

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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

2019Department of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.**Open to Public
Inspection****A For the 2019 calendar year, or tax year beginning**

Jan 1

, 2019, and ending

Dec 31

, 2019

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

North Carolina Quarter Horse Association District V

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

858 Roads End

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

Pittsboro NC 27312

D Employer identification number

56-205743

E Telephone number

919 548-5418

F Group Exemption

Number ►

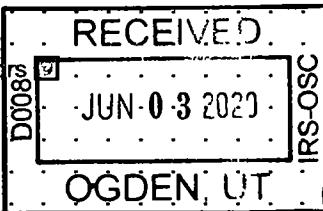
G Accounting Method: Cash Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status (check only one)** — 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527**K Form of organization:** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets**

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). **Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) ►

Check if the organization used Schedule O to respond to any question in this Part I

<input checked="" type="checkbox"/> 1 Contributions, gifts, grants, and similar amounts received	1	3120 00
<input checked="" type="checkbox"/> 2 Program service revenue including government fees and contracts	2	49092.00
<input checked="" type="checkbox"/> 3 Membership dues and assessments	3	
<input checked="" type="checkbox"/> 4 Investment income	4	320.40
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		
6 Gaming and fundraising events:	5c	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 3120.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)	7c	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8	52532.40
10 Grants and similar amounts paid (list in Schedule O)	9	
11 Benefits paid to or for members	10	
12 Salaries, other compensation, and employee benefits	11	
13 Professional fees and other payments to independent contractors	12	
14 Occupancy, rent, utilities, and maintenance	13	12027 75
15 Printing, publications, postage, and shipping	14	19357.00
16 Other expenses (describe in Schedule O)	15	
17 Total expenses. Add lines 10 through 16	16	16849 52
18 Excess or (deficit) for the year (subtract line 17 from line 9)	17	48234 27
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	18	4298.13
20 Other changes in net assets or fund balances (explain in Schedule O)	19	67390 46
21 Net assets or fund balances at end of year. Combine lines 18 through 20	20	
	21	71688 59



For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2019)

 **Part II** **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	67390.46	22	71688 59
23 Land and buildings		23	0
24 Other assets (describe in Schedule O)		24	0
25 Total assets	67390.46	25	71688 59
26 Total liabilities (describe in Schedule O)		26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67390.46	27	71688.59

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Promotion of recreational activity and amateur competition related to equestrian training and performance among adults and children	
28a	(Grants \$) 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
29		
29a	(Grants \$)) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
30		
30a	(Grants \$)) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
31	Other program services (describe in Schedule O)	
31a	(Grants \$)) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/> 32

Part IV | List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	
b	Did the organization file Form 1120-POL for this year?	38a	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	39a	
39	Section 501(c)(7) organizations. Enter:	39b	
a	Initiation fees and capital contributions included on line 9	40a	
b	Gross receipts, included on line 9, for public use of club facilities	40b	<input checked="" type="checkbox"/>
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40c	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40d	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	40e	<input checked="" type="checkbox"/>
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►	41	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	42a	
41	List the states with which a copy of this return is filed ► none	The organization's books are in care of ► Martha Susan Smith	Telephone no. ► 919 548-5418
42a	Located at ► 858 Roads End, Pittsboro NC	ZIP + 4 ► 27312-6548	
b	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)? If "Yes," enter the name of the foreign country ►	42b	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	43	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 320.40	44a	<input checked="" type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44c	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44d	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	45a	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45b	<input checked="" type="checkbox"/>
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part V Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

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		5/21/2020 Date
<input type="checkbox"/>	Signature of officer	
	I, this 15th day of May,	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no. ►		

May the IRS discuss this return with the preparer shown above? See Instructions.

▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

North Carolina Quarter Horse Association District V

Employer identification number

56-2057436

Other expensives include cost related to the running of equestrian competitions including awards and prizes, food for staff and exhibitors,

lodging and travel for staff