EXTENDED TO NOVEMBER 15, 2018

orm **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2017 Open to Public Inspection

A	or th	e 2017 calendar year, or tax year beginning and ending	3						
В	Check if applicab	C Name of organization	DE	Employer identifi	cation number				
Г	Addre	THE UNITED STATES PONY CLUBS, INC.							
F	Name	TRITMED OF FILE DOWN OF THE		**_*	*****				
	Initial		cuita E T	elephone numbe	ν				
	Final	10/11 TRON WORKS DEWY WY HORSE DARK	Suite E	8592547669					
	terminated		G G	ross receipts \$	3,696,102.				
	Amer	ded I EVINCHON IVY ADE11 0400) Is this a group r					
	Applition	Finame and address of principal officer: INAINCL U. PITTMAIN			? Yes X No				
-3	pend	SAME AS C ABOVE	H(b)		ncluded? Yes No				
1	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	•	list. (see instructions)				
J	Websi	te: > WWW.PONYCLUB.ORG	-	Group exemption					
K	orm o	forganization; X Corporation Trust Association Other			M State of legal domicile; KY				
Pa	art I	Summary	110000000000000000000000000000000000000	1.3					
	1	Briefly describe the organization's mission or most significant activities: THE UNIT	TED ST	ATES PON	Y CLUBS,				
Activities & Governance		INC., DEVELOPS CHARACTER, LEADERSHIP, CONFID							
Ta	2	Check this box if the organization discontinued its operations or disposed of r	more than	25% of its net as	sets.				
Ne	3	Number of voting members of the governing body (Part VI, line 1a)			26				
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	26				
S S	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	20				
/itie	6	Total number of volunteers (estimate if necessary)		6	2000				
cti	. 7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
Revenue				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		268,207.	319,572.				
	9	Program service revenue (Part VIII, line 2g)	1,	,770,747.	2,110,694.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		267,629.	218,306.				
DC.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		136,140.	184,406.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,	,442,723.	2,832,978.				
	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.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,	,065,500.	1,073,313.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
g	b	Total fundraising expenses (Part IX, column (D), line 25) 151,705.		u Errikat set	A STATE OF THE STA				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,	,439,370.	1,543,087.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,	,504,870.	2,616,400.				
	19	Revenue less expenses. Subtract line 18 from line 12		-62,147.	216,578.				
10 %			Beginnin	ng of Current Year	End of Year				
Net Assets	20	Total assets (Part X, line 16)		,922,682.	6,434,940.				
t As	21	Total liabilities (Part X, line 26)	1,	,170,749.	1,137,622.				
2	22	Net assets or fund balances. Subtract line 21 from line 20	4	,751,933.	5,297,318.				
_	irt II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and belief, it is				
true	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has ar	ny knowledge.					
		Standard III							
Sig	ו	Signature of officer		Date					
Her	е	H. BENJAMIN DUKE III, PRESIDENT Type or print name and title							
-			I Data	1	T DTIN				
De! 4		Print/Type preparer's name Preparer's signature	Date	Check of	PTIN				
Paid		R. ALLEN NORVELL R. ALLEN NORVELL	JU 6 / 2	21/18 self-emplo	P00005513				
Prep	Only	Firm's name BLUE & CO., LLC Firm's address 250 WEST MAIN STREET, SUITE 2900		Firm's EIN 🛌					
086	Jilly	Firm's address 250 WEST MAIN STREET, SUITE 2900 LEXINGTON, KY 40507		Dha 0 E	59-253-1100				
Max	the II	RS discuss this return with the preparer shown above? (see instructions)		Phone no. 0 2	X Ves No				

For	Page 2
Pa	Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE UNITED STATES PONY CLUBS, INC., DEVELOPS CHARACTER, LEADERSHIP,
	CONFIDENCE AND A SENSE OF COMMUNITY IN YOUTH THROUGH A PROGRAM THAT
	TEACHES THE CARE OF HORSES AND PONIES, RIDING AND MOUNTED SPORTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 140,529 including grants of \$) (Revenue \$ 101,687 .)
	INSTRUCTION - INCLUDES DISTRIBUTION OF PUBLICATIONS WHICH INFORM
	MEMBERS OF MATTERS PERTAINING TO EQUESTRIAN INSTRUCTION.
4b	(Code:) (Expenses \$ 1,606,782. including grants of \$) (Revenue \$ 2,108,146.)
	ACTIVITIES - INCLUDES SPONSORING COMPETITIONS AND OTHER ACTIVITIES
	(SUCH AS ANNUAL MEETING, INSURANCE, AND MEMBER SERVICES ETC.) WHICH
	INVOLVE CHILDREN WHO PARTICIPATE IN EQUESTRIAN EVENTS AND TO DEVELOP
	THEIR SKILLS AND APPRECIATION OF RIDING.
 4с	10.11
16	(Code:) (Expenses \$
d	Other program services (Describe in Schedule O.)
_	(Consequent
_	(Revenue 5
· C	Total program service expenses ► 1,747,311.

Form **990** (2017)

			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			٠,,
4	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			37
5	during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ 1		7.7
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
Ü	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			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	_	X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
_		ا ا		x
9	Schedule D, Part III	8	-	_
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10	Teyri	17574
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-000000	2-1825000	STREET, STREET
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
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			,,
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	-	X
				_ v
	complete Schedule G, Part III	19 Form	gan	(2017)

Part IV | Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X 23 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b 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 X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28h c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? /f "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 X 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 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

Form 990 (2017) THE UNITED STATES PONY CLUBS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				\Box				
		*******	1	Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	70	1108	10200	(8400)				
b		0	3000	-0\					
С		aming							
	(gambling) winnings to prize winners?		1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	***************************************	Ulyali	hoogit	et interes				
	filed for the calendar year ending with or within the year covered by this return 20								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	HOUSE HAR I				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		120	TOOK!	(SL)				
За			За	Denies Co.	Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov	er a	OIS		-				
	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:		(503)	SESSUIT	1880				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE	BAR)		THE P					
5a	Was the organization a portute a purhillity of the last of the las		5a	SOLDER STATE	Х				
b			5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	1	5c						
6a		ion solicit	-50		-				
	any contributions that were not tax deductible as charitable contributions?		6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		Ua		- 11				
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		presi	7/1258	THE ST				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	ed to the navor?	7a	SCHOOL SECTION	Х				
b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		7b		-				
	to file Form 8282?		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year		5906	15,50	With a				
е	Did the organization receive any funds, directly or indirectly to new providers and a second		7e	JUST ACTUAL	100000				
f	Did the organization during the control of the cont		7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F	orm 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			STATE OF	SHISH				
	sponsoring organization have excess business holdings at any time during the year?		8	100ERGH	CHEEK				
9	Sponsoring organizations maintaining donor advised funds.	***************************************	400E						
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	5001000	UECOSISTV				
	Did the sponsoring organization make a distribution to a denote depart advisor as well-to-de-country		9b						
	Section 501(c)(7) organizations. Enter:	***************************************	2000	100.70	in the last				
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)		THE						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	CERSONNO	(Crpmc)				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	3		18700	glije				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				Dist.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		1000				
	Note. See the instructions for additional information the organization must report on Schedule O.		(A)	12576	(6820)				
	Enter the amount of reserves the organization is required to maintain by the states in which the		206						
	organization is licensed to issue qualified health plans		5		Carl.				
С	Enter the amount of reserves on hand 13c		T AT		100				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		14b						

Part VI Governance, Management, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Tall Enter the number of voting members of the governing body at the end of the tax year If the rar an inaterial differences in voting rights among members of the governing body, or if the governing hold year an interial differences in voting rights among members of the governing body, or if the governing hold year an interial differences in voting rights among above, who are independent to the governing hold year and an interior of voting members included in line 1s, above, who are independent to the governing hold any officer, director, frustee, or key employee? 2 Did any officer, director, trustee, or key employees that a saferely related to the person? 3 Did the organization delayate control over management duffee customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or offer person? 4 Did the organization have one than the person of the companization of the organization have members at stockholders? 5 Did the organization have members, stockholders? 6 Did the organization have members, stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization have members, stockholders or persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 10 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 11 Did the organization of the organization reserved to for subject to approval by members, stockholders, or persons of the than the governing body? 12 Did the organization power of the organiz		Check if Schedule O contains a response or note to any line in this Part VI			X				
to Enter the number of voting members of the governing body at the end of the tax year If the are are metal altiferates in vesta grids among marbers of the powering body, at the governing body delegated local distinctly to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1st, above, with one independent 2 Did any officer, director, trustee, or key employee have a family relationship or a businesse relationship with any other officers, director, trustee, or key employee? 3 Did the organization delegate control over management duffice customarily performed by or under the direct supervision of officers, director, trustee, or key employee to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization make septimized that person to be governing obtournets since the prior Form 900 was fled? 4 X 5 Did the organization have members, stockholders? 5 Did the organization have members, stockholders? 6 Did and the organization have members, stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to for subject to approval by members, stockholders, or persons other than the governing body? 5 Did the organization make semples, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization contrapproanceusly document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contrapproanceusly document the meetings held or written actions undertaken during the year by the following: 9 Type: 1 Novembers of the programing body? 9 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Each committee with authority	Sec	tion A. Governing Body and Management							
to the number of voting members of the governing body at the end of the tax year If the are are metal difference in vest an girls arong members of the governing body, or the governing body of delegated treat altabethy to an excentive committee or similar committee, usplain in Schedule 0. be fine the number of voting members included in line 1s, above, who are independent below delegated treat altabethy to an excentive committee or similar committee, usplain in Schedule 0. be fine the number of voting members included in line 1s, above, who are independent of the profession of officers, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duries customarily performed by or under the direct supervision of officers, director, or trustees, or key employees to a management domain or officers, director, or trustees, or key employees to a management company or other person? 4 Dot the organization become aware during the year of a significant charges to its governing documents since the perior form 950 was filed? 4 Dot the organization have members, stockholders? 5 Dot the organization have members, stockholders? 5 Dot the organization have members, stockholders? 6 Extra the power of the governing body? 5 A variety of the companization have members, stockholders or persons other than the governing body? 7 Both and the professions of the organization reserved to for subject to approval by members, stockholders, or persons other than the governing body? 8 Dot the organization have members, stockholders or persons other than the governing body? 8 Dot the organization contrappearateusly consument the mestings held or written actions undertaken during the year by the following. 8 The governing body? 8 Dot the organization have written policies and procedures governing the activates of such chapters, affiliates, and by any any appropriation have a written policies and procedures governing the activat				Yes	No				
If there are material differences in voting inforts among members of the governing body ellegated broad authority to accessive committee or similar committee, explain in Schaddle 0. b Entor the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant durages to its governing documents since the prior Form 990 was field? 4 Life the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization make any significant durages to its governing body? 9 Did the organization make one of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Did the organization consimpraneously document the meetings held or written actions undertaken during the year by the following: 1 The governing body? 1 Each committee with authority to act on behalf of the governing body? 2 Is there any officer, director, trustee, or key employee listed in Fart VII, Section A, who cannot be reached at the organization the members of the propension of the members of the governing body? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and bran	1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26		4680	1978				
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20 State the name, address, and telephone number of the person who possesses the organization's books and records: KAREN CLARK - 859-559-0659	·	statements available to the public during the tax year.	mianic	व्या					
KAREN CLARK - 859-559-0659	20								
		KAREN CLARK - 859-559-0659							

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 n		orga	niza			nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	unle	ss per	rson i	is botl or/trus	nan teel	compensation	compensation	amount of
	week (list any					T	100,	from	from related	other
	hours for	direct				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	6 OF C	stee			satec		(W-2/1099-MISC)	(44-27 1099-141150)	organization
	organizations	truste	al tru:		yee	шрег		(112/1000 111100)		and related
	below	Individual trustee or director	nstitutional trustee	35	Кеу етрюуее	est co	ia i		The state of the s	organizations
<u> </u>	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) SARAH ANDRES	3.00									
BOARD MEMBER		X						0.	0.	0.
(2) POLLY GRAMMER	3.00									
BOARD MEMBER		Х						0.	0.	0.
(3) DAWN BELLINGER	3.00									
BOARD MEMBER		Х						0.	0.	0.
(4) JODY HOFFMAN	3.00									
BOARD MEMBER		Х						0.	0.	0
(5) DEBBIE KIRSCH	3.00									
BOARD MEMBER & TREASURER		Х		X				0.	0.	0 *
(6) HEATHER KUENZI	3.00									
BOARD MEMBER		Х						0.	0.	0
(7) NANCY PITTMAN	3.00									
PRESIDENT & BOARD MEMBER		Х		Х				0.	0	0.
(8) YVETTE SEGER	3.00									
SECRETARY & BOARD MEMBER		Х		X				0 .	0 .	0.
(9) JAN WHITEHOUSE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SUE BETH BUNN	3.00									
BOARD MEMBER		Х						0 .	0	0 .
(11) LISA EVANS	3.00									
BOARD MEMBER		Х						0.	0	0.
(12) RAE BIRR	3.00									
BOARD MEMBER		Х		- 4				0.	0.	0.
(13) ALLISON DE LAVIS	3.00									
BOARD MEMBER		X						0.	0.	0 .
(14) MARGI PENCE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(15) JENNIFER SWEET	3.00									
BOARD MEMBER		Х						0 .	0 -	0 .
(16) LORELEI COPLEN	3.00									
BOARD MEMBER		Х						0.	0 .	0.
(17) DEBBIE MCLEOD	3.00									
VP OF ACTIVITIES & BOARD M		X		Х				0 .	0 *	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hi	ghes	st C	Compensated Employee	s (continued)		
(A)	(B)	(B) (C)						(D)	(E)		(F)
Name and title	Average	(do	not c	Pos heck	itior more	ነ than	one	Reportable	Reportable		Estimated
	hours per week	box	, unle	ss pe	rson i	is bott or/trus	h an		compensatio		amount of
	(list any	<u> </u>	Г				T .	from the	from related		other
	hours for	or director				,		organization	organization: (W-2/1099-MIS		compensation from the
	related	98 DT	stee			nsate		(W-2/1099-MISC)	(11 2/ 1000 11110	,,,	organization
	organizations		nal tro		oyee	ошре					and related
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ı	organizations
(18) KATHY YOLKEN	3.00	르	l Su	Æ	5.	是電	- E				
BOARD MEMBER	3.00	х						0.			0
(19) SUE ANN MCCLELLAND	3.00	_			_		H	0 *		0 .	0.
BOARD MEMBER	3.00	Х					l	0		0.	0.
(20) BARB MCMORRIS	3.00	-					H	· ·		0.	0.
BOARD MEMBER		х					l	0		0.	0 .
(21) GEGI WINSLETT	3.00						Г			-	-
BOARD MEMBER		Х						0 .		0.	0.
(22) NANCY GROUT	3.00						Γ				
VP OF INSTRUCTION & BOARD		Х		X				0 .		0 .	0 .
(23) NICHOLE LIGON	3.00										
BOARD MEMBER		Х			_		L	0.		0.	0 .
(24) ALLISON THOMAS	3.00			, ,							_
VP OF REGIONAL ADMINISTRATION (25) H. BENJAMIN DUKE III	2 00	X	Н	Х	_		L	0.		0 .	0 .
FIRST VICE PRESIDENT & BOA	3.00	X		x				0.			_
(26) MCKENZIE KIELMAN	3.00	^	-	^	-	-	⊢	0 *		0.	0 .
BOARD MEMBER	3.00	Х						0.		0.	0.
1b Sub-total				-	-			0.		0.	0.
c Total from continuation sheets to Part VII	, Section A	erent.		900000	500000			101,954.		0.	9,230.
d Total (add lines 1b and 1c)							•	101,954.		0.	9,230.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o r		000 of reportable		
compensation from the organization									•		1
										-	Yes No
3 Did the organization list any former officer,										- 1	
line 1a? If "Yes," complete Schedule J for su	ıch individual										3 X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	otl	her compensation from t	he organization		CENTER FERRE
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual			4 X
, , , , , , , , , , , , , , , , , , , ,										- 1	ERROR MARIE 16916
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	2 1/10	or st	ich i	oers	on		*****************************			5 X
Complete this table for your five highest cor	nnensated ind	ene	nder	at co	ntr	acto	re t	hat received more than \$	100 000 of comp	oncat	ion from
the organization. Report compensation for t	he calendar ve	ar e	ndir	ig w	ith c	or wi	thir	the organization's tax v	ear:	ciisai	NOT HOM
(A)								(B)			(C)
Name and business	address	NO	NE	<u> </u>				Description of s	ervices	С	ompensation
		_									
									1		
		_	_		-						
				_		_				_	
2 Total number of independent contractors (in		ot lin	nited	l to 1	thos	se lis	ted	above) who received mo	ore than	il is	
\$100,000 of compensation from the organiz	Account to the second s			m -	0) ~				433	

Part VII Section A. Officers Directors Tru											
Total III Officerol Director of The		nplo	yee			lighe	est (
(A) Name and title	(B) Average hours	(cł		Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Кеу етрlоуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organizatior and related organization	
27) TERESA D. WOODS	40.00							4			
XECUTIVE DIRECTOR				х				101,954.	0.	9,230	
		_									
		_									
		_					_				
								7			
otal to Part VII, Section A, line 1c	************						2000	101,954.		9,23	

_		Check if Schedule O cont.	ains a <mark>respons</mark> e	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
\$ 19	1 a	Federated campaigns	1a			all the same	Market Andrews	Hard Land College
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Membership dues	100					
Q 6		Fundraising events	*******					
iffts ar A			1d				(4) 新洲 (4) 新洲	
6 E		Government grants (contributi	******					
Sign	f	All other contributions, gifts, gran						
but		similar amounts not included above		319,572.				
Eo	9	Noncash contributions included in lines	(5,00000) NIMELEON	8,869.				
Sola	H	Total. Add lines 1a-1f			319,572.			
				Business Code	The state of the s			
ø	2 a	MEMBERSHIP		900099	978,652.	978,652.	E THE STATE OF THE PARTY OF THE PARTY.	PROPERTY OF THE PARTY OF THE PA
Z.	b	ACTIVITIES		900099	706,040.	706,040.		
Program Service Revenue	c	INSURANCE		900099	198,272.	198,272.		
am	c	INSTRUCTION		900099	101,687.	101,687.		
Pea	е	ANNUAL MEETING		900099	101,503.	101,503.		
ᇫ	f	All other program service reve	nue	900099	24,540.	24,540.		
		Total. Add lines 2a-2f			2,110,694.		Marsa Minde	EPAUL ERSEA NR.
	3	Investment income (including	dividends, inter	rest, and				
		other similar amounts)	******************		126,486.			126,486.
	4	Income from investment of tax	exempt bond	proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				A PROPERTY OF THE PARTY OF THE
	6 a	Gross rents	96,866					
		Less: rental expenses	11,599					
	С	Rental income or (loss)	85,267					
	d	Net rental income or (loss)	********		85,267.			85,267.
	7 a	Gross amount from sales of	(i) Securities				非 规则 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	
		,	810,555	•				
	b	Less: cost or other basis						
		and sales expenses	718,735	•	A-L			
	С	Gain or (loss)	91,820			SECTION OF SECTION		
		Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	91,820.			91,820.
<u>е</u>	8 a	Gross income from fundraising	,					
evenue		including \$						
Se		contributions reported on line						
		Part IV, line 18		a				
Other		Less: direct expenses		b				
		Net income or (loss) from fund			III FILL TO HAVE A VALUE OF		and the same of th	
	9 a	Gross income from gaming ac						
		Part IV, line 19		a				
- 1		1,575,7,51,7		b		30500540505555		
- 1		Net income or (loss) from gam		· · · · · · · · · · · · · · · · · · ·	Ten dates ordinarion	SPORESSED AND ADDRESS OF THE PARTY OF THE PA		100000000000000000000000000000000000000
	10 a	Gross sales of inventory, less t		172 261				
		and allowances		172,361.				
				ь132,790.	20 F71	20 571		MANAGEM STATE
ŀ	с	Net income or (loss) from sales			39,571.	39,571.	Self-per Uniden service	When a feet and the series
ŀ	44 -	Miscellaneous Revenue OTHER	9	Business Code		E0 FC0		RESERVED IN STREET
	11 a	OTHER		900099	59,568.	59,568.		
	b	-						-
	c	All other revenue						
	d e	All other revenue Total. Add lines 11a-11d			59,568.	STATE OF THE PARTY	WATER SERVICE	Managara Second
	12	Total revenue. See instructions.			2,832,978.	2 200 833	0.	303,573.
_		TOTAL LANGUAGE COO MISH HORIOTIS.	***************		4,004,710.	0,20,000.	0.	100,070.

_	tion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	e or note to any line in	this Part IX		[X]
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				ETHINESE STATE STATE
4	Benefits paid to or for members			DESCRIPTION NOTES OF STREET	
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified				
О	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	829,907.	382,941.	390,482.	56,484.
8	Pension plan accruals and contributions (include	049,907.	302,341.	330,402.	30,404.
0	section 401(k) and 403(b) employer contributions)	9,734.	4,491.	4,581.	662.
9	Other employee benefits	173,489.	80,052.	81,629.	11,808.
10	Payroll taxes	60,183.	27,770.	28,317.	4,096.
11	Fees for services (non-employees):	00,103.	21,110.	20,317.	4,030.
a					
b		13,199.	6,090.	6,211.	898.
c		27,500.	12,689.	12,939.	1,872.
d		2,7500.	12/003.	12,555.	1,072.
e			20, 150 1 5 1 5 1 5 1	(G1 - 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	
f	Investment management fees	49,298.	22,747.	23,196.	3,355.
g				20/2501	3,333.
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	91,769.	42,345.	43,178.	6,246.
14	Information technology				
15	Royalties				
16	Occupancy	33,633.	15,519.	15,825.	2,289.
17	Travel	5,914.	2,729.	2,782.	403.
18	Payments of travel or entertainment expenses			,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,386.	14,021.	14,297.	2,068.
20	Interest	8,767.	4,045.	4,125.	597.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	145,879.	67,312.	68,638.	9,929.
23	Insurance	6,033.	2,784.	2,838.	411.
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 0.) ACTIVITIES	524,691.	524,691.	0.	0.
a h	INSURANCE	174,854.	174,854.	0.	0.
'n	INSTRUCTION	140,529.	140,529.	0.	0.
d	ANNUAL MEETING	53,961.	53,961.	0.	0.
_	All other expenses SEE SCH O	236,674.	167,741.	18,346.	50,587.
25	Total functional expenses. Add lines 1 through 24e	2,616,400.	1,747,311.	717,384.	151,705.
26	Joint costs. Complete this line only if the organization	2,020,200.	1111JAA	111,304.	TOT, 100.
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.	(1			
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X Balance Sheet

		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	3,464.	1	128,496.
	2	Savings and temporary cash investments	441,610.	2	507,522.
	3	Pledges and grants receivable, net	***	3	
	4	Accounts receivable, net	88,392.	4	35,880.
	5	Loans and other receivables from current and former officers, directors,		10/100	
		trustees, key employees, and highest compensated employees. Complete	Charles of the same of the sam	IAP S	
		Part II of Schedule L	***	5	
	6	Loans and other receivables from other disqualified persons (as defined under		DEG AND IS	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng Parameter and the second se		
		employers and sponsoring organizations of section 501(c)(9) voluntary		19.75	
ध		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	***	7	
∢	8	Inventories for sale or use	16,481.	8	13,776.
- 1	9	Prepaid expenses and deferred charges		9	112,050.
1	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,917,04	0.		
	b	Less: accumulated depreciation 10b 1,432,94		10c	1,484,100.
1	11	Investments - publicly traded securities	3,429,657.	11	4,091,821.
1	12	Investments - other securities. See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11	944	13	
1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11	189,871.	15	61,295.
_ 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,922,682.	16	6,434,940.
1	17	Accounts payable and accrued expenses	119,784.	17	106,886.
1	18	Grants payable	***	18	
1	19	Deferred revenue	833,713.	19	849,354.
2	20	Tax-exempt bond liabilities	***	20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, trustees,			
Ĭ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
2 ¹	23	Secured mortgages and notes payable to unrelated third parties	209,117.	23	171,853.
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24). Complete Part X of			
- 1		Schedule D	8,135.	25	9,529.
2	26	Total liabilities. Add lines 17 through 25	1,170,749.	26	1,137,622.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 an	d declaration	MARKS 8	
g		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	4,319,381.	27	4,769,073.
2 2 2 3 3 3 3	8.	Temporarily restricted net assets	422,552.	28	508,245.
2	9	Permanently restricted net assets	10,000.	29	20,000.
3		Organizations that do not follow SFAS 117 (ASC 958), check here		ESK I	el dividint vind
		and complete lines 30 through 34.			
3 3	0	Capital stock or trust principal, or current funds		30	
3	1	Paid-in or capital surplus, or land, building, or equipment fund	***	31	
3	2	Retained earnings, endowment, accumulated income, or other funds		32	
3		Total net assets or fund balances		33	5,297,318.
13	4	Total liabilities and net assets/fund balances	5,922,682.	34	6,434,940.

	1990 (2017) THE UNITED STATES PONY CLUBS, INC.	**_**	****	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					-
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,832	2,9	78.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,616	, 4	00.
3	Revenue less expenses. Subtract line 2 from line 1	3	216	5,5	78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,751	.,9	33.
5	Net unrealized gains (losses) on investments	5	328	3,8	07.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
-	column (B))	10	5,297	7,3	18.
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	*************			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		(3)(5)(1)	0330	The said
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		4110	
2a	3 and the second		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	\$760P	200	
	separate basis, consolidated basis, or both:		3753		
	Separate basis Consolidated basis Both consolidated and separate basis				ET IS
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	9883	Sign.	
	consolidated basis, or both:			19	
	X Separate basis Consolidated basis Both consolidated and separate basis		08.30		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	4,5518		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		THE REAL PROPERTY.	NITE.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE UNITED STATES PONY CLUBS, INC. **_*** Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 (Form 990 or 990-EZ).) 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, 4 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). 6 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ____ 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (rv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your gaver ling document? organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 THE UNITED STATES PONY CLUBS, INC. **-*** 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.)

Calendary year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total distributions contributions, and amenbeship fees received. (Do not include any 'unusual grants.')	Se	ction A. Public Support		,,				
1 Giffs, grants, contributions, and membership frees traceverd, 00 not include any "unusual grants.") 2 Tax revenues levied for the organization in break and other paid to or expended on its behalf or expended on the behalf of the organization should be expended on the behalf of the organization should be expended on the behalf of the organization should be expended on the behalf of the organization	Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization 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, Act lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Secretims 6 treaties. 5 Section B. Total Support 6 Public support secretims 6 treaties. 6 Public support secretims 6 treaties. 6 Public support secretims 6 treaties. 7 Amounts from line 4 8 Gross income from inherest, dividends, payments received on securities loans, rents, royshiss, and income from similar sources 9 Net income from windlar sources 9 Net income from windlar sources 9 Net income from windlar sources 10 Other income. Do not include gain or loss from the salo of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 sol for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. The organization gualifies as a publicly supported organization 14 Public support percentage for 2017 (ine 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 (ine 6, column (f) divided by line 11, column (f)) 16 33 1/3% support test - 2016. If the organization of din ot check a box on line 13, fig., gr 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization of specification of control of control of the organization in Part VI how the organization meets the "facts and circumstances" test. The organiza						(4) 2010	(0) 2017	(i) rotai
include any *unusual grants.*) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3. The profition of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subset the 8 ten line 4. 8 Gross income from interest, dividends, payments received on excertise 1. 9 Net Income from interest, dividends, payments received on excertises, and income from interest, dividends, payments received on countries loans, rents, reystites, and income from interest, dividends, payments received on to the subsets is regularly carried on the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Cross receipts from related activities, etc. (see instructions) 12 Interest from the sale of capital assets (Explain in Part VI). 13 First five years. If the Form 990 is for the organization of Public Support Percentage 14 Public support percentage for 2017 (line 5, column (f) divided by line 11, column (f)). 15 Public support percentage for 2017 (line 5, column (f) divided by line 11, column (f)). 15 Public support percentage for 2017 (line 5, column (f) divided by line 11, column (f)). 15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, 160, or 160, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization length from meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization morest the "facts and circumstances" test, check this box and stop here. Expla								
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and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization In the organization or the part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		and stop here. The organization quali	ifies as a publicly s	supported organization	ation		*************************	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization In the organization of the organ	17a							
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b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a	oublicly supported	organization		
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	n in Part VI how the	
								>

Page 3

(Complete only if you checked the box on line 10 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and			19/2010	(4)2070	TO/ LO !!	III TOTAL
	membership fees received. (Do not				11		
	include any "unusual grants.")	1223806.	1284556.	1668324.	1287395.	1298225.	6762306.
2	Gross receipts from admissions.	1223000.	1204330.	1000324.	1207333.	1490443.	0702300.
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	771 746	1006000	004 064	506 050	4454646	4-44
	organization's tax-exempt purpose	771,746.	1226729.	824,061.	796,858.	1171613.	4791007.
3	Gross receipts from activities that				l)		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				I,		
	ization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	l l					
	the organization without charge						
6	Total. Add lines 1 through 5	1995552.	2511285.	2492385.	2084253.	2469838	11553313.
	Amounts included on lines 1, 2, and		LOTING	22323031	20012331	24030301	11333313.
	3 received from disqualified persons	17,563.	18,072.	7,092.	26,579.	36,308.	105,614.
ь	Amounts included on lines 2 and 3 received	17,505.	10,072.	1,002.	20,319.	30,300.	103,014.
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	17 562	10 000	П 000	0.5 550	25.222	0.
	Add lines 7a and 7b	17,563.	18,072.	7,092.	26,579.	36,308.	105,614.
8	Public support. (Subtract line 7c from line 6.)	S-245-0120025		most and the			11447699.
	ction B. Total Support		-		\\		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	1995552.	2511285.	2492385.	2084253.	2469838.	11553313.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	183,636.	226,153.	216,323.	190,247.	223,352.	1039711.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses				ľ		
	acquired after June 30, 1975						
С	Add lines 10a and 10b	183,636.	226,153.	216,323.	190,247.	223,352.	1039711.
11	Net income from unrelated business			DIO / ONO !	250/22/4	223,332.	1000/11
	activities not included in line 10b,				<u>l</u>		
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital	10,737.	11 000	16 706	10 054	בט בכט	110 042
10	assets (Explain in Part VI.)		11,988.	16,796.	10,954.	59,568.	110,043.
	Total support. (Add lines 9, 10c, 11, and 12.)	2189925.	2749426.	2725504.	2285454.		12703067.
14	First five years. If the Form 990 is for						
0	check this box and stop here			***********			>
	tion C. Computation of Publi						
15	Public support percentage for 2017 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	90.12 %
16	Public support percentage from 2016	Schedule A, Part I	II, line 15	************	*******************	16	90.58 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lin	e 13, column (f))	L1000000000000000000000000000000000000	17	8.18 %
18	Investment income percentage from 2	2016 Schedule A, I	Part III, line 17			18	8.26 %
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box ar						. 37
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, check						▶ □
	Private foundation. If the organization						
				a a roof officer th	201 0.0 000 1113		mercanical Company

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 12a or 12b 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **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.)

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	CHODD, THE	****	* Pa	ige 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
а	, and (b)	SATISTICS.	STEE	
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
Sec	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	Acti Di Type i ediplorang erganizations		\ \ \	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	5336,560	Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			PERCA
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	520,000,000	(Nessing)	10125
2	Did the organization operate for the benefit of any supported organization other than the supported	USE NAME		155mil
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	53%
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		18 MS	
	supervised, or controlled the supporting organization.	2	U-RODGE:	1450000
Sec	tion C. Type II Supporting Organizations	1 2		_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	4574YS	100	90713
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	1100000	HINGARING
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		110	in low
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		W.S.	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	atys of	500	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		政黨	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	SHE	256	2000
	significant voice in the organization's investment policies and in directing the use of the organization's		LENGT.	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		111-3-5	516
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	33153		-200
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			102419
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	E-2019		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		122	E L
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	100	1	3,4
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	Total S	100
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sch	art V Type III Non-Functionally Integrated FOXEVICE	CLUBS	INC.	**_**** Page 6
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ig Organ	izations	
	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III popularities all produced by the control of th	ng trust on N	lov. 20, 1970 (explain in	Part VI.) See instructions. A
	other type in normaliculonally integrated supporting organizations must of	omplete Sec	ctions A through E.	
-	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_ 3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
-	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	140000		MEGALINEM DESCRIPTION
_	instructions for short tax year or assets held for part of year):	6.60.00		
	Average monthly value of securities	1a		2000 200 200 200 200 200 200 200 200 20
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	Jalen 176		SPANISHES VISITED VISITE
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		Control of the Contro
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		
Secti	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		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	186		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	v integrated	Type III supporting crass	nization (soo
	instructions)	,	. 7F0 in outporting organ	IIIZAUUT (SEE

Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990 EZ) 2017 THE UNITED ST. Type III Non-Functionally Integrated 509	ATES PONY CLUBS (a)(3) Supporting Orga	J , 11,0 .	*_**** Page 7
Sect	ion D - Distributions		(30),111,14,00,7	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
_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 the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	CONTROL CONTROL	QUARTE NO ASSESSED	
2	Underdistributions, if any, for years prior to 2017 (reason-	IPS CHANGE THE CAR STATE	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	
	able cause required- explain in Part VI). See instructions.	Line Victoria Control		
3	Excess distributions carryover, if any, to 2017		90.584.884888848884845	
а	NESTAN GENERAL	TAXBUS ON THE SECTION		
	From 2013	and with regions of the state of	AND AND THE PARTY OF	
	From 2014			COSTO DAMESTO AS LOCAL.
	From 2015	And a laborate but Nagar	(8/0)10/20/20/20/20/20/20/20/20/20/20/20/20/20	Manufact Spatial Communications
	From 2016		THE CONTRACTOR ONLY	
	Total of lines 3a through e	THE STREET STREET		
	Applied to underdistributions of prior years		STATE OF THE PARTY	
	Applied to 2017 distributable amount		KOVINI ŽIJES ŠISVESTIJI SIAIS IST	MINING COLUMN THE PROPERTY
	Carryover from 2012 not applied (see instructions)	feet was forest with a		dell'arconomical l'actions
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	STREET OF THE PARTY OF THE PART	SPAIN ON WINDOWS P	
4	Distributions for 2017 from Section D.	STEEL BOOK AND LEVEL		
	line 7:			
а	Applied to underdistributions of prior years		A COURT OF STANDARD S	A 1 YE HOUSE CANNEL
	Applied to 2017 distributable amount		GENERAL GENERAL DOCTOR	School Service Control of Control
	Remainder. Subtract lines 4a and 4b from 4.	THE PROPERTY OF THE PROPERTY O		SPACE AND ADDRESS OF THE PARTY.
5	Remaining underdistributions for years prior to 2017, if	TOTAL STREET,	HE R. VERGINGSHIPS STORY	A CORPORATION AND A STATE OF THE PARTY OF TH
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h	DAINE BUT THE LOUIS	SZI: TOKOWANIE BEDIO	ALDER MEDICAL REPORT OF THE PROPERTY OF
J	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j	PROPERTY AND DESCRIPTION OF THE PERSON OF TH	2545 SAME WEST BOOK ALL	NAMES OF THE PARTY
•	and 4c.			
8	Breakdown of line 7:	a forest partition and a second		
	Excess from 2013	SOMMON SOMEON STATEMENT	TO COMPANY OF THE PROPERTY OF	
	Excess from 2014	area of the square of the state of	INCOMESTICATION AND AND AND AND AND AND AND AND AND AN	
	Excess from 2015			MARKET STATE AND STATE OF STREET
	Excess from 2016		\$55 III 572 555 000 00000	A DE ANOTHER DESIGNATION OF
	Excess from 2017	Part of the second seco		
_		THE REPORT OF THE PARTY OF THE	A CHEST SHEET WAS A PROPERTY OF THE PARTY OF	THE PROPERTY OF THE PROPERTY O

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or	990-EZ)	2017	THE	UNITED	STATES	PONY	CLUBS,	INC.	**_****	
Part VI	Supplem	ental	nforn	nation.	Provide the	explanations	required h	v Part II line	10. Part II line	e 17a or 17b; Part III, line 12	
	i antiv, occ	LIOH A, III	100 1,	Z. OD. O	J. 40. 46. Da.	0. 92. 90. 90	. ITa. ITO.	and lic: Part	iv Section B	lines Land 2' Part IV, Sect	ion ti
	line I; Part I	IV. Sectio	on D. Ir	nes 2 ar	id 3: Part IV :	Section F. lin	es 1c 2a 2	h 3a and 3h	· Part Viline '	1; Part V, Section B, line 1e; additional information.	Part V,
	(See instruc	tions.)	, and c	, and 1 c	irt v, Occitori	L, III 163 Z, J,	and U. Also	complete till	is part for arry	additional information.	
									_		
-											
			- 5								
								_			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE UNITED STATES PONY CLUBS TNC. Employer identification number **_****

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other account	
(a) Donor advised funds (b) Funds and other account account and the preservation of part IV, line 7. (a) Donor advised funds (b) Funds and other account acco	
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space	
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for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space	
Impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of open space	No
Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space	
Protection of natural habitat Preservation of a certified historic structure Preservation of open space	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified consensation contribution in the form of a same	
- 05mplote into 2d through 2d if the organization field a qualified conservation contribution in the form of a conservation easement on the	ast
day of the tax year.	ax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax	
year >	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and	
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of an	
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in P the text of the footnote to its financial statements that describes these items.	τ XIII,
	A
the first the first the first the first the forest the first the f	
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following a relating to these items:	nounts
•	
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	_
(iii) Assets included in Form 990, Part X	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
b Assets included in Form 990, Part X	

-	edule D (Form 990) 2017 THE UNI rt III Organizations Maintaining C	TED STATES	PONY CLUBS Historical Tre	S, INC.	er Si		**_**		
3	Using the organization's acquisition, accessi	on, and other records	check any of the f	ollowing that are a	signif	icant I	isa of its o	ollection i	teme
	(check all that apply):	on, and other records	, or contarry or the r	ollowing that the a	Sigitin	ioani c	150 01 113 0	Oncodon	CITIS
а	Public exhibition	d	l oan or excl	hange programs					
Ь	Scholarly research	e		nange programs					
С	Preservation for future generations	Ü	Outlot						
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	emnt	purno	se in Part	XIII	
5	During the year, did the organization solicit o						oc iii i ait	/(III.	
	to be sold to raise funds rather than to be ma							Yes	No
Pa	nt IV Escrow and Custodial Arran	gements. Comple	te if the organization	n answered "Yes"	on Foi	rm 990) Part IV I		140
1000000	reported an amount on Form 990, Pai	rt X, line 21.	to it also organization	Tanoword Tes	511101	1111 000	,, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1a	Is the organization an agent, trustee, custodi		ary for contributions	or other assets no	at incl	ıded			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	owing table:	******************	******		0000000] 163	140
	and the same state of the same	and complete the low	owing table.					Amount	
С	Beginning balance					1c		Milouit	
d	Additions during the year	***************************************			****	1d			
6	Distributions during the year					1e			
f	Ending balance			******************	·***	1f			
	Ending balance	orm 990 Bort V line	21 for poercy or a	etadial appayet lia				Yes	
	If "Yes," explain the arrangement in Part XIII.					*****		_ res	∐ No
Pai		f the organization and	wered "Ves" on Fo	rm 990. Part IV lin	o 10			101100111	
3.3016555	and the second agent of the second of the se	(a) Current year	(b) Prior year			Throa	years back	(-) Four	yoara baak
1a	Beginning of year balance	2,478,714	2,325,987.	(c) Two years back 2,162,101)36,149.		years back
b		236,019	286,101.	291,033		4,0	1,386.		657,859.
	Contributions Net investment earnings, gains, and losses	390,010.	228,436.	-16,734					886,881.
C		330,010.	220,430.	-10,734	•		61,855.		423,449.
d	Grants or scholarships				+				
е	Other expenditures for facilities	015 500	284 255						
	and programs	217,589.	371,855.	110,413	•		62,711.		932,040.
f	Administrative expenses	5 005 454			-				
g	End of year balance	2,887,154.	2,468,669.	2,325,987	•,	2,1	62,101.	2,	036,149.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	98.75	_%						
b	Permanent endowment ▶ .69	%							
С	Temporarily restricted endowment	.56%							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ssion of the organizat	tion that are held an	nd administered for	the o	rganiz	ation	-	
	by:								Yes No
	(i) unrelated organizations	***************************************				*******	**********	3a(i)	X
	(ii) related organizations	***************************************						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				********	3b	
4	Describe in Part XIII the intended uses of the		vment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line	e 10.			
	Description of property	(a) Cost or ot basis (investm	1 ' '		,	ımulat ciation		(d) Book	value
1a	Land			683	1986		THE REAL PROPERTY.		
b	Buildings		2,03	4,273.	72	7,6	61.	1,306	,612.
С	Leasehold improvements								
	Equipment		88	2,767.	70	5,2	79.	177	,488.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		C. column (B). line 1	0c.)		no successive s	>	1,484	,100.
			The second secon						

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 THE UNITED	STATES PONY C	T.IIRS TMC	**_*****
Part VII Investments - Other Securities.	DIALED FORT	HODD, INC.	**_***** Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV. line	11b. See Form 990. Part X. I	ine 12
(a) Description of security or category (including name of security)	(b) Book value		: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, I	ine 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, I	
	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	9 15,)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, P	art X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) TENANT DEPOSITS		9,529.	
(3)		100	
(4)			
(5)		STORY.	
(6)			
(7)			
(8)		11/4/11	

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

9,529.

	dule D (Form 990) 2017 THE UNITED STATES PONY CLUE	BS, INC	Ι.		*****	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statemer	nts With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,256,	876.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	200				
a	Net unrealized gains (losses) on investments	2a	328,807.			
b	Donated services and use of facilities	2b		2140		
C	Recoveries of prior year grants	2c		308		
d	Other (Describe in Part XIII.)	2d	144,389.	2014		
e	Add lines 2a through 2d			2e		196.
3 4	Subtract line 2e from line 1			3	2,783,	680.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	T	40.000	WE.		
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		49,298.			
_				100	4.0	
5				4c		298.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Stateme	nto Mith	Evenence new F	5	2,832,	978.
3350	Complete if the agraphical engages of War II as 5 and 5 and 11 an	ents with	Expenses per F	teturn	•	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0 744	101
2	Total expenses and losses per audited financial statements	,		1	2,711,	491.
a	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 E				
b	Donated services and use of facilities	2a				
C	Prior year adjustments Other lesses	2b		375		
d	Other losses	2c	144 200	904		
e	Other (Describe in Part XIII.)	_2d	144,389.	200	444	
3	Add lines 2a through 2d			2e	144,	389.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	2,567,	102.
a		1	40 200			
b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		49,298.	300		
				250	4.0	
	***************************************			4c		298.
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	2,616,	400.
ines :	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	V, lines 1b a	and 2b; Part V, line 4	; Part X	, line 2; Part X	l,
11103 2	and 45, and rait All, lines 2d and 45. Also complete this part to provide any addit	ional inform	ation.			
				_		
PAR	T X, LINE 2:					
	- M DIND 2,					
JSP	C IS A NOT-FOR-PROFIT CORPORATION, OTHER T	ד זא אינד	DDTWAME EO	א כדוודו	штом	
<u> </u>	S 25 11 HOT TOK TROTTE CORPORATION, OTHER T	пан а	PRIVATE FO	UNDA	TTON,	
ORG	ANIZED UNDER SECTION 501(C)(3) OF THE INTE	ם זגוום	ENTENTIE COD	T2 74 14	T T C T T	TTC
	STEEL PROTECTION SOLICE (S) OF THE INTE.	KWAL K	EAFNOF COD	E AIV	D IS TH	108
EXE	MPT FROM FEDERAL AND STATE INCOME TAXES. A	CCODDT	NOIV NO T	MOON	יב או וכו	
	THE THEORY I PRODUCTION OF THE	CCORDI	NGLI, NO I	NCOM	LE TAX	
EXP	ENSE IS REPORTED IN THE ACCOMPANYING FINAN	CTNT C	an's mesuestag	HAL	ala	
	THE ACCOMPANIENCE FINAN	CIAD 2	TATEMENTS.	USP	C S	
INT	ERNAL REVENUE SERVICE (IRS) FORM 990 (RETU	DMC OF		TOMO	TIVENDE	,
	THE PARTY OF PERCENT AND PORM 330 (REIO	RINS OF	ORGANIZAT	TONS	EXEMPT	
'RO	M INCOME TAX) FOR 2015, 2016 AND 2017 ARE	סקד מווס	m mo byant	NINIT	ON DIE	
	is theoria inn, for 2015, 2010 AND 2017 ARE	SUBUEC	T TO EXAMI	NA.I.T	ON BY T	HE
ERS	, GENERALLY FOR THREE YEARS AFTER THEY ARE	מתודים	תוג שתשוות	E OU	DD Dame a	
	ANA IAMI MATTA COMMIT MOTHER TOOL INCIDENCE V	L TUED	. THERE AR	E CU	KKEMTLTA	
40	AUDITS FOR ANY TAX PERIODS IN PROGRESS.					
ACC	OUNTING PRINCIPLES GENERALLY ACCEPTED IN T	דותו יוור	ጥፑበ የመአመድሮ	OΡ	AMEDIA	
	TOUR THE TRANSPORT OF THE PROPERTY OF TH	TATA OTAT	THIP OTHIPS	Or	TATION	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE UNITED STATES PONY CLUBS, INC. Employer identification number **_****

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 11B:
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 ANNUALLY BY
THE BOARD OF DIRECTORS. COMPARISONS ARE TAKEN FROM A SELECTION 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.

Name of the organization THE UNITED STATES PONY CLUBS, INC.	Employer identification number
EODW 000 DADE TV LIVE 045 ALL OFFICE TWO	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSIONAL EXPE	SES:
DROCRAM GEDVICE EVDENCES	40.004
MANACEMENT AND CENEDAL EXPENDED	
EIMDDATCING EVDENGEG	^
momai expenses	40.004
TOTAL EXPENSES	49,004.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	49,340.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	49,340.
DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	0 .
MANAGEMENT AND GENERAL EXPENSES	1,564.
FUNDRAISING EXPENSES	45,337.
TOTAL EXPENSES	46,901.
MISCELLAENOUS EXPENSES:	
PROGRAM SERVICE EXPENSES	39,983.
MANAGEMENT AND GENERAL EXPENSES	784.
FUNDRAISING EXPENSES	2,936.
TOTAL EXPENSES	43,703.
RESTRICTED DISBURSEMENTS:	
PROGRAM SERVICE EXPENSES	15,689.

Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

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

OMB No. 1545-1709

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print THE UNITED STATES PONY CLUBS, INC. **-***** File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for Social security number (SSN) filing your return. See 4041 IRON WORKS PKWY, KY HORSE PARK City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions LEXINGTON, KY 40511-8483 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KAREN CLARK - 4041 IRON WORKS PKWY, KY HORSE PARK - The books are in the care of ► LEXINGTON, KY 40511-8483 Telephone No. ▶ 859-559-0659 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) __. If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2018 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2017 or tax year beginning ្ឋ, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 0. Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System), See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.

IRS e-file Signature Authorization for an Exempt Organization

dar year 2017, or fiscal year beginning	. 2017, and endin

OMB No. 1545-1878

Department of the Treasury	Do not send to the IRS. Keep for your records.	-	2017
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer in	dentification number
THE UNITED STA	ATES PONY CLUBS, INC.	61-1352306	
Name and title of officer H BENJAMIN DUI PRESIDENT	KE III		
	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5a	m for which you are using this Form 8879-EO and enter the applicable amount, if any, from a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	then leave li	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,832,978.
2a Form 990-EZ check he		2b	
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b _	
Part II Declarat	ion and Signature Authorization of Officer		
the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later the processing of the electroni payment. I have selected a	f receipt or reason for rejection of the transmission, (b) the reason for any delay in proceed policiable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elementary in the context of the organization of the organization to debit the entry to this account. To revoke a payment, I must contact the U.S. and 2 business days prior to the payment (settlement) date. I also authorize the financial is c payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic reflectronic funds withdrawal.	electronic ful ation's feder Treasury Fir nstitutions ir d resolve issu	nds withdrawal (direct al taxes owed on this nancial Agent at avolved in the ues related to the
	UE & CO., LLC		PIN 40139
[A] I authorize DIII	ERO firm name	to enter my	Enter five numbers, bu
is being filed with enter my PIN on As an officer of t indicated within program, I will er Officer's signature		thorize the at electronically rities as part	orementioned ERO to
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 61489761489 Do not enter all zeros		
I certify that the above nunconfirm that I am submitting	neric entry is my PIN, which is my signature on the 2017 electronically filed return for the ng this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me	e organizatio F) Informatio	n indicated above. I n for Authorized IRS

e-file Providers for Business Returns

ERO's signature BLUE & CO., LLC

Date > 06/21/18

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So