EXTENDED TO NOVEMBER 15, 2022

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

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning and	ending		
B c	heck if pplicable	AMERICAN SADDLEBRED HORSE AND BREEDERS		D Employer identific	cation number
	Addres	ASSOCIATION, INC.			
X	Name change	Doing business as		61-11823	97
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 4083 IRON WORKS PARKWAY	Room/suite	E Telephone number 859-259-3	
	termin ated			G Gross receipts \$	2,024,094.
	Ameno			H(a) Is this a group re	
	Applic			for subordinates	
	pendir		4051	H(b) Are all subordinates in	
ΙT	ax-exe	empt status: \boxed{X} 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)(1) o	or 527	1 ` ′	list. See instructions
		e: WWW.ASHA.NET		H(c) Group exemption	
		organization: X Corporation	L Year		1 State of legal domicile; KY
Pa	art I	Summary	1 =	,	
	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ PI	ROMOTE	, IMPROVE AL	ND PROTECT
Governance		THE GRACE, INTELLIGENCE AND VERSATILITY O			DDLEBRED,
nar	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
Ve	l .			3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)			22
ي م		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			12
/itie		Total number of volunteers (estimate if necessary)			320
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		403,152.	456,630.
	9	Program service revenue (Part VIII, line 2g)		624,978.	1,284,571.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		59,934.	20,614.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		74,161.	62,046.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,162,225.	1,823,861.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		57,763.	54,417.
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		683,733.	781,367.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)		251 245	022 055
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		351,345.	933,255.
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,092,841.	1,769,039.
		Revenue less expenses. Subtract line 18 from line 12		69,384.	54,822.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		1,997,806.	2,691,444.
et A	21	Total liabilities (Part X, line 26)		94,516.	550,940. 2,140,504.
Z _i	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,903,290.	2,140,504.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	anta and to the heat of mu	knowledge and halief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	Kilowieuge aliu bellel, it is
uuc,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on an information of win	iicii pi epai ei	ilas ally kilowieuge.	
Sigr		Signature of officer		Date	
Her		DAVID MOUNT, EXECUTIVE DIRECTOR			
Her	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		JEANNA L. JONES	1	.1/14/22 if self-employ	P00174538
	arer	Firm's name STROTHMAN & COMPANY PSC	<u> </u>		61-1191655
	Only	Firm's address 325 W. MAIN STREET, SUITE 1600		13	
	•	LOUISVILLE, KY 40202-4251		Phone no. (5	02) 585-1600
<u>Ма</u> у	<u>the I</u> F	RS discuss this return with the preparer shown above? See instructions			X Yes No
_					

	1990 (2021) ASSOCIATION, INC.	01-1102397	Page Z
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	THE MISSION OF THE AMERICAN SADDLEBRED HORSE ASSOCIATION		
	PROMOTE, IMPROVE AND PROTECT THE GRACE, INTELLIGENCE AND	VERSATILIT	Υ
	OF THE AMERICAN SADDLEBRED, AND TO PROVIDE PROGRAMS AND S	SERVICES	
	SUPPORTING OUR MEMBERS, WHILE FOSTERING PUBLIC AWARENESS	OF THE BRE	ED.
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	X Y	es 🔲 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?	Y	es 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 n	neasured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	es 546	,593.
	THE ORGANIZATION SHALL HAVE THE PURPOSES OF SAFEGUARDING		
	AND EXPANDING THE KNOWLEDGE OF THE AMERICAN SADDLEBRED;		
	THE GENERAL PUBLIC IN THE EXHIBITING, USE AND HISTORY OF		_
	SADDLEBRED HORSES AND IMPROVEMENT OF THE BREED; PROMOTING		E
	TREATMENT OF AMERICAN SADDLEBRED HORSES; STIMULATING AND		
	INTEREST IN ALL MATTERS PERTAINING TO THE HISTORY, BREEDI		TING
	AND IMPROVEMENT OF THE BREED; ENCOURAGING SAFE EQUESTRIAN		
	EDUCATING YOUTH WITH RESPECT TO SAFE AND PROPER HORSEMANS		
	SHOWING OF HORSES BY PROMOTING THE FORMATION OF YOUTH ASS		
	THE DISSEMINATION OF EDUCATION MATERIALS; AND AWARDING SO	CHOLARSHIPS	TO
	PARTICIPANTS IN YOUTH HORSE PROGRAMS.		
4b	(Code:) (Expenses \$		<u>,978.</u>
	REGISTER AMERICAN SADDLEBRED HORSES, MAINTAIN ARCHIVE OF		
	RULES AND REGULATIONS FOR PARTICIPANTS AND BREED ISSUES.	GUARD PURI	TY
	OF THE BREED AND DEVELOP HIGH STANDARDS FOR THE BREEDING	OF THE	
	AMERICAN SADDLEBRED. REGULATE ALL MATTERS PERTAINING TO T	HE BREEDIN	G
	AND IMPROVEMENT OF THE AMERICAN SADDLEBRED BREED.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	e \$,
	/ (Language of the control of the co		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,396,972.		

			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	Х	
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<u></u>
	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			l
	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			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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 Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		***	
	complete Schedule G, Part III	19	Х	177
20a	1 100, 000, 000, 000, 000, 000, 000, 00	20a		X
b	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			177
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	l	X

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Form 990 (2021) ASSOCIATION, INC.

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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a				
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			- V
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		X
20	"Yes," complete Schedule L, Part IV	28c 29		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	30		X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization riquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		22
32	,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33		33		x
34	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, or IV, and	33		- 23
5 4	· · · · · · · · · · · · · · · · · · ·	34	х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	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?	000		
-	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 40			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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ASSOCIATION, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4.0					
	filed for the calendar year ending with or within the year covered by this return	2a	12		7.7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					v		
				3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4-		X		
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	ccoun) ?	4a				
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	count	· (FRΔR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	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 contribution							
	were not tax deductible?		-	6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	ired					
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g		X		
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•						
0				8				
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the annualization consciontion makes a distribution to a decrea decreased in a superior and a superior			9b				
10	Section 501(c)(7) organizations. Enter:			0.0				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
L	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	13b						
c	Enter the amount of reserves on hand	13c						
14a				14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

Form 990 (2021)

ASSOCIATION, INC.

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

<u> </u>						X				
Sec	tion A. Governing Body and Management									
			1 00		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	22							
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X				
6	Did the organization have members or stockholders?			6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or							
	persons other than the governing body?			7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
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 read	ched a	t the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	e filing the form?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	escribe							
	on Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
b	Other officers or key employees of the organization			15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's							
	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 ▶ KY									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (of interest policy, and	financ	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo									
	AMERICAN SADDLEBRED HORSE ASSOCATION, INC 859-25	9-2	2742							
	4083 IRON WORKS PARKWAY, LEXINGTON, KY 40511									

ASSOCIATION, INC.

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Form 990 (2021) 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	-	cer an	ia a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee/	Highest compensated employee		1099-NEC)	1099-1420)	and related
	below	idual t	ution	 	Key employee	sst co	ь			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) DAVID MOUNT	36.00									
EXECUTIVE DIRECTOR				X				176,253.	0.	0.
(2) ANNA MARIE KNIPP	1.00									
BOARD PRESIDENT		Х		X				0.	0.	0.
(3) EMILY LEE	1.00									
BOARD VICE PRESIDENT		Х		X				0.	0.	0.
(4) OWEN WEAVER	1.00									
BOARD SECRETARY		Х		X				0.	0.	0.
(5) CHRIS SCHUBERT	1.00									
BOARD TREASURER		Х		X				0.	0.	0.
(6) KRISTEN BAGDASARIAN	1.00									
BOARD REGISTRY COUNCIL CHAIR		Х		X				0.	0.	0.
(7) BOB BRISON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ALI DEGRAY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) LARRY HARTSOCK	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JOAN LURIE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) EVAN ORR	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JULIE BEHRENDS-JONES	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JIM CHERRY	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RICK CURL	1.00									
DIRECTOR		Х						0.	0.	0.
(15) CLIF PAULSEN	1.00]								
DIRECTOR		Х						0.	0.	0.
(16) RACHEL SEIFERT	1.00]								
DIRECTOR		Х						0.	0.	0.
(17) KIM SKIPTON	1.00]								
DIRECTOR		Х						0.	0.	0.
										Form 990 (2021)

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Part VII Section A. Officers, Directors, T (A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average hours per	hours per (do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation	,		timate nount	
	week			nd a di				from	from related			other	
	(list any	ector						the	organizations			pensa	
	hours for related	or dir	ee e			ated		organization	(W-2/1099-MISO	C/		om th	
	organizations	Individual trustee or director	Institutional trustee		e e	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizat d relat	
	below	idualt	utions	<u></u>	Key employee	sst col	e e	13351123,				anizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form						
(18) JOAN TODD	1.00	4											
DIRECTOR	1 00	X	┝	Н		┝		0.		0.			0.
(19) ALLEN BOSWORTH DIRECTOR	1.00	x						0.		0.			0.
(20) JENNIFER DIXON	1.00	^	\vdash	Н		\vdash		0.		0.			<u> </u>
DIRECTOR	1.00	x						0.		0.			0.
(21) JAMES NICHOLS	1.00									-			
DIRECTOR		Х						0.		0.			0.
(22) CHRISTY PARKER	1.00												
DIRECTOR	1 00	Х	┞	Ш		╙		0.		0.			0.
(23) JOE O'BRIEN	1.00	٠,								,			^
DIRECTOR		X	┢			┢		0.		0.			0.
		-											
			\vdash			\vdash							
		1											
1b Subtotal								176,253.		0.			0.
c Total from continuation sheets to Par								176,253.		0.			0.
d Total (add lines 1b and 1c)							D	· · · · · · · · · · · · · · · · · · ·	000 of reportable	0.			<u> </u>
compensation from the organization		1056	IISLE	u au	ove	;) WII	10 16	eceived more than \$100,	ooo or reportable				1
compensation non-arto erganization												Yes	No
3 Did the organization list any former offi	cer, director, trust	ee, l	кеу є	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J f	or such individual										3		X
4 For any individual listed on line 1a, is the													
and related organizations greater than \$											4	Х	
5 Did any person listed on line 1a receive	•				•			· ·	dual for services		_		v
rendered to the organization? <i>If</i> "Yes." (Section B. Independent Contractors	<u>complete Schedul</u>	e J f	or st	ıch r	oers	on					5		X
Complete this table for your five highest	t compensated inc	dene	nde	nt co	ontra	acto	rs th	nat received more than \$	100.000 of comp	ensat	tion fro	m	
the organization. Report compensation	•	-							· · · · · · · · · · · · · · · · · · ·				
(A)	_							(B)			(0		
Name and busin	ess address	N	INC	3			_	Description of s	ervices	C	ompe	nsatio	n
							\dashv						
							_						
2 Total number of independent agreet	ro (including hot -	ot li-	nita	4 + ~ 4	tha		+00	abaya) who received in	are then				
2 Total number of independent contractor \$100,000 of compensation from the org		OL III	inte(<i>a</i> 10 1	tnos (ıeu	above, who received mo	וומוו				
\$100,000 or compensation from the org	Jan HZULION										Form	000	

Form 990 (2021) ASSOCIATION, INC.
Part VIII Statement of Revenue

			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			•	•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Tanodon revenue	business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
E G		С	Fundraising events 1c					
# i		d	Related organizations 1d					
s, G		е	Government grants (contributions) 1e	144,916.				
rigi		f	All other contributions, gifts, grants, and					
but the			similar amounts not included above 1f	311,714.				
g G		g	Noncash contributions included in lines 1a-1f 1g \$					
a S		h	Total. Add lines 1a-1f		456,630.			
				Business Code				
e l			REGISTRY REVENUE	900099	348,327.	348,327.		
e Ķ			PRIZE PROGRAM	900099	332,810.	332,810.		
Segre			OTHER PROGRAMS	900099	228,529.	228,529.		
am eve			JOURNAL REVENUE	900099	172,160.	172,160.		
Program Service Revenue			MEMBER DUES	900099	162,164.	162,164.		
<u>-</u>		f	All other program service revenue	541610	40,581.	40,581.		
\blacksquare		g	Total. Add lines 2a-2f		1,284,571.			
	3		Investment income (including dividends, intere					
			other similar amounts)		19,758.			19,758.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 4,311.	894.				
		b	Less: rental expenses 6b 0 .	0.				
		С	Rental income or (loss) 6c 4,311.	894.				
		d	Net rental income or (loss)	······	5,205.			5,205.
	7	а	Gross amount from sales of (i) Securities	(ii) Other	-			
			assets other than inventory 7a 201,089.		-			
		b	Less: cost or other basis					
ne			and sales expenses 7b 200,233.		-			
her Revenue			Gain or (loss) 7c 856.		0.5.6			25.6
٣			Net gain or (loss)		856.			856.
he	8	а	Gross income from fundraising events (not					
δ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18		-			
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	D				
	9	а	Gross income from gaming activities. See	FC 041				
		_	Part IV, line 19					
			Less: direct expenses 9b	0.	E 6 0 1 1			E 6 0 1 1
			Net income or (loss) from gaming activities	<u> </u>	56,841.			56,841.
	10	а	Gross sales of inventory, less returns					
			and allowances 10a		-			
			Less: cost of goods sold 10b					
\rightarrow		С	Net income or (loss) from sales of inventory	Business Code				
sn	44	_		Dusiness Code				
Miscellaneous Revenue	11							
llar ven		b						
Sce		q	All other revenue					
Ξ			Total. Add lines 11a-11d					
	12	<u>.</u>	Total revenue. See instructions		1,823,861.	1,284.571.	0.	82,660.
						, ,		

ASSOCIATION, INC.

61-1182397 Page **10** Form 990 (2021) 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 (**D**) Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 15,000. 15,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 39,417. 39,417. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 176,254. 105,752. 35,251. 35,251. 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 475,323. 366,687. 88,957. 19,679. 7 Pension plan accruals and contributions (include 11,435. 8,291. 2,180. 964. section 401(k) and 403(b) employer contributions) 66,218. 48,013. 12,623. 5,582. Other employee benefits 9 52,137. 37,803. 9,939. 4,395. Payroll taxes 10 11 Fees for services (nonemployees): Management 1,187. 1,187. Legal 11,800. 7,995. 3,805. Accounting Lobbying Professional fundraising services. See Part IV, line 17 16,979. 16,979. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 54,366. 50,305. 4,061. column (A), amount, list line 11g expenses on Sch O.) 105,372. 76,402. 20,087. 8,883. Advertising and promotion 12 66,640. 51,663. 10,384. 4,593. Office expenses 13 16,720. 12,973. 2,598. 1,149. 14 Information technology Royalties 15 25,091. 2,115. 18,193. 4,783. Occupancy 16 20,724. 15,026. 3,951. 1,747. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 15,109. 10,955. 2,880. 1,274. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 33,319. 3,874. 45,953. 8,760. Depreciation, depletion, and amortization 22 33,116. 24,011. 6,313. 2,792. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 430,608. 404,387. 18,181. 8,040. PRIZES AND AWARDS BANK CHARGES 44,428. 32,887. 8,002. 3,539. 32,192. 32,192. BLOOD TYPING - DNA 8,482. 6,150. 1,617. 715. d JUDGE CLINIC EXPENSES 4,488. 3.741. 518. 229. e All other expenses 1,769,039. 1,396,972. 263,185. 108,882. 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)

Form 990 (2021)
Part X Balance Sheet

Par	τx	Balance Sneet				
		Check if Schedule O contains a response or note to any line	in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		47.	1	200
	2	Savings and temporary cash investments		192,187.	2	737,085
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	29,101.	4	635	
	5	Loans and other receivables from any current or former office				
		trustee, key employee, creator or founder, substantial contri				
		controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons				
		under section 4958(f)(1)), and persons described in section	4958(c)(3)(B) L		6	
က္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۲	9	5		4,088.	9	32,706
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	1,734,580.			
	b	Less: accumulated depreciation10b	1,220,758.	542,765.	10c	513,822
	11	Investments - publicly traded securities		1,229,618.	11	1,406,996
	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		15		
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,997,806.	16	2,691,444
	17	Accounts payable and accrued expenses		40,735.	17	66,419
	18	Grants payable		18		
	19	Deferred revenue		53,781.	19	63,862
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of So	chedule D		21	
Se	22	Loans and other payables to any current or former officer, d				
Ě		trustee, key employee, creator or founder, substantial contri	butor, or 35%			
Liabilities		controlled entity or family member of any of these persons			22	
-	23	Secured mortgages and notes payable to unrelated third pa			23	
	24	Unsecured notes and loans payable to unrelated third partie			24	
	25	Other liabilities (including federal income tax, payables to re	1			
		parties, and other liabilities not included on lines 17-24). Con	mplete Part X	•		400 650
		of Schedule D	·····	0.	25	420,659
	26	Total liabilities. Add lines 17 through 25	77	94,516.	26	550,940
ű		Organizations that follow FASB ASC 958, check here	· X			
Š		and complete lines 27, 28, 32, and 33.		1 142 015		1 201 022
aar	27	Net assets without donor restrictions		1,143,215.	27	1,291,922
Ä	28	Net assets with donor restrictions		760,075.	28	848,582
Ĕ		Organizations that do not follow FASB ASC 958, check h	iere 🕨 🔛			
ř		and complete lines 29 through 33.				
ts (29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fur			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or oth		1 002 200	31	2 1/0 50/
ž	32	Total net assets or fund balances	1	1,903,290.	32	2,140,504
	33	Total liabilities and net assets/fund balances		1,997,806.	33	2,691,444

AMERICAN SADDLEBRED HORSE AND BREEDERS

Form 990 (2021) ASSOCIATION, INC. 61-1182397 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,82		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,76	9,0	<u> 39.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	5	4,8	<u> 22.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,90	3,2	90.
5	Net unrealized gains (losses) on investments	5	14	1,0	<u> 19.</u>
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 on Schedule O)	9	4	1,3	73.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,14	0,5	04.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	<u></u>
	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	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1