EXTENDED TO AUGUST 17, 2015

Form **990**

432001 11-07-14

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.

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

2014
Open to Public Inspection

Α	For th	e 2014 calendar year, or tax year beginning and e	ending		
В	Check i applicat	C Name of organization		D Employer identifi	cation number
	Addr chan	FIGURE ONLINED STATES PONY CLUBS, INC.			
	Nam chan	ge Doing business as UNITED STATES PONY CLOBS, I.	NC.	61-1	352306
F	Initia retur Final	Number and street (or P.O. box if mail is not delivered to street address) AOA1 TRON WORKS DARK	Room/suite	E Telephone numbe	r 254-7669
_	retur termi			G Gross receipts \$	3,805,209.
	ated Ame	City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40511-8483		H(a) Is this a group re	
F	returi Appli			for subordinates	
-	tion pend	SAME AS C ABOVE		H(b) Are all subordinates in	77777
7	Fay-ey	tempt status: X 501(c)(3)	r 527		list. (see instructions)
		ite: > WWW.PONYCLUB.ORG	1 027	the same of the sa	n number ▶ 3887
		forganization: X Corporation Trust Association Other	L Year o		A State of legal domicile; KY
	art I	The Harmonian Control of the Control			Julio or logal dottiono,
d)	1	Briefly describe the organization's mission or most significant activities: THE U			
Activities & Governance		INC., DEVELOPS CHARACTER, LEADERSHIP, CONF	FIDENC	E AND A SEN	SE OF
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	
ove.	3			3	26
න න	4	Number of independent voting members of the governing body (Part VI, line 1b)			26
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			23
i,	6	Total number of volunteers (estimate if necessary)		6	2000
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			0.
		Operational in the state of the	-	Prior Year 275, 185.	Current Year
re	8	Contributions and grants (Part VIII, line 1h)		1,669,158.	253,941. 2,221,476.
Revenue	9	Program service revenue (Part VIII, line 2g)		440,521.	202,451.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		130,481.	136,993.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,515,345.	2,814,861.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		949,949.	1,014,654.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
beu	ь	Total fundraising expenses (Part IX, column (D), line 25) > 97,41			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,292,340.	1,579,025.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,242,289.	2,593,679.
	19	Revenue less expenses. Subtract line 18 from line 12		273,056.	221,182.
Net Assets or				inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		5,790,200.	5,963,828.
t As	21	Total liabilities (Part X, line 26)		1,327,122.	1,270,687.
2	22	Net assets or fund balances. Subtract line 21 from line 20		4,463,078.	4,693,141.
-	ırt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules		to a contract	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer l	nas any knowledge.	
		Signature of officer		Date	
Sigr				Date	
Her	е	NANCY J. PITTMAN, PRESIDENT Type or print name and title			
_	_		In	ate Check	PTIN
Paid		Print/Type preparer's name R. ALLEN NORVELL R. ALLEN NORVELL		7/14/15 self-employ	
Prep		Firm's name BLUE & CO., LLC	- IO	Firm's EIN ▶	35-1178661
Use		Firm's address 250 WEST MAIN STREET, SUITE 2900		THIN S CHV	JJ 11/0001
	J-11.j	LEXINGTON, KY 40507		Phone no 85	9-253-1100
May	the I	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110.00	X Yes No

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

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

Name of the organization

THE UNITED STATES PONY CLUBS, INC.

Employer identification number 61-1352306

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
-	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
-	ii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		7/
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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (e.g., recreation or e	`	torically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	• 4		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	70 1 1		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ▶		•
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e 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	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Par			ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	•••••	> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

Sche	edule D (Form 990) 2014 THE UNI	TED STATES	PONY CLUB	S, INC.			61-13	52306	Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or	Other				
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection ite								ems
(check all that apply):									
а	Public exhibition	d	I Loan or exc	hange prograr	ns				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	•	•	-			se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	similar a	assets		_	
	to be sold to raise funds rather than to be ma							Yes	No
Pai	rt IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Y	es" to F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi		-					7	
	on Form 990, Part X?				***********		L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					2	
								Amount	
	Beginning balance								
	Additions during the year								
_	Distributions during the year								
f	Ending balance					1f	- 1	T _v	
	Did the organization include an amount on Fo	- '			G 2000	y?		Yes	No
	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete i						*********	*********	
	Endownient rands: Complete	(a) Current year	(b) Prior year	(c) Two years			years back	(e) Four y	oare hack
4.	Beginning of year balance	2,036,149.	1,657,859	1,464			69,575.	(e) roury	Gai S Daux
1a		1,386.	886,881.		,209.		7,025.		
b	Contributions Net investment earnings, gains, and losses	61,855.	423,449.		047.		10,090.		
ب د	Grants or scholarships	01,0331	120,110.		,				
u	Other expenditures for facilities								
-	and programs	62,711.	932,040.	36	,815.		22,272.		
f	Administrative expenses				/				
g	End of year balance	2,162,101.	2,036,149.	1,657	859.	1.4	64,418.		
2	Provide the estimated percentage of the curr								
a	Board designated or quasi-endowment	100.00	-%	, 1101a ao.					
b	Permanent endowment .00	%							
	Temporarily restricted endowment	.00 %							
•	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	•	tion that are held ar	nd administere	d for the	organiza	ation		
-	by:					- · J - · · · ·			es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations								
4	Describe in Part XIII the intended uses of the	=							
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" to Form 990	Part IV, line 11a. Se	ee Form 990, F	⊃art X, lir	ne 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investn		(other)		reciation			
1a	Land	***			P. C.	1031			
	Buildings		2,01	5,292.	5	60,3	69.	1,454	,923.
	Leasehold improvements								
	Equipment		80	2,678.	4	97,7	46.	304	<u>,932.</u>
	Other								
Total	Add lines 1a through 1e (Column (d) must a	aud Form 000 Part	V column (D) line 1	001				1.759	.855.

Schedule D (Form 990) 2014 THE UNITED	STATES PON	Y CLUBS, INC.		61-1352306 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or	end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)		74		
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		grafiks and fill		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV.	line 11c. See Form 990, F	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		V - 44-V - 4 K		
	to Form 000 Dort IV	line 11d Cae Farm 000 [Dard V. Uma 15	6
Complete if the organization answered "Yes"	Description	line 11d, See Form 990, i	Part X, line 15.	(b) Book value
	Description			(D) BOOK Value
(1)	_			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	15.)			
Complete if the organization answered "Yes"	to 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			31 E C 2 677	
(2) TENANT DEPOSITS		8,866.	100 18 10 10	
(3)			3, 61, 33	
(4)				

(5) (6) (7) (8) 8,866. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2014

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

USPC IS A NOT-FOR-PROFIT CORPORATION, OTHER THAN A PRIVATE FOUNDATION, ORGANIZED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS THUS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, NO INCOME TAX EXPENSE IS REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. USPC'S INTERNAL REVENUE SERVICE (IRS) FORM 990 (RETURNS OF ORGANIZATIONS EXEMPT FROM INCOME TAX) FOR 2011, 2012 AND 2013 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY USPC AND RECOGNIZE A 432054 10-01-14 Schedule D (Form 990) 2014

SCHEDULE O

Internal Revenue Service

(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

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.

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

2014
Open to Public Inspection

Name of the organization

THE UNITED STATES PONY CLUBS, INC.

Employer identification number 61-1352306

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY IN YOUTH THROUGH A PROGRAM THAT TEACHES THE CARE OF HORSES
AND PONIES, RIDING AND MOUNTED SPORTS.
FORM 990, PART VI, SECTION A, LINE 7A:
EACH GOVERNOR TO SUCCEED A RETIRING GOVERNOR SHALL BE ELECTED BY THE
CORPORATE MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11:
INDEPENDENT ACCOUNTANT PREPARES FORM 990. DRAFT VERSION IS FORWARDED TO
FINANCE AND ADMINISTRATION MANAGER AND EXECUTIVE COMMITTEE FOR REVIEW
BEFORE FINAL FORM 990 IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 15A:
FOR THE CHIEF EXECUTIVE OFFICER, SALARY ADJUSTEMTS ARE REVIEWED AND
PERFORMED ANNUALLY BY THE BOARD OF DIRECTORS. COMPARISONS ARE TAKEN FROM A
COUPLE OF PUBLICATIONS ON NON-PROFIT SALARIES.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
KY,AL,AK,AR,AZ,CA,CT,DC,FL,GA,HI,IL,KS,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC
OH,OK,OR,PA,RI,SC,TN,UT,WV,WI
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE ON THEIR WEBSITE
WWW.PONYCLUB.ORG.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $^{432211}_{08-27-14}$

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization THE UNITED STATES PONY CLUBS, INC.	Employer identification number 61-1352306
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES ACTIVITIES:	5:
DROGRAM GERVITGE EVERYGEG	98,948.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	00.040
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	95,429.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	95,429.
MISCELLAENOUS EXPENSES:	
PROGRAM SERVICE EXPENSES	25,984.
MANAGEMENT AND GENERAL EXPENSES	46,717.
FUNDRAISING EXPENSES	3,065.
TOTAL EXPENSES	75,766.
RESTRICTED DISBURSEMENTS:	
PROGRAM SERVICE EXPENSES	21,926.
MANAGEMENT AND GENERAL EXPENSES	26,333.
FUNDRAISING EXPENSES	2,586.
TOTAL EXPENSES	50,845.
MEMBER SERVICES:	
PROGRAM SERVICE EXPENSES	22,576.
432212 08-27-14 Schee	dule O (Form 990 or 990-EZ) (2014)

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

		Information about 1 orm ood	o and its	mist detions is at www.iis.gov/loni	10000 •			
If you a	are filing for an Aut	omatic 3-Month Extension, comple	te only Pa	rt I and check this box			X	
If you a	are filing for an Ado	litional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of	this form)			
Do not co	omplete Part II unle	ss you have already been granted a	an automa	tic 3-month extension on a previousl	ly filed For	m 8868.		
Electron	ic filing (e-file) . Yo	u can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tim	ne to file (6	months for a corp	oration	
required	to file Form 990-T),	or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fil	e Form 88	368 to request an e	xtension	
of time to	file any of the forn	ns listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers A	ssociated With Ce	rtain	
Personal	Benefit Contracts,	which must be sent to the IRS in paper	er format (see instructions). For more details or	n the elec	tronic filing of this f	form,	
		ick on e-file for Charities & Nonprofits						
Part I		3-Month Extension of Time						
		Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and c	omplete			
Part I only							•	
	corporations (includ ome tax returns.	ling 1120-C filers), partnerships, REMI	Cs, and tr	usts must use Form 7004 to request		ion of time er's identifying nu	mber	
Type or	Name of exemp	t organization or other filer, see instru	ctions.		Employe	r identification num	nber (EIN) or	
print	THE UNIT	ED STATES PONY CLUB	S IN	IC.		61-13523	0.6	
File by the due date for		and room or suite no. If a P.O. box, so			Social se	curity number (SSI		
filing your		N WORKS PKWY, KY HO			Cociai se	curry number (CO	14)	
return See instructions		st office, state, and ZIP code. For a fo						
	LEXINGTO							
	<u> </u>							
Enter the	Return code for the	e return that this application is for (file	a separat	e application for each return)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 1	
Application			Return	Application		_	Dotum	
Is For	011		Code	Is For		Return		
A ST. C. Connects	or Form 990-EZ		01	Form 990-T (corporation)	lan)			
Form 990	and the second s		02	Form 1041-A			07	
7909800	0 (individual)		03	Form 4720 (other than individual)			08	
Form 990			03	Form 5227	iduaij			
200-20	-T (sec. 401(a) or 4	18(a) trust)	05	Form 6069			10	
99000	T (trust other than	and the second s	06	Form 8870			12	
01111 330	- I (trast other trian			RON WORKS PKWY, KY	HORS	E DARK -		
• The bo	oks are in the care	of LEXINGTON, KY 4			HOILE	H IAKK		
	one No. > 859		OJII	Fax No.				
-		ot have an office or place of business	in the Uni					
		n, enter the organization's four digit (chack this	
box ▶ [of the group, check this box		ch a list with the names and EINs of				
		3-month (6 months for a corporation				ers the extension is	5 101.	
	AUGUST 15	004 =		tion return for the organization name		The extension		
	or the organization's		- 0.gaa.		a abovo.	THE EXISTIBILITY		
_	X calendar year							
Þ	tax year begini		, an	d ending				
	_ , ;	Ÿ ,		<u> </u>				
2 If th	e tax year entered	in line 1 is for less than 12 months, ch	neck reaso	n: Initial return	Final retur	n		
	Change in accou	inting period			· ·			
3a If th	is application is for	Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any		-		
non	refundable credits.	See instructions.			3a	\$	0 •	
b If th	is application is for	Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
		s made. Include any prior year overpa			3b	\$	0.	
c Bala	ance due. Subtrac	t line 3b from line 3a. Include your pay	yment with	n this form, if required,				
		onic Federal Tax Payment System). S			Зс	\$	0 •	
		make an electronic funds withdrawal ((direct deb	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879-EO fo	r payment	
nstructior	ns.							

LHA 423841 C5-01-14 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

432002 11-07-14

Form 990 (2014) THE UNITED S 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		Х
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		X
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8	-	X
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?			77
	If "Yes," complete Schedule D, Part IV	9	-	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.	43	×.	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ı I	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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	17		Х
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2014)

	AND LOCAL CONTRACTOR OF THE CO		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
ď	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		X
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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	110.77		71
	instructions for applicable filing thresholds, conditions, and exceptions):			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00		v
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		х
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		24		Х
32	If "Yes," complete Schedule N, Part I	31		21
32	, ,	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-004		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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	х	
		Form	990	2014)

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	Otatomonto	i iogai airig		i iiiiiga aiid	I ax Compliance

	Check is defined the Contains a response of note to any line in this part v			
	T = 1		Yes	No
	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 149			
b				
С	, , , , , , , , , , , , , , , , , , ,		х	- 51.9
22	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
Za	0.16 0.16 0.16 0.16 0.16 0.16 0.16 0.16		. 5	
h	Itled for the calendar year ending with or within the year covered by this return 23	Oh	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		77,6
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-05		_
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:	102		
	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		Х
b		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
	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		_X_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		_ <u>X</u> _
	If "Yes," indicate the number of Forms 8282 filed during the year			v
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\frac{x}{x}$
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	1790	157
	sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:		A.P.	. 3
а	Initiation fees and capital contributions included on Part VIII, line 12		3,5	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			- 1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	10		
_	amounts due or received from them.)		150	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		100
3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	A.y.		
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	120		
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	Sw.	20.1	
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	, 2-5	M.	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	2014)

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

				******		X	
Sec	tion A. Governing Body and Management						
		25 52	22		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26	187			
	If there are material differences in voting rights among members of the governing body, or if the governing				0111		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1		200		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26			3.3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other				ALT:	
	officer, director, trustee, or key employee?	-		2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as:			5		Х	
6							
7a						Х	
	more members of the governing body?	-		7a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			7b	FAIL	Name of	
а	The governing body?	, J-		8a	х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code)					
		13/13/2 2 2 3 3 7			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х		
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				X		
ь	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13				Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	X		
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		X	
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?	***************************************		14	X		
15	Did the process for determining compensation of the following persons include a review and approva	l by independent		117	P.V.	500	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				' V	JUŽI S	
а	The organization's CEO, Executive Director, or top management official			15a	X		
b	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			-	10		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			11/2	V.	
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					8118	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's	1		Ш		
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \underline{KY}$, \underline{AL} , \underline{AK} , \underline{AR} , \underline{AR}					IL	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s	s only) ava	ailable	:		
	for public inspection. Indicate how you made these available. Check all that apply.						
		in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest pol	icy, and fi	nanci	al		
	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 boo	ks and records:					
	KAREN CLARK - 859-559-0659	10=15	0.0				
	4041 IRON WORKS PKWY, KY HORSE PARK, LEXINGTON, KY	40511-84	83				
432006	11-07-14 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2014)	

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than is both	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MIKE AMOS	3.00									
BOARD MEMBER		X						0.	0.	0.
(2) SARAH ANDRES	3.00									
BOARD MEMBER		X			_			0 •	0.	0.
(3) POLLY GRAMMER	3.00	ļ								
BOARD MEMBER		X	_					0.	0.	0.
(4) CLAIRE HARMON	3.00							_	_	_
VP OF INSTRUCTION & BOARD MEMBER		X	_	X				0.	0.	0.
(5) JODY HOFFMAN	3.00							_		
TREASURER & BOARD MEMBER		X		X	_	_		0.	0.	0.
(6) DEBBIE KIRSCH	3.00									
BOARD MEMBER	2 00	X	_	_		_		0.	0.	0.
(7) HEATHER KUENZI	3.00									_
BOARD MEMBER	2.00	X	_	-	_	_		0.	0.	0.
(8) DANIEL MURPHY PRESIDENT & BOARD MEMBER	3.00	x		х				0.	0	0
(9) NANCY PITTMAN	3.00	_	-	Δ		-		0.	0.	0.
VP & BOARD MEMBER	3.00	x		х		'		0.	0.	0.
(10) YVETTE SEGER	3.00	^	-	Λ		-		0.	0.	0.
BOARD MEMBER	3.00	x						0.	0.	0.
(11) JAN WHITEHOUSE	3.00	<u> </u>	Н	Н			_	- 0.	0.	0.
BOARD MEMBER	3.00	х						0.	0.	0.
(12) SUE BETH BUNN	3.00							•	0.	<u> </u>
BOARD MEMBER	3,00	x						0.	0.	0.
(13) ANNA CLADER	3.00	-	Н			т				
BOARD MEMBER	-	х						0.	0.	0.
(14) KATRINA DEANE	3.00	_								
BOARD MEMBER		х						0.	0.	0.
(15) LISA EVANS	3.00									
BOARD MEMBER		X						0.	0.	0.
(16) KATIE GRAHAM	3.00									
VP OF ACTIVITIES & BOARD MEMBER		x		Х				0.	0.	0.
(17) ALICIA HENDERSON	3.00									
BOARD MEMBER		X						0.	0.	0.
432007 11-07-14										Form 990 (2014)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghes	st C	Compensated Employee	s (continued)			
(A)	(B)			- (0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	E	Estimat	.ed
	hours per	kod	, unle	ss pe	rson	is bot	h an	compensation	compensation	a	ımount	
	week	-	Cer ar	io a o	recu	or/trus	T .	from	from related		other	
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC)		mpensa from th	
	related	e or d	tee		1	sated		(W-2/1099-MISC)	(VV-2/1099-IVIISC)	1	ganiza	1.
	organizations	Individual trustee	institutional trustee		ee ee	led le	1	(***271033141100)			nd relat	
	below	dual (utions	_	кеу етріоуее	st co	₌				ganizat	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former					
(18) ALLISON MURPHY	3.00											
BOARD MEMBER		X						0.	0.			0.
(19) MARGI PENCE	3.00		П			П						
BOARD MEMBER		X						0.	0.			0.
(20) STELLA SUNSTEIN	3.00											
BOARD MEMBER		X						0.	0.			0.
(21) JENNIFER SWEET	3.00											
VP OF REGIONAL ADMIN & BOARD MEMBER		X		X				0.	0.			0.
(22) LORELEI COPLEN	3.00											
SECRETARY & BOARD MEMBER		X		X				0.	0.	_		0.
(23) JULIE HERMAN	3.00											
BOARD MEMBER		X						0.	0.	_		0.
(24) LYNN DU CELLIEE MULLER	3.00											
BOARD MEMBER		X						0.	0.			0.
(25) DEBBIE MCLEOD	3.00											
BOARD MEMBER		X						0.	0.			0.
(26) GENEVA TORSILIERI	3.00											
BOARD MEMBER		X						0.	0.	<u> </u>		0.
1b Sub-total		0000				000001		0.	0.	<u></u>		0.
c Total from continuation sheets to Part VII								147,842.	0.			55.
d Total (add lines 1b and 1c)					****			147,842.	0.		3,9	55.
2 Total number of individuals (including but new part of individuals)	ot limited to th	ose	liste	d at	ove) wh	o re	eceived more than \$100,0	000 of reportable			
compensation from the organization			_								_	<u> </u>
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or t	highest compensated en	nployee on		120	
line 1a? If "Yes," complete Schedule J for si	uch individual	1925		1555	20045.					3		X
4 For any individual listed on line 1a, is the su	•							-	-	170		100
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual		4		X
5 Did any person listed on line 1a receive or a					-			-			0.13	
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ich i	oers	on .				5	\bot	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	•	•							•	ition f	rom	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ig w	ith c	or wi	thin		ear.			
(A)	addraga	37/	\	4			- 1	(B) Description of s	on door) ((C) ensatio	nn.
Name and business	address	M	ONE	5	_		-	Description of s	ervices	Jonip	Frisatio	<i>n</i> 1
							- 1					
***							-					
							-		-	—		
				_			-					
							-					
2 Total number of independent contractors (in	soluding but a	0+ li-	nitaa	1 +0	thas	ما م	+04	ahove) who received me	ore than			7
2 Total number of independent contractors (in \$100,000 of compensation from the organize	2	OL III	····c	0	_)	 u	above, who received file	a dian			

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 253,941 5,684. g Noncash contributions included in lines 1a-1f: \$ 253,941 h Total. Add lines 1a-1f **Business Code** 030,615.1 030,615. 2 a MEMBERSHIP 900099 Service 720,568. 212,312. 720,568. **b** ACTIVITIES 900099 900099 212,312. c INSURANCE 900099 118,895. 118,895. d INSTRUCTION 107,575. 900099 107,575. e ANNUAL MEETING 900099 31,511. 31,511. f All other program service revenue 221,476. Total. Add lines 2a-2f Investment income (including dividends, interest, and 122,753 other similar amounts) 122,753. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 103,400. 6 a Gross rents 14,263. b Less: rental expenses 89,137. c Rental income or (loss) d Net rental income or (loss) 89,137. 89,137. ▶ (i) Securities 7 a Gross amount from sales of (ii) Other 921,670. assets other than inventory b Less: cost or other basis 841,972. and sales expenses 79,698. c Gain or (loss) d Net gain or (loss) 79,698. 79,698. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 169,981 and allowances b Less: cost of goods sold ь 134,113. 35,868. 35,868. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER 11,988. 11,988. 900099 d All other revenue 11,988. e Total. Add lines 11a-11d 2,814,861.2,269,332. 0. 291,588. Total revenue. See instructions. 432009 11-07-14 Form **990** (2014)

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	e or note to any line in to (A) Total expenses	his Part IX (B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			Assured that the Milk	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	796,830.	250 071	207 224	40 E2E
^	trustees, and key employees	790,030.	358,971.	397,324.	40,535
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)	9,043.	3,900.	4,683.	460
9	Other employee benefits	141,303.	60,933.	73,182.	7,188
9 10		67,478.	29,098.	34,947.	3,433
11	Payroll taxes Fees for services (non-employees):	07,170.	25,050.	34,3471	3, 433
'' a	· · · · · · · · · · · · · · · · · · ·				
	Legal	36,804.	15,871.	19,061.	1,872
c		17,598.	7,589.	9,114.	895
	Lobbying	2.70001	.,,555	5/2221	
e			CONTRACTOR SET OF		
f	Investment management fees	46,066.	19,865.	23,858.	2,343
q					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	89,142.	38,440.	46,167.	4,535
14	Information technology				
15	Royalties				
16	Occupancy	60,699.	26,175.	31,436.	3,088
17	Travel	8,618.	7,635.	545.	438
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,906.	13,327.	16,007.	1,572
20	Interest	13,524.	5,832.	7,004.	688
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	72,427.	39,697.	28,047.	4,683
23	Insurance	4,323.	1,864.	2,239.	220
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)				
а	amount, list line 24e expenses on Schedule O.)	403,687.	403,687.		
а Ь	INSURANCE	161,868.	161,868.		
C	INSTRUCTION	152,706.	152,706.		
d	ANNUAL MEETING	117,275.	117,275.		
	All other expenses SEE SCH O	363,382.	264,863.	73,050.	25,469
5	Total functional expenses. Add lines 1 through 24e	2,593,679.	1,729,596.	766,664.	97,419
6	Joint costs. Complete this line only if the organization			, 55, 551	- , ,
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	531,339.	1	594,568.
2	Savings and temporary cash investments	162,735.	2	100,382.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	14,514.	4	12,191
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		7031	
	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		2 2	
₂	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	35,248.	8	21,312.
9	Prepaid expenses and deferred charges	57,736.	9	60,231.
10a				
	basis. Complete Part VI of Schedule D 10a 2,817,970.	(10 A) (10 Sa) 28	0.00	
ь	Less: accumulated depreciation 10b 1,058,115.	1,781,190.	10c	1,759,855.
11	Investments - publicly traded securities	3,035,248.	11	3,237,421.
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	470 400	14	488 060
15	Other assets. See Part IV, line 11	172,190.	15	177,868.
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,790,200.	16	5,963,828.
17	Accounts payable and accrued expenses	130,873.	17	92,595.
18	Grants payable	076 000	18	000 511
19	Deferred revenue	876,998.	19	890,511.
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,			
22	key employees, highest compensated employees, and disqualified persons.		STEEL ST	
	Complete Part II of Schedule L	211 222	22	070 715
23	Secured mortgages and notes payable to unrelated third parties	311,222.	23	278,715.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	0 000		0 066
1	Schedule D	8,029. 1,327,122.	25	8,866.
26	Total liabilities. Add lines 17 through 25	1,341,144.	26	1,270,687.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.	4,076,712.		4 306 990
27	Unrestricted net assets	386,366.	27	4,306,990. 386,151.
28	Temporarily restricted net assets	300,300.	28	300,131.
29	Permanently restricted net assets	F-1	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here		10	
	and complete lines 30 through 34.	a conquitar 1, Levi	00	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	4,463,078.	32	1 602 111
33	Total net assets or fund balances		33	4,693,141.
34	Total liabilities and net assets/fund balances	5,790,200.	34	5,963,828. Form 990 (2014)

Form 990 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** THE UNITED STATES PONY CLUBS, INC. 61-1352306 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (vi) Amount of (ii) EIN (iii) Type of organization (v) Amount of monetary organization (described on lines 1-9 listed in your support (see other support (see governing document? above or IRC section. Instructions) Instructions) Yes (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support					205	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	91 95 3	THE RESERVE TO SERVE	P S - 155 A	TO THE HIST	30,390 - 245	-
	by each person (other than a				31 5 K 1 3 22		
	governmental unit or publicly	Section by					
	supported organization) included				v – Sifty (* je*)		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.			120 17 11 11		1000	
	tion B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(4) 2515	(5) 2511	10/ 2012	(4) 2010	10/2511	(i) iotal
	Gross income from interest,						
•	dividends, payments received on			l			
	securities loans, rents, royalties		1				
	and income from similar sources		(
9	Net income from unrelated business			-			
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			-			-
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10	THE REPORT OF	ALVA SALI			PRODUCTION OF THE	
		ata (aga inaturatio	\			40	
	Gross receipts from related activities, First five years. If the Form 990 is for	•		t fourth or lifth to		12 2 501(a)(2)	
13	organization, check this box and stor	J	s mst, second, time		•	() ()	•
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2014 (li	ne 6. column (f) di	vided by line 11. co	olumn (fl)		14	%
	Public support percentage from 2013				18151-111-1-111-111-111-111-111-111-11	15	%
	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
.,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	•	_	
b	10% -facts-and-circumstances test						
~	more, and if the organization meets th	_					
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		FOR DESTROYER	State Otto State	19496 - 100 - 1949A - 196		
	Titale roundation. It the Organizatio	I GIG HOL CHECK &	55A 011 III 16 15, 102	, 100, 17a, 01 17E	, orieon una box a	THE SEC HISTIAGUE	000 57) 0044

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olotif places sollip					
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	0					1100
	membership fees received. (Do not		i i				
	include any "unusual grants.")	1066478.	1177406.	1204394.	1223806.	1284556.	5956640.
2	Gross receipts from admissions,						
	merchandise sold or services per-		!				
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	759,484.	1108728.	747,082.	771,746.	1226729.	4613769.
3	Gross receipts from activities that				,		
•	are not an unrelated trade or bus-						
	iness under section 513			Î			
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to				l.		
	or expended on its behalf			Y			
_	***********						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1005060	0006124	1051456	4005550	0544005	10550100
	Total. Add lines 1 through 5	1825962.	2286134.	1951476.	1995552.	2511285.	10570409.
7 8	Amounts included on lines 1, 2, and		00 464		4= =40		
	3 received from disqualified persons	33,717.	20,464.	9,794.	17,563.	18,072.	99,610.
k) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
C	Add lines 7a and 7b	33,717.	20,464.	9,794.	17,563.	18,072.	99,610.
	Public support (Subtract line 7c from line 6.)					in the state	10470799.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	1825962.	2286134.	1951476.	1995552.	2511285.	10570409.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	42,229.	63,579.	183,258.	183,636.	226,153.	698,855.
b	Unrelated business taxable income						77,
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	42,229.	63,579.	183,258.	183,636.	226,153.	698,855.
	Net income from unrelated business	/	00,0.20	200/2001	200,0001	220,2001	030,0001
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital	169,057.	190,324.	10,711.	10,737.	11,988.	392,817.
12	assets (Explain in Part VI.)	2037248.	2540037.	2145445.			11662081.
	Total support. (Add lines 9, 10c, 11, and 12.)				2189925.		
14	First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth tax	x year as a section	501(c)(3) organiza	tion,
300	check this box and stop here ction C. Computation of Publi	o Cupport Dore					
							00 70 %
	Public support percentage for 2014 (li			olumn (f))		15	89.78 %
	Public support percentage from 2013			*************************		16	81.89 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	5.99 %
	Investment income percentage from 2	·	,	(0.000.00.00.00.0)	•	18	12.07 %
19a	33 1/3% support tests - 2014. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 17	
	more than 33 1/3%, check this box an	d stop here. The	organization quali	fies as a publicly s	upported organiza	tion	▶ X
b	33 1/3% support tests - 2013. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mor	re than 33 1/3%, ar	nd
	line 18 is not more than 33 1/3%, check	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	, or 19b, check thi	s box and see inst	ructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	8 16	
1		
2		
I ANTE	111.1	
3a		
	12.2	
3b		
20		
3c		
4a		
4b		
11.64	200	
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9a	Ty Tool	100.5
9b		
9c	6 W	100
10a		
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10b 1990 or 99	0-EZ) 3	2014

	dule A (Form 990 or 990-EZ) 2014 THE UNITED STATES PONY			61-1352306 Page 6
Union evan	Type in item tunediany integrated every(e) cupper in			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
)	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	T
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	100		
	factors (explain in detail in Part VI):	8 (5.8)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
100	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to		70 23 U. Tall V.	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

	edule A (Form 990 or 990-EZ) 2014 THE UNITED ST	CATES PONY CLUBS (a)(3) Supporting Orga	S, INC. 6	1-1352306 Page 7
Sect	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempted	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (ass instructions)	Excess Distributions	Underdistributions	Distributable
	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c	ESTIMATED TAXABLE PROPRIES IN THE TAXABLE PROPRIES OF THE PARTY.			
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:	DOMESTIC TO STATE		
a				
b				DIPASCITS ALEXA
С			REAL PROPERTY.	
<u>d</u>	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

τVI	Suppleme	ntal Inform	ation. Provid	de the explan	ations required	I by Part II, line	e 10; Part II, lir	ne 17a or 17b;	L-1352306 and Part III, line 12
	Also complete	this part for a	any additional	information. (See instruction	s).			
			74						
							_		

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2014

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2010 Amount	2011 Amount	2012 Amount	2013 Amount	2014 Amount
MARGO LEITHEAD	286.	250.	0.	0.	0.
EMSIE PARKER	250.	250.	0.	0.	0.
NANCY PITTMAN	200.	199.	100.	150.	250.
MIKE AMOS	1,300.	450.	450.	500.	500.
PATSY MATTINGLY	20,000.	0.	0.	0.	0.
RICHARD LAMB	0.	1,496.	0.	0.	0.
TOM ADAMS	1,000.	200.	0.	0.	0.
SOPHIE CLIFTON	200.	600.	0.	0.	0.
ANNA CLADER	0.	0.	0.	0.	175.
DANIEL MURPHY	2,000.	1,000.	2,000.	1,000.	1,000.
ALICIA HENDERSON	400.	0.	0.	0.	200.
NANCY AMBROSIANO	500.	350.	0.	0.	0.
ELIZABETH JOHNSON	50.	0.	0.	0.	0.
RON VANDYKE	210.	20.	0.	0.	0.
JAN WHITEHOUSE	100.	50.	0.	100.	150.
LORELEI COPLEN	200.	305.	25.	100.	100.
DEBBIE WILLSON	200.	350.	100.	110.	0.
JOHN WURZLER	500.	150.	767.	0.	0.
APRIL SMITH	100.	125.	0.	0.	0.
ANNE JONES	0.	500.	0.	0.	0.
GEORGINE WINSLETT	200.	600.	0.	0.	0.
MARY PIERSON	553.	590.	0.	0.	0.
PEGGY ENTREKIN	423.	0.	0.	0.	0.
KAROL WILSON Total to Schedule A, Part III, Line 7a	105.	119.	0.	0.	0.

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2014

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2010 Amount	2011 Amount	2012 Amount	2013 Amount	2014 Amount
MARIAN WAHLGREN	550.	560.	0.	0.	0.
KAREN WINN	50.	5.	39.	0.	0.
LYNN DU CELLIEE MULLER	200.	200.	0.	857.	692.
JACK FRITZ	1,000.	500.	0.	0.	0.
MELANIE HEACOCK	2,000.	500.	0.	0.	0.
ELIZABETH REEVES	225.	428.	0.	0.	0.
JESSICA BARKER	40.	500.	0.	0.	0.
MANUEL DIEMER	100.	0.	0.	0.	0.
JODY HOFFMAN	75.	100.	383.	100.	300.
STEPHEN JERMAN	100.	250.	250.	100.	0.
CLAIRE HARMON	600.	100.	700.	250.	325.
NANCY BOWLING	0.	100.	0.	0.	0.
LAURIE CHAPMAN-BOSCO	0.	285.	0.	0.	0.
RONDA DAVENPORT	0.	2,100.	0.	0.	0.
ERIC DIERKS	0.	50.	0.	0.	0.
JANIS GOODMUNDSON	0.	25.	0.	0.	0.
JULIE HERMAN	0.	5,250.	20.	7,600.	10,100.
CHRISTINA HOFFMAN	0.	50.	10.	0.	0.
GINY HUNTER	0.	1,082.	0.	0.	0.
CONSTANCE JEHLIK	0.	25.	0.	0.	0.
CYNTHIA PIPER	0 •	500.	0.	0.	0.
LISA WESTERFIELD	0 +	200.	200.	0.	0.
SALLY YOUNG	0.	50.	0.	0.	0.
SARAH A. ANDRES	0.	0.	20.	30.	20.
Total to Schedule A, Part III, Line 7a					

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2014

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2010 Amount	2011 Amount	2012 Amount	2013 Amount	2014 Amount
MACY CARMAN	0.	0.	20.	50.	0.
DR. AND MRS. TIMOTHY J. CLADER	0.	0.	700.	1,100.	0.
KATRINA DEANE	0.	0.	450.	270.	500.
LISA EVANS	0.	0.	1,000.	1,400.	1,100.
JEF AND KATHERINE GRAHAM	0.	0.	1,460.	1,000.	1,500.
MR. AND MRS. DAVID HENDERSON	0.	0.	250.	0.	0.
ALLISON MURPHY	0.	0.	50.	200.	100.
MARGARET PENCE	0.	0.	500.	2,010.	150.
MR. AND MRS. LARRY SMITH	0.	0.	100.	100.	0.
JENNIFER SWEET	0.	0.	25.	35.	50.
KEVIN PRICE	0.	0.	175.	100.	0.
POLLY GRAMMER	0.	0.	0.	50.	0.
DEBBIE KIRSCH	0.	0.	0.	36.	98.
HEATHER KUENZI	0.	0.	0.	21.	20.
YVETTE R. SEGER	0.	0.	0.	284.	200.
GENEVA TORSILIERI	0.	0.	0.	10.	0.
SUE BETH BUNN	0.	0.	0.	0.	67.
DEBBIE MCLEOD	0.	0.	0.	0.	275.
STELLA SUNSTEIN	0.	0.	0.	0.	200.
Total to Schedule A, Part III, Line 7a	33,717.	20,464.	9,794.	17,563.	18,072.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

	TH	E UNITED STATES PONY CLUBS, INC.	61-1352306				
Organization type (check one):							
Filers o	ilers of: Section:						
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990-PF		501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	only a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules							
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it m ı	ust answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					