	99	an .	Poture	of Organiz	ation Exempt	From Inco	mo Tay		OMB No 1545-0047
Form	9.	90	Return	i oi Organiz	ation Exemp	i Fioni ince	JIIIE IĄX		2018
			Under section 501(c)), 527, or 4947(a)(1) of the Internal Reve	enue Code (exce	pt private founda	ations)	2010
			▶ Do not en	ter social security	numbers on this for	rm as it may be n	nade public. 🛮 🛔	900	Open to Public
		the Treasury ue Service		=	90 for instructions ar	_	· \ 1	703	Inspection
		 	ar year, or tax year begin)1 , 2018, and e		03-31	·
)1 , 2010, and t	\		mployer identification no
_		· ·	C Name of organization APPA	LOOSA HORSE	CLUB				
=	idress o	· ·	Doing business as						-0229989
_bNa	ame cha	inge	Number and street (or PO box	x if mail is not delivered to	street address)		Room/suite		elephone number
nı	tial retu	rn _	2720 W PULLMAN	RD				(2	08)882-5578
Fır	nal retu	rn/terminated	City or town, state or province,	, country, and ZIP or forei	gn postal code			GG	Gross receipts
An	nended	retum	MOSCOW, ID 8384	43		1		\$	3,251,241
Ī	policatio	n pending	F Name and address of principal		E THOMPSON		H(a) Is this a grou	o return for subo	ndinates? Yes X N
<u></u>	•		SAME AS C ABOVI			•			uded? Yes N
2	× 040m	pt status	501(c)(3) X 501(c) (5		4947(a)(1) or	527	$\overline{}$		(see instructions)
	ebsite) (insertio) [0.			
			.APPALOOSA.COM				H(c) Group ex		
				ociation Unter	<u></u>	L Year of formation	1938 M Stat	e of legal don	nicile ID
gar	ַן ד	Summary	<u> </u>		<u> </u>				
STA	1	Briefly describ	be the organization's missi	on or most significa	nt activities SEE	SCHEDULE O			
સ્							· · ·		
ည							· · · · · · · · · · · · · · · · · · ·		
Activities & Governande)									
ē			. 🗖 .	·					
Š	2	Check this bo	x ▶ ∐ if the organization	discontinued its op-	erations or disposed o	of more than 25%	of its net assets	1 1	
	3	Number of vot	ting members of the gover	rning body (Part VI,	line 1a) · · · · ·			3	1
Ş	4	Number of ind	dependent voting members	s of the governing b	ody (Part VI, line 1b)			4	1
ij	5	Total number	of individuals employed in	calendar vear 2018	(Part V. line 2a)			5	2
.⋛	6		of volunteers (estimate if r	•		VED.		6	
¥	1		•	• •		VED		7a	170 00
	1		d business revenue from F						170,20
	b	Net unrelated	business taxable income	from Form 990-T, lii		2019 		7b	
					IR NOV Z 3	2013	Prior Year		Current Year
	8		and grants (Part VIII, line				37	7,265	39,39
Revenue	9	Program serv	rice revenue (Part VIII, line	2g)	I OGDEN	1.137	3,249	357	3,188,40
ē	10		come (Part VIII, column (A					,126	10,90
ڿ	11		e (Part VIII, column (A), lin			1		,270	12,54
_	12		- add lines 8 through 11 (r				3,301		3,251,24
	13		milar amounts paid (Part II	· · · · · · · · · · · · · · · · · · ·			3,301	.,018	3,231,24
	14		to or for members (Part IX				-		
S	15	Salaries, othe	er compensation, employee	e benefits (Part IX, o	column (A), lines 5-10) •••••	1,217	7,095	1,180,77
Se	16a	Professional f	fundraising fees (Part IX, c	olumn (A), line 11e)					
e e	Ь	Total fundraisi	ing expenses (Part IX, colu	umn (D), line 25)	>	o			
Expenses	17		es (Part IX, column (A), lin			 .	2,158	1.767	2,044,10
_	18	•	es Add lines 13-17 (must	•	•				
							3,375		3,224,87
	19	Revenue less	expenses Subtract line 1	io irom line 12 · ·				1,844)	26,36
Net Assets or Fund Balances							Beginning of Currer	it Year	End of Year
sets alan	20	Total assets (F	Part X, line 16) · · · ·				1,260	,570	1,310,66
A B	21	Total liabilities	(Part X, line 26)				567	,146	590,87
E E	22	Net assets or	fund balances Subtract I	ine 21 from line 20				3,424	719,79
Par		Signatur						1	
				rn including accompany	no schedules and statemen	ts and to the hest of m	v knowledge and helio	it is	
true, c	orrect,	and complete Ded	lare that I have examined this retularation of preparer (other than of	riger) is based on all infor	mation of which preparer ha	s any knowledge	,		
		. 1/	-41111					11	1,010
Sign		1/14	W/ 128		<u> </u>				118/17
əıgn	•	Signature	of officer					Date	
Here	•	KEITH	RANISATE, TREAS	URER					
			nnt name and title					-	
		<u> </u>		D		Date		11 PTIN	
ام: ۵۵	ı	Print/Type prep		Preparens signature	1 (NA	İ	Check L	_	
raiu Dari		DAVID L		Van/La	an UII	11-13-2019	self-employ	ed P	00283073
rep	arei		LARSON P	'A			Firm's EIN		
Fign Signature of officer KEITH RANISATE, TREASURER Type or pnnt name and title Preparer's name DAVID LARSON Preparer Use Only Signature of officer KEITH RANISATE, TREASURER Type or pnnt name and title Preparer's signature Preparer's				Phone no					
			AFTON WY] 3	07-885	-4272
/lav #	he IPS	discuss this r	eturn with the preparer sho		structions)				· X Yes No
		•					1		
Or Pa	aperv	vork Reductio	n Act Notice, see the ser	parate instructions	,		1		Form 990 (2018

Form	n 990 (2018) APPALOOSA HORSE CLUB	82-0229989	Page 2
Pa	rt III Statement of Program Service Accomplishments	-	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u> .	· · · 🛚
1	Briefly describe the organization's mission		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	· · · 🔲 Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · 🗌 Yes	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	l by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	*	
	the total expenses, and revenue, if any, for each program service reported	·	
	,		
4a	(Code) (Expenses \$2,101,081 including grants of \$) (Revenue	\$)
	THE APHC IS ALSO INVOLVED IN MANY OTHER ASPECTS OF PROMOTING THE BREED: IT S	ANCTIONS R	EGIONAL
	APPALOOSA HORSE SHOWS AROUND THE WORLD, AND SPONSORS A NATIONAL SHOW, A WORL		
	NUMEROURS TRAIL RIDES.		<u>- </u>
	NOIMNONG TRAIL RIDGS.		
			·
		•	
4b	(Code) (Expenses \$ 303,454 including grants of \$) (Revenue	\$	·- ·)
	TO HELP PROMOTE THE BREED, THE APHC ALSO PUBLISHES A MAGAZINE.	·	
	TO HELP PROMOTE THE BREED, THE APIC ALGO POBLIGHED A PAGELINE.		
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code) (Expenses \$204,662 including grants of \$) (Revenue	\$	١
70	THE PRIMARY ACTIVITY OF THE APHC IS TO MAINTAIN THE OFFICIAL REGISTRY OF THE		HODEE
	THAT INCLUDES RECORDKEEPING OF THE REGISTERED HORSES TRANSFERRED AND STALLIO	•	HORSE
		N BREEDING	
	RECORDS.	· -	
			
	<u> </u>		
			
		· -	
		-	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O)	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,609,197		

Form 990 (2018)

Part IV C 8) APPALOOSA HORSE CLUB
Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	-	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		X
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<u> </u>
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			:
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
a				
	complete Schedule D, Part VI	11a	X	
t	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		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
C	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	
e		11e		X
f		445	v	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Х	
120	Schedule D, Parts XI and XII	12a	Х	
b		120		
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			١,,
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	_17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		37
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20 -	If "Yes," complete Schedule G, Part III	19 20a		X
20 a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? • • • • • • • • • • • • • • • • • • •	20a 20b		_^_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	G			

Part IV Checklist of Required Schedules (continued) Yes No 22 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 Χ 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 Χ 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 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? Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 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 Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Χ 34 Χ Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Х 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance No b Enter the number of Form W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form	990 (2018) APPALOOSA HORSE CLUB 82-0229	989	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		, ,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	Х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	<u> </u>		1
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	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			l .
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			٠,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		'
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		ł
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
٠	excess parachute payment(s) during the year	15		x
	If "Yes," see instructions and file Form 4720, Schedule N			<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1b 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Χ 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Χ 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10h affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Χ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records KEITH RANISATE (208)882-5578, 2720 W PULLMAN RD, MOSCOW, ID 83843

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orm.	990	(ZU I	01	

APPALOOSA HORSE CLUB

82-0229989

age 7

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related	organization	comp	ensa	ated	any	currer	nt off	icer, director, or tru	istee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated employee Key employee Institutional trustee or director			n)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) THOMAS HODGES	5.00_	.,		.,				<u></u>	_	_
PRESIDENT/VICE-PRESIDENT (2) DEBBY LETHAM	5 .00_	X		X X				0		0
(3) LESLI GLEN DIRECTOR	3.00	X		Λ				0	0	0
(4) PAULA GATEWOOD DIRECTOR	30_0_	Х						0	0	0
(5) MEGAN DISSELKOEN DIRECTOR	30_0_	Х						0	0	0
(6) DENA RAGGIO PRESIDENT	_ 5.00_	Х		Х				0	0	0
(7) TERIE CLARKDIRECTOR	3.00	Х						0	0	0
(8) KEN JOHNSON	_ 3.00_	Х					_	0	0	0
(9) MARY ANN PAGE DIRECTOR	300_	Х	į					0	0	0
(10)SEAN_SCHEMBRI	30_0_	Х						0	0	0
(11)LESLIE FOXVOG DIRECTOR	3.00	Х						0	0	0
(12)RAYMOND BURCHETT DIRECTOR	3.00_	Х						. 0	0	0
(13)BILLY_READY	3.00	Х						0	0	0
(14)WIEBE_LISE DIRECTOR	300_	Х						0	0	0

Dane	•

Part: VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
				(0	;}	_						
(A)	(B)	Control			(D)	(E)		(F)				
Name and title	Average					an one		Reportable	Reportable		Estimat	
Tank and add	- OOX, dillegs person is both an					compensation	compensation from		amount			
	week (list any							from	related		othe	
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme	the	organizations	٩	ompens	
	related	rect.	盲	ఠ	E E	nest oloye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization	
	organizations below dotted	er to	<u> </u>		οίο	ěg		(17 27 1000 111100)			and rela	
	line)	ıste			e	per				•	organiza	tions
			8			isate			•			
	1					ă.						
(15) YEAR CRIMER	2 00		\vdash							-		
(15)KEVIN GRINER	300_	Х						•	,			
DIRECTOR	 	^						0		' 		0
(16)KRISTEN REITER	3.00											
DIRECTOR		X	\sqcup	Ш			\Box	0		<u> </u>		0
(17)LUKE NORTHWAY	3.00											
DIRECTOR		Χ						0	()		0
(18)CHRISTINA OTTERSBACH	3.00											
DIRECTOR	[Х						0	(,		0
(19)STEVEN TAYLOR	40.00							 				
	1 40.00		li	x				92,419	(.	12	,284
CEO	40.00			\Box	\dashv			92,419		' 		, 204
(20)KEITH RANISATE	40.00			.,	l		ļ.		_			
TREASURER			\vdash	X	_			66,129		'	<u> 10</u>	,622
(21)												
(22)	L											
(23)												
	₋											
(24)												
(24)										-		
(05)										-		
<u>(25)</u>												
	L						-					
1b Sub-total							- F					
c Total from continuation sheets to Part VII, Section	n A · ·		• •		• •		▶					
d Total (add lines 1b and 1c)							>	158,548			22	,906
2 Total number of individuals (including but not limited	to those liste	d abov	/e) w	vho r	ece	ived m	ore t	than \$100,000 of				
reportable compensation from the organization									()		
											Yes	s No
3 Did the organization list any former officer, director, of	or trustee, ke	v empl	lovee	e. or	high	nest co	mpe	nsated				•
employee on line 1a? If "Yes," complete Schedule J			•							3	-	X
4 For any individual listed on line 1a, is the sum of repr			00.3	nd o	ther	comp	enca	tion from the			+	+**
•										7	1	,
organization and related organizations greater than \$											-	
ındıvıdual										4	_	X
5 Did any person listed on line 1a receive or accrue co	-		-			_	ızatıc	on or individual			_	
for services rendered to the organization? If "Yes," co	omplete Sche	dule J	for :	such	per	rson		· · · · · · · ·		5	Ш.	X
Section B. Independent Contractors												
1 Complete this table for your five highest compensate	ed independe	nt con	tract	ors	hat	receiv	ed m	ore than \$100,000	of			
compensation from the organization. Report comper	nsation for the	e caler	ndar	year	end	ding wi	th or	within the organiz	ation's tax			
year				•		•		· ·				
	-							(B)			(C)	
	(A) (B) (C)											
Name and business address								Description of s	services		mpensat	поп
								+				
2 Total number of independent contractors (including b	2 Total number of independent contractors (including but not limited to those listed above) who											
received more than \$100,000 of compensation from the organization												

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	te to any line in this	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ь		1b					
ភូ ទី	c	}	1c	-				
Ę.	d		1d				•	
ig g	1	T	1e					
Sis	e	- · · · · · · · · · · · · · · · · · · ·	10					
buti	f		1f	20 200				
ĘŎ	۔ ا	and similar amounts not included above Noncash contributions included in lines 1a-1		39,390				
S E	9		-		20, 200			
	h	Total. Add lines 1a-11	••		39,390			
e	20			Business Code	0 000 007	0.002.227		** ****
ven		SHOWS AND OTHER EVENTS	—	900099	2,083,337	2,083,337		
æ		REGISTRATION		900099	455,863	455,863	170 004	
ž	Ι.	APPALOOSA JOURNAL		900099	285,465		170,204	
Š	1	MEMBERSHIP DUES		900099	321,130			
Jraπ	1	OTHER		900099	42,611	42,611		· · · · · · · · · · · · · · · · · · ·
Program Service Revenue		All other program service revenue · · · ·						
	g	Total. Add lines 2a-2f	• •	· · · · · · • <u> </u>	3,188,406		•	
	3	Investment income (including dividends, inter						
		and other similar amounts)			10,904			10,904
	4	Income from investment of tax-exempt bond						
	5	Royalties	<i>.</i> ▶					
		(ı) Real		(ii) Personal				
	1	Gross rents · · · · · · ·		<u>-</u> .				
	1	Less rental expenses · · · ·						
	1	Rental income or (loss) · · ·						
	d	Net rental income or (loss)	• •					
	7a	Gross amount from sales of (i) Secunties	s	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses · · · ·						
	1	Gain or (loss)						
	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·		<u> ▶</u>				
enne	8a	Gross income from fundraising						
		events (not including \$	_					
Other Rev		of contributions reported on line 1c)						
Ę		See Part IV, line 18 · · · · · · · · · · · ·	а					
ŏ	b	Less direct expenses	b					
	C	Net income or (loss) from fundraising events	•	<u> ▶</u>				
	9a	Gross income from gaming activities						
		See Part IV, line 19 · · · · · · · · · · · ·	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances	а					
	b	Less cost of goods sold	b		,			
	C	Net income or (loss) from sales of inventory		<u> </u>				
		Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS REVENUE		900099	12,541	12,541		
	ь		_					
	С							
	d	All other revenue	•					
	1	Total. Add lines 11a-11d	,		12,541			
	I	Total revenue. See instructions			3,251,241	3,030,743	170,204	10,904

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Management and Program service Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 195,796 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 847,518 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 77,300 10 60,156 11 Fees for services (non-employees) а b 39,059 C 20,000 d Lobbying Professional fundraising services See Part IV. line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 285,186 12 82,297 13 Office expenses 213,679 14 Information technology 15 16 44,712 17 292,855 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 15,226 20 21 22 Depreciation, depletion, and amortization 23,444 23 18,268 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 368,477 TROPHIES & AWARDS SHOW FACILITIES EXP 287,541 c PRINTING & PUBLICATIONS 135,186 POSTAGE AND SHIPPING 74,912 Ð All other expenses 143,263 25 Total functional expenses. Add lines 1 through 24e 3,224,875 0 0 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here > | if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	404,338	1	422,045
	2	Savings and temporary cash investments	200,997	2	239,985
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	152,841	4	172,443
	5	Loans and other receivables from current and former officers, directors,	· · · · · · · · · · · · · · · · · · ·		
		trustees, key employees, and highest compensated employees	• ,		
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	30,772	8	25,263
Ass	9	Prepaid expenses and deferred charges	37,391	9	53,730
•	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 1,161,005			
	b	Less accumulated depreciation · · · · · · · · · · 10b 921,753	256,841	10c	239,252
	11	Investments - publicly traded securities	200,041	11	200,202
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · ·	·	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	177,390	15	157,947
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,260,570	16	1,310,665
	17	Accounts payable and accrued expenses	79,596	17	141,812
	18	Grants payable	15,550	18	141,012
	19	Deferred revenue	374,601	19	355,557
	20	Tax-exempt bond liabilities	3747001	20	333,331
	21	Escrow or custodial account liability Complete Part IV of Schedule D	112,949	21	93,506
ý	22	Loans and other payables to current and former officers, directors,	1 1		33,300
Liabilities		trustees, key employees, highest compensated employees, and	()		, 1
ig		disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	567,146	26	590,875
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and	,		330,073
es		complete lines 27 through 29, and lines 33 and 34.			
JL C	27	Unrestricted net assets	515,581	27	541,559
3ala	28	Temporarily restricted net assets	177,843	28	178,231
Ď	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
0		complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		- 30	-
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds3.		32	
ž	33	Total net assets or fund balances	693,424	33	719,790
	34	Total liabilities and net assets/fund balances	1,260,570	34	1,310,665
EEA				1	Form 990 (2018)

Form	1 990 (2018) APPALOOSA HORSE CLUB	82-02	2998	9	P	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		3,2	251,	241
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		3,2	224,	875
3	Revenue less expenses Subtract line 2 from line 1	. 3			26,	366
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		- 6	593,	424
5	Net unrealized gains (losses) on investments	. 5				
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			719,	790
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		· 🔲
					Yes	No
1	Accounting method used to prepare the Form 990				,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1	
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				`	
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					'
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			,-		
	the Single Audit Act and OMB Circular A-133?		[3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					

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

EEA

Form 990 (2018)

SCHEDULE D (Form 990)

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.

11c, 11d, 11e, 11f, 12a, or 12b.

2018

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

API	PALOOSA HORSE CLUB	82-0229989							
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	ts.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6								
	(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year	(a) tanda and and							
2	Aggregate value of contributions to (during year)	 							
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year · · · · · · · · ·	· ·							
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised								
•		· · · · · · · · · · · · · · · · · · ·							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used								
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose								
	conferring impermissible private benefit?								
Pa	rt II Conservation Easements.	<u></u>							
L: -	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.								
1	Purpose(s) of conservation easements held by the organization (check all that apply)								
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	important land area							
	Protection of natural habitat Preservation of a certified his	•							
	Preservation of open space	none structure							
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	envation							
-	easement on the last day of the tax year	Held at the End of the Tax Year							
а	Total number of conservation easements	2a							
h	Total acreage restricted by conservation easements	2b							
	Number of conservation easements on a certified historic structure included in (a)	2c 2c							
c c	(-)	20							
u	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz								
3	tax year	ation during the							
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								
3	violations, and enforcement of the conservation easements it holds?	Tyes No							
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation								
·	Start and volunteer flours devoted to monitoring, inspecting, manding or violations, and emorcing conservation	easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year							
•	S	ments during the year							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(1)							
·	and section 170(h)(4)(B)(ii)? $\cdots \cdots	· · · · · · · · · · · · · · · · · · ·							
q	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements								
·	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that or								
	organization's accounting for conservation easements								
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8								
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet							
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt								
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items								
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala								
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt								
	public service, provide the following amounts relating to these items	meranice of							
	(i) Revenue included on Form 990, Part VIII, line 1	> \$							
	(ii) Assets included in Form 990, Part X								
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pi								
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	OTIGE LIE							
•	Revenue included on Form 990, Part VIII, line 1								
a h									
	Assets included in Form 990, Part X	···· ▶ \$							

Land 89,208

Buildings 734,124 610,164 123,960 Leasehold improvements **d** Equipment 223,295 221,019 2,276 114,378 90,570 23,808

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) 239,252

Schedule D (Form 990) 2018

EEA

Schedule D (Form		CLUB	82-0229	989 Page :
Part VII	Investments - Other Securities.		Deat IV I have 441 - One France 000 F	and V. Ione 40
	Complete if the organization answered	d "Yes" on Form 990, I	Part IV, line 11b. See Form 990, F	art X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market val	ue
(1) Financial	derivatives · · · · · · · · · · · · · · · ·			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				·-··
(B)				
(C)				
(D)				· · · · · · · · · · · · · · · · · · ·
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12) ▶		, •	
Part VIII	Investments - Program Related.			
	Complete if the organization answered	d "Yes" on Form 990, I	Part IV, line 11c See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(-, -, -, -, -, -, -, -, -, -, -, -, -, -		Cost or end-of-year market val	ue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Column (b)	must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered	d "Yes" on Form 990, I	Part IV, line 11d See Form 990, P	art X, line 15
	(a) De	escription		(b) Book value
(1) ART &	ARTIFACTS			64,44
(2) ASSET	S HELD IN TRUST			93,500
(3)				
(4)				
(5)		···		
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u></u>	157,94
Part X	Other Liabilities. Complete if the organization answered	d "Yes" on Form 990, I	Part IV, line 11e or 11f See Form	990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
	ncome taxes			
(2)			⊢ `	
(3)				
(4)				
(5)				
(6)			⊢ .	

1.	(a) Description of liability	(b) Book value		
(1) Feder	ral income taxes		·	
(2)				
(3)				
(4)				
(5)			•	
(6)				
(7)				
(8)				
(9)				
Total (Column	n (b) must equal Form 990, Part X, ∞l (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

82-0229989

Pa	Complete if the erganization answered "Vec" on Form 200. Part IV line 129	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1	2 400 061
1	Total revenue, gains, and other support per audited financial statements	 	3,400,061
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments		
a	, and the same terms of the sa	-	
b		-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	148,820
3	Subtract line 2e from line 1	3	3,251,241
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4	
b	Other (Describe in Part XIII)	 	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,251,241
Ра	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Keti	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<u> </u>	
1	Total expenses and losses per audited financial statements	1	3,373,695
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
b	Prior year adjustments	1	
C	Other losses · · · · · · · · · · · · · · · · · ·	-	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	148,820
3	Subtract line 2e from line 1	3	3,224,875
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	1 1	
þ	Other (Describe in Part XIII)		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,224,875
$\overline{}$	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part	X, line	
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
^1	No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
01	Not reporting collections (Part III, line 1a)		
THE	APHC OWNS CERTAIN ART AND ARTIFACTS, WHICH ARE VALUED AT COST AND ARE CLASS	IFIED	AS
			NAM O
NON	CURRENT BECAUSE MANAGEMENT INTENDS TO RETAIN THEM LONGER THAN ONE YEAR. THES	E AMOU	NTS
			••
ARE	RECOGNIZED IN THE STATEMENTS OF FINANCIAL POSITION, WITH A \$64,441 BALANCE	AT BOT	н
	OU 21 0010 NUM 0010 NORTHIONNIN MUE NOUG OUNG OMUTE MODES OF ADM UTSMO	DTCAT	
MAK	CH 31, 2019 AND 2018. ADDITIONALLY, THE APHC OWNS OTHER WORKS OF ART, HISTO	KICAL	
mp m	ACUMBER AND CIVILAD IMPAC MURM ADE CONCIDEDED MO DE DADM OF A COLLECTION WA	TCU ND	E ON
TRE	ASURES, AND SIMILAR ITEMS THAT ARE CONSIDERED TO BE PART OF A COLLECTION, WH	ICH AR	E ON
DTC	DIAY IN MUE ADDALOGGA MUSEUM AND HEDIMAGE GENMED ECHNICAMION (ADDALOGGA MUSEU)	M) mu	묘
DIS	PLAY IN THE APPALOOSA MUSEUM AND HERITAGE CENTER FOUNDATION (APPALOOSA MUSEU	M). TH	<u> </u>
TME	MS ON DISPLAY INCLUDE ORIGINAL OIL PAINTINGS; BRONZES; AN EAGLE FEATHER BONN	ייים או	ħ
TIE	MS ON DISPLAT INCLODE ORIGINAL OIL PAINTINGS; BRONZES; AN EAGLE FEATHER BONN	EI, AN	
EDN	S; VARIOUS NATIVE AMERICAN CEREMONIAL CLOTHING; ANTIQUE RIFLES, GUNS AND TOO	T.C · AN	n
EAN	5, VARIOUS NATIVE AMERICAN CEREMONIAL CHOTHING, ANTIQUE RIFLES, GONS AND 100	15, AL	
Отч	ER ARTIFACTS COMMONLY AFFILIATED WITH THE APPALOOSA BREED.		
<u> </u>	DE INTELLECTO CONTINUE ALL INITIALID WITH THE REPRESONA BRUND.		
AS	PERMITTED BY ASC TOPIC 958, NOT-FOR-PROFIT ENTITIES, THE APHC HAS ELECTED TO	пот	•
CAP	ITALIZE THE ITEMS INCLUDED IN		

•		
Part XIII Supplemental Information (continued)	82-0229989	Page 5
Part XIII Supplemental Information (continued)		
01. Not reporting collections (Part III, line 1a)		
THIS COLLECTION. ACCORDINGLY, NO AMOUNT HAS BEEN RECOGNIZED IN THESE FINA	NCIAL STATEMENTS	
FOR COLLECTION ITEMS HELD FOR DISPLAY AT THE APPALOOSA MUSEUM.		
02. Escrow account liability (Part IV, line 2b)		
THE CLUB IS THE TRUSTEE OF APPALOOSA BREEDERS' TRUST INCENTIVE FUND. THIS	PROGRAM IS AN	
INVESTMENT AND INCENTIVE PROGRAM THAT PROVIDES AWARDS BASED ON ESTABLISHED	CRITERIA WITH	
THE PURPOSE OF PROMOTING APPALOOSA STALLIONS. CASH AWARDS ARE OFFERED TO S	TALLIONS AND	
THEIR OFFSPRING THAT EARN POINTS IN APPROVED SHOWS. ALL FUNDS RECEIVED, LE	SS	
ADMINISTRATIVE CHARGES, ARE MAINTAINED IN A SEPARATE ACCOUNT AND SUBSEQUEN	TLY DISTRIBUTED	
BACK TO THE HORSE OWNERS, IN DIRECT PROPORTION TO CLUB SANCTIONED POINTED	EARNED.	
03. Footnote for uncertain tax position under FIN 48 (Par	t X)	
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA P	ROVIDE GUIDANCE	
RELATED TO UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S F	INANCIAL	
STATEMENTS AND PROVIDES GUIDANCE ON FINANCIAL STATEMENT RECOGNITION AND ME	ASUREMENT OF A	
TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE APHC HAS	EVALUATED STATE,	
FEDERAL AND FOREIGN TAX POSITIONS TAKEN IN THE CURRENT YEAR, FOR WHICH THE	STATUTE OF	
LIMITATIONS IS STILL OPEN, AND DETERMINED THAT IT IS MORE LIKELY THAN NOT	THAT EACH	
POSITION WOULD BE SUSTAINED UPON EXAMINATION. ACCORDINLY, MANAGEMENT HAS	DETERMINED THAT	
IT DOES NOT HAVE ANY UNRECOGNIZED TAX LIABILITIES OR BENEFITS FOR THE YEAR	ENDED MARCH 31,	
2019 THAT NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS.		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public |

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

82-0229989 APPALOOSA HORSE CLUB 01. Members or stockholder classes and rights (Part VI, line 6) BYLAWS PROVIDE FOR TWO CLASSES OF MEMBERS: REGULAR MEMBERS AND HONORARY LIFE MEMBERS. 02. Member election for additional members (Part VI, line 7a) MEMBERS IN GOOD STANDING AS OF AUGUST 31 EACH YEAR SHALL BE ELIGIBLE TO VOTE IN THE REGULAR ELECTION THAT YEAR. 03. Governing body decisions (Part VI, line 7b) EACH ACTIVE MEMBER IN GOOD STANDING SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS. 04. Form 990 governing body review (Part VI, line 11) NO REVIEW WAS OR WILL BE CONDUCTED 05. Conflict of interest policy compliance (Part VI, line 12c) THE CODE OF CONDUCT OUTLINES DUTIES AND RESPONSIBILITES OF THE STAFF AND THE BOARD OF DIRECTORS, INCLUDING THE CONFLICT OF THE INTEREST POLICY. ALL STAFF AND MEMBERS OF THE BOARD ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT OF RECEIPT OF THE CODE OF CONDUCT. 06. CEO, executive director, top management comp (Part VI, line 15a) KEY MANAGEMANT'S COMPENSATION IS GOVERNED BY CONTRACTS, WHICH ARE NEGOTIATED AND APPROVED BY THE BOARD OF DIRECTORS 07. Other officer or key employee compensation (Part VI, line 15b KEY MANAGEMANT'S COMPENSATION IS GOVERNED BY CONTRACTS, WHICH ARE NEGOTIATED AND APPROVED

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Schedule O (Form 990 ar 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
APPALOOSA HORSE CLUB	82-0229989
DV THE BOARD OF DIRECTORS	
3Y THE BOARD OF DIRECTORS.	
· · · · · · · · · · · · · · · · · · ·	
08. Governing documents, etc, available to public (Part VI, line 19)	
FORMS 1023, 990, AND 990-T ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQU	UEST. ANNUALLY, THE
DRGANIZATION ENGAGES AN INDEPENDENT AUDITOR TO COMPLETE A FINANCIAL STATE	TEMENT AUDIT, THE
RESULTS OF WHICH ARE PRINTED IN THE APPALOOSA JOURNAL.	
WILLIAM THE	
	,
20 Year of alban and a Court TV 1 and 1	
09. List of other expenses (Part IX, line 24e)	
THE TOTAL OF OTHER EXPENSES ON LINE 24E IS \$143,263 WHICH CONSISTS OF THE	HE FOLLOWING:
MUSEUM SUPPORT OF \$30,000, TRAIL & DISTANCE RIDING OF \$1,088, TAXES OF S	\$4,533, EDUCATION
OF \$989, EQUIPMENT RENTAL & MAINTENANCE OF \$69,806, DUES & SUBSCRIPTIONS	S OF \$11,864 AND
OTHER EXPENSES OF \$24,983.	
	_
10. Part III, response or note to any other line in Part III	
THIS ORGANIZATION'S MISSION IS TO MAINTAIN THE OFFICIAL REGISTRY OF THE	APPALOOSA HORSE -
AN EQUINE BREED WITH A COLOR PREFERENCE; TO COLLECT, RECORD AND PRESERVE	E THE HISTORY AND
INTEGRITY OF THE BREED; TO IMPROVE, ENHANCE AND PROMOTE THE APPALOOSA, A	AND TO HONOR THE
PRADITION, HISTORY AND HERITAGE OF THE BREED.	
	···-

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

2018	

OMB No 1545-0047

Open to Public

Inspection

Employer identification number 82-0229989 ٥ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 • Go to www.irs.gov/Form990 for instructions and the latest information. APPALOOSA HORSE CLUB Department of the Treasury Internal Revenue Service Name of the organization

Part

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(C) Legal dom (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	mplete if the organization an x year	swered "Yes"	on Form 990, F	art IV, line 34 be	cause it had

פווויים פו חיים של ווייסים ומיים משנים ופיווים פו							
(a)	(q)	(0)	(p)	(e)	(J)	Sec. 5.	(g) Sec 512(h)(13)
Name, address, and EIN of related organization	Primary activity	Legal dom (state	Exempt Code section	Public chanty status	Direct controlling	controlle	ed entity?
		or foreign country)		(if section 501(c)(3))	entity	Yes	Š
(1) APPALOOSA MUSEUM & HERITAGE CENTER, 82-0343263						-	
2720 W PULLMAN RD	MUSEUM / PUBLIC						
MOSCOW, ID 83843	CHARITY	a	501 (C) 3	10	NO		×
(2)							
(3)							
(4)							
(5)							

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

Schedule R (Form 990) 2018

EEA

Page 2

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APPALOOSA HORSE CLUB

Schedule R (Form 990) 2018

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34

Percentage Sec 512(b)(13)
ownership controlled
entity? owner-Schedule R (Form 990) 2018 ship 3 Yes No * anaging es No partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Gen or 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of **(**B) res No Disprop-ortionate allocations Ξ Share of total Share of end-of-year assets income <u>6</u> line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Type of entity (C corp. S corp. or trust) (f) Share of total income <u>e</u> because it had one or more related organizations treated as a partnership during the tax year Predominant income (related, sections 512-514) excluded from tax under Direct controlling entity unrelated, <u>e</u> ਉ Direct controlling entity 9 foreign country) (c) Legal domiale (state or (c) Legal domicile (state or foreign country) Primary activity 9 Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV EEA ε lΞ (2) <u>ල</u> € 3 হ 3 ₹ ୍| ଡ

82-0229989	
APPALOOSA HORSE CLUB	· ·
Schedule R (Form 990) 2018	

Page 3

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Schedule R (Form 990) 2018 Method of determining amount involved Yes 9 40 79 <u>4</u> 19 무 ¥ Ε 두 9 4 79 18 = = e Loans or loan guarantees by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Transactions with Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 if the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Fransaction type (a-s) <u>e</u> k Lease of facilities, equipment, or other assets from related organization(s) 1 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of paid employees with related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Name of related organization Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses s Other transfer of cash or property from related organization(s) Reimbursement paid to related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Part V EEA/ ۵ ۵ (4) Ξ 3 ව (2) 9

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APPALOOSA HORSE CLUB

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Schedule R (Form 990) 2018
Part VI Unrelate

(a)	(q)	0	(p)	(e)	(£)	(b)	3	(5)		9	(공
Name, address, and EIN of entity	imity	Legal	Predominant	Are all partner	ō	Share of	Disprop-				*
		domicale (state or foreign	income (related, unrelated, excluded from tax under	section 501(c)(3) organi-		end-of-year assets	ortionate alloca-	- a		managing o	owner- ship
		country)	sections 512-514)	zations?	⊤ •		Yes No	No (Form 1065)	∠es	Yes No	
(1)											
(2)											
(3)											
(4)											
(5)											
(9)											
(2)						•					
(8)											
(6)											
(10)				,							
(12)									-		
EEA					,			Sched	Schedule R (Form 990) 2018	n 990) 2	918