044,5		6,021,019	
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, c	olumn (A), line 12)		52,159,2	280	52,737,807	
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–	3)		5,965,2	261	5,920,983	
			paid to or for members (Part IX, column (A), line 4) .				0	0	
8			other compensation, employee benefits (Part IX, colu	, ,,		16,412,1		15,438,098	
Expenses			nal fundraising fees (Part IX, column (A), line 11e)				0	0	
a X			aising expenses (Part IX, column (D), line 25) ▶0						
ш			penses (Part IX, column (A), lines 11a–11d, 11f–24e)			26,021,2	_	24,339,969	
		-	enses Add lines 13–17 (must equal Part IX, column (48,398,6	_	45,699,050	
(A)	19	Revenue	less expenses Subtract line 18 from line 12			3,760,6		7,038,757	
Net Assets or Fund Balances					Begini	ning of Current Y	ear	End of Year	
aan aan	20	Total ass	ets (Part X, line 16)			46,710,8	300	45,995,567	
A B			ilities (Part X, line 26)			33,300,8	_	26,643,481	
ŠĒ			s or fund balances Subtract line 21 from line 20 .			13,409,9	_	19,352,086	
Par	t II	Sign	ature Block						
	edge	and belie	erjury, I declare that I have examined this return, inc f, it is true, correct, and complete Declaration of prep						
		****				2019-08-07			
Sign		Signati	ure of officer			Date			
Here	:		HUFFHINES EXECUTIVE VICE PRESIDENT						
		17	r print name and title						
_			rınt/Type preparer's name Preparer's signature AMELA ALEXANDERSON PAMELA ALEXANDER		ate 019-08-07		TIN 01218925		
Paic		-				self-employed			
Prep		** -	irm's name ► MOSS ADAMS LLP irm's address ► 6565 AMERICAS PARKWAY NE STE 600			Firm's EIN ► 91- Phone no (505) 8			
Use	On	ly ˈ					./∪ ⁻ /20U		
			ALBUQUERQUE, NM 87110						
۹ay tا	he IR	5 discuss	this return with the preparer shown above? (see instr	ructions)			⊻ Y	es 🗆 No	

Cat No 11282Y

Form **990** (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2017)				Page 2				
Par	t IIII Statement	of Program Service Ac	complishments						
	Check If Sche	dule O contains a response o	r note to any line in this Part III		🗹				
1		rganization's mission	·						
PRO\ PART	VIDE BENEFICIAL SER\ TICIPATION, TO DEVEL	/ICES FOR ITS MEMBERS TH OP DIVERSE EDUCATIONAL	MERICAN QUARTER HORSE WHILE MAIN AT ENHANCE AND ENCOURAGE AMERIC PROGRAMS, MATERIALS AND CURRICU	CAN QUARTER HORSE OWNER LUM THAT WILL POSITION A	RSHIP AND QHA AS THE LEADING				
		I IN THE EQUINE INDUSTRY, ITY OF THE AMERICAN QUAR	TO GENERATE GROWTH OF AQHA MEN TER HORSE	1BERSHIP VIA THE MARKETII	NG, PROMOTION,				
_	D.111.								
2	the prior Form 990 o	r 990-EZ?		ere not listed on	☐ Yes ☑ No				
_	•	se new services on Schedule							
3	-		gnificant changes in how it conducts, a	ny program	☐ Yes ☑ No				
	services?	⊔ Yes ⊻ No							
_	If "Yes," describe these changes on Schedule O								
4	Section 501(c)(3) an		nplishments for each of its three larges e required to report the amount of gran service reported						
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)				
	See Additional Data				·				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)				
	See Additional Data								
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)				
	See Additional Data								
4d		ces (Describe in Schedule O)							
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)				
4e	Total program serv	/ice expenses ▶							

Checklist of Required Schedules

1

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

No

No

No

Nο

Form **990** (2017)

Page 3

No

Nο

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

29

16/m 330 (2017)						
Part IV Checklist of Required Schedules (continued)						
		Yes	No			
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No			

Part IV Checklist of Required Schedules (continued)			
		Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Dage 4

Yes

Yes

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Yes

Form 990 (2017)

Nο

Nο

Nο

Nο

No

Nο

Nο

No

No

Nο

Nο

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
FUI	Check if Schedule O contains a response or note to any line in this Part V			П
	Check in Deficultie of Contains a response of flore to any fine in this rate virial in the first	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 7,789			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35	163	
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
_		4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		5 0		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		
	provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
А	Form 8282?	70		
u	If les, indicate the number of Forms 6262 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C ⁷	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		
۵2	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
4	additional information the organization must report on Schedule O	13a		
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			
	The organization is necessary to issue qualified in earlier plans			
	Enter the amount of reserves on hand			NI.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	in res, has it filed a Form 720 to report triese payments/ir livo, provide an explanation in Schedule O	14b	orm 90	0 (2017

-orm	n 990 (2017)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and f 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	or a "No" respo	onse to li	_
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	ection A. Governing Body and Management		I I	
1a	a Enter the number of voting members of the governing body at the end of the tax year la	280	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b	277		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	other 2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct support of officers, directors or trustees, or key employees to a management company or other person? .	pervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d? 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	. 6	Yes	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of members of the governing body?	or more 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholden persons other than the governing body?	s, or 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the the following	/ear by		
a	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal i	Revenue Cod	e.)	
			Yes	No
10a	a Did the organization have local chapters, branches, or affiliates?	10a	Yes	
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes?	liates,	Yes	
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili	ng the 11a		No
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,		
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r	ise to		
c	conflicts?	ne in	Yes	
-	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	. 13	Yes	
14	Did the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by indeper persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ndent		
а	The organization's CEO, Executive Director, or top management official	. 15a	Yes	
b	Other officers or key employees of the organization	. 15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	a . 16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partion in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's expectation.			
	status with respect to such arrangements?	16b		
	Light the Chalco with which a convent the Form 200 to required to be filed.			
17	· · · · · · · · · · · · · · · · · · ·			
18	available for public inspection. Indicate how you made these available. Check all that apply	ıs oniy)		
	Own website Another's website Upon request Other (explain in Schedule O)	•		
19	policy, and financial 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 reco CRAIG HUFFHINES 1600 QUARTER HORSE DR AMARILLO, TX 79104 (806) 376-4811	ras		- (2017)

(A)

Name and Title

(F)

Estimated

(E)

Reportable

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

(C)

Position (do not check more

(D)

Reportable

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

(B)

Average

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

Page **8**

Form 990	3 (2017)													Page 8	
Part VI	III Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	es,	, and	Higl	hest Compen	sate	d Employees ((con	tınued)		
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, u an off	ot che unles fficer	eck mess pers r and a tee)	son	(D) Reportable compensation from the organization	on (W-	Reportable compensation from related organizations (W-2/1000 MSG)		Estima amount o compens from	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MIS	C)	2/1099-MISC)	organizati relati organiza	ed	
See Addıt	itional Data Table		 	 	 '	\vdash	 	+				+			
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	-Total						•			oxdapsilon		T			
_	al from continuation sheets to P al (add lines 1b and 1c) . .	Part VII, Sectio		٠.		•	>		1,776,74	1		0		219,764	
2 To	otal number of individuals (including reportable compensation from the	g but not limited	to thos			bov	e) who	rec	<u> </u>		00,000	<u> </u>			
													Yes	No	
	d the organization list any former te 1a [?] If "Yes," complete Schedule						oyee,	or hı •	ghest compens	ated 	employee on	3		No	
org	or any individual listed on line 1a, is ganization and related organization dividual										n the	4	Yes		
5 Did	d any person listed on line 1a rece rvices rendered to the organization									r ı ndı •	vidual for	5		No	
	ion B. Independent Contract			—	—	—						٦		INO	
1 Co	omplete this table for your five high om the organization Report compe	hest compensate										npen	ısatıon		
	Name	(A) and business addre	ess			_		_		Desc	(B) ription of services	_	(C Compen		
BASE22 TF	ECHNOLOGY GROUP								IT SER		•			318,300	
	EPY CREEK LANE RTH, TX 76179														
ADSFACTO									IT SER	VICES	<u> </u>			312,180	
	OK 73036														
25051 W F	SULLIVAN, RIVER ROAD								CONSU	JLTING	G SERVICES			229,167	
	URG, OH 43551 SQUARE GROUP			—	—	—			PROFE	SSIO	NAL SERVICES		 	116,662	
	ARD SQUARE SE										· ·			,	
	STON, DC 20003								AUDIT	TNG S	SERVICES			111,471	
									AUDI1.	ING 3	ERVICES			111,471	
PO BOX 74 LOS ANGE	48369 ELES, CA 90074														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 7

Part \	7.1.			a respo	onse or note to any l	ine in this Pa	art VIII					🗆
						(A) Total reven		Rela ex fur	(B) lited or empt liction	(C) Unrela busine reven	ted ess	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a				rev	renue			512-514
ints ints	ь	Membership dues		1 b								
10 E	c	: Fundraising events		1c								
ţş.	d	Related organizatio	ns	1d	20,174							
<u> </u>	е	Government grants (co	ontributions)	1e								
ıtıons, er Sin	f	All other contributions and similar amounts nabove	, gıfts, grants, ot ıncluded	1f								
Contributions, Giffs, Grants and Other Similar Amounts		Noncash contribution in lines 1a-1f \$										
ه د	<u>_h</u>	Total.Add lines 1a-1	lr		 _	20,1	74			<u> </u>		
	٦-				Business	900099	7 21	7,412	7,217	413		
Program Service Revenue		CHAMPIONSHIP SHOWS MEMBERSHIP INCOME	•			900099		6,212	7,217	· +		
3.		SPONSORSHIP INCOME				541800		9,889	5,579			
F	d	REGISTRATIONS				900099	5,32	2,080	5,322	,080		
ج ا	е	FEE INCOME				900099	•	0,987	4,150			
grar	f	All other program se	rvice revenue	<u> </u>			16,28	7,694	13,147	,913	3,139,7	81
& ∣	g٦	Fotal. Add lines 2a-2i	f		▶ 45,50	54,274						
		nvestment income (i			nterest, and other		200.010					200.010
		imilar amounts) . ncome from investm			and proceeds		398,919					398,919
			ent of tax-ext									
	•	toyanias i i i	(ı) Rea		(II) Personal							
	6a	Gross rents										
	b	Less rental expenses										
	С	Rental income or (loss)										
	d	Net rental income o	r (loss))						
	_		(ı) Securi	ties	(II) Other							
		Gross amount from sales of assets other than inventory	3,:	545,167								
	b	Less cost or other basis and sales expenses	2,8	311,746								
	c	Gain or (loss)	;	733,421								
		Net gain or (loss)			•		733,421					733,421
Other Revenue		Gross income from f (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of								
e S		Less direct expense										
er		Net income or (loss)			ents 🕨	l						
O		Gross income from g See Part IV, line 19		ies a								
	b	Less direct expense	s	ь								
		Net income or (loss)		actıvıt	ies Þ	l						
1		Gross sales of invent returns and allowand			4.050.400							
	h	Less cost of goods s	- ald	a b	- ,							
		Net income or (loss)] 1,	741,998		1,698,448		43,550	
ŀ	Ť	Miscellaneous		ilivelii	Business Code							
	11:	PENSION PLAN ACT	UARIAL GAIN	/LOSS	900099	3,	596,314					3,596,314
	b	PARTNERSHIP INCO	ME		900099		682,707					682,707
	С											
	d	All other revenue .										
	e	Total. Add lines 11a	-11d		•		279,021					
	12	Total revenue. See	Instructions				·		44.400 = 1		3 103 5=	= 411 =
						52,	737,807		44,122,941		3,183,331	5,411,361

Part IX	Statement of Functional Expenses
W	otatement of Fametional Expenses

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all of	columns All other orga	anizations must com	nplete column (A)	
Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	212,464	·		
2 Grants and other assistance to domestic individuals See Part IV, line 22	4,909,516			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	799,003			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,102,530			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,171,964			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,277,332			
9 Other employee benefits	974,193			
10 Payroll taxes	912,079			
11 Fees for services (non-employees)				
a Management				
b Legal	80,407			
c Accounting	200,500			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	55,695			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,602,269			
12 Advertising and promotion	2,914,264			
13 Office expenses	2,250,046			
14 Information technology	543,771			
15 Royalties	313,772			
16 Occupancy	538,337			
• •	1,063,634			
 17 Travel	1,063,634			
	205,899			
19 Conferences, conventions, and meetings	10,769			
20 Interest	10,769			
21 Payments to affiliates	1 102 720			
22 Depreciation, depletion, and amortization	1,193,738			
23 Insurance	399,200			
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 CHAMPIONSHIP SHOWS	4,432,592			
b GENOTYPING	2,035,930			
c MAGAZINE	1,757,659			
d RACING CHALLENGE	1,602,872			
e All other expenses	3,452,387			
25 Total functional expenses. Add lines 1 through 24e	45,699,050			
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 In following SOP 98-2 (ASC 958-720)				
Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Liabilities

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

6

8

9

10c

11

12

13

14

15

16

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18

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29

30

31

32

33

34

871.679

501.526

9,685,044

23.935.472

320.905

3.123.812

1.639.436

46,710,800

4,049,920

22,641,151

85.571

481.623

6.042.570

33,300,835

13,409,965

13,409,965

46.710.800

Page **11**

1,981,816

1,019,648

11,884,128

21.291.792

3.123.812

1.466.180

45.995.567

2.847.337

21,369,288

n

195.563

2.231.293

26,643,481

19,352,086

19,352,086

45.995.567

Form **990** (2017)

757.810

Check if Schedule O contains a response or note to any line in this Part IX

		beginning or year		End of year
1	Cash-non-interest-bearing	2,783,352	1	4,420,962
2	Savings and temporary cash investments	1,541,554	2	49,419
2	Pladges and grants recovable, not		2	

25,903,451

14.019.323

2 3 Pledges and grants receivable, net . 2.308.020 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . .

Notes and loans receivable, net . . Inventories for sale or use .

Assets Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

10a b Less accumulated depreciation 10b

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 . . . Investments—program-related See Part IV, line 11

Intangible assets

11 12 Other assets See Part IV, line 11

13 14 15 16

Total assets.Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses 18

Grants payable . . . 19 Deferred revenue . . . 20 Tax-exempt bond liabilities

21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L .

23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 25

and other liabilities not included on lines 17-24)

Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 .

26

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Page **12**

19,352,086

No

Nο

Nο

Form 990 (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

8

9

10

Form 990 (2017)

Part XII

Schedule O

Prior period adjustments . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Check if Schedule O contains a response or note to any line in this Part XII . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

_	rotal expenses (mase equal rate 1x, column (A), mic 25)	~	45,055,050
3	Revenue less expenses Subtract line 2 from line 1	3	7,038,757
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,409,965
5	Net unrealized gains (losses) on investments	5	-1,096,636
_			

Donated services and use of facilities . 7 Investment expenses .

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

E----- 000 (201

Form 990 (2017)

Form 990, Part III, Line 4a:

TO COLLECT, PRESERVE, AND MAINTAIN RECORDS ON THE PEDIGREES OF THE AMERICAN QUARTER HORSE AND TO PROMOTE EDUCATION RELATING TO THE BREED AS OF 9/30/18, THE ASSOCIATION HAD 237,648 MEMBERS AND IS MAINTAINING 5,893,412 REGISTRATIONS OF HORSES AND THEIR RELATED RECORDS

Form 990, Part III, Line 4b: PUBLICATION OF "THE AMERICAN QUARTER HORSE JOURNAL." "PERFORMANCE HORSE JOURNAL." "RANCH HORSE JOURNAL." "OUARTER RACING JOURNAL AND "AMERICA'S HORSE" TO PROVIDE THE MOST TIMELY, COMPREHENSIVE AND ACCESSIBLE INFORMATION AVAILABLE IN THE INDUSTRY TOTAL CIRCULATION OF THESE

PUBLICATIONS AS OF 9/30/18 WAS 181.370

TO OFFER YOUTH, AMATEUR, SELECT AMATEUR AND OPEN CLASSES FOR HORSEMEN AND -WOMEN THE OPPORTUNITY TO COMPETE WITH THEIR AMERICAN QUARTER HORSES, TESTING THEIR SKILLS AGAINST OTHER HORSES AND RIDERS IN 2018, THERE WERE 2,437 TOTAL SHOWS WITH 871,369 TOTAL SHOW ENTRIES

Form 990, Part III, Line 4c:

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

MYERS DR SCOTT

ALBERT WIERING

AREVALO GILBERT

DIRECTOR

INTERNATIONAL DIRECTOR

ALVARO MARTINICORENA

INTERNATIONAL DIRECTOR

ADKINS RICK

DIRECTOR

EXECUTIVE COMMITTEE MEMBER

	£							/14/ 3/4000	(14) 2/4/202	
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SEEKINS RALPH	13 00									
		×		X				0	0	0
PRESIDENT THROUGH MARCH 2018	2 00									
HEIRD DR JAMES	15 00									
		×		X				0	0	0
PRESIDENT AS OF MARCH 2018	2 00									
WEAVER STAN	10 00									
		×		X				0	0	0
1ST VICE PRESIDENT	2 00									
WISE FLOYD E BUTCH	4 00									
		l	i l	I	ı	1 I		ا ا	•	

PRESIDENT AS OF MARCH 2018	2 00					
WEAVER STAN	10 00					
1ST VICE PRESIDENT	2 00	×	Х		0	
WISE FLOYD E BUTCH	4 00					
2ND VICE PRESIDENT	2 00	×	Х		0	
LUBA NORMAN K	2 00	×	×		0	
EXECUTIVE COMMITTEE MEMBER	2.00	l '''	^			

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

				ecto		ustee)	}	organization	organizations	from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ARLEDGE SANDRA PAST PRESIDENT	5 00	×						0	0	0	
ARMSTRONG CONNIE DIRECTOR	5 00	×						0	0	0	
AUSTIN BETH DIRECTOR	4 00	×						0	0	0	
BAGLEY JANE DIRECTOR	5 00	x						0	0	0	
BAILEY PAUL E	5 00										

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DIRECTOR

BAILEY RICK

BAIRD BEAU

DIRECTOR

DIRECTOR

DIRECTOR

....... DIRECTOR

DIRECTOR EMERITUS

BALDWIN CHRISTA L

BALL MARGO LEA

BAMFORD KATE

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR

DIRECTOR

BIVINS TOM

BENOIT LLOYD JR

DIRECTOR EMERITUS

BERRYHILL LEONARD

DIRECTOR EMERITUS

......

	any hours	and	l a dıı	recto	r/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
BANKS KENNETH DIRECTOR AT LARGE	12 00	×						0	0	(
BANKS LAINA P DIRECTOR	5 00	×						0	0	(
BARNOLA ADRIANA GOMEZ	35 00	×						0	0		

DIRECTOR AT LARGE		×			0	0	
BANKS LAINA P	5 00	x			0	0	
DIRECTOR							
BARNOLA ADRIANA GOMEZ	35 00	×			0	0	
DIRECTOR						Ŭ	
BARTON JAMES	5 00						ı

DIRECTOR									
BARNOLA ADRIANA GOMEZ	35 00	l 🗸					0	0	
DIRECTOR		_ ^						0	
BARTON JAMES	5 00	l ↓					0	0	
PAST PRESIDENT		_ ^					,	0	
BAUER KARL	4 00	.,							
		l X	l	I		l	1 0	U	

DIRECTOR							
BARTON JAMES	5 00	×			0	0	0
PAST PRESIDENT		^					
BAUER KARL	4 00	×			0	0	0
DIRECTOR		^					Ü
DELL DON	1 00						

PAST PRESIDENT							
BAUER KARL	4 00				0	0	0
DIRECTOR		, n			, and the second	,	
BELL DON	1 00	1			0	0	0
DIRECTOR		_ ^				0	Ü

		l x	l			0	0	
DIRECTOR		''					-	
BELL DON	1 00					0		
DIRECTOR		^				U	0	
BELLVILLE MARGARET	6 00							

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation from the

	any hours	and	a dir	recto	or/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
BIZZARRO ANGELO D DIRECTOR	2 00	X						0	0	0	
BLACK JERRY DIRECTOR	1 00	×						0	0	0	
BLODGETT GLENN PAST PRESIDENT	2 00	×						0	0	0	

DIRECTOR						
BLACK JERRY	1 00	×			0	
DIRECTOR		^			0	
BLODGETT GLENN	2 00	l			0	
PAST PRESIDENT		_ ^			0	
BOBENRIETH JOHN II	1 00	×			0	
DIRECTOR		^			U	

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and Independent Contractors

BORDIGNON RICKY

DIRECTOR

DIRECTOR

BOXELL JOHN

BRADLEY CAROL

BRADLEY CLARK

BRANDT CAL R

BREHM DEBBY

DIRECTOR

DIRECTOR EMERITUS

DIRECTOR EMERITUS

DIRECTOR EMERITUS

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DIRECTOR		_ ^				5	ł
BLODGETT GLENN	2 00	l			0	0	
PAST PRESIDENT		_ ^				0	
BOBENRIETH JOHN II	1 00	l			0	0	
DIRECTOR		_ ^			J G	0	
BODDICNON BICKY	2 00						

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(A) Name and Title (B) (C) (D) (E) (F) Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per week (list person is both an officer from the from related compensation

	any hours	and	a dır	recto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BREWER BILLIE G	1 00	×						0	0	0
HONORARY VP'S		^						J	0	١
BRIGDEN W R ROSS	2 00	x						0	0	0
DIRECTOR AT LARGE		^							0	ĺ
RDINI/MAN IIM	1 00									

		Ιx			n n	
HONORARY VP'S					J	
BRIGDEN W R ROSS	2 00	, , , , , , , , , , , , , , , , , , ,				
DIRECTOR AT LARGE		^			J	
BRINKMAN JIM	1 00	,			9	
DIRECTOR		^			0	
BROWN DOUGLAS	2 00	l				
DIRECTOR		^			U	

5 00

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and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

BUCHOLZ LORI S

BURNS MELANIE

RKINKWAN JIM		l x			0	n	
DIRECTOR		_ ^			0	0	
BROWN DOUGLAS	2 00	×			0	0	
DIRECTOR		^			0	9	
BROWN ROB	1 00	×			0	0	
PAST PRESIDENT		_ ^			0	0	
BROWN ROB A	1 00	V			0	0	

BROWN DOUGLAS	2 00	l				0	,
DIRECTOR		^			0	0	
BROWN ROB	1 00	v			0	0	
PAST PRESIDENT		^				0	
BROWN ROB A	1 00	l					,
DIRECTOR		^					
PROWN TRACY	1 00						

BROWN ROB	1 00	_×			1	n	0	
PAST PRESIDENT		^				ŭ		
BROWN ROB A	1 00	V						
DIRECTOR		_ ^			0	o l	0	
BROWN TRACY	1 00	v			0	0	0	
DIRECTOR		^			١	٥	0	

DIRECTOR							
BROWN TRACY	1 00	×			0	0	0
DIRECTOR		^			0	0	
BRZEZICKI ANNE M	3 00	¥			0	0	0

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BURNS STEVE DVM DIRECTOR	1 00	×						0	0	0
BURWASH W A DVM DIRECTOR	4 00	х						0	0	0
CAHILL NANCY DIRECTOR	1 00	Х						0	0	0

0

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BURWASH W A DVM	4 00	×			0	
DIRECTOR		^			9	
CAHILL NANCY	1 00	V				
DIRECTOR		_ ×			U	
CAPURRO-WACHTEL LAUREL	1 00	l			0	
DIRECTOR AT LARGE		^			0	

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ECTOR					
ILL NANCY	1 00	×			
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JRRO-WACHTEL LAUREL	1 00	×			
ECTOR AT LARGE		^			
TER JOE	1 00				

and Independent Contractors

CART

DIRECTOR AT LARGE

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CHAPMAN KELLY BOLES

CASEY DONNA

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

CHASE DARLENE

CHAYER DOLLY

CASTLE LUKE

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR

DIRECTOR

CLIFFORD LARRY G

CLITES MICHEL H

COCHRANE KEN

COFER C A

COOK VAUGHN

DIRECTOR EMERITUS

DIRECTOR EMERITUS

DIRECTOR EMERITUS

DIRECTOR AT LARGE

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	any hours	and	a dır	ecto	r/trر	ustee))	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CHAYER RICK DIRECTOR AT LARGE	1 00	X						0	0	0
CHURCH RITA DIRECTOR	1 00	×						0	0	0
CLARK MARTEN A PAST PRESIDENT	1 00	×						0	0	0
CLARK VAL	1 00							0	0	0

DIRECTOR								
CLARK MARTEN A	1 00	l 🗸					9	
PAST PRESIDENT		_ ^					0	
CLARK VAL	1 00						0	
DIRECTOR		_ ^						
CLEMENT JAMES III	1 00							
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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) from the any hours

	any hours		and a director/trustee)					organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
COOPER CAROL DIRECTOR	1 00	×						0	0	0	
COY-HORTON JUDY DIRECTOR EMERITUS	2 00	X						0	0	0	
DEBOER LAINIE DIRECTOR	2 00	х						0	0	0	
	1.00										

		ΙX	 		 1 01	
DIRECTOR EMERITUS						
DEBOER LAINIE	2 00				0	
DIRECTOR		^			Ŭ	
DIDERICKSEN DUAYNE	1 00					
DIRECTOR AT LARGE		_ ^			0	
DISMUKE-BLAKELY RUTH P	1 00					
DIRECTOR AT LARGE		^			١	

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and Independent Contractors

DOBBS JOHNE

DIRECTOR

DIRECTOR

DUDLEY JIM

DIRECTOR

DIRECTOR

PAST PRESIDENT

DOLES SARAH SHOEMAKE

DUKES MELISSA HARGETT

DOWNING THOMAS M

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

ELDER ROGER

DIRECTOR

DIRECTOR AT LARGE

ELLERBROEK J WADE JR

DIRECTOR EMERITUS

PAST PRESIDENT

DIRECTOR

FERGUSON CURTIS

ENGLUND C W 'BILL' JR

......

ELLER JAMES M III

	any hours	1	a dır	recto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DULEY-GLOUDE SHAUN	2 00	1							0	
DIRECTOR		×						0	U	0
DUNHAM MARK DIRECTOR	1 00	×						0	0	0
DUNNING AL DIRECTOR AT LARGE	1 00	×						0	0	0
The state of the s	2.00	1	1	1	I		I —			l

DIRECTOR		,				J	
DUNNING AL	1 00	×			0	0	
DIRECTOR AT LARGE		, ,					
EBNET MARY	3 00	×			0	0	
DIRECTOR		^					
EDMONDSON MEREDITH 'PEG'	10 00	,			0	0	
DIRECTOR EMERITUS		^			١	0	

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR EMERITUS

FORNESS MICHELLE JOHNSON

GABOURY CAROLE JOUBERT DR

FLORES NARCISO

DIRECTOR

DIRECTOR

DIRECTOR

FULLER JERRY W

DIRECTOR AT LARGE

GAMBLE TARA

DIRECTOR

	any hours		a dır	recto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
FINDLEY LARRY	5 00	x						0	0	0
DIRECTOR		^							3	
FISCH STEPHEN D DVM	1 00	×						0	0	0
DIRECTOR		_ ^								
FLACH SCOTT R DIRECTOR	1 00	×						0	0	0
ELETCHED WALTED	1 00									

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FISCH STEPHEN D DVM	1 00	×			,	
DIRECTOR					, and the second	
FLACH SCOTT R	1 00	×			0	
DIRECTOR					,	
FLETCHER WALTER	1 00					
PAST PRESIDENT		_ ^				
FLOHR C DAVID	1 00					

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours from the

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

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	key employee	ee voldwe Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
GARDNER LISA DIRECTOR	12 00	×					0	0	0
GARNER MARC DIRECTOR	4 00	х					0	0	0
GENCO VINCENT DIRECTOR EMERITUS	1 00	х					0	0	0
GILTNER SCOTT DIRECTOR	5 00	×					0	0	0
GIRAUDINI ANTONIO ALEARDO	5 00	х					0	0	0

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DIRECTOR AT LARGE

DIRECTOR AT LARGE

GREEN ELEANOR DR

HALVORSON WAYNE

DIRECTOR AT LARGE

HADJ-ABDOU SAAD EL DIN

GRAHAM TYLER

DIRECTOR

DIRECTOR

DIRECTOR

GRAHAM CHARLES W DVM

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation compensation hours per person is both an officer week (list from the from related compensation

and Independent Contractors

HARRIS RICHARD L

DIRECTOR AT LARGE

HARTLEY ROBERT

HARTLEY RONALD J

DIRECTOR EMERITUS

DIRECTOR

	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
HAMMER BUTCH DIRECTOR EMERITUS	7 00	×						0	0	0
HAMMES JOHN DIRECTOR AT LARGE	1 00	×						0	0	0
HANNAGAN MARY	1 00	_						0	0	0

DIRECTOR EMERITUS							
HAMMES JOHN	1 00	×			0	C	
DIRECTOR AT LARGE		, ,			7	3	
HANNAGAN MARY	1 00	×			0	0	
DIRECTOR		^			Ŭ	Ŭ	l

HAMMES JOHN		v			٨	ا ا	
DIRECTOR AT LARGE		^					
HANNAGAN MARY	1 00	Ų			0		
DIRECTOR		_ ^			٥		
HANSEN JANET	1 00	V			0	0	
DIRECTOR		^					

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HANNAGAN MARY	1 00	l					0	0	
DIRECTOR		^							Ĭ
HANSEN JANET	1 00	l							
DIRECTOR		×					0	0	0
HANSON CATHY	3 00	l							
DIRECTOR		×					0	0	0

HANSEN JANET DIRECTOR	1 00	X			0	0	0
HANSON CATHY DIRECTOR	3 00	×			0	0	0
HARDCASTLE CHRIS DIRECTOR AT LARGE	1 00	х			0	0	0
	4 00			 ı			

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DIRECTOR						, and the second	J	
HARDCASTLE CHRIS	1 00	_v				0	0	
DIRECTOR AT LARGE		^					0	
HARE GORDON	1 00	l				0	0	
DIRECTOR		l ^				Ĭ	J	

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee\ organization organizations

	any hours	hours and a director/trustee) organization organization								from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
HAYS TOMMY DR DIRECTOR	1 00	х						0	0	0
HEADLEY STEVE DIRECTOR	4 00	×						0	0	0
HELZER JAMES E PAST PRESIDENT	1 00	×						0	0	0
HELZER KAY	4 00	Х						0	0	0

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HELZER JAMES E
PAST PRESIDENT
HELZER KAY
DIRECTOR
HOLMES ALICE W

DIRECTOR AT LARGE

HOOTMAN JAMES R

DIRECTOR EMERITUS

HORTON WILLIAM R

.......

HOLMES DEBBI

DIRECTOR

DIRECTOR

DIRECTOR

HOVDE JOHN

HUDSON BEN L

DIRECTOR AT LARGE

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

PAST PRESIDENT

JAYNES LAURENCE

DIRECTOR AT LARGE

JENNINGS MICHAEL

DIRECTOR AT LARGE

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JENSEN CHRIS

JOHNS RICK C

PAST PRESIDENT

JOHNSON DEAN

JOHNSON DONNA

HONORARY VP'S

DIRECTOR

DIRECTOR

DIRECTOR

JEANE SUZY

	any hours	and	a dır	recto	r/tr	ustee))	organization							
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations					
HUNT JIM DIRECTOR	3 00	×						0	0	0					
HUNT STARLET DIRECTOR EMERITUS	1 00	×						0	0	0					
HYLAND GINGER	1 00	x						0	0	0					

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours	and a director/trustee) organization organizations (W. 2/1000								from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JOHNSON KATE LEHANE DIRECTOR	1 00	×						0	0	0	
JONES DIRK DIRECTOR AT LARGE	1 00	×						0	0	0	
JOSE IGNACIO DE MENDIGUREN INTERNATIONAL DIRECTOR	1 00	×						0	0	0	
JULIANNA WAGNER	1 00	×						0	0	0	

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JOSE IGNACIO DE MENDIGUREN
INTERNATIONAL DIRECTOR
JULIANNA WAGNER
INTERNATIONAL DIRECTOR

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JUNG W MICHAEL

KAYSER MICHAELA

KIDNEY D SPENCE

KIRSHENBAUM TOM

KLEBERG STEPHEN J

PAST PRESIDENT

KNIGHT HARRY A

DIRECTOR EMERITUS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR AT LARGE

LEMKE LAWRENCE A

DIRECTOR EMERITUS

INTERNATIONAL DIRECTOR

......

LAYMON REGINA

DIRECTOR

LENA OPSAHL

LENZ TOM R DVM

HONORARY VP'S

LEPIC THOMAS

DIRECTOR

	any hours	and	a dır	recto		ustee))	organization						
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations				
KRSHKA JACKIE DIRECTOR AT LARGE	2 00	×						2,500	0	0				
KUNKLE JOHN B DIRECTOR	5 00	х						0	0	0				
KUNKLE SARAH N DIRECTOR EMERITUS	2 00	х						0	0	0				
LANGE LESLIE VAGNEUR HONORARY VP'S	2 00	×						0	0	0				

DIRECTOR		^			U	
KUNKLE SARAH N	2 00	×			0	
DIRECTOR EMERITUS		^			,	
LANGE LESLIE VAGNEUR	2 00	×			0	
HONORARY VP'S		^				
LARSON LARRY	1 00					

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

LOUNDER WANDA

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

LUCY ADAMS

INTERNATIONAL DIRECTOR

MAGDALENA SZARSZEWSKA

INTERNATIONAL DIRECTOR

LYNN STEPHANIE ANN

MACLEOD CLAY E

LOWE RODNEY

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	any hours	and	a dır	ecto	r/trر	ustee))	organization							
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations					
LIGHT ROBERT DIRECTOR	1 00	×						0	0	0					
LINES BOB DIRECTOR	2 00	×						0	0	0					
LITTLE GALE	2 00	v						0	0	0					

LINES BOB	2 00				0	
DIRECTOR		^				
LITTLE GALE	2 00	.,				
DIRECTOR EMERITUS		*			o o	
LOMBARDI CRYSTA	7 00					
DIRECTOR	••••••	×			0	

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DIRECTOR							
LITTLE GALE	2 00	V					
DIRECTOR EMERITUS		×			0	U	
LOMBARDI CRYSTA	7 00	I ↓			0	0	
DIRECTOR		^			١	0	
LOUNDED WANDA	1 00						

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee)

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

	arry riours	and	a un	eccc		usice,	'	Organization						
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations				
MAGEE SHAWN T DIRECTOR AT LARGE	3 00	×						0	0	0				
MARCO STORS INTERNATIONAL DIRECTOR	1 00	x						0	0	0				
MARKUS MUELLER INTERNATIONAL DIRECTOR	1 00	X						0	0	0				
MARKUS V PFEIFER INTERNATIONAL DIRECTOR	1 00	×						0	0	0				
MARTIN MIKE	1 00	.,												

INTERNATIONAL DIRECTOR
MARKUS V PFEIFER
INTERNATIONAL DIRECTOR
MARTIN MIKE

.....

DIRECTOR EMERITUS

DIRECTOR AT LARGE

MATHES GRETCHEN

MCALLISTER JOSEPH H

DIRECTOR AT LARGE

DIRECTOR AT LARGE

MCBEATH TOM

MAUCK HEATHER LYNN THRAPP

MARTIN NANCY

DIRECTOR

DIRECTOR

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

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

	any nours	and a director/trastee/				usice,	<i>'</i>	organization	(IV 2/4 200	moniture ,
	for related organizations below dotted line)		Institutional Trustee	10	key employee	ee voldwe Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MCBURNEY TREVOR DIRECTOR	7 00	×						0	0	0
MCDAVITT DUANE DVM HONORARY VP'S	1 00	×						0	0	0
MCDONALD-GATES RUTH J DIRECTOR	10 00	×						0	0	0
MCGRANE DEE DEE	1 00	Х						0	0	0

MCDONALD-GATES RUTH J
DIRECTOR
MCGRANE DEE DEE
HONORARY VP'S
MCNELIS EDWARD J

.....

DIRECTOR EMERITUS

MEADOWS STEVE

DIRECTOR

DIRECTOR

MENEELY ROB

MERRILL FRANK G

PAST PRESIDENT

MERRILL ROBIN

HONORARY VP'S

MERRITT SCOTT A

DIRECTOR AT LARGE

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer from the week (list from related compensation any hours and a director/trustee) organization organizations from the

	any nours		a dir	ecto		rustee)		organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	101	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MOLLER POUL DIRECTOR EMERITUS	5 00							0	0	0
MOORHOUSE BOB DIRECTOR AT LARGE	1 00	×						0	0	0
MUMY KEN A PAST PRESIDENT	10 00							0	0	0
MURPHY MICHAEL D DIRECTOR	5 00							0	0	0
MURRAY FD DVM	5 00	(\Box			

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MUMY KEN A
PAST PRESIDENT
MURPHY MICHAEL D
DIRECTOR
MURRAY ED DVM

DIRECTOR AT LARGE

DIRECTOR AT LARGE

DIRECTOR EMERITUS

DIRECTOR EMERITUS

NORDICK WILLARD

NORRIS ROBERT C

PAST PRESIDENT

DIRECTOR

OLSON GARY LYNN

......

NELSON DAVID L

NELSON DAVID S

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	1 (11)	und a un cetar, trastee,					′ '	(11, 2,4,000	/M 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer		Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ORGELDINGER JOHANNES PAST PRESIDENT	2 00	×						0	0	0
OSBORNE STEVEN CLAY DVM DIRECTOR	16 00	×						0	0	0
OTNESS GUNNAR R HONORARY VP'S	5 00	X						0	0	0
PALM LYNN HONORARY VP'S	1 00	1						0	0	0
PARKINSON DORN	1 00									

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TIONORARI VI S
PALM LYNN
HONORARY VP'S
PARKINSON DORN
DIRECTOR EMERITUS

PATTERSON KATHY M

PAWLEY WILSON GAYLE

DIRECTOR AT LARGE

DIRECTOR AT LARGE

PFENDER MICHELE

PERKINS MIKE J

PAST PRESIDENT

PFAFF LORI

DIRECTOR

.......

DIRECTOR

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

	any hours	and	a dır	recto	r/tr	ustee))	organization	organizations (W- 2/1099-	from the organization and
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	MISC)	related organizations
PIPKIN JOHN DIRECTOR AT LARGE	8 00	×						4,500	0	0
PRINCE ANN DIRECTOR	1 00	х						0	0	0
RANDALL MARILYN HONORARY VP'S	5 00	Х						13,100	0	0

DIRECTOR AT BARGE						
PRINCE ANN	1 00	×			n	
DIRECTOR		^			Ŭ	
RANDALL MARILYN	5 00	l			13.100	
HONORARY VP'S		^			13,100	
RATLIFF RANDY	1 00	×				
DIRECTOR		^			o l	

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and Independent Contractors

REES ANDY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

ROARK ROSS

HONORARY VP'S

RENSING MARKUS

RIGGS-EADER ANNA

ROBICHEAUX RYAN

RENOUARD GEORGIANNA V

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR AT LARGE

DIRECTOR AT LARGE

SARGENT CHERYLLEE

SCARMARDO PETE

SCHAUF DEBARA

SCHIESTEL STEVE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SARGENT BENNIE

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ROBINSON MARY ELLEN DIRECTOR	2 00	×						0	0	0
ROSE CAROL DIRECTOR AT LARGE	10 00	×						0	0	0
ROSE SAM DIRECTOR	2 00	×						3,500	0	0
	1.00			1						

DIRECTOR AT LARGE		^			0	ŭ	
ROSE SAM	2 00	×			3.500	0	
DIRECTOR					,		
ROSS ALEX	1 00					0	
DIRECTOR AT LARGE		_ ^			0	U	
RUSSELL CLAYTON	1 00	.,					

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NOSE SAM		×						3,500	0	
DIRECTOR										
ROSS ALEX	1 00							0	0	
DIRECTOR AT LARGE		, ,						9		
RUSSELL CLAYTON	1 00									
		Ιx	l	l		l		n o	n n	

ROSE SAM		l x			3,500	0	
DIRECTOR		^			3,300	9	
ROSS ALEX	1 00	Ιv			0	0	
DIRECTOR AT LARGE		_ ^					
RUSSELL CLAYTON	1 00						

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours	and	a dır	recto	r/trد	ustee)	1	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SCHMAHL JOHN DIRECTOR EMERITUS	1 00	×						0	0	0
SCHROEDER JOAN DIRECTOR	7 00	×						0	0	0
SCHROEDER KATHRYN DIRECTOR	2 00	×						0	0	0
SCOGGIN A CLARK	2 00	х						17,050	0	0

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DIRECTOR SEAGO JIMMY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SEARLES JIM R

SEDGWICK JOHN H

SEVERINS ALEX

SHADMOT RUTI

SHAFER DAWN

DIRECTOR

DIRECTOR EMERITUS

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) from the

organization

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organizations

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

i l	for related	and a an estor, tradice,						/// 2/1000	(14/ 2/1000	organization and	
	for related organizations below dotted line) Institutional Trustee or director 5 00	ee voldtue Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations					
SHIFFLER RICHARD DIRECTOR EMERITUS	5 00	1						0	0	0	
SIMPER MARTY OAK DIRECTOR	1 00	1						0	0	0	
SMITH KENNETH T PAST PRESIDENT	1 00	1						0	0	0	
SMITH RON DIRECTOR AT LARGE	1 00	1						0	0	0	
CORDINIO HADOLDO DECCOA	2 00	$\overline{}$									

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SOBRINHO HAROLDO PESSOA DIRECTOR

SOLBERG DORVAN

DIRECTOR EMERITUS

SQUIRES EDWARD L

HONORARY VP'S

STEVENS R H JR

PAST PRESIDENT

HONORARY VP'S

SUTTON GEORGA

HONORARY VP'S

STEWART J BENHAM

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

i l	1 6,	""" " "" " " " " " " " " " " " " " "				· 1	(11, 2,4,000	(14) 2/1000	avanniantion and	
	for related organizations below dotted line)	Individual trustee or director	W-2/1099- MISC) Former Highest compensated employee Rey employee Cofficer Institutional Trustee Individual trustee		- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations			
SWAIN MIKE DIRECTOR EMERITUS	1 00	1 1					0	0	0	
TAMES ANTONIO LOBETO DIRECTOR	8 00	1 1					o	O	0	
TATE BRAD PAST PRESIDENT	1 00	1 1					0	0	0	
TAYLOR JOHN DIRECTOR	8 00	1 1					0	O	0	
TEARNEY SHERRI A	1 00	\bigcap					'	1		

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TAYLOR JOHN
DIRECTOR
TEARNEY SHERRI A
DIRECTOR

TEBOW JEFF B

TERPSTRA JEFF

TREADWAY DON

HONORARY VP'S

TREADWELL PAUL

TREIN DAN

DIRECTOR

DIRECTOR EMERITUS

...... DIRECTOR AT LARGE

DIRECTOR

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

1	1 6 7		(W- 2/1099-	(14) 2/4 000	organization and				
	for related organizations below dotted line)		Institutional Trustee	i je		(W- 2/1099- MISC)	organization and related organizations		
TREPTOW LANCE R DIRECTOR AT LARGE	2 00	×					0	0	0
TROTTER JOHNNY PAST PRESIDENT	1 00	×					13,398	0	0
VARNER DICKSON DR DIRECTOR	1 00	×					0	0	0
VEY ULLRICH DIRECTOR AT LARGE	5 00	×					0	0	0
VICTOR WOLF INTERNATIONAL DIRECTOR	1 00	Х					0	0	0

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WALKER-DENTON LAUREL

DIRECTOR AT LARGE

WATERS WANDA

DIRECTOR

....... HONORARY VP'S

WEISHEIM DEBORAH

WEISS HOWARD R

WENDY KIM JOHNSON

INTERNATIONAL DIRECTOR

PAST PRESIDENT

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours			recto	or/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldme Highest contensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
WHITAKER DAVID DIRECTOR AT LARGE	1 00	×						0	0	0	
WHITE CALVIN R DR DIRECTOR EMERITUS	4 00	×						0	0	0	
WHITTAKER CAROL L DIRECTOR	2 00	х						0	0	0	
WINDHAM JERRY PAST PRESIDENT	1 00	Х						0	0	0	

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WHITTAKER CAROL L
DIRECTOR
WINDHAM JERRY
PAST PRESIDENT
WINTHER LORNE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

YOTHER J LLOYD

WIXON PARIS

DIRECTOR AT LARGE

WOHLIN ROLAND DR

DIRECTOR EMERITUS

WOODRUFF MARY BESS

.......

WITMAN MATT R

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated hours per than one box, unless amount of other compensation compensation person is both an officer week (list from the from related compensation

and a director/trustee)

organization

143,033

142,065

128,508

128,129

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organizations

from the

21,884

30,061

23,201

10,552

25,668

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

and Independent Contractors

GENERAL COUNSEL

CHIEF PUBLISHING OFFICER

ARC DIRECTOR OF SALES/PROD DEVELOPMENT

DIRECTOR OF MARKETING & PUBLICATION

SENIOR DIRECTOR OF IT (THRU 4/15/18)

MULLINS CARL

BRASIER DUSTIN

LATTA KAREN

OPERATIONS

CALLAHAN TIMOTHY

	,				,		′	0.11	(1)	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
HUFFHINES CRAIG EXECUTIVE VICE PRESIDENT	55 00			х				385,560	0	40,325
EXECUTIVE VICE PRESIDENT	5 00			_	_					
TAYLOR TRENTON TREASURER, COO (THRU 3/28/18)	50 00 			×				233,557	0	21,073
MORRISON ANNA CIO/CHIEF FOUNDATION OFFICER	30 00				×			150,067	0	16,631
KYLE MICHAEL 'PETE'	50 00				×			173,714	0	30,369

		l .	ll	X			150,067	
CIO/CHIEF FOUNDATION OFFICER	30 00							
KYLE MICHAEL 'PETE'	50 00							
		l .	ll	X		ll	173,714	
CHIEF SHOW OFFICER								
PIERCE ROBERT 'CHAD'	45 00							
					Х		232,710	

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any hours

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

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.

DLN: 93493224015959 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public

	RICAN QUARTER HORSE ASSOCIATION				Employer ide	entification	number
					75-0725576		
Pa	rt I Organizations Maintaining Donor Adv				r Accounts.		
	Complete if the organization answered "Ye				41.55	1 11	
	Tatal assessment and afficient	(a) Dono	r advi	sed funds	(b)Fund	s and other a	accounts
	Total number at end of year						
	Aggregate value of contributions to (during year)						
1	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
;	Did the organization inform all donors and donor advisor organization's property, subject to the organization's explicit the organization inform all grantees, donors, and donors, and donors.	xclusive legal contro	ol?				Yes 🗌 No
	charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor,	or for	any other purpose o	conferring imper	missible	Yes 🗌 No
Pa	Conservation Easements. Complete if t	he organization a	nswe	red "Yes" on Forn	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the orga	nızatıon (check all	that a	pply)			
	\square Preservation of land for public use (e g , recreation	n or education)		Preservation of an	historically imp	ortant land a	area
	Protection of natural habitat			Preservation of a d	ertified historic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in the for		ntion It the End o	of the Vear
а	Total number of conservation easements			ı	2a	it the End t	i tile real
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified histor	ıc structure include	d in (a	,	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register		•	<i>'</i>	2d		
ı	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished	, or terminated by	the organizatior	during the	
	Number of states where property subject to conservation	on easement is loca	ted ►				
l	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ing, ir	spection, handling o	of violations,	☐ Yes	□ No
,	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of v	iolatio	ns, and enforcing co	onservation ease	ements durir	ng the year
,	Amount of expenses incurred in monitoring, inspecting.	. handling of violati	ons, a	nd enforcing conser	vation easemen	ts during the	e year
	Does each conservation easement reported on line 2(d) above satisfy the	roc:	monte of costice 4	70/h\/4\/B\/-\		
•	and section 170(h)(4)(B)(μ)?) above satisfy the	require	ements or section 1	/U(N)(4)(B)(I)	☐ Yes	□ No
I	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or				and	
ar	Organizations Maintaining Collections Complete if the organization answered "Ye				er Similar As	sets.	
a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	· public exhibition, e	ducat	on, or research in f			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items						
(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
(i	i)Assets included in Form 990, Part X				- \$		
	If the organization received or held works of art, histor following amounts required to be reported under SFAS				ncıal gaın, provi	de the	
а	Revenue included on Form 990, Part VIII, line 1	·	-		> \$		
b	Assets included in Form 990, Part X				- \$		
_				0 1 1			

Par	3 1 1 1 1	Organizations Maintaining Col	lections of Art,	Histori	cal T	reası	ires, or	Other	Similar A	ssets ((continued)	
3		the organization's acquisition, accession (check all that apply)	n, and other record	s, check	any of	the fo	llowing th	at are a	significant i	use of it	s collection	1
а		Public exhibition		d		Loan	or excha	nge prog	ırams			
b		Scholarly research		e		Othe	r					
c		Preservation for future generations										
4	Provide Part >	de a description of the organization's col XIII	lections and explair	n how the	ey furtl	her the	e organiza	ation's ex	kempt purpo	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ıılar	□ Y	es 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990	, Part	IV, lı	ne 9, or	reporte	ed an amou	unt on	Form 990	, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	ediary for	contri	bution	s or other	r assets I	not	□ Y	es 🗌	No
b	If "Y∈	es," explain the arrangement in Part XIII	and complete the	following	table				Α	mount		_
c	Begin	nning balance						1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the year						1e				
f	Endın	ng balance						1f				
2a	Did th	he organization include an amount on Fo	rm 990, Part X, line	e 21, for	escrov	v or cu	istodial ac	count lia	bility?	□ Y ₄	es 🗆	No
Ь	If "Ye	es," explain the arrangement in Part XIII	Check here if the	evnlanat	ion has	s heen	provided	ın Part \	KITI			
	rt V	Endowment Funds. Complete if		'								
			(a)Current year		rior yea		(c)Two year				(e)Four ye	ars back
1a	Beginn	ing of year balance							. ,			
b	Contrib	outions										
С	Net inv	estment earnings, gains, and losses										•
d	Grants	or scholarships										•
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the curre	ent year end baland	ce (line 1	g, colu	mn (a)) held as		•			
а	Board	d designated or quasi-endowment >										
ь	Perm	anent endowment 🟲										
С	Temp	porarily restricted endowment >										
	The p	percentages on lines 2a, 2b, and 2c shou	ld equal 100%									
3а		here endowment funds not in the posses nization by	sion of the organiz	ation tha	t are h	eld an	d adminis	stered fo	r the	_	Yes	No
	(i) ur	nrelated organizations			•						Ba(i)	
		elated organizations								<u> </u>	a(ii)	
ь 4		es" on 3a(II), are the related organization ribe in Part XIII the intended uses of the								' L	3b	
	rt VI	Land, Buildings, and Equipmen		OWITTETIC	iuiius							
Fα	C AT	Complete if the organization answ		orm 990	, Part	IV, lı	ne 11a.	See For	m 990, Pa	art X, li	ne 10.	
	Descri	ption of property (a) Cost or oth (investme		st or other	basis (other)	(c) Accu	mulated c	lepreciation		(d) Book va	lue
1a	Land				4:	27,199						427,199
	Buildin				6,6	79,054			5,222,629			1,456,425
		nold improvements										
		nent			18,79	97,198			8,796,694			10,000,504
	Other											<u> </u>
		lines 1a through 1e (Column (d) must e	ual Form 990, Par	t X, colui	mn (B)	, line .	10(c)).	•	>			11,884,128

Schedule D (Form 990) 2017 Part VII Investments—Other Securities. Complete if the organization of the org	ation ansv	vered "Yes" on Form 990, I	Page 3 Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)	(c) Method of	f valuation
(including name of security)	Book value	Cost or end-of-yea	ar market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV, lı	ne 11c. See Form 990, Par	t X, line 13.
(a) Description of investment (b) Book	value	(c) Method of Cost or end-of-yea	
(1)INVESTMENT IN SUBSIDIARIES (2)	3,123,812	C	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on Form	3,123,812 rm 990. Pa	rt IV. line 11d. See Form 990.	Part X. line 15
(a) Description			(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			_
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			b
Part X Other Liabilities. Complete if the organization answered 'Y See Form 990, Part X, line 25.		ook value	or 11f.
1. (a) Description of liability (1) Federal income taxes			
MINIMUM PENSION LIABILITY (2)		2,231,293	
(3)			
(4)			
(5)			
(6)			
(7)			
(7)			
(8)		2,231,293	

Schedule D (Form 990) 2017

Page 4

Pa		venue per Audited Financial Statements With Revenue ization answered 'Yes' on Form 990, Part IV, line 12a.	e per Return
1		support per audited financial statements	1
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12	
а	Net unrealized gains (losses) on	investments 2a	
Ь	Donated services and use of facil	ities	
С	Recoveries of prior year grants		
d		2d	
e	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1 .		3
4	Amounts included on Form 990,	Part VIII, line 12, but not on line 1	
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII) .	4b	
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	5
Par		penses per Audited Financial Statements With Expens ization answered 'Yes' on Form 990, Part IV, line 12a.	es per Return.
1	Total expenses and losses per au	dited financial statements	1
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25	
а	Donated services and use of facil	ıtıes	
Ь	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII) .	2d	
e	Add lines 2a through 2d		2e
3	Subtract line ${f 2e}$ from line ${f 1}$.		3
4	Amounts included on Form 990,	Part IX, line 25, but not on line 1:	
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII) $\ .$	4b	
c	Add lines 4a and 4b		4c
5		4c. (This must equal Form 990, Part I, line 18)	. 5
Pai	t XIII Supplemental Info	ormation	
		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and s 2d and 4b Also complete this part to provide any additional inform	
	Return Reference	Explanation	
See /	Addıtıonal Data Table		

Page 5		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

Supplemental Information

PART X, LINE 2	AQHA IS QUALIFIED UNDER SECTION 501 OF THE INTERNAL REVENUE CODE (IRC), THEREFORE, THE MAJ
	ORITY OF ITS INCOME IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(
	C)(5) INCOME FROM CERTAIN OPERATIONS OF AQHA, PRIMARILY ADVERTISING IN ITS PUBLICATIONS,
	IS TAXABLE FOR FEDERAL INCOME TAX PURPOSES FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 201
	7, AQHA DID NOT INCUR ANY FEDERAL INCOME TAX EXPENSE ALL OTHER OPERATIONS OF AQHA ARE EXE
	${ m I}$ MPT FROM FEDERAL INCOME TAX. AOHF CLAIMS EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION. ${ m II}$

501(C)(3) OF THE IRC AND IS RECOGNIZED AS A PUBLIC CHARITY UNDER SECTION 509(A)(3) OF THE IRC AOHA'S WHOLLY OWNED SUBSIDIARIES, RGP AND ARC, ARE LIMITED LIABILITY COMPANIES AND C

SE AND LIABILITY IN THE CURRENT YEAR MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL

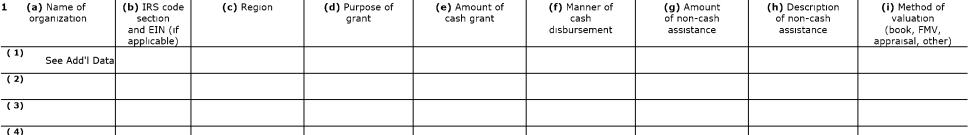
Return Reference Explanation

UNCERTAIN INCOME TAX POSITIONS

ONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES AS OF SEPTEMBER 30, 2018, THEREFORE, THEY ARE NOT SUBJECT TO ADDITIONAL TAX FILINGS PER THE IRC FINANCIAL ACCOUNTING STANDARDS BOAR D (FASB) PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE VALUATION OF TAX P OSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ASSOCIATION'S TAX RE TURN TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED "WHEN CHALLENGED OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY TAX POSITIONS NOT DEE MED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPEN

efile GRAPHIC prin	t - DO NOT PRO	CESS A	As Filed Data -	a - DLN: 93493224015959						
SCHEDULE F (Form 990)	Statem	ent of A	Activities (Outside the Uni	ited S	tates	OMB No 1545-0047			
(1 omi 000)	► Complete	ıf the organız		1 "Yes" to Form 990, Part IV, line 14b, 15, or 16. h to Form 990.						
Department of the Treasury Internal Revenue Service	▶ Information	about Sched	lule F (Form 990) a	and its instructions is at ww	vw.irs.gov	/form990.	Open to Public Inspection			
Name of the organization						Employer ident	tification number			
AMERICAN QUARTER HO	RSE ASSOCIATION					75-0725576				
	Information on , Part IV, line 14t		Outside the U	Jnited States. Comple	te if the	organization ar	nswered "Yes" to			
other assistance, to award the grai	the grantees' eligints or assistance? s. Describe in Part	ibility for th	ie grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria i	used	☐ Yes ☑ No er assistance			
3 Activites per Region	on (The following Pa	art I, line 3 t	table can be duplı	cated if additional space is	needed)	ı				
(a) Region) Number of ffices in the region	(c) Number of employees, agents, and independent contractors in region		program spe	orty listed in (d) is a service, describe cific type of ce(s) in region	(f) Total expenditures for and investments in region			
(1) See Add'l Data										
(2)										
(3)										
(4)										
(5)										
3a Sub-total b Total from continua Part I	ation sheets to	C	0				548,241 315,543			
c Totals (add lines 3					No 5008	234/	863,784 e F (Form 990) 2017			

110



IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(3)					
(4)					
(5)				Schedule	F (Form 990) 2017
(6)					

(3)					
(4)					
(5)				Schedule	F (Form 990) 2017
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(5)				Schedule l	F (Form 990) 2017
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(13)				
(14)				
(15)				
(16)				

(15)							
(16)							
2 Enter total number	er of recipient	organizations listed a	bove that are recogr	nized as charities by t	he foreign country, i	recognized as tax-	

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Grants and O	ther Assistance to	Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.
Part III can be	duplicated if addition	onal space is n	eeded.				
of grant or assistance	(b) Region	(c) Number of	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash	(g) Description of non-cash	(h) Method of valuation

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							
(3)							

(1) See Addi Data				
(2)				
(3)				
(4)				

(2)				
(3)				
(4)				
(5)				
(6)				

Sche	dule F (Form 990) 2017		Page 4
Pai	rt IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	☑ No
	Schedul	e F (Form 9	990) 2017

Schedule F (Form 990) 2017

Page 5

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;

amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return
Reference

Explanation

AQHA BUSINESS PLAN FUNDING - THE AMERICAN QUARTER HORSE ASSOCIATION PROVIDES FUNDING TO ITS

PART I.

LINE 2 INTERNATIONAL AFFILIATES BASED ON MEMBERSHIP AND HORSE POPULATION THIS FUNDING IS USED FOR THE PROMOTION OF THE QUARTER HORSE IN THE AFFILIATE COUNTRY AND MUST BE ACCOUNTED FOR BY SENDING COPIES OF EXPENDITURES AND EXAMPLES OF PROMOTION INCENTIVE FUND - A PROGRAM WHEREBY AQHA-NOMINATED SHOW PARTICIPANTS AND BREEDERS WIN CASH PRIZES BASED ON TOTAL POINTS ACCUMULATED. DURING EACH SHOW YEAR IN ORDER TO BE ELIGIBLE. BREEDERS MUST PAY NOMINATION FEES FOR THEIR STALLIONS AND FOALS THE NOMINATION FEES AND THE RELATED INVESTMENT INCOME REPRESENT THE SOURCE OF FUNDS FOR THE CASH PRIZES AWARDED NOMINATED STALLIONS AND FOALS ARE ELIGIBLE TO RECEIVE PAYMENTS FROM THE INCENTIVE FUND BASED ON TOTAL SHOW POINTS FARNED DURING THE PREVIOUS YEAR RACING CHALLENGE PROGRAM - AN INCENTIVE-TYPE PROGRAM OPEN TO ALL REGISTERED AMERICAN QUARTER HORSE FOALS THE RACING CHALLENGE RECEIVES FUNDS FROM INDIVIDUALS FOR THE ENROLLMENT OF THEIR HORSES ENROLLMENTS RECEIVED ARE USED TO SUPPLEMENT PURSE AWARDS AT CHALLENGE RACES AND ARE PAID TO THE ENROLLERS AND OWNERS AS BONUS AWARDS. RACE ENTRY FEES ARE RECEIVED FROM INDIVIDUALS TO ENTER A CHALLENGE RACE AND ARE ADDED TO THE PURSE AWARD. CORPORATE SPONSORS CONTRIBUTE FUNDS TO THE PURSE AWARDS AS WELL WORLD SHOWS - THE WORLD'S BEST AMERICAN QUARTER HORSES MEET EACH YEAR FOR THE CHANCE TO BECOME A WORLD CHAMPION AND SHARE IN CASH AND AWARDS. FROM HALTER TO REINING AND JUMPING TO TRAIL. THE FORD YOUTH WORLD SHOW IS HELD IN AUGUST. AND THE AMATEUR AND OPEN LUCAS OIL WORLD CHAMPIONSHIP SHOW IS HELD EACH NOVEMBER IN OKLAHOMA CITY. THE ADEQUAN SELECT SHOW IS HELD IN AUGUST IN AMARILLO. AND THE ZOETIS VERSATILITY RANCH HORSE WORLD CHAMPIONSHIP IS HELD IN HOUSTON EACH MARCH, ENTRIES ARE BY INVITATION ONLY BASED UPON COMPETITION IN THE 2:400 APPROVED. AQHA SHOWS A PANEL OF JUDGES EVALUATES EACH CLASS TO DETERMINE THE BEST CHOICE FOR THE WORLD CHAMPION TITLE EACH EVENT IS FOR THOSE WHO LOVE AND APPRECIATE THE ATHLETIC ABILITY AND BEAUTY OF THE AMERICAN QUARTER HORSE AND WANT TO SHOWCASE THE BEST IN EACH CLASS

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	AMERICAN QUARTER HORSE ASSOCIATION REQUIRES THE USE OF QUERIES OF OUR ACCOUNTING SYSTEM TO IDENTIFY FOREIGN EXPENDITURES IN OUR FINANCIAL STATEMENTS REVEALING THE SOURCE AND GEOGRAPHIC ORIGIN OF THOSE EXPENDITURES EXPENDITURES ARE BASED UPON THE ACCRUAL METHOD OF ACCOUNTING

Additional Data

EAST ASIA AND THE PACIFIC

Software ID: Software Version:

EIN: 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

BUSINESS PLAN

34,715

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	BUSINESS PLAN	14,162	

0 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES BUSINESS PLAN 317,609 AND GREENLAND) MIDDLE EAST AND NORTH 0 PROGRAM SERVICES BUSINESS PLAN 13,353 AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) O PROGRAM SERVICES BUSINESS PLAN 89.793 NORTH AMERICA (CANADA AND MEXICO) 0 PROGRAM SERVICES BUSINESS PLAN 72,463 SOUTH AMERICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) SUB-SAHARAN AFRICA 0 PROGRAM SERVICES BUSINESS PLAN 5.966 SOUTH AMERICA 0 PROGRAM SERVICES IRACING CHALLENGE 180

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	RACING CHALLENGE	15,480	
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INCENTIVE FUND	141	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INCENTIVE FUND	486	
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	INCENTIVE FUND	53,988	

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) O PROGRAM SERVICES INCENTIVE FUND 69.577 NORTH AMERICA (CANADA AND MEXICO) 0 PROGRAM SERVICES INCENTIVE FUND 1,091 SOUTH AMERICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES IFUROPEAN 31.009 AND GREENLAND) ICHAMPIONSHIP. 0 PROGRAM SERVICES IWORLD SHOW 22.789 NORTH AMERICA (CANADA AND MEXICO)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 PROGRAM SERVICES IWORLD SHOW 12.641 SOUTH AMERICA EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES IWORLD SHOW 5,330 AND GREENLAND)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND O PROGRAM SERVICES **IEUROPEAN SUMMIT** 11.413 AND GREENLAND) 0 PROGRAM SERVICES LATIN AMERICAN SUMMIT 2,504 SOUTH AMERICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 PROGRAM SERVICES IMOHA BANOUET 1.801 SOUTH AMERICA SOUTH AMERICA 0 PROGRAM SERVICES BRAZILIAN CONGRESS 1,383

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
SOUTH AMERICA	0	0	PROGRAM SERVICES	ABQM TRADE MISSION	7,003	
SOUTH AMERICA	0	0	PROGRAM SERVICES	LATIN AMERICAN JUDGES SEMINAR	9,669	

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES IEDUCATIONAL . 38,857 AND GREENLAND) MARKETPLACE MIDDLE EAST AND NORTH 0 PROGRAM SERVICES **IEDUCATIONAL** 2.500 AFRICA IMARKETPLACE.

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) FAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES IEDUCATIONAL . 2,500 MARKETPLACE NORTH AMERICA (CANADA 0 PROGRAM SERVICES **IEDUCATIONAL** 3.554 AND MEXICO) IMARKETPLACE.

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) SUB-SAHARAN AFRICA 0 PROGRAM SERVICES IEDUCATIONAL . 2,493 MARKETPLACE CENTRAL AMERICA AND THE 0 PROGRAM SERVICES **IEDUCATIONAL** 5,000 CARIBBEAN IMARKETPLACE.

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) SOUTH AMERICA 0 PROGRAM SERVICES IEDUCATIONAL . 10,000 MARKETPLACE NORTH AMERICA (CANADA 0 PROGRAM SERVICES FAST | EVEL 1 2,553 AND MEXICO) ICHAMPIONSHIP.

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) NORTH AMERICA (CANADA 0 PROGRAM SERVICES WEST | EVEL 1 1,454 AND MEXICO) ICHAMPIONSHIP. NORTH AMERICA (CANADA 0 PROGRAM SERVICES CENTRAL LEVEL 1 327 AND MEXICO) ICHAMPIONSHIP.

(i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL IBUSINESS 14.162 CHECKS, WIRES, IAMERICA AND PI AN ICREDIT CARDS THE CARIBBEAN EAST ASIA AND 31.253 CHECKS AND 3.462 TROPHIES AND BUSINESS ICOST

lwires

AWARDS

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

PLAN

THE PACIFIC

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE BUSINESS 307,230 CHECKS AND 10.379 TROPHIES AND COST KINCLUDING IPLAN WIRES **IAWARDS** ICELAND AND GREENLAND) MIDDLE EAST BUSINESS 13.353 CHECKS AND IAND NORTH PI AN WIRES IAFRICA

(i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(ıf cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH BUSINESS 88.384 CHECKS AND 1,409|TROPHIES AND ICOST IAMERICA IPLAN lwires. IAWARDS (CANADA AND

WIRES

10.328 TROPHIES AND

IAWARDS

Icost

MEXICO)

BUSINESS 62.135 CHECKS AND ISOUTH

PLAN

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

IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) SUB-SAHARAN BUSINESS 5.966 CHECKS AND IAFRICA PLAN WIRES INORTH IWORLD SHOW 6.831 CHECKS AND IAMERICA WIRES

I(CANADA AND MEXICO)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (book, FMV, (c) Region cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) **IEUROPE** WORLD SHOW 2.595 CHECKS AND LINCLUDING. **WIRES** ICELAND AND GREENLAND) NORTH AMERICA ICHECKS AND IRACING 5.564 l(CANADA AND CHALLENGE lwires IMEXICO)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL INCENTIVE 119 CHECKS AND IAMERICA AND IFUND IWIRES THE CARIBBEAN LEAST ASIA AND INCENTIVE 193 ICHECKS AND THE PACIFIC IFUND WIRES

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant organization and EIN(ıf grant non-cash disbursement assistance appraisal, applicable) assistance other) **IEUROPE** INCENTIVE 7.772 CHECKS AND (INCLUDING FUND lwires ICELAND AND GREENLAND) SOUTH AMERICA ICHECKS AND

WIRES

INCENTIVE FUND

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV. and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) NORTH AMERICA INCENTIVE FUND 10,662 CHECKS AND I(CANADA AND **IWIRES** IMEXICO) FUROPE **EDUCATIONAL** 38.857 ICHECKS AND (INCLUDING MARKETPLACE lwires IICELAND AND

IGREENLAND)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) MIDDLE EAST **IEDUCATIONAL** 2,500 CHECKS AND IAND NORTH IMARKETPLACE WIRES AFRICA EAST ASIA **IEDUCATIONAL** 2.500 CHECKS AND AND THE **IMARKETPLACE IWIRES** PACIFIC

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, non-cash cash cash grant and EIN(ıf organization grant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH IEDUCATIONAL. 3,554 CHECKS AND IAMERICA MARKETPLACE lwires (CANADA AND MEXICO)

WIRES

ISUB-SAHARAN 2.493 CHECKS AND **IEDUCATIONAL**

MARKETPLACE

IAFRICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (e) Amount of section (d) Purpose of (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL **IEDUCATIONAL** 5,000 CHECKS AND IAMERICA AND **IMARKETPLACE** WIRES ITHE CARIBBEAN I 10.000 CHECKS AND ISOUTH IEDUCATIONAL IAMERICA **IMARKETPLACE** WIRES

(a) Type of grant or (b) Region (c)Number (e) Manner of cash (f) Amount of (g) Description of (h) Method of (d) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal. other) 16 10,212 CHECKS AND 5,746 BUCKLES, JACKETS, COST INORTH TRADUTES ETC

TROPHIES, ETC

AMERICA (CANADA MEXICO)	AND			WIRES		TROPHIES, ETC	
SOUTH		8	6,942	CHECKS AND	5,699	BUCKLES, JACKETS,	COST

WIRES

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

IAMERICA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) 2.317 CHECKS AND 417 BUCKLES, **ICOST** IEUROPE WIRES JACKETS. (INCLUDING TROPHIES, ETC. ICELAND AND GREENLAND) 22 CHECKS AND ICENTRAL WIRES AMERICA AND THE CARIBBEAN

Form 990 Schedu	orm 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
	EAST ASIA AND THE PACIFIC	6		CHECKS AND WIRES	0					
	EUROPE (INCLUDING ICELAND AND GREENLAND)	367	,	CHECKS AND WIRES	0					

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal. other) 375 58,915 CHECKS AND INORTH lwires AMERICA (CANADA AND MEXICO) 720 CHECKS AND ISOUTH lwires IAMERICA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal. other) 14 9,916 CHECKS AND INORTH lwires AMERICA (CANADA AND MEXICO) 180 CHECKS AND ISOUTH lwires AMERICA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 2,553 BUCKLES, JACKETS, COST NORTH TROPHIES, ETC IAMERICA (CANADA AND (MEXICO) 1,454 BUCKLES, JACKETS, COST INORTH TROPHIES, ETC IAMERICA (CANADA AND MEXICO)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (d) Amount of (e) Manner of cash (g) Description of (h) Method of (b) Region (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal. assistance assistance other) 327 BUCKLES, JACKETS, COST INORTH TROPHIES, ETC IAMERICA. (CANADA AND (MEXICO

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493224015959 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer Identification number** AMERICAN QUARTER HORSE ASSOCIATION 75-0725576 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . 17 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) 2017

Part III

(1)			
(2)			
(3)			
(4)			
(5)			

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

Return Reference Explanation PART I, LINE 2 RACING COUNCIL GRANTS - A PROGRAM WHERE REQUESTS FOR GRANTS ARE SUBMITTED BY OUR STATE AFFILIATES FOR RACING PROMOTION INITIATIVE PURPOSES GRANTS ARE REVIEWED AND APPROVED BY AQHA'S RACING COUNCIL AND EXECUTIVE COMMITTEE INCENTIVE FUND - A PROGRAM WHEREBY AQHA-SANCTIONED SHOW PARTICIPANTS AND BREEDERS WIN CASH PRIZES BASED ON TOTAL POINTS ACCUMULATED DURING EACH SHOW YEAR IN ORDER TO BE ELIGIBLE. BREEDERS MUST PAY NOMINATION FEES FOR THEIR STALLIONS AND FOALS. THE NOMINATION FEES AND THE RELATED INVESTMENT INCOME REPRESENT THE SOURCE OF FUNDS FOR THE CASH PRIZES AWARDED NOMINATED STALLIONS AND FOALS ARE ELIGIBLE TO RECEIVE PAYMENTS FROM THE INCENTIVE FUND BASED ON TOTAL SHOW POINTS EARNED DURING THE PREVIOUS YEAR RACING CHALLENGE PROGRAM - AN INCENTIVE-TYPE PROGRAM OPEN TO ALL REGISTERED AMERICAN QUARTER HORSE FOALS. THE RACING CHALLENGE RECEIVES FUNDS FROM INDIVIDUALS FOR THE ENROLLMENT OF THEIR HORSES. ENROLLMENTS RECEIVED ARE USED TO SUPPLEMENT PURSE AWARDS AT CHALLENGE RACES AND ARE PAID TO THE ENROLLERS AND OWNERS AS BONUS AWARDS. RACE ENTRY FEES ARE RECEIVED FROM INDIVIDUALS TO ENTER A CHALLENGE RACE AND ARE ADDED TO THE PURSE AWARD. CORPORATE SPONSORS CONTRIBUTE FUNDS TO THE PURSE AWARDS AS WELL WORLD SHOWS - THE WORLD'S BEST AMERICAN OUARTER HORSES MEET EACH YEAR FOR THE CHANCE TO BECOME A WORLD CHAMPION AND SHARE IN CASH AND AWARDS FROM HALTER TO REINING AND JUMPING TO TRAIL, THE FORD YOUTH WORLD SHOW IS HELD IN AUGUST, AND THE AMATEUR AND OPEN LUCAS OIL AOHA WORLD CHAMPIONSHIP SHOW IS HELD EACH NOVEMBER IN OKLAHOMA CITY THE ADEQUAN SELECT SHOW IS HELD IN AUGUST IN AMARILLO, AND THE ZOETIS VERSATILITY RANCH HORSE WORLD CHAMPIONSHIP IS HELD IN HOUSTON EACH MARCH ENTRIES ARE BY INVITATION ONLY BASED UPON COMPETITION IN THE 2,400 APPROVED AQHA SHOWS A PANEL OF JUDGES EVALUATES EACH CLASS TO DETERMINE THE BEST CHOICE FOR THE WORLD CHAMPION TITLE EACH EVENT IS FOR THOSE WHO LOVE AND APPRECIATE THE ATHLETIC ABILITY AND BEAUTY OF THE AMERICAN QUARTER HORSE AND WANT TO SHOWCASE THE BEST IN EACH CLASS

Schedule I (Form 990) 2017

Page **2**

Additional Data

RACING MEDICATION AND

4033 IRON WORKS PARKWAY

TESTING CONSORTIUM 821 CORPORATE DRIVE LEXINGTON, KY 40503 AAEP FOUNDATION INC

LEXINGTON, KY 40511

Software ID: **Software Version:**

72-1559413

61-1259683

EIN: 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

50,000

10,000

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance

	ic Governments.
unt of non-	(f) Method of valuation

(h) Purpose of grant or assistance

EQUINE RESEARCH

EQUINE DISEASE

COMMUNICATION

CENTER DONATION

GRANT

orm 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domesti	ic Gove
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Met (book,

501(C)(3)

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 74-2899784 6.622 ROCKIN J RUNNING HORSES RACE CHALLENGE 111 CROSS TIMBERS 75-2415555 8.279 RACE CHALLENGE

GATESVILLE, TX 76528 JOHNNY TROTTERBURNETT RANCHES PO BOX 130

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

GUTHRIE, TX 79236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 41-2165240 5.494 WARDELL OUARTER HORSES RACE CHALLENGE PO BOX 817 WHEATLAND, WY 82201

RACE CHALLENGE

5.272

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

RELIANCE RANCHES LLC

10700 E FORREST HILLS RD GUTHRIE, OK 73044 26-1095236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance MACTERCON FARMELLO 62 1670726 E 007 ETALCOCT IBLICKLES INCKETS TROPHIES IMARIES CHOW

IETC

400 UNION DR SOMERVILLE, TN 38068	62-16/9/26	5,987	513	COST	ETC	WORLD SHOW
RDJ QUARTER HORSES LLC	20-3597322	5,199	402	COST	BUCKLES, JACKETS, TROPHIES,	WORLD SHOW

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

5280 NC HIGHWAY 127 TAYLORSVILLE, NC 28681

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TERRY BRADSHAW OLIARTER 27-2450678 6 032 684 COST BUCKLES JACKETS TROPHIES WORLD SHOW

HORSES			ĺ		ETC	
18901 BRADSHA	W LN					
THACKERVILLE, (OK 73459					

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

1ANE HUMES 71-0925766

2.756 COST BUCKLES, JACKETS, TROPHIES, WORLD SHOW 6.422 **IETC** 1536 NELSON AVE FORT DODGE, IA 50501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

DESCRISORY DANION	04 0600476				DUIGHU EG 31 GUETG TROPHITES	
SILVER SPURS EQUINE 24589 210TH ST PURCELL, OK 73080	20-3986003	8,547	1,517	COST	BUCKLES, JACKETS, TROPHIES, ETC	WORLD SHOW

81-2603176 16.537 3,098 COST BUCKLES, JACKETS, TROPHIES, IWORLD SHOW BEECHFORK RANCH **IETC** 2501 ADELL CIR

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

WEATHERFORD, TX 76088

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 38-3876152 5.932 1.239 COST BUCKLES, JACKETS, TROPHIES, WORLD SHOW HDC QUARTER HORSES USA ETC

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

4001 OAKWOOD CT AUBREY, TX 76227

DT HORSES LLC 26-2314509 6,236 1,026 COST BUCKLES, JACKETS, TROPHIES, WORLD SHOW PO BOX 5350 ETC WORLD SHOW PO BOX 5350 BEND, OR 97708

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance ENTIVE

DAROL OR KAREN RODROCK PO BOX 25390 OVERLAND PARK, KS 66225	48-0959125	6,554		INCE

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

400 UNION DR

SOMERVILLE, TN 38068

MASTERSON FARMS LLC 62-1679726 6.839 INCENTIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

YOUTH SCHOLARSHIPS

U S MARSHALS SERVICE 219 S DEARBORN ST STE 2444 CHICAGO, IL 60604	54-1880804		6,783		INCENTIVE
AMERICAN OLIARTER HORSE	51-0187823	501(C)(3)	17 533		MUSEUM OD

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

PO BOX 32111

AMARILLO, TX 79120

MUSEUM OPERATIONS. AMERICAN QUARTER HORSE 201(C)(2) 1/,000 FOUNDATION LEOUINE RESEARCH.

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

02-1819080 5.615 1.346 COST BS HORSES LLC

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

WILLOUGHBY, OH 44094

BUCKLES, JACKETS, TROPHIES, WORLD SHOW 8900 BILLINGS RD

(a) Type of grant or assistance (b) Number of (c)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance (d)Amount of cash grant non-cash assistance FMV, appraisal, other) recipients WORLD SHOW 831 1 293 264 1.586.181 COST BUCKLES TROPHIES FTC

1101125 511011	001	1,230,20	1/500/101	0001	50011220, 1110111220, 210
RACING CHALLENGE	130	129,059	0		
INCENTIVE FUND	5007	851,246	0		

NCENTIVE FUND	5007	851,246	0		
QHA PROMOTION AND SPONSORSHIP	1885	31,500	284,676	COST	BUCKLES, JAC

۸.

ACKETS, PLAQUES, RINGS, SADDLES, IKETS, TROPHIES, VESTS, ETC

AWARDS					SPURS, BLANK
AQUA FROMOTION AND SPONSORSHIP	1002	31,300	204,070	[CO31	IDOCKLLS, JACK

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

BUCKLES, TROPHIES, ETC TEAM WRANGLER/CHAMPIONSHIP AND 484 24.300 362,6251COST ROOKIE WINNERS

(a)Type of grant or assistance (b)Number of (c)Amount of (d)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) FAST | EVEL 1 CHAMPIONSHIP 753 l 68,533 COST BUCKLES, TROPHIES, ETC.

		,		
WEST LEVEL 1 CHAMPIONSHIP	663	66,619	COST	BUCKLES, TROPHIES, ETC
CENTRAL LEVEL 1 CHAMDIONSHIP	643	60.363	COST	BUCKLES TROBUTES ETC

		•		, ,
CENTRAL LEVEL 1 CHAMPIONSHIP	643	69,262	COST	BUCKLES, TROPHIES, ETC

24,500

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

ALL-AROUND AMATEUR

CENTRAL LEVEL 1 CHAMPIONSHIP	643		COST	BUCKLES, TROPHIES, ETC

CENTRAL LEVEL I CHAMPIONSHIP	043		09,202	[0031	BOCKLES, TROPHIES, ETC
PANCHING HERITAGE CHALLENGE FINAL	90	59 290	12 736	COST	BUCKLES JACKETS

1.775 COST

TROPHY

RANCHING HERITAGE CHALLENGE FINAL	90	59,290	12,736	COST	BUCKLES, JACKETS

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

1.450 COST

TROPHY

		1	
	1		

42.500

SUPERHORSE AWARDS

efil	e GRAPHIC p	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19322	4015	959
Sch	edule J	Co	ompensati	ion Information	00	1B No	1545-0	0047
(For	n 990)	For certain Office		rustees, Key Employees, and Hig	hest			
		Complete if the ord		ited Employees ered "Yes" on Form 990, Part IV	, line 23.	20	17	7
Б	ed . T		▶ Attach	to Form 990. (Form 990) and its instructions			o Pul	
•	tment of the Treasury al Revenue Service	, Fillormation at		gov/form990.	is at		ectio	
	me of the organiz	zation ORSE ASSOCIATION			Employer identificat	ion nu	ımber	
AIIIL	INICAN QUANTER II	OKSE ASSOCIATION			75-0725576			
Pa	rt I Questi	ions Regarding Compensa	tion					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
	_	r companions	님	Payments for business use of perso				
		inification and gross-up payment nary spending account	s 📙	Health or social club dues or initiati Personal services (e.g., maid, chau				
	L Discretio	nary spending account		reisonal services (e.g., maid, chad	neur, cher)			
b		oxes in line 1a are checked, did the all of the expenses described abo		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2	Yes	
	directors, trusti	ees, officers, including the CEO/6	executive Director	r, regarding the items checked in line	e Ia'			
3				d to establish the compensation of t not check any boxes for methods	he			
	_	•		CEO/Executive Director, but explain	ın Part III			
	✓ Compens	sation committee	П	Written employment contract				
	_ '	dent compensation consultant	<u> </u>	Compensation survey or study				
	·	of other organizations	\checkmark	Approval by the board or compensa	ition committee			
4	During the year related organiz		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	_	rance payment or change-of-con	trol payment?			4a		No
ь		or receive payment from, a suppl		Ified retirement plan?		4b		No
c	Participate in, o	or receive payment from, an equi	ity-based comper	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and	d provide the app	licable amounts for each item in Par	t III			
	Only 501(c)(3	3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-0				
5			=	the organization pay or accrue any				
		contingent on the revenues of						
а	The organization	n?				5a		
b	Any related org	•				5b		
	•	e 5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section to the contingent on the net earnings of the continuous continuou		the organization pay or accrue any				
а	The organization	n?				6a		
b	Any related org					6b		
_	•	e 6a or 6b, describe in Part III		the comment of the co	ı			
7		ed on Form 990, Part VII, Section described in lines 5 and 6? If "Yes		the organization provide any nonfixe rt III	a	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe			
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	8		
For F	Panerwork Red	uction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 1	50053T Schedule J		19901	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Note. The sum of column	ıs (B)(1)-(111) for each listed in	dividual must equal the to	ital amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t ındıvıdual
(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	Solida & internity (iii) Stife!		benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 HUFFHINES CRAIG EXECUTIVE VICE PRESIDENT	(i)	287,474	85,000	13,086	18,000	22,325	425,885	0
	(ii)	0	0	0	0	0	0	0
2 TAYLOR TRENTON TREASURER, COO (THRU	(i)	217,355	0	16,202	0	21,073	254,630	0
3/28/18)	(ii)	0	0	0	0	0	0	0
3 MORRISON ANNA CIO/CHIEF FOUNDATION	(i)	141,017	5,000	4,050	9,115	7,516	166,698	0
OFFICER	(ii)	0	0	0	0	0	0	0
4 KYLE MICHAEL 'PETE' CHIEF SHOW OFFICER	(i)	167,479	0	6,235	11,040	19,329	204,083	0
CHIEF SHOW OF ICER	(ii)	0	0	0	0	0	0	0
5 PIERCE ROBERT 'CHAD' GENERAL COUNSEL	(i)	225,475	0	7,235	12,038	9,846	254,594	0
	(ii)	0	0	0	0	0	0	0
6 MULLINS CARL CHIEF PUBLISHING OFFICER	(i)	118,636	21,746	2,651	9,255	20,806	173,094	0
	(ii)	0	0	0	0	0	0	0
7 BRASIER DUSTIN ARC DIRECTOR OF	(i)	74,981	64,595	2,489	8,824	14,377	165,266	0
SALES/PROD DEVELOPME	(ii)	0	0	0	0	0	0	0
8 CALLAHAN TIMOTHY SENIOR DIRECTOR OF IT	(i)	120,832	0	7,297	8,220	17,448	153,797	0
(THRU 4/15/18)	(ii)	0	0	0	0	0	0	0
		<u> </u>					Schedule	J (Form 990) 2017

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I. LINE 1A IFIRST-CLASS TRAVEL FOR EXECUTIVE COMMITTEE MEMBERS IS NOT REPORTED AS TAXABLE COMPENSATION AS THE ORGANIZATION UTILIZES UPGRADES

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

ISPOUSAL TRAVEL IS NOT TAXABLE TO THE INDIVIDUAL

efile GRAPH	C print - DO NOT PROCESS As Filed Data -	DLN: 93493224015959
SCHEDUL (Form 990 or EZ)	O9()- Complete to provide information for responses to Form 990 or 990-EZ or to provide any additio Attach to Form 990 or 990-EZ BY Information about Schedule O (Form 990 or 990-EZ WWW.irs.gov/form990.	specific questions on only on linformation.
ntemal Revenue fier Name of the org AMERICAN QUARTE	nization R HORSE ASSOCIATION	Employer identification number 75-0725576
Return Reference	Explanation	
FORM 990, PART I, LINE 1	(CONTINUATION) LOCATED IN AMARILLO, TEXAS, AQHA HAS REGIS N QUARTER HORSES AND SERVES MORE THAN 225,000 MEMBERS ICIAL RECORD KEEPING AND GOVERNING BODY OF THE AMERICA DS ALL AMERICAN QUARTER HORSE OWNERSHIP, PROCESSES AF S PERFORMANCE AND PRODUCE DATA ON ALL AMERICAN QUART AND PUBLICIZES THE AMERICAN QUARTER HORSE INDUSTRY IN ATAILSTICS ON OWNERSHIP IN EACH STATE AND COUNTRY, AS WE TION FIGURES AQHA'S ROLE IN PRESERVING THE INTEGRITY OF BASIS WHETHER AMERICAN QUARTER HORSES ARE STILL BEING TIONS, FOR SHOWING, RACING OR PLEASURE, AQHA STRIVES TO ASSOCIATION MEMBERS AND ULTIMATELY THE AMERICAN QUART	WORLDWIDE AQHA FUNCTIONS AS THE OFF N QUARTER HORSE INDUSTRY AQHA RECOR PPROVED SHOW AND RACE RESULTS, CATALOG ER HORSES, MAINTAINS ASSOCIATION FUNDS ADDITION, AQHA MAINTAINS CURRENT S ELL AS AMERICAN QUARTER HORSE POPULA THE BREED IS EXPANDING ON A DAILY USED IN TRADITIONAL RANCHING OPERA PROVIDE SERVICES BENEFICIAL TO ALL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JAMES HEIRD, EXECUTIVE COMMITTEE, AND ELEANOR GREEN, DIRECTOR, FAMILY RELATIONSHIP LAINA B ANKS, DIRECTOR, AND KENNETH BANKS, DIRECTOR-AT-LARGE, FAMILY RELATIONSHIP EDWARD MCNELIS, DIRECTOR EMERITUS, AND LAINA AND KENNETH BANKS, DIRECTOR AND DIRECTOR-AT-LARGE, FAMILY RELATIONSHIP CHARLES GRAHAM, DIRECTOR-AT-LARGE, AND TYLER GRAHAM, DIRECTOR, FAMILY AND BUSINE SS RELATIONSHIP ROB BROWN, PAST PRESIDENT, AND ROB A BROWN, DIRECTOR, FAMILY RELATIONSHIP SARAH N KUNKLE, DIRECTOR EMERITUS, AND JOHN B KUNKLE, DIRECTOR, FAMILY RELATIONSHIP J WADE ELLERBROEK, JR, DIRECTOR EMERITUS, AND WILLIAM R HORTON, DIRECTOR, FAMILY AND BUSINE SS RELATIONSHIP J WADE ELLERBROEK, JR, DIRECTOR EMERITUS, AND GEORGA M SUTTON, HONORARY VICE PRESIDENT, FAMILY RELATIONSHIP RALPH C SEEKINS, EXECUTIVE COMMITTEE, AND BETH C AUS TIN, DIRECTOR, FAMILY RELATIONSHIP PETE SCARMARDO, DIRECTOR, AND JOHNNY TROTTER, PAST PRES IDENT, BUSINESS RELATIONSHIP FLOYD E 'BUTCH' WISE, EXECUTIVE COMMITTEE, AND BEN L HUDSON, DIRECTOR-AT-LARGE, FAMILY RELATIONSHIP LISA GARDNER, DIRECTOR, AND CRYSTA LOMBARDI, DIRECTOR, FAMILY RELATIONSHIP FRANK G MERRILL, PAST PRESIDENT, AND ROBIN MERRILL, HONORARY VICE PRESIDENT, FAMILY RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE AMERICAN QUARTER HORSE ASSOCIATION IS A NONPROFIT CORPORATION THAT IS COMPOSED OF APPR OXIMATELY 225,000 MEMBERS WORLDWIDE THE MEMBERS IN ATTENDANCE EACH HAVE A VOTE AT THE ANN UAL MEMBERSHIP MEETINGS THESE MEMBERS ARE DIVIDED INTO GEOGRAPHICAL AREAS REPRESENTING ST ATES, PROVINCES, COUNTRIES, OR REGIONS THESE MEMBERS ARE REPRESENTED ON THE BOARD OF DIRE CTORS THE TOTAL NUMBER OF ELECTED DIRECTORS IS 150 THE NUMBER OF DIRECTORS REPRESENTING AN AREA IS DETERMINED BY THE NUMBER OF REGISTERED AMERICAN QUARTER HORSES IN THEIR GEOGRAP HIC REGION THE MEMBERS FROM EACH REGION ELECT THE DIRECTORS FROM THEIR REGION THE MEMBER S APPROVE ALL DECISIONS OF THE BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE AT THE ANNUAL ME ETING SEE SECTION II AND III OF THE BY-LAWS

Doturn

Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS IS COMPOSED OF ELECTED DIRECTORS, PAST PRESIDENTS, DIRECTORS EMERIT I, DIRECTORS-AT-LARGE, HONORARY VICE PRESIDENTS, AND APPOINTED INTERNATIONAL DIRECTORS AL L OF THESE HAVE VOTING RIGHTS ON THE BOARD OF DIRECTORS PROVIDED THEY ADHERE TO THE POLICI ES TO MAINTAIN THEIR VOTING RIGHTS THE BOARD OF DIRECTORS MEETS ANNUALLY AT THE ANNUAL ME MBERSHIP MEETING THE BOARD OF DIRECTORS ELECTS THE EXECUTIVE COMMITTEE, WHICH HAS ALL RIG HTS OF THE BOARD OF DIRECTORS EXCEPT THE POWER TO CHANGE BY-LAWS AND ANY RULES PERTAINING TO THE REGISTRATION OF HORSES THE EXECUTIVE COMMITTEE IS A FIVE-MEMBER COMMITTEE CONSISTI NG OF THE PRESIDENT, FIRST VICE PRESIDENT, SECOND VICE PRESIDENT, AND TWO MEMBERS SEE SEC TION IV AND V OF THE BY-LAWS

Evolunation

Return Explanation
Reference

FORM 990, THE DECISIONS OF THE EXECUTIVE COMMITTEE ARE APPROVED BY THE BOARD OF DIRECTORS THE ACTIO
PART VI,
SECTION A,
LINE 7B

Return Explanation
Reference

FORM 990,	THE 990 IS COMPLETED WITH THE ASSISTANCE OF THE ACCOUNTING DEPARTMENT IN CONJUNCTION WITH
PART VI,	THE TREASURER THE 990 IS THEN REVIEWED BY THE TREASURER AND THE EXECUTIVE VICE PRESIDENT
SECTION B,	THE BOARD OF DIRECTORS THROUGH THE EXECUTIVE COMMITTEE ALSO REVIEWS THE RETURN AFTER FIL
LINE 11R	INC. THE 990 IS AVAILABLE TO ANYONE LIPON REQUEST

Return Explanation
Reference

FORM 990,	ALL BOARD MEMBERS, OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED INDIVIDUALS ARE REQUIRE
PART VI,	D TO FILL OUT THE CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS ALL OF THESE RESPONS
SECTION B,	ES ARE REVIEWED TO DETERMINE WHERE CONFLICTS MAY EXIST. IF A CONFLICT ARISES, THE BOARD ME
LINE 12C	MBER WITH SUCH CONFLICT WILL NOT BE ALLOWED TO VOTE ON THE TRANSACTION INVOLVED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE APPROVES COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT, TREASURER, AND KEY EMPLOYEES MARKET STUDIES ARE COMPLETED TO ENSURE COMPENSATION IS IN ALIGNMENT WI TH COMPARABLE ROLES IN SIMILARLY SITUATED ORGANIZATIONS THE EXECUTIVE COMMITTEE HAS RECEI VED INDEPENDENT REVIEWS OF THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IN THE PAST, BUT IT IS NOT DONE ON AN ANNUAL BASIS THE DOCUMENTATION OF THEIR DECISIONS IS REFLECTED IN THE MINUTES OF THE EXECUTIVE COMMITTEE MEETINGS THE COMPENSATION PROCESS WAS LAST DONE IN 2019

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE PRINTED IN THE ANNUAL OFFICIAL HANDBOOK THAT IS AVAILABLE UPON REQUEST TO ALL MEMBERS AND IS POSTED ON THE AQHA WEBSITE THE INFORMATION CAN ALSO BE DOWNLOADED THROUGH THE AQHA APP THE CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PRESENTED TO THE MEMBERS AT THE ANNUAL MEETING AND THEN POSTED ON THE AQHA WEBSITE IN ADDITION. EACH

DIRECTOR RECEIVES QUARTERLY UNAUDITED FINANCIALS TO SHARE WITH THE MEMBERS THEY REPRESENT

990 Schedule O, Supplemental Information

Return

Reference	·
FORM 990, PART VII-	BOARD OF DIRECTOR COMPENSATION AMOUNTS INCLUDE PRIZE MONEY AND COMPENSATION FOR OTHER SERV
	I ICES PROVIDED TO THE AMERICAN QUARTER HORSE ASSOCIATION IN THE NORMAL COURSE OF BUSINESS

Explanation

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

2017

DLN: 93493224015959OMB No 1545-0047

Open to Public Inspection

Name of the organization AMERICAN QUARTER HORSE ASSOCIATION				Employer ide	ntification number		
AMERICAN QUARTER HORSE ASSOCIATION				75-0725576			
Part I Identification of Disregarded Entities Complete of	the organization ans	wered "Yes" on Forr	n 990, Part IV, line	: 33.			
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)		(e) End-of-year assets	(f) Direct controlling entity		
(1) ROBIN GLENN PEDIGREES LLC PO BOX 200 AMARILLO, TX 791680001 73-1557829	SEE PART VII	TX	596,042	2,064,631	AMERICAN QUARTER HORSE ASSOCIATION		_
(2) AWARDS RECOGNITION CONCEPTS LLC PO BOX 200 AMARILLO, TX 791680001 47-3392191	SEE PART VII	TX	4,069,409	3,421,250	AMERICAN QUARTER HORSE ASSOCIATION		
							_
							_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization	ns Complete if the or (b) Primary activity	rganization answered	d "Yes" on Form 99 (d) Exempt Code section	(e) Public charity status	because it had one or (f) Direct controlling	1 (g)
Name, address, and EIN of related organization	Primary activity	or foreign country)	Exempt Code Section	(if section 501(c)(3))	entity	Section 51: (13) contro entity?	
(1)AMERICAN QUARTER HORSE FOUNDATION PO BOX 32111	SEE PART VII	TX	501(C)(3)	LINE 12B, II	AMERICAN QUARTER HORSE ASSOCIATION		No
AMARILLO, TX 79120 51-0187823							<u> </u>
For Paperwork Reduction Act Notice, see the Instructions for Form 9		Cat No 501	257		Schedule R (Form	000) 2	017

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominan Income(relate unrelated, excluded fror tax under sections 512	ed, total incom		Disprop	h) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or ging	(k) Percentag ownershi
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						nization ans	wered "Yes	" on Fo	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)		(d)	(e)	(f)		(g)	(H	1)		(1)
Name, address, and EIN of related organization	Primary activity	l do (state	Legal omicile or foreign untry)		controlling Ty	ype of entity corp, S corp, or trust)	Share of total income		of end- year assets	of- Percei owne	ntage	(13	ction 512 3) control entity?
			unu y)									Y	es No
										_			_

(3)AMERICAN QUARTER HORSE FOUNDATION

chedule A (1 01111 990) 2017			Pa	ige 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV	/, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Par	rts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No
f b Gift, grant, or capital contribution to related organization(s)		1 b	Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)		1c	Yes	
d Loans or loan guarantees to or for related organization(s)		1d		No
e Loans or loan guarantees by related organization(s)		1e		No
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)		1 g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)		1j		No
k Lease of facilities, equipment, or other assets from related organization(s)		1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)		11		No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		No
o Sharing of paid employees with related organization(s)		10		No
p Reimbursement paid to related organization(s) for expenses		1 p		No
F			├	

	ruichase of assets from related organization(s).	1	l	1
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
				

1r No No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (c)

(b) Transaction (a) Name of related organization (d)
Method of determining amount involved Amount involved type (a-s) В (2)AMOUNT LESS THAN 50K NOT REPORTABLE С

Q

550,100

ACTUAL AMOUNT INCURRED

Schedule R (Form 990) 2017

(1)AMOUNT LESS THAN 50K NOT REPORTABLE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		(k) Percentage ownership
İ			514)	Yes	No	ļ		Yes	No		Yes	No	
										Schedul	e R (Form	1 990)) 20 1 7

Schedule R (Form 990) 2017 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation FORM 990, SCHEDULE R, PART I, LINE SUPPORTS THE ACTIVITIES OF THE AMERICAN QUARTER HORSE ASSOCIATION BY PRODUCING SALE CATALOGS AND PEDIGREES FOR THE INDUSTRY'S PREMIER 1(B), ROBIN GLENN PEDIGREES, LLC RACE SALES AND PERFORMANCE SALES, AS WELL AS ALL FACETS OF THE QUARTER HORSE INDUSTRY IT ALSO MAINTAINS A LARGE DATABASE OF HORSE IRECORDS

Return Reference	Explanation
FORM 990, SCHEDULE R, PART	SUPPORTS THE ACTIVITIES OF THE AMERICAN QUARTER HORSE ASSOCIATION BY MANUFACTURING AWARDS FOR
I, LINE 2(B), AWARDS	SHOWS AND EVENTS
RECOGNITION CONCEPTS, LLC	

Return Reference	Explanation
FORM 990, SCHEDULE R, PART	SUPPORT OF EDUCATIONAL PROJECTS OF INTEREST TO DEVOTEES OF THE QUARTER HORSE
II, LINE 1(B),	

Schedule R (Form 990) 2017