Form 8879-FO

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

	-	_	
calendar year 2013, or fiscal year beginning		, 2013, and ending	a

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo Employer identification number

THE UNITED STATES PONY CLUBS, INC.

For

61-1352306

Name and title of officer

DANIEL G MURPHY

PRESIDENT OF THE BOARD OF GOVERNORS

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b. 2b. 3b. 4b. or 5b. whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2515345
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	DINI-	chock	ana	hov	only
Officer's	PIN:	cneck	one	DUX	OHIO

officer's Pila. Check one box only	
X authorize BLUE & CO., LLC	to enter my PIN 40139
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.	. ,
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	•
Officer's signature ► ***** THIS IS NOT A FILEABLE COPY *** Date ►	
Part III Certification and Authentication	
ERO's ERIN/PIN Enter your six digit electronic filing identification	

EFIN/PIN. Enter your 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 numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

08/15/14 ERO's signature Date

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

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

Α	For the	e 2013 calendar year, or tax year beginning and end	ling		
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
Г	Addre chang	THE UNITED STATES PONY CLUBS, INC.			
F	Name chang	INTERD CHARGE DONN OF URC. TM	С.	61-1	352306
F	Initial return	- I mig - I mi	m/suite	E Telephone numbe	
F	Termin		iii/Suite		254-7669
F	—ated □Amen	dod		G Gross receipts \$	4,075,473.
H	—lreturn ⊟Applic	City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40511-8483		-	
_	—Ition pendii			H(a) Is this a group re	
		SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	
_	T	empt status: X 501(c)(3) 501(c) ()	527	` '	
		te: > WWW.PONYCLUB.ORG	327	•	list. (see instructions)
			■ Voor (H(c) Group exemption 195/	n number ► ↑ State of legal domicile: KY
	art I	Summary	L Year (DI TOTTITALION. 1934 N	A State of legal doffliche, K.1
F		Briefly describe the organization's mission or most significant activities: THE UN	ריידים	CUVALE DUM	V CLUBC
Se	1	INC., DEVELOPS CHARACTER, LEADERSHIP, CONF.	TIED	STATES FON	NCE OF
Jan	_				
Activities & Governance	1	Check this box if the organization discontinued its operations or disposed		ı	ssets.
é	1	Number of voting members of the governing body (Part VI, line 1a)			27
જ		Number of independent voting members of the governing body (Part VI, line 1b)			19
ties		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			2000
Ė		Total number of volunteers (estimate if necessary)			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		
		0		Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)		233,733.	275,185.
Revenue		Program service revenue (Part VIII, line 2g)		1,681,224.	1,669,158.
Be	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		62,819. 167,669.	440,521.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			130,481. 2,515,345.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,145,445.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			_
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,005,073.	949,949.
eus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
х	b	Total fundraising expenses (Part IX, column (D), line 25) 140,170		1 505 202	1 202 240
_	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,505,303.	1,292,340.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,510,376.	2,242,289.
	19	Revenue less expenses. Subtract line 18 from line 12		-364,931.	273,056.
Net Assets or Fund Balances			Rei	ginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)		5,401,517.	5,790,200.
et A	21	Total liabilities (Part X, line 26)		1,337,083.	1,327,122.
	22	Net assets or fund balances. Subtract line 21 from line 20		4,064,434.	4,463,078.
_	art II		d a4a4a		
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and bellet, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	nas any knowledge.	
		Signature of officer		I Date	
Sig		'	D 0E		
He	re	DANIEL G. MURPHY, PRESIDENT OF THE BOARD Type or print name and title	D OF	GOVERNORS	
		F 21 1	i n	late Check	II PTIN
D - '		Print/Type preparer's name Preparer's signature		OHOOK	1
Pai		R. ALLEN NORVELL R. ALLEN NORVELL	U	8/15/14 if self-employ	P00005513
	parer	Firm's name BLUE & CO., LLC		Firm's EIN ▶	35-1178661
USE	Only	Firm's address 250 WEST MAIN STREET, SUITE 2900			0 252 1100
_		LEXINGTON, KY 40507		Phone no.85	9-253-1100
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

1,464,433.

Total program service expenses ▶

Form 990 (2013) THE UNITED S Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect)		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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		37	
	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			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
J	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	112		
	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	Х	
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	ļ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40:		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
J	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		х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		^
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) THE UNITED STATES Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule I Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013) 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							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 52							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х					
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 19							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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 over, a			ĺ				
	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	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			v				
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		1				
7	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
	b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
Ŭ	to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
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 and section 509(a)(3) supporting organizations. Did the supporting							
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>				
9	Sponsoring organizations maintaining donor advised funds.							
	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>				
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a							
a h	Gross income from members or shareholders							
b	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	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							
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						

	Check if Schedule O contains a response or note to any line in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management					
			0.7		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27			
	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	1 b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with an	other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				77	
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					37
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				37	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					v
Cas			1 - \	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue C	ode.)		14	
40-	Did the course in the place has a boundary because the course of the cou			40-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?			10a	Λ	
D	If "Yes," did the organization have written policies and procedures governing the activities of such conditions to an experience and procedures governing the activities of such conditions are consistent with the arganization, average and procedures governing the activities of such conditions are consistent with the arganization, average and procedures governing the activities of such conditions are consistent with the arganization.	-		10b	Х	
44.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body.			11a	X	
		ay before i	iling the form?	ı ıa	71	
	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	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120	- 21	
C				12c		х
13	Did the annual tracking to the control of the contr			13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv	al hy inde	nendent	'-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	Policioni			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	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).			.0.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with	а			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	· ·	•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed FKY, AL, AK, AR, A	Z,CA	CT,DC,FL	, GA	,HI	,IL
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-					
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	in Sched	ule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict of i	nterest policy, an	d finar	icial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and record	s of the organiza	tion:		

40511-8483

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.

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

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

(A) Name and Title	(B) Average hours per week	box.	not cl unles	ss pe	ition more rson i	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MIKE AMOS	3.00	x						0.	0.	0
BOARD MEMBER (2) LYNN DU CELLIEE MULLER	3.00	Δ				<u> </u>	-	0.	0.	0.
BOARD MEMBER	3.00	х						0.	0.	0.
(3) POLLY GRAMMER	3.00	22						-	0.	
BOARD MEMBER	3.00	х						0.	0.	0.
(4) CLAIRE HARMON	3.00								0.	
VICE PRESIDENT OF INSTRUCTION AND BO		х		Х				600.	0.	0.
(5) JODY HOFFMAN	3.00									
TREASURER AND BOARD MEMBER		х		х				0.	0.	0.
(6) DEBBIE KIRSCH	3.00									
BOARD MEMBER		Х						0.	0.	0.
(7) HEATHER KUENZI	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DANIEL MURPHY	3.00									
PRESIDENT AND BOARD MEMBER		Х		Х				0.	0.	0.
(9) NANCY PITTMAN	3.00									
VICE PRESIDENT AND BOARD MEMBER		Х		Х				0.	0.	0.
(10) YVETTE SEGER	3.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) JAN WHITEHOUSE	3.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) SARAH ANDRES	3.00								•	•
BOARD MEMBER	2 00	Х						0.	0.	0.
(13) ANNA CLADER	3.00	,,							0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(14) KATRINA DEANE	3.00	₹,						0.	0.	0
BOARD MEMBER (15) LISA EVANS	3.00	Х					-	0.	0.	0.
BOARD MEMBER	3.00	х						0.	0.	0.
(16) KATIE GRAHAM	3.00	^				\vdash	\vdash	"	0.	<u></u>
VICE PRESIDENT OF ACTIVITIES AND BOA	3.00	х		х				0.	0.	0.
(17) ALICIA HENDERSON	3.00	22		21		\vdash			0.	<u></u>
BOARD MEMBER	3.00	х						0.	0.	0.

mus inim	an cmami	. a	D	~ N.T.	,	~ T T	TD	G ING	61 12	.E.O.1	206	_	•
Form 990 (2013) THE UNITE Part VII Section A Officers Directors Trus									61-13	3 Z S	000	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Em (A) Name and title Average hours per week		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensatior from related		(F) Estimate amount of		of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensa om the anizati d relate inizatio	e ion ed
(18) ALLISON MURPHY	3.00												
BOARD MEMBER		Х						0.		0.			0.
(19) MARGI PENCE	3.00												_
BOARD MEMBER	2 00	Х						0.		0.			0.
(20) APRIL SMITH	3.00	х						0.		0.			0.
BOARD MEMBER (21) JENNIFER SWEET	3.00	Λ				<u> </u>		0.		- 			<u> </u>
VICE PRESIDENT OF REGIONAL ADMINISTR	3.00	Х		Х				0.		0.			0.
(22) LORELEI COPLEN	3.00	- 22						0.		* 			<u> </u>
SECRETARY AND BOARD MEMBER	3.00	х		x				0.		0.			0.
(23) JULIE HERMAN	3.00							•		*			
BOARD MEMBER		х						0.		0.			0.
(24) STEVE JERMAN	3.00									\neg			
BOARD MEMBER		Х						0.		0.			0.
(25) DEB WILLSON	3.00												
BOARD MEMBER		Х						565.		0.			0.
(26) MACY ANN CARMAN	3.00												
BOARD MEMBER		Х						0.		0.			0.
1b Sub-total								1,165.		0.		<u> </u>	0.
c Total from continuation sheets to Part VI								91,868.		0.		9,7	
d Total (add lines 1b and 1c)							<u> </u>	93,033.		0.	- '	9,7	44.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed a	bove	e) wh	no re	eceived more than \$100	1,000 of reportable	•		v 1	<u> </u>
										П		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su	· · · · · · · · · · · · · · · · · · ·		-					•	the organization				
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	=				-			ed organization or indiv			5		Х
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for	-	-								pensa	tion f	rom	
(A) Name and business	address	NC	ONI	E			T	(B) Description of s	ervices	Сс	(C omper	;) nsatior	

(A) Name and business address NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 THE UNIT	ED STAT	<u> :S</u>	PC	МЯ	7 (JLC	JBS	S, INC.	61-135	2306
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)				ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ERICK DIERKS BOARD MEMBER	3.00	x						0.	0.	0
(28) KEVIN PRICE	40.00									
CHIEF EXECUTIVE OFFICER				X				91,868.	0.	9,744
		_								
					<u> </u>					

Form 990 (2013) THE UNIT

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts Its	1 a	Federated campaigns	1a					
s, Grar Amoun		Membership dues						
		Fundraising events						
ぎょ		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributi						
		All other contributions, gifts, grant	. —					
	·	similar amounts not included abov		275,185.				
	a	Noncash contributions included in lines		2,245.				
lä Ö	_	Total. Add lines 1a-1f			275,185.			
		Total Add miles fa 11		Business Code	,			
ъ	2 a	MEMBERSHIP		900099	948,621.	948,621.		
응	2 u b	3.0000000000000000000000000000000000000		900099	272,882.	272,882.		
Sel	-	~		900099	208,473.	208,473.		
آڏِ <u>۽</u>	d	THERMISE	900099	117,124.	117,124.			
Program Service Revenue	٠ •	ANNUAL MEETING		900099	85,781.	85,781.		
ᇫ	f	All other program service revenue 900099			36,277.	36,277.		
	a q				1,669,158.	/ - /		
\neg	3	Investment income (including			, , ,			
	•	other similar amounts)			97,888.			97,888.
	4	Income from investment of tax			,			,
	5	Royalties						
	•	, loyalitos	(i) Real	(ii) Personal				
	6 a	Gross rents	85,748.	(ii) i diddiidii				
		Less: rental expenses	17,210.					
		Rental income or (loss)	68,538.					
		Not worth the course of the col	,		68,538.			68,538.
		Gross amount from sales of	(i) Securities	(ii) Other	,			,
		assets other than inventory	1,737,195.	(ii) Garier				
	h	Less: cost or other basis	, ,					
	~	and sales expenses	1,394,562.					
	c	Gain or (loss)						
		Net gain or (loss)			342,633.			342,633.
ا ؞		Gross income from fundraising			,			,
nue	0 4	including \$	of					
Other Reven		contributions reported on line						
Ę		Part IV, line 18	•					
멽	b	Less: direct expenses						
0		Net income or (loss) from fund		—				
		a Gross income from gaming activities. See						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less returns						
		and allowances		199,562.				
	b	Less: cost of goods sold		148,356.				
_		Net income or (loss) from sales	51,206.	51,206.				
		Miscellaneous Revenue Business Code			·			
	11 a			900099	10,737.	10,737.		
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	10,737.			
	12	Total revenue. See instructions.			2,515,345.	1,731,101.	0.	509,059.

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). X Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses **(D)** Fundraising (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 744,208. 356,159. 333,818. 54,231. 7 Pension plan accruals and contributions (include 4,859. section 401(k) and 403(b) employer contributions) 10,432. 4,813. 760. 64,462. Other employee benefits 139,715. 65,072. 10,181. 9 55,594. 25,893. 25,650. 4,051. Payroll taxes 10 Fees for services (non-employees): Management 45,835. 21,348. 21,147. 3,340. Legal 10,227. 21,958. 10,131. 1,600. Accounting С Lobbying Professional fundraising services. See Part IV. line 17 41,933. 19,530. 19,347. 3,056. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 67,350. 31,368. 31,074. 4,908. 13 Office expenses 14 Information technology 15 Royalties 54,985. 25,609. 25,369. 4,007. 16 Occupancy 10,276. 4,786. 4,741. 749. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 34,089. 15,877. 15,728. 2,484. Conferences, conventions, and meetings 19 13,716. 6,388. 6,328. 1,000. 20 21 Payments to affiliates 75,620. 35,220. 34,890. 5,510. 22 Depreciation, depletion, and amortization 6,634. 3,090. 3,061. 483. 23 Other expenses. Itemize expenses not covered 24 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.) 245,126. 245,126. ACTIVITIES INSURANCE 178,673. 178,673. 122,909. 122,909. INSTRUCTION 122,428. COMMUNICATIONS 122,428. SEE SCH O 250,808. 169,871. 37,127. 43,810. All other expenses 140,170. 2,242,289. 1,464,433. 637,686. Total functional expenses. Add lines 1 through 24e 25 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)

THE UNITED STATES PONY CLUBS, INC. Form 990 (2013)
Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
	_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		476,636.	1	531,339.
	2	Savings and temporary cash investments	67,806.	2	162,735.	
	3	Pledges and grants receivable, net	23,000.	3		
	4	Accounts receivable, net	18,669.	4	14,514.	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensations	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ţ		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		66,939.	8	35,248.
	9	B ::		43,816.	9	57,736.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a 2,766,879.			
	b	Less: accumulated depreciation	10b 985,689.	1,695,491.	10c	1,781,190. 3,035,248.
	11	Investments - publicly traded securities		2,842,432.	11	3,035,248.
	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	166,728.	15	172,190.	
	16	Total assets. Add lines 1 through 15 (must equ		5,401,517.	16	5,790,200.
	17	Accounts payable and accrued expenses		129,869.	17	130,873.
	18	Grants payable		18		
	19	Deferred revenue		852,843.	19	876,998.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to current and former				
Ħ		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities				242 526	22	211 000
_	23	Secured mortgages and notes payable to unrela	343,536.	23	311,222.	
	24	Unsecured notes and loans payable to unrelate		24		
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	10,835.		8 020	
			·····	1,337,083.		8,029. 1,327,122.
	26	Total liabilities. Add lines 17 through 25		1,337,003.	26	1,341,144.
(C		Organizations that follow SFAS 117 (ASC 958				
čě	07	complete lines 27 through 29, and lines 33 ar		3,667,463.	27	4,076,712.
Net Assets or Fund Balances	27	Unrestricted net assets		396,971.	28	386,366.
	28	Temporarily restricted net assets Permanently restricted net assets		330,371.	29	300,300.
	29	Organizations that do not follow SFAS 117 (A		29		
		and complete lines 30 through 34.	SO 300), CHECK HEIE			
	30			30		
sse		Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed		31		
t As	31	Retained earnings, endowment, accumulated in		32		
Ne	32 33	Total net assets or fund balances		4,064,434.	33	4,463,078.
	34	Total liabilities and net assets/fund balances	5,401,517.	34	5,790,200.	
	J -1	TOTAL HADHILLES AND THE ASSETS/TUND DAIANCES		J, 401, J1/6	34	5,750,200.

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				<u>45.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2			89.
3	Revenue less expenses. Subtract line 2 from line 1	3				56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,06	4,4	34.
5	Net unrealized gains (losses) on investments	5		118,230.		
6	Donated services and use of facilities	6		7,358		
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))				3,0	78.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					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						
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С						
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
_	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		