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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN QUARTER HORSE ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 200

City or town, state or province, country, and ZIP or foreign postal code
AMARILLO, TX 791680001

D Employer identification number
75-0725576

E Telephone number
(806) 376-4888

G Gross receipts $ 52,449,959

F Name and address of principal officer
CRAIG HUFFHINES
PO BOX 200
AMARILLO, TX 791680001

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AQHA COM

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶

L Year of formation 1940

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE AMERICAN QUARTER HORSE ASSOCIATION IS THE LARGEST EQUINE BREED AND MEMBERSHIP ORGANIZATION IN THE WORLD AQHA MEMBERS SHARE A PASSION FOR THE AMERICAN QUARTER HORSE AND THE VAST LIFESTYLE CREATED BY THE WORLD'S MOST POPULAR HORSE WHETHER YOU'RE A SEASONED HORSE SHOW VETERAN, A FAN OF THE RACE TRACK, A BACKYARD HORSE ENTHUSIAST OR SIMPLY SOMEONE DREAMING OF SOMEDAY OWNING A HORSE, AN AQHA MEMBERSHIP WILL PROVIDE COUNTLESS BENEFITS AND A MEANS IN WHICH A CONNECTION CAN BE MADE BETWEEN MEMBERS WITH SIMILAR PASSIONS LOCATED IN AMARILLO, TEXAS, AQHA HAS REGISTERED MORE THEN 5 MILLION AMERICAN QUARTER HORSES AND SERVES MORE THAN 225,000 MEMBERS WORLDWIDE AQHA FUNCTIONS AS THE OFFICIAL RECORD KEEPING AND GOVERNING BODY OF THE AMERICAN QUARTER HORSE INDUSTRY AQHA RECORDS ALL AMERICAN QUARTER HORSE OWNERSHIP, PROCESSES APPROVED SHOW AND RACE RESULTS, CATALOGS PERFORMANCE AND PRODUCE DATA ON ALL AMERICAN QUARTER HORSES, MAINTAINS ASSOCIATION FUNDS AND PUBLICIZES THE AMERICAN (CONTINUED)

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	268
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	263
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	351
6	Total number of volunteers (estimate if necessary)	**6**	600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,951,232
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,174	18,921
9	Program service revenue (Part VIII, line 2g)	45,564,274	44,339,383
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,132,340	1,694,190
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,021,019	612,286
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,737,807	46,664,780
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,920,983	4,450,712
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,438,098	15,941,767
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	24,339,969	25,941,581
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	45,699,050	46,334,060
19	Revenue less expenses Subtract line 18 from line 12	7,038,757	330,720

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	45,995,567	39,536,568
21	Total liabilities (Part X, line 26)	26,643,481	30,550,405
22	Net assets or fund balances Subtract line 21 from line 20	19,352,086	8,986,163

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2020-08-17
Signature of officer Date

CRAIG HUFFHINES EXECUTIVE VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00083210

Firm's name ▶ WEAVER AND TIDWELL LLP — Firm's EIN ▶ 75-0786316

Firm's address ▶ 2300 N FIELD ST STE 1000 DALLAS, TX 75201 — Phone no (972) 490-1970

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO RECORD AND PRESERVE THE PEDIGREES OF THE AMERICAN QUARTER HORSE WHILE MAINTAINING THE INTEGRITY OF THE BREED, TO PROVIDE BENEFICIAL SERVICES FOR ITS MEMBERS THAT ENHANCE AND ENCOURAGE AMERICAN QUARTER HORSE OWNERSHIP AND PARTICIPATION, TO DEVELOP DIVERSE EDUCATIONAL PROGRAMS, MATERIALS AND CURRICULUM THAT WILL POSITION AQHA AS THE LEADING RESOURCE ORGANIZATION IN THE EQUINE INDUSTRY, TO GENERATE GROWTH OF AQHA MEMBERSHIP VIA THE MARKETING, PROMOTION, ADVERTISING AND PUBLICITY OF THE AMERICAN QUARTER HORSE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program 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 Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	7,408		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	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	**2a**	351		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	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 additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	268		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	263		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	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*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶CRAIG HUFFHINES 1600 QUARTER HORSE DR AMARILLO, TX 79104 (806) 376-4811

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								1,362,669	0	152,263

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NTT DATA SERVICES LLC PO BOX 677956 DALLAS, TX 75267	IT SERVICES	1,437,566
BASE22 TECHNOLOGY GROUP LLC 5605 SLEEPY CREEK LN FORT WORTH, TX 76179	IT SERVICES	547,375
ADSFACTORY 515 S HOFF EL RENO, OK 73036	CONSULTING SERVICES	281,165
JOELLEN SULLIVAN, 25051 W RIVER ROAD PERRYSBURG, OH 43551	CONSULTING SERVICES	250,000
TIM CALLAHAN, 4311 TIFFANI AMARILLO, TX 79109	CONSULTING SERVICES	139,900

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 ▶ 8

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	18,921		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		18,921		
Program Service Revenue		Business Code				
	2a CHAMPIONSHIP SHOWS	900099	9,100,157	9,100,157		
	b MEMBERSHIP INCOME	900099	7,391,114	7,391,114		
	c OTHER PROGRAM REVENUE	900099	5,934,075	5,934,075		
	d REGISTRATIONS	900099	4,862,892	4,862,892		
	e INCENTIVE FUND & RACING CHALLENGE	900099	4,620,628	4,620,628		
	f All other program service revenue		12,430,517	9,479,285	2,951,232	
	g Total. Add lines 2a–2f . . . . ▶		44,339,383			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		717,955			717,955
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶		501,707			501,707
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	5,208,948	23,552			
	b Less cost or other basis and sales expenses	4,160,899	95,366			
	c Gain or (loss)	1,048,049	-71,814			
	d Net gain or (loss) . . . . . ▶		976,235			976,235
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . a	1,627,708				
	b Less cost of goods sold . . b	1,528,914				
	c Net income or (loss) from sales of inventory . . ▶		98,794	98,794		
	Miscellaneous Revenue	Business Code				
	11a PARTNERSHIP INCOME	900099	11,785			11,785
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d . . . . . ▶		11,785			
	12 Total revenue. See Instructions . . . . ▶		46,664,780	41,486,945	2,951,232	2,207,682

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

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
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	201,510			
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,263,126			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	986,076			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,122,777			
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	12,256,672			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	535,610			
9 Other employee benefits	1,076,839			
10 Payroll taxes	949,869			
11 Fees for services (non-employees)				
a Management				
b Legal	106,003			
c Accounting	108,294			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	87,139			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,868,396			
12 Advertising and promotion	3,460,028			
13 Office expenses	2,330,355			
14 Information technology	808,540			
15 Royalties . .				
16 Occupancy	1,429,982			
17 Travel	1,105,242			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	309,988			
20 Interest	2,206			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	1,684,081			
23 Insurance . . .				
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 SHOW EXPENSES	8,731,827			
b GENOTYPING	1,623,381			
c MAGAZINE	1,348,884			
d MISCELLANEOUS EXPENSES	937,235			
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	46,334,060			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		4,420,962	1	2,090,288
	2	Savings and temporary cash investments		49,419	2	4,052,630
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,981,816	4	2,114,229
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,019,648	8	776,899
	9	Prepaid expenses and deferred charges		757,810	9	608,380
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 24,824,519			
	b	Less accumulated depreciation	10b 11,908,337	11,884,128	10c	12,916,182
	11	Investments—publicly traded securities		21,291,792	11	16,844,093
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		3,123,812	13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,466,180	15	133,867
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		45,995,567	16	39,536,568
Liabilities	17	Accounts payable and accrued expenses		2,847,337	17	4,695,396
	18	Grants payable			18	
	19	Deferred revenue		21,369,288	19	18,472,395
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		195,563	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		2,231,293	25	7,382,614
	26	**Total liabilities.** Add lines 17 through 25		26,643,481	26	30,550,405
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		19,352,086	27	8,986,163
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		19,352,086	33	8,986,163
	34	Total liabilities and net assets/fund balances		45,995,567	34	39,536,568

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,664,780
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,334,060
3	Revenue less expenses Subtract line 2 from line 1	3	330,720
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,352,086
5	Net unrealized gains (losses) on investments	5	-1,337,396
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2,898,829
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,460,418
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,986,163

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
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?	2c	Yes	
	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 Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

Form 990 (2018)

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 9/30/19, THE ASSOCIATION HAD 221,113 MEMBERS AND IS MAINTAINING 5,949,413 REGISTRATIONS OF HORSES AND THEIR RELATED RECORDS

Form 990, Part III, Line 4b:

PUBLICATION OF "THE AMERICAN QUARTER HORSE JOURNAL", "PERFORMANCE HORSE JOURNAL", "QUARTER 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 9/30/19 WAS 167,277

Form 990, Part III, Line 4c:

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 2019, THERE WERE 2,255 TOTAL SHOWS WITH 797,703 TOTAL SHOW ENTRIES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BAILEY RICK DIRECTOR EMERITUS	1 00	X						0	0	0
BEAMER LAWRENCE L DIRECTOR EMERITUS	0 00	X						0	0	0
BENOIT LLOYD JR DIRECTOR EMERITUS	1 00	X						0	0	0
BIVINS TOM DIRECTOR EMERITUS	0 00	X						0	0	0
BRADLEY CAROL DIRECTOR EMERITUS	0 00	X						0	0	0
BRADLEY CLARK DIRECTOR EMERITUS	1 00	X						0	0	0
BREHM DEBBY DIRECTOR EMERITUS	1 00	X						0	0	0
CLARK DON DIRECTOR EMERITUS	0 00	X						0	0	0
CLITES MICHEL H DIRECTOR EMERITUS	1 00	X						0	0	0
COCHRANE KEN DIRECTOR EMERITUS	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
COFER C A DIRECTOR EMERITUS	0 00	X						0	0	0
COY-HORTON JUDY DIRECTOR EMERITUS	2 00	X						0	0	0
DUDLEY JIM DIRECTOR EMERITUS	3 00	X						0	0	0
EDMONDSON MEREDITH 'PEG' DIRECTOR EMERITUS	5 00	X						0	0	0
ELLERBROEK J WADE JR DIRECTOR EMERITUS	3 00	X						0	0	0
FLOHR C DAVID DIRECTOR EMERITUS	1 00	X						0	0	0
GENCO VINCENT DIRECTOR EMERITUS	1 00	X						0	0	0
HAMMER BUTCH DIRECTOR EMERITUS	10 00	X						0	0	0
HARDY JOHN R DIRECTOR EMERITUS	0 00	X						0	0	0
HARRIS ROBERT E DIRECTOR EMERITUS	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HASSETT DENNY DIRECTOR EMERITUS	0 00	X						0	0	0
HOOTMAN JAMES R DIRECTOR EMERITUS	0 75	X						0	0	0
HORTON WILLIAM R DIRECTOR EMERITUS	1 00	X						0	0	0
HUNT STARLET DIRECTOR EMERITUS	0 20	X						0	0	0
JOHNSON BURDETTE L DIRECTOR EMERITUS	0 00	X						0	0	0
JOHNSON KATE DIRECTOR EMERITUS	0 00	X						0	0	0
KIMES WALTER L DIRECTOR EMERITUS	0 00	X						0	0	0
KNIGHT HARRY A DIRECTOR EMERITUS	0 00	X						0	0	0
KUNKLE SARAH N DIRECTOR EMERITUS	0 50	X						0	0	0
LEMKE LAWRENCE A DIRECTOR EMERITUS	0 02	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LITTLE GALE DIRECTOR EMERITUS	4 00	X						0	0	0
MARTIN MIKE DIRECTOR EMERITUS	1 00	X						13,600	0	0
MCNELIS EDWARD J DIRECTOR EMERITUS	4 00	X						0	0	0
MOLLER POUL DIRECTOR EMERITUS	3 00	X						0	0	0
MOORMAN ANDY DIRECTOR EMERITUS	0 00	X						0	0	0
NELSON DAVID S DIRECTOR EMERITUS	0 00	X						0	0	0
NORDICK WILLARD DIRECTOR EMERITUS	0 00	X						0	0	0
OSBORNE STEVE DR DIRECTOR EMERITUS	3 00	X						0	0	0
PARKINSON DORN DIRECTOR EMERITUS	0 00	X						0	0	0
RAPER DEE DIRECTOR EMERITUS	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SALOME SKIP DIRECTOR EMERITUS	0 00	X						0	0	0
SCHMAHL JOHN DIRECTOR EMERITUS	1 00	X						0	0	0
SEDGWICK JOHN H DIRECTOR EMERITUS	1 00	X						0	0	0
SHADMOT RUTI DIRECTOR EMERITUS	27 00	X						0	0	0
SHIFFLER RICHARD DIRECTOR EMERITUS	2 00	X						0	0	0
SOLBERG DORVAN DIRECTOR EMERITUS	1 00	X						0	0	0
SWAIN MIKE DIRECTOR EMERITUS	1 00	X						0	0	0
TREADWELL PAUL DIRECTOR EMERITUS	0 00	X						0	0	0
WHITE CALVIN R DR DIRECTOR EMERITUS	8 00	X						0	0	0
WOHLIN ROLAND DR DIRECTOR EMERITUS	0 20	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ASHCRAFT DON DIRECTOR AT LARGE	0 00	X						0	0	0
BARAKIS GUS JR DIRECTOR AT LARGE	0 00	X						0	0	0
BLAKEMAN ROBERT E DIRECTOR AT LARGE	0 00	X						0	0	0
BRIGDEN W R ROSS DIRECTOR AT LARGE	0 00	X						0	0	0
CAPURRO-WACHTEL LAUREL DIRECTOR AT LARGE	0 40	X						0	0	0
CARTER JOE DIRECTOR AT LARGE	0 00	X						0	0	0
CHAYER RICK DIRECTOR AT LARGE	1 00	X						0	0	0
CHRISTENSEN R M DR DIRECTOR AT LARGE	0 00	X						0	0	0
COOK VAUGHN DIRECTOR AT LARGE	2 50	X						0	0	0
DAUTZENBERG GEROLD DIRECTOR AT LARGE	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIDERICKSEN DUAYNE DIRECTOR AT LARGE	1 00	X						0	0	0
DISMUKE-BLAKELY RUTH P DIRECTOR AT LARGE	1 00	X						0	0	0
DUNNING AL DIRECTOR AT LARGE	1 00	X						0	0	0
ELDER ROGER DIRECTOR AT LARGE	1 00	X						0	0	0
GABEL GLEN DIRECTOR AT LARGE	0 00	X						0	0	0
GABOURY CAROLE JOUBERT DR DIRECTOR AT LARGE	0 50	X						0	0	0
GIRAUDINI ANTONIO ALEARDO DIRECTOR AT LARGE	5 00	X						0	0	0
GRAHAM CHARLES W DVM DIRECTOR AT LARGE	1 00	X						0	0	0
HALVORSON WAYNE DIRECTOR AT LARGE	0 50	X						0	0	0
HAMMES JOHN DIRECTOR AT LARGE	0 20	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HARDCASTLE CHRIS DIRECTOR AT LARGE	3 00	X						0	0	0
HARRIS RICHARD L DIRECTOR AT LARGE	0 25	X						0	0	0
HOLMES ALICE W DIRECTOR AT LARGE	0 50	X						0	0	0
HUDSON BEN L DIRECTOR AT LARGE	0 20	X						10,476	0	0
JEANE SUZY DIRECTOR AT LARGE	1 00	X						0	0	0
JENNINGS MICHAEL DIRECTOR AT LARGE	0 25	X						0	0	0
JONES DIRK DIRECTOR AT LARGE	0 50	X						0	0	0
KEESEE CLIFF H DIRECTOR AT LARGE	0 00	X						0	0	0
KLEINPETER RUSSELL JR DIRECTOR AT LARGE	0 00	X						0	0	0
KNAPPER PAUL DIRECTOR AT LARGE	0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KNORPP WALT DIRECTOR AT LARGE	0 00	X						0	0	0
KRSHKA JACKIE DIRECTOR AT LARGE	2 00	X						0	0	0
LARSON LARRY DIRECTOR AT LARGE	2 00	X						0	0	0
LAWRENCE BOB DIRECTOR AT LARGE	0 00	X						0	0	0
LEEMAN FRITZ DIRECTOR AT LARGE	0 00	X						0	0	0
LINDSEY PAUL JR DIRECTOR AT LARGE	0 00	X						0	0	0
MAGEE SHAWN T DIRECTOR AT LARGE	6 00	X						0	0	0
MARTIN NANCY DIRECTOR AT LARGE	0 20	X						0	0	0
MARTINICORENA ALVARO DIRECTOR AT LARGE	10 00	X						0	0	0
MATTHEWS JERRY L DIRECTOR AT LARGE	0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAYFIELD ED DIRECTOR AT LARGE	0 00	X						0	0	0
MCALLISTER JOSEPH H DIRECTOR AT LARGE	1 00	X						0	0	0
MCBEATH TOM DIRECTOR AT LARGE	10 00	X						0	0	0
MCCORMICK DONALD R DIRECTOR AT LARGE	0 00	X						0	0	0
MERRITT SCOTT A DIRECTOR AT LARGE	0 20	X						0	0	0
MOORHOUSE BOB DIRECTOR AT LARGE	10 00	X						0	0	0
MURRAY ED DVM DIRECTOR AT LARGE	2 00	X						0	0	0
NELSON DAVID L DIRECTOR AT LARGE	2 00	X						0	0	0
NEWTON JANET DIRECTOR AT LARGE	0 00	X						0	0	0
OLSON GARY LYNN DIRECTOR AT LARGE	7 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAWLEY WILSON GAYLE DIRECTOR AT LARGE	10 00	X						0	0	0
PFAFF LORI DIRECTOR AT LARGE	1 00	X						0	0	0
PIPKIN JOHN DIRECTOR AT LARGE	10 00	X						0	0	0
POWELL LARRY K DIRECTOR AT LARGE	0 00	X						0	0	0
PURDY JIM DIRECTOR AT LARGE	0 00	X						0	0	0
RAINER ROBBIE DIRECTOR AT LARGE	0 00	X						0	0	0
ROSE CAROL DIRECTOR AT LARGE	2 00	X						0	0	0
ROSS ALEX DIRECTOR AT LARGE	1 00	X						0	0	0
RUDOLPH JAMES A DIRECTOR AT LARGE	0 00	X						0	0	0
RUSSELL CLAYTON DIRECTOR AT LARGE	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARGENT BENNIE DIRECTOR AT LARGE	2 00	X						0	0	0
SCOTT THOMAS R DIRECTOR AT LARGE	0 00	X						0	0	0
SHAW JOHN R JR DIRECTOR AT LARGE	0 00	X						0	0	0
SMITH RON DIRECTOR AT LARGE	2 00	X						0	0	0
SOMERS MARNIE DIRECTOR AT LARGE	2 00	X						0	0	0
SUTTON JAMES L DIRECTOR AT LARGE	0 00	X						0	0	0
TERPSTRA JEFF DIRECTOR AT LARGE	0 00	X						0	0	0
TREPTOW LANCE R DIRECTOR AT LARGE	2 00	X						0	0	0
VEY ULLRICH DIRECTOR AT LARGE	1 00	X						0	0	0
WALKER DUANE W DIRECTOR AT LARGE	0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALKER JACK C DIRECTOR AT LARGE	0 00	X						0	0	0
WALKER-DENTON LAUREL DIRECTOR AT LARGE	1 00	X						0	0	0
WHITAKER DAVID DIRECTOR AT LARGE	2 00	X						0	0	0
WILSON FRED C DIRECTOR AT LARGE	0 00	X						0	0	0
WIXON PARIS DIRECTOR AT LARGE	0 20	X						0	0	0
ADIX TAMMY DIRECTOR	2 00	X						0	0	0
ADKINS RICK DIRECTOR	1 00	X						0	0	0
AREVALO GILBERT DIRECTOR	1 00	X						0	0	0
ARMSTRONG CONNIE DIRECTOR	10 00	X						0	0	0
ATCHLEY DEANN DIRECTOR	0 50	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AUNE TEE NEWTON DIRECTOR	1 00	X						0	0	0
AUSTIN BETH DIRECTOR	3 00	X						0	0	0
BAGLEY JANE DIRECTOR	0 20	X						0	0	0
BAIRD BEAU DIRECTOR	4 00	X						0	0	0
BAILEY PAUL E DIRECTOR	2 00	X						0	0	0
BALDWIN CHRISTA L DIRECTOR	1 00	X						0	0	0
BALL MARGO LEA DIRECTOR	1 00	X						0	0	0
BAMFORD KATE DIRECTOR	0 00	X						0	0	0
BANKS LAINA P DIRECTOR	5 00	X						0	0	0
BARNOLA ADRIANA GOMEZ DIRECTOR	40 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BAUER KARL DIRECTOR	2 00	X						0	0	0
BELL DON DIRECTOR	1 50	X						0	0	0
BELLVILLE MARGARET DIRECTOR	2 00	X						0	0	0
BERRYHILL LEONARD DIRECTOR	1 00	X						0	0	0
BIZZARRO ANGELO D DIRECTOR	0 50	X						0	0	0
BOBENRIETH JOHN II DIRECTOR	1 00	X						0	0	0
BORDIGNON RICKY DIRECTOR	3 00	X						0	0	0
BOXELL JOHN DIRECTOR	1 50	X						0	0	0
BRANDT CAL R DIRECTOR	0 25	X						0	0	0
BRINKMAN JIM DIRECTOR	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BROWN DOUGLAS DIRECTOR	7 00	X						0	0	0
BROWN ROB A DIRECTOR	0 20	X						0	0	0
BROWN TRACY DIRECTOR	1 00	X						0	0	0
BRZEZICKI ANNE M DIRECTOR	2 00	X						0	0	0
BUCHOLZ LORI S DIRECTOR	12 00	X						0	0	0
BURNS MELANIE DIRECTOR	0 50	X						0	0	0
BURNS STEVE DVM DIRECTOR	0 20	X						0	0	0
BURWASH W A DVM DIRECTOR	2 00	X						0	0	0
CAHILL NANCY DIRECTOR	4 00	X						0	0	0
CASEY DONNA DIRECTOR	10 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CASTLE LUKE DIRECTOR	4 00	X						0	0	0
CHAPMAN KELLY BOLES DIRECTOR	0 50	X						0	0	0
CHASE DARLENE DIRECTOR	7 00	X						0	0	0
CHAYER DOLLY DIRECTOR	1 00	X						0	0	0
CHILTON-MOORE CINDY DIRECTOR	1 00	X						0	0	0
CHURCH RITA DIRECTOR	2 00	X						0	0	0
CLARK VAL DIRECTOR	1 00	X						0	0	0
CLEMENT JAMES III DIRECTOR	1 00	X						0	0	0
CLIFFORD LARRY G DIRECTOR	1 00	X						0	0	0
COOPER CAROL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CORNELIUS LYNN DIRECTOR	0 50	X						0	0	0
DEBOER LAINIE DIRECTOR	2 00	X						0	0	0
DOLES SARAH SHOEMAKE DIRECTOR	2 00	X						0	0	0
DOWNING THOMAS M DIRECTOR	1 00	X						0	0	0
DUKES MELISSA HARGETT DIRECTOR	0 01	X						0	0	0
DULEY-GLOUDE SHAUN DIRECTOR	1 00	X						0	0	0
DUNHAM MARK DIRECTOR	1 50	X						0	0	0
EBNET MARY DIRECTOR	2 00	X						0	0	0
EDDY JOE DAVID DIRECTOR	1 00	X						0	0	0
ELLER JAMES M III DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FERGUSON CURTIS DIRECTOR	1 00	X						0	0	0
FINDLEY LARRY DIRECTOR	10 00	X						0	0	0
FISCH STEPHEN D DVM DIRECTOR	1 00	X						0	0	0
FLACH SCOTT R DIRECTOR	2 00	X						0	0	0
FLORES NARCISO DIRECTOR	2 00	X						0	0	0
FOREST DAWN DIRECTOR	1 00	X						0	0	0
FORNESS MICHELLE JOHNSON DIRECTOR	2 00	X						0	0	0
FULLER JERRY W DIRECTOR	1 75	X						0	0	0
GARDNER LISA DIRECTOR	10 00	X						0	0	0
GARNER MARC DIRECTOR	0 50	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GRAHAM TYLER DIRECTOR	5 00	X						0	0	0
GREEN ELEANOR DR DIRECTOR	5 00	X						0	0	0
HADJ-ABDOU SAAD EL DIN DIRECTOR	10 00	X						0	0	0
HANNAGAN MARY DIRECTOR	0 30	X						0	0	0
HANSEN JANET DIRECTOR	2 00	X						0	0	0
HANSON CATHY DIRECTOR	1 00	X						0	0	0
HARE GORDON DIRECTOR	0 50	X						0	0	0
HARRIS KURT DIRECTOR	0 00	X						0	0	0
HARTLEY ROBERT DIRECTOR	2 50	X						0	0	0
HAWKIINS-SCRIBNER TONI DIRECTOR	0 20	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HAYS TOMMY DR DIRECTOR	1 00	X						0	0	0
HEADLEY STEVE DIRECTOR	2 00	X						0	0	0
HELZER KAY DIRECTOR	1 50	X						0	0	0
HINDS ALAN DIRECTOR	1 50	X						0	0	0
HOLMES DEBBI DIRECTOR	5 00	X						0	0	0
HOVDE JOHN DIRECTOR	0 50	X						0	0	0
HUNT JIM DIRECTOR	1 00	X						0	0	0
JAYNES LAURENCE DIRECTOR	7 00	X						0	0	0
JENSEN CHRIS DIRECTOR	0 50	X						0	0	0
JOHNSON DEAN DIRECTOR	0 50	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUNG W MICHAEL DIRECTOR	1 00	X						0	0	0
KIDNEY D SPENCE DIRECTOR	2 00	X						0	0	0
KIRSHENBAUM TOM DIRECTOR	15 00	X						0	0	0
KUNKLE JOHN B DIRECTOR	3 00	X						0	0	0
LEPIC THOMAS DIRECTOR	2 00	X						0	0	0
LINES BOB DIRECTOR	0 05	X						0	0	0
LOMBARDI CRYSTA DIRECTOR	2 00	X						0	0	0
LOUNDER WANDA DIRECTOR	6 00	X						0	0	0
LOWE RODNEY DIRECTOR	0 50	X						0	0	0
LYNN STEPHANIE ANN DIRECTOR	0 50	X						0	0	0

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MACLEOD CLAY E DIRECTOR	1 00	X						0	0	0
MATHES GRETCHEN DIRECTOR	5 00	X						0	0	0
MAUCK HEATHER LYNN THRAPP DIRECTOR	1 00	X						0	0	0
MCBURNEY TREVOR DIRECTOR	0 00	X						0	0	0
MCDONALD-GATES RUTH J DIRECTOR	17 50	X						0	0	0
MEADOWS STEVE DIRECTOR	3 00	X						0	0	0
MENEELY ROB DIRECTOR	1 00	X						0	0	0
MURPHY MICHAEL D DIRECTOR	4 00	X						0	0	0
NELSON SHANAE DIRECTOR	0 10	X						0	0	0
PATTERSON KATHY M DIRECTOR	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETERSON KRYSTAL DIRECTOR	0 50	X						0	0	0
PFENDER MICHELE DIRECTOR	3 00	X						0	0	0
PRINCE ANN DIRECTOR	0 20	X						0	0	0
RATLIFF RANDY DIRECTOR	4 00	X						0	0	0
RENOUARD GEORGIANNA V DIRECTOR	5 00	X						0	0	0
RIGGS-EADER ANNA DIRECTOR	1 00	X						0	0	0
ROARK ROSS DIRECTOR	3 00	X						0	0	0
ROBICHEAUX RYAN DIRECTOR	4 00	X						0	0	0
ROBINSON MARY ELLEN DIRECTOR	4 00	X						0	0	0
ROSE SAM DIRECTOR	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARGENT CHERYLLEE DIRECTOR	7 00	X						0	0	0
SCARMARDO PETE DIRECTOR	2 00	X						0	0	0
SCHIESTEL STEVE DIRECTOR	2 00	X						0	0	0
SCHROEDER JOAN DIRECTOR	14 00	X						0	0	0
SCHROEDER KATHRYN DIRECTOR	1 00	X						0	0	0
SCOGGIN A CLARK DIRECTOR	7 00	X						18,000	0	0
SEAGO JIMMY DIRECTOR	0 60	X						0	0	0
SEVERINS ALEX DIRECTOR	2 00	X						0	0	0
SHAFER DAWN DIRECTOR	0 00	X						0	0	0
SIMPER MARTY OAK DIRECTOR	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SOBRINHO HAROLDO PESSOA DIRECTOR	1 00	X						0	0	0
STEPHENS STEPHEN DIRECTOR	2 00	X						0	0	0
TAMES ANTONIO LOBETO DIRECTOR	10 00	X						0	0	0
TAYLOR JOHN DIRECTOR	5 00	X						0	0	0
TEARNEY SHERRI A DIRECTOR	13 00	X						0	0	0
TEBOW JEFF B DIRECTOR	0 50	X						0	0	0
THOMPSON STUART DIRECTOR	1 00	X						0	0	0
TREIN DAN DIRECTOR	1 00	X						0	0	0
VARNER DICKSON DR DIRECTOR	0 50	X						0	0	0
WEISHEIM DEBORAH DIRECTOR	0 30	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WHITTAKER CAROL L DIRECTOR	0 00	X						0	0	0
WINTHER LORNE DIRECTOR	1 00	X						0	0	0
WITMAN MATT R DIRECTOR	2 00	X						0	0	0
WOODRUFF MARY BESS DIRECTOR	0 50	X						0	0	0
YOTHER J LLOYD DIRECTOR	2 00	X						0	0	0
ALESSIO DOMINIC J 'BUD' HONORARY VP	0 00	X						0	0	0
ALLRED EDWARD C HONORARY VP	0 00	X						0	0	0
BEEMAN G MARVIN DR HONORARY VP	0 00	X						0	0	0
BREWER BILLIE G HONORARY VP	3 00	X						0	0	0
BURGESS C C HONORARY VP	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CODAY RODGER HONORARY VP	0 00	X						0	0	0
DANIELS JERRY S HONORARY VP	0 00	X						0	0	0
DEWHURST DAVID HONORARY VP	0 00	X						0	0	0
HEFLEY JOEL HONORARY VP	0 00	X						0	0	0
HUNT W D HONORARY VP	0 00	X						0	0	0
JOHNSON DONNA HONORARY VP	1 00	X						0	0	0
LANGE LESLIE VAGNEUR HONORARY VP	2 00	X						0	0	0
LENZ TOM R DVM HONORARY VP	2 00	X						0	0	0
LOVETT LYLE HONORARY VP	0 00	X						0	0	0
MCDAVITT DUANE DVM HONORARY VP	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MCGRANE DEE DEE HONORARY VP	0 10	X						0	0	0
MERRILL ROBIN HONORARY VP	1 00	X						0	0	0
MILLER SID HONORARY VP	0 00	X						0	0	0
NIX BETTY HONORARY VP	0 00	X						0	0	0
OTNESS GUNNAR R HONORARY VP	2 00	X						0	0	0
PALM LYNN HONORARY VP	0 20	X						0	0	0
RANDALL MARILYN HONORARY VP	2 00	X						0	0	0
REES ANDY HONORARY VP	1 00	X						0	0	0
SMITH CLIFF HONORARY VP	0 00	X						0	0	0
SQUIRES EDWARD L HONORARY VP	0 10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STANDISH ROBERT C HONORARY VP	0 00	X						0	0	0
STEWART J BENHAM HONORARY VP	1 00	X						0	0	0
SUTTON GEORGA HONORARY VP	0 20	X						0	0	0
TREADWAY DON HONORARY VP	0 10	X						0	0	0
VAUGHN SANDRA HONORARY VP	0 00	X						0	0	0
WATERS WANDA HONORARY VP	2 00	X						0	0	0
WHITTENBURG FRANCIE HONORARY VP	0 00	X						0	0	0
ARLEDGE SANDRA PAST PRESIDENT	2 00	X						0	0	0
BLODGETT GLENN PAST PRESIDENT	3 00	X						0	0	0
BROWN ROB PAST PRESIDENT	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLARK MARTEN A PAST PRESIDENT	2 00	X						0	0	0
DOBBS JOHNE PAST PRESIDENT	1 00	X						0	0	0
ENGLUND C W 'BILL' JR PAST PRESIDENT	2 00	X						0	0	0
FLETCHER WALTER PAST PRESIDENT	0 20	X						0	0	0
HEIRD JIM PAST PRESIDENT	10 00	X						10,000	0	0
HELZER JAMES E PAST PRESIDENT	0 00	X						0	0	0
HYLAND GINGER PAST PRESIDENT	0 00	X						0	0	0
JOHNS RICK C PAST PRESIDENT	1 00	X						0	0	0
KLEBERG STEPHEN J PAST PRESIDENT	1 00	X						0	0	0
MERRILL FRANK G PAST PRESIDENT	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MUMY KEN A PAST PRESIDENT	5 00	X						0	0	0
ORGELDINGER JOHANNES PAST PRESIDENT	1 00	X						0	0	0
PERKINS MIKE J PAST PRESIDENT	1 00	X						0	0	0
SEEKINS RALPH PAST PRESIDENT	0 50	X						0	0	0
SMITH KENNETH T PAST PRESIDENT	0 00	X						0	0	0
STEVENS R H JR PAST PRESIDENT	0 50	X						0	0	0
TATE BRAD PAST PRESIDENT	0 00	X						0	0	0
TROTTER JOHNNY PAST PRESIDENT	1 00	X						5,000	0	0
WEAVER STAN PAST PRESIDENT	40 00	X						0	0	0
WEISS HOWARD R PAST PRESIDENT	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WINDHAM JERRY PAST PRESIDENT	0 10	X						0	0	0
WEAVER STAN PRESIDENT	40 00	X		X				0	0	0
WISE FLOYD E BUTCH 1ST VICE PRESIDENT	20 00	X		X				0	0	0
LUBA NORMAN K 2ND VICE PRESIDENT	20 00	X		X				0	0	0
MYERS SCOTT DR EXECUTIVE COMMITTEE MEMBER	5 00	X		X				0	0	0
BANKS KENNETH EXECUTIVE COMMITTEE MEMBER	20 00	X		X				0	0	0
HUFFHINES CRAIG EXECUTIVE VICE PRESIDENT	55 00			X				413,642	0	39,533
BOVOS AARON COO & TREASURER (FROM NOV 2018 ON)	55 00			X				35,913	0	0
MORRISON ANNA CHIEF INTERNATIONAL OFFICER	30 00			X				187,937	0	21,546
KYLE MICHAEL PETE CHIEF SHOW OFFICER	55 00				X			165,318	0	29,431

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LATTA KAREN DIRECTOR OF MARKETING & PUBLICATIONS	45 00					X		123,492	0	9,887
MULLINS CARL CHIEF PUBLISHING OFFICER (THROUGH 2/20/2019)	50 00					X		142,539	0	28,421
PIERCE ROBERT GENERAL COUNSEL	45 00					X		236,752	0	23,445

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AMERICAN QUARTER HORSE ASSOCIATION

Employer identification number
75-0725576

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		427,199		427,199
b Buildings		6,658,557	5,419,284	1,239,273
c Leasehold improvements				
d Equipment		6,069,178	4,583,072	1,486,106
e Other		11,669,585	1,905,981	9,763,604
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				12,916,182

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(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, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(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 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
MINIMUM PENSION LIABILITY	7,382,614
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,382,614

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	44,719,955
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,337,396		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-1,337,396
3	Subtract line **2e** from line **1**			3	46,057,351
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	87,139		
b	Other (Describe in Part XIII)	4b	520,290		
c	Add lines **4a** and **4b**			4c	607,429
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	46,664,780

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	45,726,631
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	1,528,914		
e	Add lines **2a** through **2d**			2e	1,528,914
3	Subtract line **2e** from line **1**			3	44,197,717
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	87,139		
b	Other (Describe in Part XIII)	4b	2,049,204		
c	Add lines **4a** and **4b**			4c	2,136,343
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	46,334,060

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-0725576
Name: AMERICAN QUARTER HORSE ASSOCIATION

Supplemental Information

Return Reference	Explanation
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, 2019 AND 201 8, AQHA DID NOT INCUR ANY FEDERAL INCOME TAX EXPENSE ALL OTHER OPERATIONS OF AQHA ARE EXE MPT FROM FEDERAL INCOME TAX AQHF CLAIMS EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC AND IS RECOGNIZED AS A PUBLIC CHARITY UNDER SECTION 509(A)(3) OF THE IRC AQHA'S WHOLLY OWNED SUBSIDIARIES, RGP, ARC AND Q TECHNOLOGY ARE LIMITED LIABILITY CO MPANIES AND CONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES AS OF SEPTEMBER 30, 2019, THE REFORE, THEY ARE NOT SUBJECT TO ADDITIONAL TAX FILINGS PER THE IRC FINANCIAL ACCOUNTING S TANDARDS BOARD (FASB) PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZ ED, MEASURED, DISCLOSED AND PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS THIS REQUI RES THE VALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARIN G THE ASSOCIATION'S TAX RETURN TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THA N-NOT" OF BEING SUSTAINED "WHEN CHALLENGED OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHOR ITY TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE AND LIABILITY IN THE CURRENT YEAR MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN INCOME TAX POSITIONS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INTERDEPARTMENTAL ALLOCATION 2,049,204 COST OF GOODS SOLD -1,528,914

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 1,528,914

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTERDEPARTMENTAL ALLOCATION 2,049,204

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AMERICAN QUARTER HORSE ASSOCIATION

Employer identification number
75-0725576

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☑ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			495,712
b Total from continuation sheets to Part I					490,365
c **Totals** (add lines 3a and 3b)	0	0			986,077

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 36

3 Enter total number of other organizations or entities . . . . . ▶ 104

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part 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, don't 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, don't file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	AQHA BUSINESS PLAN FUNDING - THE AMERICAN QUARTER HORSE ASSOCIATION PROVIDES FUNDING TO ITS 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 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 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

990 Schedule F, Supplemental Information

Return Reference	Explanation
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

Software ID:

Software Version:

EIN: 75-0725576

Name: AMERICAN QUARTER HORSE ASSOCIATION

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	BUSINESS PLAN	12,931
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	BUSINESS PLAN	25,527

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
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	BUSINESS PLAN	280,911
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	BUSINESS PLAN	14,901

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	BUSINESS PLAN	89,841
SOUTH AMERICA	0	0	PROGRAM SERVICES	BUSINESS PLAN	65,178

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
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	BUSINESS PLAN	5,032
SOUTH AMERICA	0	0	PROGRAM SERVICES	RACING CHALLENGE	1,391

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	9,156
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INCENTIVE FUND	190

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	989
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	INCENTIVE FUND	151,216

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	INCENTIVE FUND	187,555
SOUTH AMERICA	0	0	PROGRAM SERVICES	INCENTIVE FUND	761

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
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EUROPEAN CHAMPIONSHIP	22,294
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	WORLD SHOW	25,406

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	WORLD SHOW	10,707
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	WORLD SHOW	24

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
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	WORLD SHOW	3,531
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EUROPEAN SUMMIT	1,412

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	LATIN AMERICAN SUMMIT	854
SOUTH AMERICA	0	0	PROGRAM SERVICES	BRAZILIAN CONGRESS	3,317

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	2,453
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EDUCATIONAL MARKETPLACE	30,000

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
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL MARKETPLACE	2,500
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATIONAL MARKETPLACE	7,500

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	EDUCATIONAL MARKETPLACE	7,500
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL MARKETPLACE	2,500

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	EDUCATIONAL MARKETPLACE	2,500
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL MARKETPLACE	12,500

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	EAST LEVEL 1 CHAMPIONSHIP	2,735
NORTH AMERICA (CANADA AND MEXICO)	0	0	PROGRAM SERVICES	WEST LEVEL 1 CHAMPIONSHIP	1,986

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	CENTRAL LEVEL 1 CHAMPIONSHIP	779

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	BUSINESS PLAN	12,931	CHECKS AND WIRES			
		EAST ASIA AND THE PACIFIC	BUSINESS PLAN	23,796	CHECKS AND WIRES	1,731	TROPHIES AND AWARDS	COST

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BUSINESS PLAN	227,685	CHECKS AND WIRES	53,226	TROPHIES AND AWARDS	COST
		MIDDLE EAST AND NORTH AFRICA	BUSINESS PLAN	14,901	CHECKS AND WIRES			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA (CANADA AND MEXICO)	BUSINESS PLAN	89,137	CHECKS AND WIRES	704	TROPHIES AND AWARDS	COST
		SOUTH AMERICA	BUSINESS PLAN	58,016	CHECKS AND WIRES	7,162	TROPHIES AND AWARDS	COST

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	BUSINESS PLAN	5,032	CHECKS AND WIRES			
		NORTH AMERICA (CANADA AND MEXICO)	WORLD SHOW	20,512	CHECKS AND WIRES			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	WORLD SHOW	2,727	CHECKS AND WIRES			
		NORTH AMERICA (CANADA AND MEXICO)	RACING CHALLENGE	4,657	CHECKS AND WIRES			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	INCENTIVE FUND	166	CHECKS AND WIRES			
		EAST ASIA AND THE PACIFIC	INCENTIVE FUND	285	CHECKS AND WIRES			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	INCENTIVE FUND	17,617	CHECKS AND WIRES			
		SOUTH AMERICA	INCENTIVE FUND	452	CHECKS AND WIRES			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA (CANADA AND MEXICO)	INCENTIVE FUND	23,392	CHECKS AND WIRES			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	EDUCATIONAL MARKETPLACE	30,000	CHECKS AND WIRES			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	EDUCATIONAL MARKETPLACE	2,500	CHECKS AND WIRES			
		EAST ASIA AND THE PACIFIC	EDUCATIONAL MARKETPLACE	7,500	CHECKS AND WIRES			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA (CANADA AND MEXICO)	EDUCATIONAL MARKETPLACE	7,500	CHECKS AND WIRES			
		SUB-SAHARAN AFRICA	EDUCATIONAL MARKETPLACE	2,500	CHECKS AND WIRES			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATIONAL MARKETPLACE	2,500	CHECKS AND WIRES			
		SOUTH AMERICA	EDUCATIONAL MARKETPLACE	12,500	CHECKS AND WIRES			

Form 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)
WORLD SHOW	NORTH AMERICA (CANADA AND MEXICO)	15	20,512	CHECKS AND WIRES	4,894	BUCKLES, JACKETS, TROPHIES	COST
WORLD SHOW	SOUTH AMERICA	1	10,395	CHECKS AND WIRES	312	BUCKLES, JACKETS, TROPHIES	COST

Form 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)
WORLD SHOW	EUROPE (INCLUDING ICELAND AND GREENLAND)	4	2,727	CHECKS AND WIRES	804	BUCKLES, JACKETS, TROPHIES	COST
INCENTIVE FUND	CENTRAL AMERICA AND THE CARIBBEAN	1	24	CHECKS AND WIRES			

Form 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)
INCENTIVE FUND	EAST ASIA AND THE PACIFIC	7	703	CHECKS AND WIRES			
INCENTIVE FUND	EUROPE (INCLUDING ICELAND AND GREENLAND)	383	133,598	CHECKS AND WIRES			

Form 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)
INCENTIVE FUND	NORTH AMERICA (CANADA AND MEXICO)	409	164,163	CHECKS AND WIRES			
INCENTIVE FUND	SOUTH AMERICA	3	309	CHECKS AND WIRES			

Form 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)
RACING CHALLENGE	NORTH AMERICA (CANADA AND MEXICO)	9	4,499	CHECKS AND WIRES			
RACING CHALLENGE	SOUTH AMERICA	1	1,391	CHECKS AND WIRES			

Form 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 LEVEL 1 CHAMPIONSHIP	NORTH AMERICA (CANADA AND MEXICO)	13		CHECKS AND WIRES	2,735	BUCKLES, JACKETS, TROPHIES	COST
WEST LEVEL 1 CHAMPIONSHIP	NORTH AMERICA (CANADA AND MEXICO)	8		CHECKS AND WIRES	1,986	BUCKLES, JACKETS, TROPHIES	COST

Form 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)
CENTRAL LEVEL 1 CHAMPIONSHIP	NORTH AMERICA (CANADA AND MEXICO)	3		CHECKS AND WIRES	779	BUCKLES, JACKETS, TROPHIES	COST

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AMERICAN QUARTER HORSE ASSOCIATION

Employer identification number
75-0725576

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 9

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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 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 AQHA WORLD CHAMPIONSHIP SHOW IS HELD EACH NOVEMBER IN OKLAHOMA CITY THE ADEQUAN SELECT SHOW IS HELD IN AUGUST IN AMARILLO, AND THE ZOETIS VERSATILITY RANCH HORSE WORLD CHAMPIONSHIP IS HELD IN HOUSTON EACH MARCH ENTRIES ARE BY INVITATION ONLY BASED UPON COMPETITION IN THE 2,400 APPROVED AQHA SHOWS A PANEL OF JUDGES EVALUATES EACH CLASS TO DETERMINE THE BEST CHOICE FOR THE WORLD CHAMPION TITLE EACH EVENT IS FOR THOSE WHO LOVE AND APPRECIATE THE ATHLETIC ABILITY AND BEAUTY OF THE AMERICAN QUARTER HORSE AND WANT TO SHOWCASE THE BEST IN EACH CLASS

Additional Data

Software ID:
Software Version:
EIN: 75-0725576
Name: AMERICAN QUARTER HORSE ASSOCIATION

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

(a) Name and address of 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	**(h)** Purpose of grant or assistance
RACING MEDICATION AND TESTING CONSORTIUM 821 CORPORATE DRIVE LEXINGTON, KY 40503	72-1559413	501(C)(3)	50,000				EQUINE RESEARCH GRANT
AAEP FOUDATION INC 4033 IRON WORKS PARKWAY LEXINGTON, KY 40511	61-1259683	501(C)(3)	10,000				EQUINE DISEASE COMMUNICATION CENTER DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	**(h)** Purpose of grant or assistance
RACING OFFICIALS ACCREDITATION PROGRAM 821 CORPORATE DRIVE LEXINGTON, KY 40503	20-4137857	501(C)(6)	10,000				EQUINE RESEARCH GRANT
MASTERSON FARMS LLC 400 UNION DR SOMERVILLE, TN 38068	62-1679726		37,344				INCENTIVE FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	**(h)** Purpose of grant or assistance
GLOVER GALYEAN PARTNERSHIP 8994 E 450 RD CLAREMORE, OK 74017	45-3909312		6,644				INCENTIVE FUND
U S MARSHALS SERVICE 219 S DEARBORN ST STE 2444 CHICAGO, IL 60604	54-1880804	501(C)(3)	11,532				INCENTIVE FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(h) Purpose of grant or assistance
TERRY BRADSHAW QUARTER HORSES 18901 BRADSHAW LN THACKERVILLE, OK 73459	27-2450678		13,843	4,003	COST	JACKET, BUCKLE, TROPHY	WORLD SHOW
STEWART RANCH INC 3039 E MADDOCK RD CAVE CREEK, AZ 85331	86-0820311		6,056				WORLD SHOW

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(h) Purpose of grant or assistance
SILVER SPURS EQUINE 24589 210TH ST PURCELL, OK 73080	20-3986003		8,481	1,517	COST	JACKET, BUCKLE, TROPHY	WORLD SHOW
BURNETT RANCHES LLC 801 CHERRY STREET UNIT 9 FORT WORTH, TX 76102	26-1613545		7,834	171	COST	JACKET, BUCKLE, TROPHY	WORLD SHOW

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	**(h)** Purpose of grant or assistance
CAPITAL QUARTER HORSES LLC 11320 SAINT JOHN RD PILOT POINT, TX 76258	45-3327294		10,696	4,038	COST	JACKET, BUCKLE, TROPHY	WORLD SHOW
XCS RANCH LLC PO BOX 10 GORDONVILLE, TX 76245	45-0641629		5,917				WORLD SHOW

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic 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	(h) Purpose of grant or assistance
AMERICAN QUARTER HORSE FOUNDATION PO BOX 32111 AMARILLO, TX 79120	51-0187823	501(C)(3)	13,434				MUSEUM OPERATIONS, EQUINE RESEARCH, YOUTH SCHOLARSHIPS

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
WORLD SHOW	762	1,292,117	884,858	COST	BUCKLES, TROPHIES, ETC
RACING CHALLENGE	73	78,256			
INCENTIVE FUND	7	5,733			
AQHA PROMOTION AND SPONSORSHIP AWARDS	1971	21,500	323,784	COST	BUCKLES, JACKETS, PLAQUES, RINGS, SADDLES, SPURS, BLANKETS, TROPHIES, VESTS, ETC
TEAM WRANGLER/CHAMPIONSHIP AND ROOKIE WINNERS	495	38,750	259,718	COST	BUCKLES, TROPHIES, ETC

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
EAST LEVEL 1 CHAMPIONSHIP	635		68,360	COST	BUCKLES, TROPHIES, ETC
WEST LEVEL 1 CHAMPIONSHIP	617		62,109	COST	BUCKLES, TROPHIES, ETC
CENTRAL LEVEL 1 CHAMPIONSHIP	688		62,348	COST	BUCKLES, TROPHIES, ETC
RANCHING HERITAGE CHALLENGE FINAL	85	58,650	8,596	COST	BUCKLES, JACKETS
ALL-AROUND AMATEUR	5	5,000	1,775	COST	TROPHY

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SUPERHORSE AWARDS	4	10,000	1,420	COST	TROPHY

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN QUARTER HORSE ASSOCIATION

Employer identification number
75-0725576

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HUFFHINES CRAIG EXECUTIVE VICE PRESIDENT	(i)	288,536	100,000	25,106	16,500	23,033	453,175	0
	(ii)	0	0	0	0	0	0	0
2 MORRISON ANNA CHIEF INTERNATIONAL OFFICER	(i)	182,150	0	5,787	11,442	10,104	209,483	0
	(ii)	0	0	0	0	0	0	0
3 KYLE MICHAEL PETE CHIEF SHOW OFFICER	(i)	159,240	0	6,078	11,075	18,356	194,749	0
	(ii)	0	0	0	0	0	0	0
4 MULLINS CARL CHIEF PUBLISHING OFFICER (THROUGH 2/	(i)	116,936	16,478	9,125	9,036	19,385	170,960	0
	(ii)	0	0	0	0	0	0	0
5 PIERCE ROBERT GENERAL COUNSEL	(i)	225,475	0	11,277	14,304	9,141	260,197	0
	(ii)	0	0	0	0	0	0	0

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	FIRST-CLASS TRAVEL FOR EXECUTIVE COMMITTEE MEMBERS IS NOT REPORTED AS TAXABLE COMPENSATION AS THE ORGANIZATION UTILIZES UPGRADES THROUGH AIRLINE REWARD PROGRAMS AFTER PURCHASING COACH FARES SPOUSAL TRAVEL IS OFFERED TO EXECUTIVE COMMITTEE MEMBERS ONLY SPOUSES ARE REQUIRED TO ATTEND MEETINGS AND FUNCTIONS, AND THEIR TIME IS DEDICATED TO ASSOCIATION ACTIVITIES WHILE TRAVELING, THEREFORE, SPOUSAL TRAVEL IS NOT TAXABLE TO THE INDIVIDUAL

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AMERICAN QUARTER HORSE ASSOCIATION

Employer identification number
75-0725576

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	(CONTINUATION) QUARTER HORSE INDUSTRY IN ADDITION, AQHA MAINTAINS CURRENT STATISTICS ON O WNERSHIP IN EACH STATE AND COUNTRY, AS WELL AS AMERICAN QUARTER HORSE POPULATION FIGURES AQHA'S ROLE IN PRESERVING THE INTEGRITY OF THE BREED IS EXPANDING ON A DAILY BASIS WHETHE R AMERICAN QUARTER HORSES ARE STILL BEING USED IN TRADITIONAL RANCHING OPERATIONS, FOR SHO WING, RACING OR PLEASURE, AQHA STRIVES TO PROVIDE SERVICES BENEFICIAL TO ALL ASSOCIATION M EMBERS AND ULTIMATELY THE AMERICAN QUARTER HORSE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	J WADE ELLERBROEK, JR, DIRECTOR EMERITUS, AND WILLIAM R HORTON, DIRECTOR EMERITUS, FAMIL Y AND BUSINESS RELATIONSHIP J WADE ELLERBROEK, JR, DIRECTOR EMERITUS, AND GEORGA M SUTTO N, HONORARY VICE PRESIDENT, FAMILY RELATIONSHIP SARAH N KUNKLE, DIRECTOR EMERITUS, AND JO HN B KUNKLE, DIRECTOR, FAMILY RELATIONSHIP KENNETH BANKS, EXECUTIVE COMMITTEE MEMBER, AND LAINA BANKS, DIRECTOR, FAMILY RELATIONSHIP CHARLES GRAHAM, DIRECTOR-AT-LARGE, AND TYLER G RAHAM, DIRECTOR, FAMILY AND BUSINESS RELATIONSHIP BETH AUSTIN, DIRECTOR, AND RALPH SEEKINS , PAST PRESIDENT, FAMILY RELATIONSHIP LISA GARDNER, DIRECTOR, AND CRYSTA LOMBARDI, DIRECTO R, FAMILY RELATIONSHIP DR ELEANOR GREEN, DIRECTOR, AND JAMES HEIRD, PAST PRESIDENT, FAMIL Y RELATIONSHIP ROBIN MERRILL, HONORARY VICE PRESIDENT, AND FRANK G MERRILL, PAST PRESIDENT , FAMILY RELATIONSHIP BEN L HUDSON, DIRECTOR-AT-LARGE, AND FLOYD E 'BUTCH' WISE, FIRST VIC E PRESIDENT, FAMILY RELATIONSHIP EDWARD MCNELIS, DIRECTOR EMERITUS, AND LAINA AND KENNETH BANKS, DIRECTOR AND EXECUTIVE COMMITTEE MEMBER, FAMILY RELATIONSHIP ROB BROWN, PAST PRESID ENT, AND ROB A BROWN, DIRECTOR, FAMILY RELATIONSHIP PETE SCARMARDO, DIRECTOR, AND JOHNNY TROTTER, PAST PRESIDENT, BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE DECISIONS OF THE EXECUTIVE COMMITTEE ARE APPROVED BY THE BOARD OF DIRECTORS THE ACTIO NS OF THE BOARD OF DIRECTORS ARE APPROVED BY THE MEMBERS AT THE ANNUAL MEMBERSHIP MEETING

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 201 9

990 Schedule O, Supplemental Information

Return Reference	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	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENT -6,460,418

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR

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SCHEDULE R (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AMERICAN QUARTER HORSE ASSOCIATION

Employer identification number
75-0725576

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(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	369,168	0	AMERICAN QUARTER HORSE ASSOCIATION
(2) AWARDS RECOGNITION CONCEPTS LLC PO BOX 200 AMARILLO, TX 791680001 47-3392191	SEE PART VII	TX	3,173,621	2,410,610	AMERICAN QUARTER HORSE ASSOCIATION
(3) Q TECHNOLOGY SOLUTIONS LLC 1600 QUARTER HORSE DR AMARILLO, TX 79104 83-3433338	SEE PART VII	TX	0	0	N/A

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) AMERICAN QUARTER HORSE FOUNDATION PO BOX 32111 AMARILLO, TX 79120 51-0187823	SUPPORT OF EDUCATIONAL PROJECTS OF INTEREST TO DEVOTEES OF THE QUARTER HORSE	TX	501(C)(3)	LINE 12B, II	AMERICAN QUARTER HORSE ASSOCIATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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 Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
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)	1g		No
h Purchase of assets from related organization(s)	1h		No
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
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		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)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)AMOUNT LESS THAN 50K NOT REPORTABLE	B		
(2)AMOUNT LESS THAN 50K NOT REPORTABLE	C		
(3)AMERICAN QUARTER HORSE FOUNDATION	Q	309,900	ACTUAL AMOUNT INCURRED

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	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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 1(B)	ROBIN GLENN PEDIGREES, LLC SUPPORTS THE ACTIVITIES OF THE AMERICAN QUARTER HORSE ASSOCIATION BY PRODUCING SALE CATALOGS AND PEDIGREES FOR THE INDUSTRY'S PREMIER RACE SALES AND PERFORMANCE SALES, AS WELL AS ALL FACETS OF THE QUARTER HORSE INDUSTRY IT ALSO MAINTAINS A LARGE DATABASE OF HORSE RECORDS

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

Return Reference	Explanation
FORM 990, SCHEDULE R, PART I, LINE 3(B)	SUPPORTS THE ACTIVITIES OF THE AMERICAN QUARTER HORSE ASSOCIATION BY HOLDING RIGHTS OF SOFTWARE DEVELOPMENT FOR FUTURE USE