## EXTENDED TO NOVEMBER 15, 2017

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

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

Internal Revenue Service

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

Open to Public Inspection

Δ	For	the 2016 calendar year, or tax year beginning and endir		Inspection
_	Check	The street of th		14: 1
_		able:	D Employer identi	mication number
		dress THOROUGHBRED RETIREMENT FOUNDATION, INC.		
Ļ	kni	ange Doing business as	13-	3132741
Ļ	ret	urn Number and street (or P.O. box if mail is not delivered to street address) Room		
L	Fin reti	POST OFFICE BOX 834		-226-0028
г	Am	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,550,857.
F	lreti Api	Nine Control of the C	H(a) Is this a group	
_	per	iding To The Total Control of	for subordinate	
T	Tax-e	V courses 1	H(b) Are all subordinates	
j	Web	exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or site: WWW . TRFINC . ORG		a list. (see instructions)
			H(c) Group exempting Year of formation: 1982	on number
	art i	- Cartai P	Teal of formation, 1902	M State of legal domicile: IN Y
0	1	Briefly describe the organization's mission or most significant activities: RESCUE	OF UNWANTED TH	OROTICHERED
Activities & Governance		HORSES AND RE-ENTRY ORIENTED PROGRAM FOR IN	MATES.	101100011DIXID
ern	2	Check this box  if the organization discontinued its operations or disposed of	more than 25% of its net a	ssets
Ş	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
ಂಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
ties	5	lotal number of individuals employed in calendar year 2016 (Part V. line 2a)	6	33
Ę	6	total number of volunteers (estimate if necessary)	6	0
Ac	1 /3	Total difference business revenue from Part VIII, column (C), line 12	7a	
_	<del>                                     </del>	Net unrelated business taxable income from Form 990-T, line 34		0.
	8	Contributions and greate (Park VIII (in a 41.)	Prior Year	Current Year
P.	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	2,250,023.	2,803,436.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	316,358.	0.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	203,810.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,770,191.	242,802. 3,343,052.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)	1,037,466.	965,312.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
X	b	otal fundraising expenses (Part IX, column (D), line 25) 364,304.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,050,857.	1,910,984.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,088,323.	2,876,296.
ces	19	Revenue less expenses. Subtract line 18 from line 12	-318,132.	466,756.
ance	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Bas		Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)	9,342,023.	10,030,350.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,828,459.	2,490,123.
Pa	rt II	Signature Block	6,513,564.	7,540,227.
Unde	r pena	lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and holiaf it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge	knowledge and belief, it is
		6	1 2 0	17
Sign		Signature of officer	Date	
Here	<b>)</b>	JOHN ROCHE, CFO		
_		Type or print name and title		
Paid		Print/Type preparer's name Preparer's signature	Date Check	PTIN
repa		AUSTIN M. SHEHEEN, CPA AUSTIN M. SHEHEEN,	08/04/17 if self-employed	
Jse (		Firm's name SHEHEEN HANCOCK & GODWIN LLP CPAS Firm's address PO DRAWER 428	Firm's EIN	57-0522539
	,	CAMDEN, SC 29021		420 4404
/lav	the IF	S discuss this return with the preparer shown above? (see instructions)	Phone no. 8 0 3	3-432-1424
		In 18 In 19 Parameter Reduction And Nation and Marketine Marketine And National Marketine Market		X Yes No

	orm 990 (2016) THOROUGHBRED RETIREMENT FOUNDATION, INC. 13-3132741 Page Part III Statement of Program Service Accomplishments
-	Check if Schedule O contains a resease and the first in the Town
1	
	RESCUE AND ADOPTION OF UNWANTED THOROUGHBRED HORSES AND RE-ENTRY ORIENTED PROGRAM FOR INMATES.
-2	Did the organization undertake any cignificant argument and a surface of the cignificant argument argument and a surface of the cignificant argument argumen
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes " describe these new services on School to O
3	in year addange them services on schiedlie O.
Ĭ	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
48	(Code: \( \( \) \(
	VOCATIONAL TRAINING PROGRAM IN HORSE CARE FOR TARGETTE
	THOROUGHDRED RETIREMENT FOUNDAUTON'S HIGHODY MONITORE OF FORMER
	TOOMER AND CHAIRMAN OF THE BOARD MECONTAINED & MITECHOME & COMPANY
	THE STATE OF NEW YORK DEPARTMENT OF CODDECRIFORM CHRIST CHRISTIAN CHRISTIAN
	EXCHANGE FOR LAND USE AND LABOR AT THE STATE'S WALKILL CORRECTIONAL
	FACILITY, THE THOROUGHBRED RETIREMENT FOUNDATION WOULD DESIGN, STAFF
	AND MAINTAIN A VOCATIONAL TRAINING PROGRAM IN EQUINE CARE AND
	MANAGEMENT FOR INMATES. THIS UNIQUE PROGRAM HAS BEEN REPLICATED IN
	KENTUCKY, FLORIDA, SOUTH CAROLINA, ILLINOIS, INDIANA, VIRGINIA,
	MASSACHUSETTS AND MANUACHAND. THIS IS A VOCATIONAL TRAINING PROGRAM IN
	EQUINE CARE AND MANAGEMENT FOR INMATE-STUDENTS. THE GOAL OF THIS
	PROGRAM IS TO TEACH INMATE-STUDENTS MARKETABLE SKILLS FOR EMPLOYMENT
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$
	(Code:) (Expenses \$
_	
lc	(Code:) (Expenses \$including grants of \$) (Revenue \$
d	Other program services (Describe in Schedule O.)
	Expenses \$
,	Total program service expenses 2,059,640.
	, // ,

Page 3

1	The regarding decompose an according to 1(c)(b) of 4947 (a)(1) (other than a private follogation)?	r	Ye	s No
	If "Yes," complete Schedule A	1	l x	: L
2	is the organization required to complete Schedule B, Schedule of Contributors	2	_	_
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			x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection that year? If "Yes," complete Schedule C, Part II	1		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	+-	+
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
·	and any deficit advised funds of any similar funds of accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
·	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.			1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7	-	X
	Schedule D, Part III	8		x
9	an artifaction report an amount in Part A, 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 temporarily restricted endowments, permanent	-	+	+**
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
''	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	and an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments of the recurities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	A
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	_	-
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
<b>L</b>	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
h	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
N,	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? /f "Yes," complete Schedule F, Parts / and /V	14b		х
15	the digarization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other positions to			_
	or for foreign individuals? /f "Yes," complete Schedule F, Parts /// and /V	16		Х
7	bid the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IV			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
8	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		х	
9	bid the diganization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a2 If "Yes."	18	A	_
-	complete Schedule G, Part III	19		X

			Yes	s No
2	Oa Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20:	a	X
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201	ь	
2	1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	service to di iloi dollestic il dividuals di			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	3 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		1	
	Schedule J	23		X
24	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			1
	Schedule K. If "No", go to line 25a	24a	1	X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		1	
	any tax-exempt bonds?	240		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			$\top$
	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			$\top$
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			-
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
I	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	r,		
	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?!f "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	of "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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2016) THOROUGHBRED RETIREMENT FOUNDATION, 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				
1a	Enter the number reported in Box 3 of Form 1006. Feter 0 (fact and livet)	4	Y	es	N
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	4			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	0	9 10		
	(gambling) winnings to prize winners?	lie a	١,	,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10	:   2		
	Electronic terms of the second	33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	33	١,	,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2t	) Σ	`	
За	UIG TOP OF CARDIZATION have unrelated business gross income of \$1,000 or many divisor to a				7
b	If "Yes," has it filed a Form 990.T for this year? If "No," to line 2h, provide on available in O. I. I. I. O.			+	2
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	+	+	_
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?				2
b	If "Yes," enter the name of the foreign country:	4a			_
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-		1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a			X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b	-	+	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u>5c</u>	+	+	_
	any contributions that were not tax deductible as charitable contributions?			1	v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>	+	+	X
	were not tax deductible?	Ch.			
7	Organizations that may receive deductible contributions under section 170(c).	. 6b		+	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo	r? 7a	x		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	+	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	+*	+	-
	to file Form 8282?	. 7c	1		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			+	î
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		13	ζ
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			<u>-</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	70		+	=
n	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	7h		+	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b I	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		T	-
U ;	Section 501(c)(7) organizations. Enter:				
a l	nitiation fees and capital contributions included on Part VIII, line 12				
p (	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
	Section 501(c)(12) organizations. Enter:		7.4	1	
a (	Gross income from members or shareholders				
b (	Gross income from other sources (Do not net amounts due or paid to other sources against		·		
	amounts due or received from them.)				
2a 3	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
וועם	f "Yes," enter the amount of tax-exempt interest received or accrued during the year			8	Ī
3 5	Section 501(c)(29) qualified nonprofit health insurance issuers.		II E		
a is	s the organization licensed to issue qualified health plans in more than one state?	13a			
n b ⊏	lote. See the instructions for additional information the organization must report on Schedule O.				
ם כ	inter the amount of reserves the organization is required to maintain by the states in which the			1	
c E	rganization is licensed to issue qualified health plans				
a D	inter the amount of reserves on hand			UT.	
b If	bid the organization receive any payments for indoor tanning services during the tax year?	14a		X	_
ee 11	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

_	Check if Schedule O contains a response or note to any line in this Part VI				X
Se	ction A. Governing Body and Management				L
			T	/es	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	2		-	-
	If there are material differences in voting rights among members of the governing body, or if the governing			w	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			8	
b	Enter the number of voting members included in line 1a, above, who are independent	.1			
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 direct supervision		_		Ī
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	$\neg$	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	$\neg$	X
6	Did the organization have members or stockholders?		6	$\dashv$	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	+	7	
	more members of the governing body?	7	· .		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		-	7	
	persons other than the governing body?	7	h		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	H.			
а	The governing body?	8		ĸ l	
b	Each committee with authority to act on behalf of the governing body?	8		ζ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-	0   4	+	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	وا	.		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 8		_	
	, income obue.		V.		Na
10a	Did the organization have local chapters, branches, or affiliates?	40	Ye la Σ	_	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10	a 2	+	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	140	ь   X	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10	1 -	_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11	a 2		-
12a	Did the organization have a written conflict of interest policy? If "No." on to line 12	40	a X	-	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	1 -		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12	D 2	+	_
	in Schedule O how this was done	40	e X	.	
13	Did the organization have a written whistleblower policy?	120	-	_	_
14	Did the organization have a written document retention and destruction policy?	13		_	_
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	1	+	-
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1	
а	The organization's CEO, Executive Director, or top management official	4-	X	4	
b	Other officers or key employees of the organization	158	-		_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15t		+	_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	-	+	<u>X</u>
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	N.			
	evernat status with recreat to qual ever somewhat				
ect	ion C. Disclosure	16b	Ш_	1	_
8	List the states with which a copy of this Form 990 is required to be filed NY, MD, FL, ND, NJ, VA, SC, IA, IN	, NI	5, L.	ь,	AL
- 1	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) or public inspection. Indicate how you made these available. Check all that apply.	availa	ble		
	Y O				
	Open reduced Control of the Control				
ا س	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l fina	ncial		
	statements available to the public during the tax year.				
1	State the name, address, and telephone number of the person who possesses the organization's books and records:   KYLIE BISSELL - ASSISTANT CONTROLLER - 518-226-0028			_	_
	PO BOX 834, SARATOGA SPRINGS NY 12866				_
	FU DUA 034. SAKATUGA SPRINGS NV 17866				

Form 990 (2016)	THOROUGHBRED	RETIREMENT	FOUNDATION	I. INC.	1
Part VIII Compensation	of Officers Directs	re Tructees Ve	· Cuantana and Hi	-11-0	

13-3132741

Page 7

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

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

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

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

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

and former such persons.

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

(A)	(B)	Т		(	C)			(D)	(E)	(F)
Name and Title	Average	1,4	not o	Pos	sitio	n		Domostoki	Reportable	Estimated
	hours per	box	k, unle	ess pe	erson	is bo	th ar	compensation	compensation	amount of
	week	-	icer ar	nd a c	lirect	or/tru	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	10	m			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	fust		, m	Bens		(W-2/1099-MISC)		organization
	below	ra ta	ional		l g	E coal				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюува	Highest compensated employee	Former			organizations
(1) LESLIE PRIGGEN	0.50	=	트	0	2	==	132			
DIRECTOR		x				1		0.	0.	•
(2) DR. JERRY BILINSKI, DVM	0.30	-			-	$\vdash$	-	0.	0.	0.
DIRECTOR	3130	x						0.	0.	0
(3) CARL DOMINO	1.00	-	$\vdash$		-		⊢	0.	0.	0.
DIRECTOR	1.00	x						0.	_	0
(4) PATRICK MACKAY	2.00	21			_	_	-	0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0
(5) LEONARD HALE	30.00	-	-	$\dashv$	-	-	-	0.	0.	0.
CHAIRMAN & PRESIDENT	30700	x						0.	0.	0
(6) ROBERT HUTT	1.00		$\dashv$	$\dashv$			-	0.		0.
DIRECTOR		x		1				0.	0.	0
(7) SUZIE O'CAIN	1.00		$\dashv$	$\dashv$	$\dashv$		_	0.	0.	0.
DIRECTOR		x	- 1	- 1				0.	0.	0.
(8) DR. NAT MESSER, DVM	0.50		$\forall$	$\dashv$	$\dashv$	$\neg$		0.	0.	
DIRECTOR		x			- 1			0.	0.	0.
(9) RICHARD MIGLIORE	0.50		$\forall$	$\forall$	_	$\dashv$		0.	- 0.	<u></u>
DIRECTOR		x			- 1			0.	0.	0.
(10) DR. WILLIAM MOYER, DVM	0.50	$\neg$	$\forall$	$\dashv$	$\dashv$	$\neg$				
DIRECTOR		х			- 1	- 1		0.	0.	0.
(11) PAMELA BLATZ-MURFF	0.50	7	7	$\dashv$	$\forall$	$\dashv$				
DIRECTOR		хl		-	- 1		- 1	0.	0.	0.
		$\neg$	$\neg$	$\neg$	$\dashv$	$\dashv$	$\neg$		- 0.	
					- 1	- 1				
		T	1	$\top$	$\forall$	1				
						- 1				
		$\neg$	1	$\top$	$\top$	$\neg$	7			
		$\neg$		$\top$	T	1	$\neg$			
						1				
		T		1			$\exists$			
			T	T	T					

Part VIII Section A Officers Directors True	stoos Kov Em	-1-					100		/ !! #				, ago
Part VII Section A. Officers, Directors, Trus (A)	(B)	ipio	yees	s, an	C)	lighe	est				_		
Name and title	Average	1		Pos	sitio	n		(D)	(E)		۱.	(F)	
	hours per		not c	check	more	e than i is bo			Reportat compensa		1	stima	
	week	offi	cer ar	nd a	direct	or/trus	stee)	from	from relat		ª	moun othe	
	(list any	actor						the	organizati		con	npens	
	hours for	튭	85			星	1	organization	(W-2/1099-N	/ISC)		rom t	
	related organizations	stee	truste			bensa		(W-2/1099-MISC)			org	ganiza	ation
	below	ᄩ	onal		oloyae	E 00 8						nd rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	grmer.				org	aniza	tions
		_			Ť	1 10	Ť						
			Н		H	-						_	
		П											
					_	Н	_				_		
		$\dashv$	$\dashv$	$\dashv$	-					$\rightarrow$		-	
		4	1	4									
1b Sub-total						)	<b>&gt;</b>	0.		0.			0.
c Total from continuation sheets to Part VII	, Section A					)	<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)						)	>	0.		0.			0.
2 Total number of individuals (including but no	t limited to the	se li	istec	da b	ove)	) who	o re	eceived more than \$100,	000 of reportat	ole			
compensation from the organization				_	_		_						0
3 Did the organization list any former officer of	live et eu		Lance							E	$\rightarrow$	Yes	No
gameation not any former officer, c	ilrector, or trus	itee,	кеу	em	pioy	/ee, (	or h	nighest compensated em	iployee on	1	- 5		
line 1a? If "Yes," complete Schedule J for su  4 For any individual listed on line 1a, is the sur	o of resemble									[	3		<u>X</u>
The state of the s	n or reportable	con	nper	nsat	ion i	and	oth	er compensation from the	ne organization	100			
<ul> <li>and related organizations greater than \$150,</li> <li>Did any person listed on line 1a receive or ac</li> </ul>	cour in res,	COIII	pieu n fun	e 30	med	uie	<i>J 10</i>	or such individual			4		X
rendered to the organization? If "Yes," comp	lete Schedule	J for	11 110	ארווע אר	ariy i	unre	ate	organization or individ	ual for services	;		1	v
Section B. Independent Contractors	ioto oonegale i	0 101	500	iii p	CrSC	<i>""</i> …					5		X
1 Complete this table for your five highest com	pensated inde	nen	deni	t co	ntra	ctor	e th	at received more than \$	100 000 of con		lian fo		
the organization. Report compensation for th	e calendar yea	ar en	ding	wit	th o	r with	hin i	the organization's tax ye	ar.	iperisat	ion ire	om	
<b>(A)</b> Name and business a	ddraee							(B)			(C)		
LYING Y LAND & CATTLE CO						_	+	Description of ser	vices	Cor	mpen	sation	
720 EAST SECOND STREET, 1	EDMOND,	OF	ζ 7	730	03	4	В	OARDING			207	.50	3.
TEVE LOWDER FARMS, 2150 :	S. ST. I	JAS	JL		_		f					, 55	-
HURCH ROAD, SUMTER, SC 29	9154						В	OARDING			111	, 65	8.
OIN RAFTER G RANCH							1					, , ,	

BOARDING

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

24296 S. 449TH AVE, DEPEW, OK 74028

100,108.

Contributions, Gifts, Grants and Other Similar Amounts		Check if Schedule O co	ntains a respo	nse or note to any	line in this Part VIII			
, Grants mounts								
, Grants mounts					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclud from tax unde sections 512 - 514
P. E.	1	a Federated campaigns	1a				Totolido	512-514
		b Membership dues	1b					
\$ X		c Fundraising events	1c					
2		d Related organizations						
Sir		e Government grants (contribu						
真		f All other contributions, gifts, gra		0 000 405		15 28 (15 5)		
불리		similar amounts not included abo		2,803,436	• 198			
등		Noncash contributions included in line     Total Add lines 4 s 45			0 000 406			
<del>-</del>		h Total. Add lines 1a-1f					100	
9	2 :	а		Business Cod	e			
ا عَ		b		-				
SE		c						
e a				-				
Program Service Revenue	6	e		-				1
-	f	f All other program service reve	enue					<del> </del>
$\rightarrow$		g Total. Add lines 2a-2f		<b>D</b>				
	3	Investment income (including	dividends, inte	erest, and				
		other similar amounts)			179,947.			179,947
	4	Income from investment of tax	x-exempt bond	proceeds >				
- 1	5	Royalties						
	_		(i) Real	(ii) Personal			CALL T	THE CLT
	6 a							
		Less: rental expenses			7 - 3 - 6			HANNE HELL
		Rental income or (loss)						A ISS TES
	7 a	Net rental income or (loss) Gross amount from sales of						
- 1	, u		(i) Securities 240,647	(ii) Other	TENET IN			
	b	Less: cost or other basis	210,017	1				
			123.780					
	С	and sales expenses Gain or (loss)	116,867			7-15-1		
	d	Net gain or (loss)		<b>&gt;</b>	116,867.	116,867.		
<u>•</u>   ;	8 a	Gross income from fundraising	events (not		===0,007.	110,007.		
Z		including \$	of					
<u>\$</u>		contributions reported on line	1c). See					1 100
Other Reve		Part IV, line 18	a	326,827.				
튭		Less: direct expenses	t	84,025.		N. K. T. J. T. T.		U-111
		Net income or (loss) from fundr			242,802.			242,802.
8	9 a	Gross income from gaming act				100		
	L	Part IV, line 19	a					
	D	Less: direct expenses	b			I STATE OF THE STA		
10	) a	Net income or (loss) from gamin Gross sales of inventory, less re	ng activities					
"					11.5			
	b	and allowances	a					
	c	Net income or (loss) from sales	of inventory		THE PERSON NAMED IN		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Miscellaneous Revenue	of inventory	Business Code				
11	а			Justiless Code				
	b							
	c							
	ď	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>			4	Value of the same of
12		Total revenue. See instructions	***************	<b>&gt;</b> 3	,343,052.	116,867.	0.	422,749.

0. 422,749.

Form 990 (2016) THOROUGHBRED
Part IX Statement of Functional Expenses

_	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo	nse or note to any line i	n this Part IX		
Do 7b	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			E E DIE E	I E AND THE
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	020 200	FEE 0.46		
7 8	Other salaries and wages	830,308.	575,246.	103,535.	151,527
0	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	71 505	24 546		
9 10	Other employee benefits	71,595.	34,716.	8,235.	28,644
11	Payroll taxes	63,409.	32,397.	8,153.	22,859
a	Fees for services (non-employees):				
a b		12,945.	4 106	2 1 1 1	
	Legal		4,196.	3,161.	5,588
d	Accounting	97,593.		97,593.	
u	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion	43,557.	18,231.	1 570	02 554
3	Office expenses	5,699.	1,527.	1,572.	23,754
4	Information technology	3,055.	1,341.	3,479.	693
5	Royalties				_
	Occupancy	43,790.	21,620.	11 460	10 710
7	Travel	44,400.	14,680.	11,460. 12,326.	10,710
	Payments of travel or entertainment expenses	11,100.	14,000.	14,340.	17,394
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	134,036.	7,266.	126,538.	232
	Payments to affiliates		7,2001	120,330.	434
2	Depreciation, depletion, and amortization	51,746.	51,746.		
	Insurance	62,707.	34,873.	27,834.	
1	Other expenses, Itemize expenses not covered		31,073.	27,034.	
	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 ().)				
	BOARD	719,314.	719,314.		
	FEED, HAY AND STRAW	221,871.	221,871.		
	VETERINARY AND DENTAL F	105,348.	105,348.		
	BLACKSMITH	73,019.	73,019.		
	All other expenses SEE SCH O	294,959.	143,590.	48,466.	102,903.
	Total functional expenses. Add lines 1 through 24e	2,876,296.	2,059,640.	452,352.	364,304.
	Joint costs. Complete this line only if the organization	, = = , = = 0	_ / 002 / 010 1	=32,332.	304,304.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)
Part X | Balance Sheet

_	41 6 7	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash - non-interest-bearing	554,759	1	920,443
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	120,215.	3	97,548
	4	Accounts receivable, net	124,425.		0
	5	Loans and other receivables from current and former officers, directors,	RULE LE LE		MILES, LA
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		-	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		14	
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		_	
Assets	7	Notes and loans receivable, net		6	
Ž	8	Inventories for sale or use		7	
	9	Prepaid expenses and deferred charges	1 672	8	2 200
		Land, buildings, and equipment: cost or other	1,673.	9	2,222
		basis. Complete Part VI of Schedule D10a 1,500,275			
	h				006 550
	11			10c	286,552
	12	Investments - publicly traded securities	8,169,696.	11	8,723,585
	13	Investments - other securities. See Part IV, line 11	50,623.	12	0 .
	14	Investments - program-related. See Part IV, line 11		13	
		Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,342,023.	16	10,030,350.
	17	Accounts payable and accrued expenses	649,519.	17	619,142.
- 1	18	Grants payable		18	
- 1	19	Deferred revenue		19	
-1	20	Tax-exempt bond liabilities		20	
-	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
-	22	Loans and other payables to current and former officers, directors, trustees,		150	
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
1		Schedule D	2,178,940.	25	1,870,981.
+		Total liabilities. Add lines 17 through 25	2,828,459.	26	2,490,123.
1		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			
1		complete lines 27 through 29, and lines 33 and 34.			
1	27	Unrestricted net assets	-1,668,855.	27	-1,339,000.
1	28	Temporarily restricted net assets	1,182,419.	28	1,879,227.
1	29	Permanently restricted net assets	7,000,000.	29	7,000,000.
	4	Organizations that do not follow SFAS 117 (ASC 958), check here	o, nempto, rest		
ı	i	and complete lines 30 through 34.		5.1	
1:	30	Capital stock or trust principal, or current funds		30	
1		Paid-in or capital surplus, or land, building, or equipment fund		31	
1	31 i	and the supplies, or larid, ballating, or equipment fund		~ 1	
1	31 i 32 i	Retained earnings, endowment, accumulated income. or other funds		32	
	32 I	Retained earnings, endowment, accumulated income, or other funds  Fotal net assets or fund balances	6 512 564	32	7,540,227.

-	m 990 (2016) THOROUGHBRED RETIREMENT FOUNDATION, INC.	13-31	3274	1 F	age 12
100	Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI				
4	Total wavenum / word and ID ANNUM at a construction of the constru				
2	Total revenue (must equal Part VIII, column (A), line 12)	1	3,3		
3	Total expenses (must equal Part IX, column (A), line 25)	2	2,8		
4	Revenue less expenses. Subtract line 2 from line 1	3			756.
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,51		
-	Net unrealized gains (losses) on investments	5	5.5	9,	907.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Da	column (B))	10	7,54	0,2	227.
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			II -	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		. 7	
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			<del>-</del>
	separate basis, consolidated basis, or both:	o., a			135
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	The con-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	haeie	20	21	
	consolidated basis, or both:	vasis,			
	X Separate basis Consolidated basis Both consolidated and separate basis				1.50
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ad24	1		
	review, or compilation of its financial statements and selection of an independent accountant?	audit,		v	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		2c	Х	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	aule ().			
	Act and OMB Circular A-133?	gie Audit	1000	V	37
b	Act and OMB Circular A-133?		3a		X
_	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed audit	1 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Name of the organization

THOROUGHBRED RETIREMENT FOUNDATION, 13-3132741 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 L An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) is the organization listed (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) No support (see instructions) above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2016 THOROUGHBRED RETIREMENT FOUNDATION, INC.13-3132741 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1866230. 2325507. 2239259. 2397128 2803436.11631560. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 ...... 1866230. 2325507. 2239259. 2397128. 2803436.11631560. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Subtract line 5 from line 4. 11631560. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 ..... 1866230. 2325507. 2239259. 2803436.11631560. 2397128. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 192,002. 191,437. 183,111. 180,720. 179,947. 927,217. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain

	or loss from the sale of capital	1				ĺ	
	assets (Explain in Part VI.)	-316,801.	18,279.	79,400.	135,638.		-83,484
11	Total support. Add lines 7 through 10						12475293
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d. fourth, or fifth ta	x vear as a sectio	n 501(c)	(3)
	organization, check this box and stor	here			,	00 1(0),	(0)
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, co	olumn (fl)		14	93.24 %
15	Public support percentage from 2015	Schedule A, Part I	II, line 14	· · · · · · · · · · · · · · · · · · ·	***************************************	15	92.37 %
16a	33 1/3% support test - 2016. If the o	rganization did not	t check the box on	line 13. and line 1	4 is 33 1/3% or m	ore che	eck this how and
				,		, 0110	ven unio ova arių

stop here. The organization qualifies as a publicly supported organization  $\triangleright X$ b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ....

k	10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 THOROUGHBRED RETIREMENT FOUNDATION, INC.13-3132741 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						1
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			1			
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)	N. V. N. P. Ca.					
ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	1					
acquired after June 30, 1975						
Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)						
First five years. If the Form 990 is for th	e organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
Public support percentage for 2016 (line			h (f)		[	
Public support percentage from 2015 Sc	bodula A. Dout !				15	9
ection D. Computation of Investr	nedule A, Part II	Dozoontogo			16	9
P	(IIII e TUC, COIUMI				17	9
Paradinago nom 201				L	18	9
a 33 1/3% support tests - 2016. If the org	anızation did no	t check the box on	line 14, and line 1	5 is more than 33	3 1/3%, and line 17	is not
more than 33 1/3%, check this box and	<b>stop here.</b> The o	rganization qualifie	es as a publicly su	pported organizat	tion	
b 33 1/3% support tests - 2015. If the org	anization did not	t check a box on li	ne 14 or line 19a, a	and line 16 is mor	e than 33 1/3%, an	d
line 18 is not more than 33 1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organi	zation qualifies as	a publicly suppo	rted organization	<b>&gt;</b>
Private foundation. If the organization d	id not check a bo	ox on line 14, 19a,	or 19b, check this	box and see inst	ructions	

# Schedule A (Form 990 or 990-EZ) 2016 THOROUGHBRED RETIREMENT FOUNDATION, INC.13-3132741 Page 4

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		- 21
4a		
4b		
4c	WF.	
5-		
5a		
5b		
5c		
6		
7		
	M.	T
		_
8	100	
9a		
9a 9b		
9a		
9a 9b		

Sch	nedule A (Form 990 or 990-EZ) 2016 THOROUGHBRED RETIREMENT FOUNDATION, INC. 13-3	1327	41	Page 5
15	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	17.3		175
	below, the governing body of a supported organization?		1	
Ŀ	A family member of a person described in (a) above?	11a	<del></del>	+
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	$\overline{}$	+
Sec	ction B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	INO
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	200		100
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			13.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		-	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			N Ly
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1.3	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Soot	supported organizations played in this regard.	3		
1	ion E. Type III Functionally Integrated Supporting Organizations			
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
b	The organization satisfied the Activities Test. Complete line 2 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	Lage The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instractivities Test. Answer (a) and (b) below.	uctions		
			Yes	No
<b>u</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	2-1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
		2a	$\rightarrow$	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-		
Ì	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	9 1	139	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
u ۱	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or rustees of each of the supported organizations? <i>Provide details in Part VI</i> .		100	
ьг	Did the organization exercise a substantial degree of direction over the nethern such the nethern such that th	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
	the role played by the organization in this regard.	3h I		

Sch	edule A (Form 990 or 990 EZ) 2016 THOROUGHBRED RETIREMEN	r FOU	NDATION, INC.	13-3132741 Page 6
1	13po in troir i directionally integrated 309(a)(3) Supporti	ng Orga	nizations	
'	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
-	other Type III non-functionally integrated supporting organizations must of	omplete S	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		0:
c	Fair market value of other non-exempt-use assets	1c		_
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	1000	571 E.100	
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount	N		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		):
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to		3.01 - 107 7 - 10 - 10 - 10 - 10 - 10 - 10	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally		d Type III supporting areas	nization (and
	instructions).	"" Logiale	a 13ho iii adhhoitiilig olgal	iizatiOii (See

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 THOROUGHBRED RETIREMENT FOUNDATION, INC.13-3132741 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: 8 а

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 THOROUGH	BRED RETIREMENT	FOUNDATION, I	NC.13-3132741 Page
Part VI	Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, line 1; Part IV, Section D, lines 2 and 3; Part Section D, lines 5, 6, and 8; and Part V, Sec (See instructions.)	the explanations required by 5a, 6, 9a, 9b, 9c, 11a, 11b, at IV. Section F. lines 1c, 2a, 2b	Part II, line 10; Part II, line 17 nd 11c; Part IV, Section B, line	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C,
7				
	-			

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

2016

Name of the organization

**Employer identification number** 

	HOROUGHBRED RETIREMENT FOUNDATION, INC.	13-3132741				
Organization type (check of	one):					
Filers of:	Section:					
Form 990 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is	covered by the General Rule or a Special Rule.					
Note: Only a section 501(c)(	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General Rule						
For an organization property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling sone contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or total contributions.				
Special Rules						
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, o during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount line 1. Complete Parts I and II.	r 16b, and that received from				
year, total contributi	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educationally to children or animals. Complete Parts I, II, and III.	ny one contributor, during the ional purposes, or for				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
out it <b>must</b> answer "No" on P	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forn art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	m 990, 990-EZ, or 990-PF), n 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

and of a Same and it

Employer identification number

# THOROUGHBRED RETIREMENT FOUNDATION, INC.

13-3132741

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GEOFFREY C HUGHES FOUNDATION  80 PINE STREET  NEW YORK, NY 10005	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SOPHIE STENBECK  PO BOX 834  SARATOGA SPRINGS, NY 12866	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THOROUGHBRED AFTERCARE ALLIANCE  821 CORPORATE DR  LEXINGTON, KY 40503	\$ <u>143,220.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ESTATE OF ELIZABETH MEAD MERCK  BEDMINSTER  BEDMINSTER, NJ 07921	\$1,250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

# THOROUGHBRED RETIREMENT FOUNDATION, INC.

13-3132741

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		<b></b>   \$				
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
-   -		<b>\$</b>	0			
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
-   -		<b>\$</b>				
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
- -						

Name of organization Employer identification number THOROUGHBRED RETIREMENT FOUNDATION, INC. 13-3132741 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 16 Open to Public Inspection

Name of the organization

THOROUGHBRED RETIREMENT FOUNDATION,

Employer identification number 13-3132741

Pa	art I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acco	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.		pioto ii 010
		(a) Donor advised funds	<b>(b)</b> Fu	and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		YesNo
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose	conferring	
Pa	impermissible private benefit?			Yes No
1	The organization of the or	ganization answered "Yes" on Form 990,	Part IV, line	7.
'	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e Protection of natural habitat	_		
		Preservation of a cer	tified historic	structure
2	Preservation of open space			
-	Complete lines 2a through 2d if the organization held a qualifit day of the tax year.	ied conservation contribution in the form	of a conserv	
а				Held at the End of the Tax Year
b	Total number of conservation easements  Total acreage restricted by conservation easements			
c			2b	
d	Number of conservation easements on a certified historic strund Number of conservation easements included in (c) acquired a	acture included in (a)	2c	
Ī	listed in the National Register	inter 6/17/06, and not on a historic struct	ure	
3	listed in the National Register	agged avtinguished or towningted by the	2d	1
	year	eased, extinguished, or terminated by the	e organizatio	n during the tax
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		servation eas	sements during the year
	<b></b>	,		omonio danng are year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva-	tion easeme	nts during the year
	<b>&gt;</b> \$			no during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1700	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organizat	ion's accounting for
	conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Of	her Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	ent and bala	ince sheet works of art,
	historical treasures, or other similar assets held for public exhit	bition, education, or research in furtherar	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pub	lic service, p	rovide the following amounts
	relating to these items:			
1	(i) Revenue included on Form 990, Part VIII, line 1	•••••	> \$	S
1	(II) Assets included in Form 990, Part X		<b>▶</b> 9	3
2	f the organization received or held works of art, historical treas	sures, or other similar assets for financial	gain, provide	<u> </u>
1	the following amounts required to be reported under SFAS 116	3 (ASC 958) relating to these items:		
a	Revenue included on Form 990, Part VIII, line 1		> \$	
b /	Assets included in Form 990, Part X		<b>▶</b> Φ	

_	nedule D (Form 990) 2016 THOROUG	HBRED RETI	REMENT FO	UNDATION,	INC.	13-3	132741	Page 2		
Pa	organizations Maintaining	Collections of A	rt, Historical T	reasures, or C	ther Si	milar Ass	ets/continue	ed)		
3	Using the organization's acquisition, access	sion, and other recor	ds, check any of the	e following that are	a signific	ant use of it	s collection i	tems		
	(check all that apply):				•					
8	Public exhibition		d Loan or exc	change programs						
t		•								
C	The state of the s		-							
4	Provide a description of the organization's c	ollections and expla	in how they further	the organization's	exempt p	urpose in Pa	rt XIII.			
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or other sin	nilar asse	ts				
	to be sold to raise funds rather than to be m	aintained as part of	the organization's c	ollection?			Yes	No		
Pa	<u>Iπ IV</u> Escrow and Custodial Arran	gements. Compl	ete if the organization	on answered "Yes"	on Form	990, Part IV	line 9, or			
_	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other assets	not includ	ded				
	on Form 990, Part X?	***************************************					Yes	No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		-					
							Amount			
C .					1	С				
a	Additions during the year				1	d				
e	Distributions during the year			•••••	1					
30	Ending balance				1	1				
Za h	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account lia	ability?	L	Yes	No		
Pa	If "Yes," explain the arrangement in Part XIII.  rt V Endowment Funds. Complete in	the examination on	planation has been	provided on Part	XIII		L			
	= ita o trinoit i ariasi Complete ii					<del></del>	Cook -			
1a	Beginning of year balance	(a) Current year 8,169,696.	(b) Prior year	(c) Two years back		ee years back				
							7,195,290.			
c	Contributions         150,000         100,000           Net investment earnings, gains, and losses         150,755         -173,616         659,028				1	241 250	250 550 00			
d	Grants or scholarships	130,733.	-175,010.	059,020	1	,241,370.	517	2,837.		
	Other expenditures for facilities				+					
	and programs	187,990.	449,067.	437,624		164 252	21	4 252		
f	Administrative expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	115,007.	437,024	+	164,252.	314	4,270.		
g	End of year balance	8,658,441.	8,169,696.	8,692,379	8	,470,975.	7 30	0 0 5 7		
2	Provide the estimated percentage of the curre				•	, 410,575.	1,393	3,857.		
а	Board designated or quasi-endowment	on your one balance	%	neid as.						
b	Permanent endowment	%	=´´`							
	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses		tion that are held an	ıd administered for	the orga	nization				
	by:	_					Ves	No		
	(i) unrelated organizations						3a(i)	X		
	(II) related organizations						3a/ii)	X		
b	if "Yes" on line 3a(ii), are the related organization	ions listed as require	d on Schedule R?			•••••••	3b	_		
_4	Describe in Part XIII the intended uses of the	organization's endov	ment funds.			,		_		
Par										
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. Se	e Form 990, Part	K, line 10.					
	Description of property	(a) Cost or oth basis (investme		(0)	Accumula epreciatio		( <b>d)</b> Book valu	ie		
	Land					1,00				
b	Buildings		1,102	2,641.	880,5	529.	222,1	12.		
	Leasehold improvements									
d	Equipment				316,7		18,3			
е	Other		62	,612.	16,4	176.	46,1			
otal.	Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X	column (B), line 10	c.)			286,5	52.		

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2016 THOROUGHBRED RETIREMENT FOUNDAY	rion, inc.	13-	3132741 Page
Pa	Reconciliation of Revenue per Audited Financial Statements Wi	th Revenue per	Retur	n.
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			F F00 000
1 2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	5,582,902
a	V 2	559,905	Les.	
b		1,679,945	-	
c		1,073,345	-	
d	Other (Describe in Part XIII.)		-	
	Add lines 2a through 2d		١	2,239,850
3	Subtract line 2e from line 1	***************************************	2e	3,343,052
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***************************************	3	3,343,032
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,343,052
Pa	t XII Reconciliation of Expenses per Audited Financial Statements W	th Expenses per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Expended por	11010	1111
1	Total expenses and losses per audited financial statements		11	3,056,239
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************		3,030,233
а	Donated services and use of facilities	179,943.	- 1	
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	179,943
3	Subtract line 2e from line 1	***************************************	3	2,876,296
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		100	
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,876,296
Par	t XIII Supplemental Information.			
lines 2	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	o and 2b; Part V, line 4 rmation.	4; Part )	K, line 2; Part XI,
	T V, LINE 4:			
	ORGANIZATION MAY EXPEND ANNUALLY AN AMOUNT NOT			
<u>OF</u>	THE FAIR MARKET VALUE OF THE ENDOWMENT FUNDS, A	AS DETERMIN	ED A	NNUALLY,
SOL	ELY FOR THE CARE AND MAINTENANCE OF RETIRED THO	PROUGHBRED 1	RACE	HORSES.
PAR'	ΓX, LINE 2:			
THE	FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED NE	W GUIDANCE	AND	
ACC	DUNTING FOR UNCERTAINTY IN INCOME TAXES. THE F	OUNDATION A	ADOP	TED THIS
NEW	GUIDANCE FOR THE YEAR ENDED DECEMBER 31, 2010.	MANAGEMEN	IT E	VALUATED
THE	FOUNDATION® TAX POSITION AND CONCLUDED THAT TH	E FOUNDATIO	N H	AD TAKEN
J ON	UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT	TO THE FIN	IANC:	IAL
STAT	EMENTS TO COMPLY WITH THE PROVISIONS OF THE CIT	TDANCE		

Schedule D (Form 990) 2016

632054 08-29-16

Schedule D (Form 990) 2016	THOROUGHBRED	RETIREMENT	FOUNDATION	INC.13-3132741	D - 30011
Schedule D (Form 990) 2016  Part XIII   Supplemental Info	ormation (continued)		- COLLEGE FOR	1140.13 3132/41	Page
					_

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **Employer identification number** THOROUGHBRED RETIREMENT FOUNDATION, INC. 13-3132741 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? \_\_ Yes \_ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2016 THOROUGHBRED RETIREMENT FOUNDATION, INC.13-3132741 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPECIAL NONE (add col. (a) through EVENTS col. (c)) (event type) (event type) (total number) Revenue Gross receipts ..... 326,827. 326,827. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 326,827. 326,827. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment ..... 9 Other direct expenses ..... 84,025. 84,025. 10 Direct expense summary. Add lines 4 through 9 in column (d) 84,025. 11 Net income summary. Subtract line 10 from line 3, column (d) 242,802. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes ..... Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?....

b If "Yes," explain:

No

Schedule G (Form 990 or 990-EZ) 2016 THOROUGHBRED RETIREMENT FOUNDATION, INC.	13-3132741 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b All outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt
of gaming revenue retained by the third party > \$	n IL
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Out to	*
Gaming manager compensation > \$	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the
organization's own exempt activities during the tax year \$  Part IV Supplemental Information. Provide the explanations required by Part I line 2b, columns (iii) and (b); and Part III	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	t III, lines 9, 9b, 10b, 15b,

Schedule G	(Form 990 or 990-EZ)  Supplemental Info	THOROUGHBRED	RETIREMENT	FOUNDATION,	INC.13-3132741	Page
Part IV	Supplemental info	ormation (continued)				
2,						
7						
						-
						-
						- 2
						_

### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization									er iden		ion n	umbe
Part I Excess Ber	THOROUGH	BRED RET	IRE	MEN	FOUNDATIO	ON, INC.	1:	3-3:	1327	41		
Complete if the	organization an	swered "Ves" or	501(c)	(3), sec	ction 501(c)(4), and 5 Part IV, line 25a or 25	i01(c)(29) organizatio	ons on	ly).				
1	/h	Relationship be			alified				Ub.	(d)	Corr	ected?
(a) Name of disqualified	person	person and o				(c) Description of tra	nsacti	on			es	No
						-				4		
							_				-	
										1		
2 Enter the amount of tax section 4958												
3 Enter the amount of tax	if any on line 2	ahove reimbur	eed h		rganization			<b>▶</b> \$				
					iyanızanon	•••••	•••••	<b>&gt;</b> \$	_		_	
Part II Loans to an	d/or From In	terested Per	sons	<b>3.</b>								
Complete if the	organization ans	swered "Yes" on	Form	990-EZ	Z, Part V, line 38a or	Form 990, Part IV, lir	ne 26;	or if th	ne orga	ınizati	on	
	ount on Form 99			2. pan to or	(a) Ovinin al	(m.n.)			Vhl Ani	oroved		
(a) Name of	with organization		fron	n the ization?	(e) Original principal amount	(f) Balance due		) In ault?	by box	ard or	(i) V agree	Vritten ement?
				From			Yes	No	Yes	No		No
												T.
			-									
			-	-						_	_	-
			<del>                                     </del>						-	-		-
												$\vdash$
	-		_						$\Box$	$\perp$		
							-	-	-	$\rightarrow$		
otal					> \$							
Part III Grants or As												
Complete if the c				$\overline{}$								
(a) Name of interested p	person	<ul><li>(b) Relationship interested pers</li></ul>			(c) Amount of assistance	(d) Type assistan				Purpo ssista		i
		the organiza		_		abolota/it	,		-	3313641	1100	
								1				
								-				
				-+				+			_	
								+				
				_								
				_								

Schedule L (Form 990 or 990-EZ) 2016 THORO Part IV Business Transactions Invo	lving Interested Persons.		INC.13-3132	2741 <sub>P</sub>	age 2
(a) Name of interested person	(b) Relationship between interested person and the organization		(d) Description of transaction	(e) Shari organiza revenu	tion's es?
SOLVIT, LLC	50% OWNED BY SISTER	9,916	OUTSOURCED	Yes	No X
		7,720	COTBOOKCED		<u> </u>
No.					
***					
	-				
				-	_
Part V Supplemental Information Provide additional information for resp	onses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: SOLVI	F, LLC				
(B) RELATIONSHIP BETWEEN :	INTERESTED PERSON AN	D ORGANIZAT	'ION:		
50% OWNED BY SISTER OF THE	E DIRECTOR OF EXTERN	AL AFFAIRS	DIANA PIKUL	SKI	
(D) DESCRIPTION OF TRANSAC	CTION: OUTSOURCED IN	FORMATION T	ECHNOLOGY,	HERD	
DATA MANAGEMENT AND OTHER	RELATED HERD MANAGE	MENT SERVIC	ES	_	
		_			
					_
					_
					_
					-
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					_
					_

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

THOROUGHBRED RETIREMENT FOUNDATION, INC.

Part | Types of Property

Employer identification number 13-3132741

		(a) Check if	(b) Number of	(c) Noncash contribution	Mathaulus a	)		
		applicable	contributions or	amounts reported on	Method of o	letermini	ng	·+o
1	Art - Works of art	X	items contributed	Form 990, Part VIII, line 1	9	ouon an	ioui	115
2			11	2,270	.FMV			
3	Art - Fractional interests	-						
4		X						
5	Clothing and household goods	X			.FMV			
6				12,812	•FMV			
7	Boats and plane							
8	Boats and planes							
9	Intellectual property							
10	Securities - Publicly traded							
11	Securities - Closely held stock							
	Securities - Partnership, LLC, or							
12	trust interests							
13	Securities - Miscellaneous							
13	Qualified conservation contribution -							
44	Historic structures							
14	Qualified conservation contribution - Other							_
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	Х	10	265.	FMV			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							_
22	Historical artifacts							_
23	Scientific specimens							_
24	Archeological artifacts							_
25	Other (GIFT CARDS AN)	X	46	38,612.	FMV		_	_
26	Other (EQUINE GOODS)	Х	23	6,689.	FMV		_	_
27	Other ()						_	_
28	Other (							_
29	Number of Forms 8283 received by the organization	ation during t	he tax year for con	tributions			_	_
	for which the organization completed Form 828	3, Part IV, Do	nee Acknowledger	ment 29				
						Ye		N.
30a	During the year, did the organization receive by	contribution a	any property repor	ted in Part I. lines 1 throug	h 28 that it	Te	5   1	No
	must fiold for at least three years from the date	of the initial c	contribution and w	high jen't required to be us	and days			
	exempt purposes for the entire holding period?		,	troquirou to be ut	led for	200		X
b	genterit in the care in.					30a	+	Δ_
31	Does the organization have a gift acceptance po	licy that requ	ires the review of	any nonstandard contribut	ione?	04	1	v
32a	Does the organization hire or use third parties or	related organ	nizations to solicit	nrocess or sell papageh		31	+	X
	contributions?		,	process, or sell horicash	1.		1.	v
b	If "Yes," describe in Part II.		***************************************			32a	+	X
33	If the organization didn't report an amount in colu	umn (c) for a	type of property fo	r which column (a) is shoo	kod			
	describe in Part II.	( )	, and porty to	aon column (a) is chec	neu,	1	1	

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

Schedule M (Form 990) (2016)

Schedule N	(Form 990) (2016)	THOROUGHBRED	RETIREMENT	FOUNDATION,	INC.	13-3132741	Page :
Part II	Supplemental is reporting in Part this part for any ac	I <b>Information.</b> Provide t I, column (b), the numbe dditional information.	e the information requi er of contributions, the	red by Part I, lines 30b, 3 number of items receive	32b, and 33, d, or a comi	and whether the organiz oination of both. Also con	ation nplete
							Q)

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 16 Open to Public

Inspection Employer identification number

13-3132741

THOROUGHBRED RETIREMENT FOUNDATION, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: UPON RELEASE FROM PRISON. THIS PROGRAM IS UNIQUE IN THAT IT SAVES THOROUGHBRED HORSES NO LONGER ABLE TO COMPETE ON THE RACETRACK FROM POSSIBLE NEGLECT, ABUSE AND SLAUGHTER AND MATCHES THEM WITH INMATE-STUDENTS ALSO SEEKING A SECOND CHANCE.

EQUINE RESCUE AND REHABILITATION. THE VAST MAJORITY OF THE GENERAL PUBLIC AND MANY RACING FANS ARE UNAWARE OF THE SAD FATE THAT AWAITS THOUSANDS OF THOROUGHBREDS EACH YEAR. THEY ASSUME EACH ANIMAL IS ASSURED A SAFE HUMANE RETIREMENT. UNFORTUNATELY, IT IS A PERCEPTION THAT DOES NOT REFLECT REALITY. REALITY IS THE THOROUGHBRED INDUSTRY, OUTSIDE THE CIRCUIT OF HIGH PROFILE, HIGH DOLLAR RACES, IS MADE UP LARGELY OF OWNERS WITH ONLY MODEST RESOURCES. CURRENT ECONOMICS DICTATE THAT AMONG ALL OWNERS, NO MATTER HOW RESPONSIBLE AND WELL INTENDED, ONLY A FEW MAINTAIN EVEN A SINGLE THOROUGHBRED ONCE IT IS UNABLE TO EARN ITS KEEP ON THE TRACK. REALITY IS A WORLD WHERE HORSEMEAT IS IN DEMAND IN MANY FOREIGN COUNTRIES AND THERE ARE SEVERAL SLAUGHTERHOUSES IN CANADA AND MEXICO HAPPY TO CREATE SUPPLY. THOROUGHBRED RETIREMENT FOUNDATION OFTEN HAS TO TRANSPORT HORSES IN DESPERATE NEED AND THEN PROVIDE EXTRA CARE TO GET THEM BACK TO HEALTH.

THOROUGHBRED RETRAINING AND ADOPTION PROGRAM. MANY OF THE HORSES RESCUED BY THE THOROUGHBRED RETIREMENT FOUNDATION OR RETIRED TO THE THOROUGHBRED RETIREMENT FOUNDATION ARE HEALTHY AND ABLE TO HAVE "SECOND CAREERS" AS PLEASURE OR SHOW-HORSES. THESE HORSES ARE EVALUATED AND

RETRAINED BY THOROUGHBRED RETIREMENT FOUNDATION EMPLOYEES SO THAT WE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization

THOROUGHBRED RETIREMENT FOUNDATION, INC.

Employer identification number 13-3132741

KNOW THE HORSE'S CAPABILITIES AND CAN PLACE THE HORSE IN A LONG TERM SUCCESSFUL ADOPTION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHAIRMAN, CFO, TREASURER, AND THE EXTERNAL AFFAIRS DIRECTOR REVIEW THE FORM 990 INDIVIDUALLY. THE FOUR INDIVIDUALS HOLD A MEETING TO DISCUSS ANY QUESTIONS THAT THEY MAY HAVE. IF ANY CORRECTIONS OR CHANGES ARE NEEDED, THE ACCOUNTING FIRM ENGAGED TO PREPARE THE FORM 990 IS NOTIFIED. ALSO, THE EXECUTIVE COMMITTEE AND THE BOARD ALSO REVIEW THE AUDIT REPORT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION BOARD IS A GOVERNING BOARD THAT MEETS MONTHLY TO DISCUSS AND DECIDE ON ISSUES RELATED TO THE FOUNDATION, ITS POLICY, PERFORMANCE AND THE FOUNDATION STAFF.

FORM 990, PART VI, SECTION B, LINE 15:

ALL SALARIES ARE APPROVED BY THE BOARD AND SALARIED EMPLOYEES SERVING AS DIRECTORS ARE NOT PERMITTED TO VOTE WHEN IT RELATE TO COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

NY,MD,FL,ND,NJ,VA,SC,IA,IN,NE,IL,AL,AZ,AR,CA,GA,KS,MA,MI,MN,MO,OH,OK,OR,PA
TN,VT,WA,WV,WI,UT

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE BY SUBMITTING A WRITTEN REQUEST TO THE ORGANIZATION'S MAIN OFFICE AND IS AVALIABLE ON GUIDESTAR'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization THOROUGHBRED RETIREMENT FOUNDATION, INC.	Employer identification number 13-3132741
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STAT	'EMENTS ARE
AVAILABLE BY SUBMITING A WRITTEN REQUEST TO THE ORGANIZAT	'ION'S MAIN OFFICE.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	'S:
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	14,260.
MANAGEMENT AND GENERAL EXPENSES	2,081.
FUNDRAISING EXPENSES	40,127.
TOTAL EXPENSES	56,468.
REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	36,669.
MANAGEMENT AND GENERAL EXPENSES	2,072.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,741.
TRAINING:	
PROGRAM SERVICE EXPENSES	27,276.
MANAGEMENT AND GENERAL EXPENSES	2,300.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,576.
PRINTING AND PUBLICATIONS:	
PROGRAM SERVICE EXPENSES	5,937.
MANAGEMENT AND GENERAL EXPENSES	104.
FUNDRAISING EXPENSES	21,137.
TOTAL EXPENSES	27,178.

Schedule O (Form 990 or 990-EZ) (2016)  Name of the organization  THOROUGHBRED RETIREMENT FOUNDATION, INC.	Employer identification number
EQUIPMENT RENTAL:	13-3132741
PROGRAM SERVICE EXPENSES	39,
MANAGEMENT AND GENERAL EXPENSES	7,444.
FUNDRAISING EXPENSES	19,328.
TOTAL EXPENSES	26,811.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	2,244.
MANAGEMENT AND GENERAL EXPENSES	19,829.
FUNDRAISING EXPENSES	1.
TOTAL EXPENSES	22,074.
POSTAGE AND FREIGHT:	
PROGRAM SERVICE EXPENSES	1,127.
MANAGEMENT AND GENERAL EXPENSES	4,232.
FUNDRAISING EXPENSES	15,375.
POTAL EXPENSES	20,734.
MEDICAL SUPPLIES:	
PROGRAM SERVICE EXPENSES	20,376.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
POTAL EXPENSES	20,376.
'ELEPHONE:	
ROGRAM SERVICE EXPENSES	4,852.
ANAGEMENT AND GENERAL EXPENSES	5,152.
UNDRAISING EXPENSES	5,602.

Name of the organization THOROUGHBRED RETIREMENT FOUNDATION, INC.	Employer identification numb
TOTAL EXPENSES	15,606
SUPPLIES:	
PROGRAM SERVICE EXPENSES	13,233
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	61
TOTAL EXPENSES	13,294
TRANSPORTATION:	·
PROGRAM SERVICE EXPENSES	12,994
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
FOTAL EXPENSES	12,994
TILITIES:	
ROGRAM SERVICE EXPENSES	3,363,
IANAGEMENT AND GENERAL EXPENSES	926.
UNDRAISING EXPENSES	0.
OTAL EXPENSES	4,289.
AXES AND LICENSES:	
ROGRAM SERVICE EXPENSES	875.
ANAGEMENT AND GENERAL EXPENSES	3,100.
UNDRAISING EXPENSES	0.
OTAL EXPENSES	3,975.
VTERNET:	

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
53	FENCING (WK)	09/04/04	SL	7.00		16	1,380.				1,380.	1,134.		0.	1,134
152	FENCING	05/31/06	SL	7.00		16	1,490.				1,490.	1,466.		0.	1,466
153	FENCING	06/21/06	SL.	7.00		16	1,130.				1,130.	1,122.		0.	1,122
177	PENCE & BARN (WK)	01/01/95	SL	7.00		16	4,555.				4,555.	4,268.		0.	4,268
179	TURNOUT SHEDS (WK)	10/10/96	SL	7.00		16	15,233.	Ein		144	15,233.	10,614.	13/4	0.	10,614.
181	FENCING (WR)	12/01/01	SL	7.00		16	1,436.				1,436.	920.		0.	920.
186	BUILDING SUPPLIES (WK)	12/12/03	SL	7.00		16	4,706.	T			4,706.	3,697,		0.	3,697.
187	PENCING (WK)	12/21/03	SL	7.00		16	4,132.				4,132.	3,186.		0.	3,186.
358	FENCING (WK)	07/31/07	SL	7.00	-	6	4,428.			AT P	4,428.	4,428.		0.	4,428.
398	FENCES WALKILL	01/01/04	SL	7,00	h	6	10,809.				10,809.	6,812.		0.	6,812.
408	FENCING (WK)	09/30/08	SL	7.00	1	6	11,487.				11,487.	11,487.	1	0.	11,487.
423	PENCING - WALLKILL	02/28/09	st .	7.00	1	6	1,828.				1,828.	1,784.		44.	1,828.
436	FENCING (WK)	10/31/11	SL .	7.00	1	6	1,840.				1,840.	1,096.		263.	1,359.
441	FENCING (WK)	07/01/12	SL :	7.00	1	6	3,339.				3,339.	1,670.		477.	2,147.
	PENCING (WK) 990 PAGE 10 TOTAL	10/31/14	SL 7	7.00	1	6	4,186.		- 11		4,186.	698.	38.1	598.	1,296.
	BUILDINGS						71,979.				71,979.	54,382.		1,382.	55,764.
M	ACHINERY & EQUIPMENT					1	- 11		200	- 1	1110	11 373	813		45 84

<sup>(</sup>D) - Asset disposed

 $<sup>^{\</sup>star}$  ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No,	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
51	EQUIPMENT (WK)	02/24/04	SL	5.00		16	2,550.				2,550.	1,587.		0.	1,587
	JT COVERALL * 990 PAGE 10 TOTAL	03/23/05	SL	5.00		16	1,069.				1,069.	1,069.		0.	1,069
	MACHINERY & EQUIPMENT * 990 PAGE 10 TOTAL	15,1	3 1				3,619.				3,619.	2,656.		0.	2,656
	BUILDINGS						75,598.				75,598.	57,038.		1,382.	58,420
129	SURVEY	07/08/05	SL	7.00		16	4,023.			(5 H)	4,023.	3,531.		0.	3,531.
188	BUILDING SUPPLIES (FL)	01/26/99	SL	7.00		16	3,943.				3,943.	3,943.		0.	3,943.
193	LIMESTONE (FL)	11/09/99	SL	7,00		16	5,319.			REI!	5,319.	5,319.	7.7	0.	5,319.
195	LIMESTONE (PL)	11/29/99	SL	7.00		16	15,180.				15,180.	15,180.		0.	15,180.
197	BUILDING SUPPLIES (FL)	12/15/99	SL	7.00	-	16	2,460.			REAL PROPERTY.	2,460.	2,460.		0.	2,460.
204	BUILDING SUPPLIES (FL)	04/04/00	SL	7.00	ŀ	6	3,120.				3,120.	1,480.		0.	1,480.
205	CEMENT (FL)	04/27/00	SL	7.00	-	6	1,889.				1,889.	930.	4.1	0.	930.
206	CONSTRUCTION DRAWINGS (FL)	05/05/00	SL	7.00	1	6	2,500.				2,500.	1,231.		0.	1,231.
207	ROOFING MATERIALS (FL)	05/11/00	sL .	7.00	1	6	4,500.		47-10		4,500.	2,214.	1	0.	2,214.
210	CEMENT (FL)	05/23/00	SL :	7.00	1	6	2,369.				2,369.	2,369.		0.	2,369.
211	ROOFING SUPPLIES (FL)	05/31/00	SL	7.00	1	6	4,616.			Ti s	4,616.	4,616.		0.	4,616.
212	ELECTRICAL SUPPLIES (FL)	06/01/00	SL	7.00	1	6	1,126.				1,126.	1,126.		0.	1,126.
214 8	SANDFILL (FL)	06/05/00	SL 7	,00	1	6	1,080.			NAT.	1,080.	1,080.	191	0.	1,080.

628111 04-01-16

(D) · Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life		Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciation
217	BUILDING SUPPLIES (FL)	06/23/00	SL	7.00		16	2,260.				2,260.	2,260.		0.	2,260
221	BUILDING SUPPLIES (FL)	08/16/00	SL	7.00		16	1,333.				1,333.	1,333.		0.	1,333
225	WINDOWS (FL)	08/25/00	SL	7.00		16	2,470.				2,470.	2,470.		0.	2,470
227	LUMBER (FL)	09/07/00	SL	7.00		16	2,244.		deily	7. 101	2,244.	2,244.		0.	2,244
228	BUILDING SUPPLIES (FL)	09/07/00	SL	7.00		6	10,401.				10,401.	10,401.		0.	10,401
230	BUILDING SUPPLIES (FL)	09/11/00	SL	7.00	1	6	6,856.				6,856.	6,856.	11.5	0.	6,856
231	BUILDING SUPPLIES (FL)	09/11/00	SL	7.00	-	6	1,830.				1,830.	1,830.		0.	1,830
234	BUILDING SUPPLIES (FL)	09/26/00	SL	7.00	1	6	4,115.				4,115.	4,115.	E 41 5	0.	4,115.
237	WINDOWS (FL)	09/29/00	SL	7.00	1	6	1,740.				1,740.	1,740.		0.	1,740.
238	BUILDING SUPPLIES (FL)	09/29/00	SL	7.00	1	6	3,032.			1	3,032.	3,032.		0.	3,032.
240	AIR CONDITIONER (FL)	10/31/00	SL	7.00	1	6	3,922.				3,922.	3,922.		0.	3,922.
245	SEPTIC TANK (FL)	12/28/00	SL	7.00	1	6	3,300.			- Y	3,300.	3,300.	1	0.	3,300.
251	ASPHALT 90 TONS (FL)	08/01/01	SL	7.00	h	6	3,150.				3,150.	3,150.		0.	3,150,
258	BUILDING SUPPLIES (FL)	01/07/02	SL	7.00	1	6	2,174.			3 15	2,174.	1,253.	Bi 19	0.	1,253.
259	BUILDING SUPPLIES (FL)	01/29/02	sr .	7.00	10	5	1,239.				1,239.	727.		0.	727.
263	BUILDING SUPPLIES (FL)	07/18/00	SL .	7.00	16	5	15,035.		304		15,035.	15,035.	E.	0,	15,035.
264 E	BUILDING SUPPLIES (FL)	06/05/00	SL :	7.00	16	5	3,777.				3,777.	3,777.		0.	3,777.
363 F	PENCING (FL)	07/10/07	SL :	.00	1.6		15,960.				15,960,	15,960.		0,	15,960.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciation
368	ROUNDPENS (FL)	12/19/07	SL	7.00		16	16,841.				16,841.	16,841.		0.	16,841
399	FENCES FLORIDA	01/01/04	SL	7.00		16	1,753.				1,753.	1,000.		0.	1,000
410	FENCING (FL)	09/24/08	SL	7,00		16	56,653.				56,653.	56,653,		0.	56,653
415	FENCING (FL)	01/31/08	SL	7.00		16	1,064.			7.5	1,064.	1,064.		0.	1,064
	* 990 PAGE 10 TOTAL BUILDINGS						213,274.				213,274.	204,442.		0.	204,442
	MACHINERY & EQUIPMENT								144		X :			11788	
16	BUILDING SUPPLIES	10/05/00	SL	7.00		16	1,967.				1,967.	1,967.		0.	1,967.
76	WATERERS (5)	09/01/04	SL	7.00		16	1,785.				1,785.	1,468.	er iu	0.	1,468.
130	TRACTOR/BUSH HOG	09/06/05	SL	7.00	-	6	12,300.				12,300.	11,084.		0.	11,084.
159	HARROW MACHINE TRACTOR	01/12/06	SL	7.00	h	6	1,250.				1,250.	1,250.	13	0.	1,250.
163	GOLF CART - WOMENS	06/05/06	SL	5.00	1	6	2,660.				2,660.	2,660.		0.	2,660.
165	SADDLES	08/08/06	SL	7.00	1	6	1,000.			14	1,000.	975.		0.	975.
194	DUMP TRUCK SERVICE (FL)	11/18/99	SL	7.00	1	6	1,942.				1,942.	1,942.		0.	1,942.
261	ROTARY MOWER (FL)	09/03/02	SL .	5.00	1	6	1,899.	1		A is	1,899.	1,899.		0.	1,899.
362	3 40 GAL WATERERS (FL)	03/13/07	SL :	7.00	1	6	1,333.				1,333.	1,333.		0.	1,333.
	MANURE SPREADER (FL)	12/31/09	SL !	5.00	1	6	4,500.	2 3	1		4,500.	4,500.		0.	4,500.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						30,636.				30,636.	29,078.		0.	29,078.
0	OTHER								100	DAU!		3333			

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Exci	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciation
459	TILE FOR CLASSROOM (FL)	01/31/15	SL	7,00		16	1,586.				1,586.	208.		227.	435
460	MEADOWBROOK CART & HARNESS	06/30/15	SL	7.00		16	1,800.		12.11		1,800,	129.		257,	386
	* 990 PAGE 10 TOTAL OTHER						3,386.				3,386.	337.		484.	821
	* 990 PAGE 10 TOTAL -						247,296.		S P T		247,296.	233,857.	15-1	484.	234,341
	BUILDINGS														
126	PENCING	08/15/05	SL	5.00		16	1,114.				1,114.	1,114.		0.	1,114
158	PENCING	09/30/06	SL	7.00		16	1,306.				1,306.	1,284.		0.	1,284
268	PADDOCK (KY)	08/01/99	sL	7.00	-	16	1,620.			414	1,620.	1,161.	4.0	0.	1,161.
269	IMPROVEMENTS (KY)	09/01/99	SL	7.00	1	6	43,145.				43,145.	20,205.		0.	20,205.
271	FENCING (RY)	01/06/00	SL	7.00	h	6	1,689.				1,689.	771.		0.	771.
273	FENCING (RY)	03/27/00	SL	7.00	1	6	36,938.				36,938.	18,169.		0.	18,169.
274	FENCING (RY)	05/05/00	SL	7.00	1	6	2,074.			18,7	2,074.	1,020.		0.	1,020.
275	RUN IN SHED (KY)	05/26/00	SL	7.00	1	6	1,369.				1,369.	682.		0.	682.
276	FENCING (RY)	07/18/00	SL	7.00	1	6	2,923.		4,45		2,923.	1,495.		0.	1,495.
277	RUN IN SHED (KY)	07/18/00	st .	7.00	1	6	1,555.				1,555.	909.		0.	909.
279	RUN IN SEED (KY)	08/16/00	SL :	7.00	1	6	1,820.	1			1,820.	940.	Bull	0.	940.
280	RUN IN SHED (KY)	09/08/00	SL	7.00	1	6	1,251.				1,251.	646.		0.	646.
281	PENCING (KY)	11/16/00	SL 7	7.00	1	6	1,595.	Q.			1,595.	864.		0.	864,

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(D) - Asset disposed

 $^\star$  ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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								330							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciatio
284	PENCING (KY)	05/01/01	SL	7.00		16	1,613.				1,613.	901.		0.	901
286	CONSTRUCTION MATERIALS (KY)	09/01/01	SL	7.00		16	1,131.		Wide.	AFI A	1,131.	684.		0.	684
396	BARN IMPROVEMENTS (KY)	12/31/05	SL	7.00		16	11,130.				11,130.	9,540.		0.	9,540
	* 990 PAGE 10 TOTAL BUILDINGS						112,273.				112,273.	60,385.		0.	60,385
	MACHINERY & EQUIPMENT														
125	SPREADER	09/26/05	SL	5.00		16	2,600.			W.	2,600.	2,600.	1817	0.	2,600
290	PREWIT IMPLEMENTS (KY)	02/15/02	SL	5.00		16	1,200.				1,200.	931.		0.	931
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						3,800.			4- HCE	3,800.	3,531.		0.	3,531
	* 990 PAGE 10 TOTAL -						116,073.				116,073.	63,916.		0.	63,916
	BUILDINGS										7.5		P. Fill		
371	BARN RENOVATIONS - GOOCHLAND	10/24/07	SL	7.00		16	7,673.				7,673.	7,673.		0.	7,673.
	* 990 PAGE 10 TOTAL BUILDINGS						7,673.				7,673.	7,673.	ulin'i	0.	7,673.
	MACHINERY & EQUIPMENT														
_	GOLF CART - GOOCHLAND	12/20/07	SL	5.00	1	16	3,100.				3,100.	3,100.	11.054	0.	3,100.
- 1	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						3,100.				3,100.	3,100		0.	3,100.
	TRANSPORTATION EQUIPMENT	1 19			1			87	1 18	1		42.1	-10-10-		
_	1997 FORD TRUCK (VA)	02/04/03	SL !	5.00	1	6	13,938.				13,938.	13,529.		0.	13,529.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						13,938.	3	-19		13,938.	13,529.		0.	13,529.

<sup>(</sup>D) · Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciatio
	OTHER														
462	2001 FORD F-150 (VA)	01/31/1	SL	5,00		16	6,000.				6,000.	1,100.		1,200.	2,300
	* 990 PAGE 10 TOTAL OTHER				П		6,000.				6,000.	1,100.		1,200.	2,300
	* 990 PAGE 10 TOTAL -						30,711.	154	2,31	Might	30,711.	25,402.		1,200.	26,602
	BUILDINGS														
35	STATEMAN'S RIDGE	08/25/03	SL	7,00	3	16	2,895.				2,895.	2,129.		0.	2,129
63	FENCING	01/21/04	SL	7.00	h	16	7,435,				7,435.	5,783.		0.	5,783
69	AGRICOM BUILDINGS	03/11/04	SL	7.00	1	6	7,386.			1387	7,386.	7,386.	233	0.	7,386
73	AGRICOM BUILDINGS	04/28/04	SL	7.00	1	6	2,741.				2,741.	2,172.		0.	2,172,
75	ROOF	05/11/04	SL	7.00	1	6	3,500.		0.4		3,500.	2,769.		0.	2,769.
77	AGRICOM BUILDINGS	05/26/04	SL .	7.00	1	6	3,113.				3,113.	2,502.		0.	2,502.
80	SHED	07/09/04	SL	7.00	1	6	3,150.				3,150.	2,550.		0.	2,550.
83	SHED	08/02/04	sr 2	.00	4	6	3,150.				3,150.	2,571.		0,	2,571.
85	BLUE RIDGE EXCAVATING	08/02/04	SL 7	.00	1.	6	1,975.			TENE	1,975.	1,612.		0.	1,612.
88	WATER LINE	10/18/04	SL 7	.00	16	6	1,142.				1,142.	953.		0.	953.
89	PENCING	11/08/04	SL 7	7.00	16	5	1,728.			4 40	1,728.	447.	200	22.	469.
131	IMPROVEMENTS	09/27/05	SL 7	.00	16	5	32,851.				32,851.	29,996.		0.	29,996.
135	LEASEHOLD IMPROVEMENTS	10/28/05	EL 7	.00	16		2,815,			THE S	2,815.	2,556.		0.	2,556.

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(D) - Asset disposed

 $^{\star}$  ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciation
143	GATES AND POSTS	12/31/05	SL	5.00		16	1,400.				1,400.	1,400.		0.	1,400
150	PERMITS	10/31/06	SL	7.00		16	1,560.				1,560.	1,550.		0.	1,550
326	CONSULTANT (MP)	04/30/03	SL	7.00	,	6	5,000.				5,000.	3,436.		0.	3,436
327	FENCING (MP)	07/31/03	SL	7.00	1	6	95,764.		1.848		95,764.	70,238.		0.	70,238
328	JF JAMES ASLA (MP)	08/12/03	SL	7,00		6	1,335.				1,335.	966.		0.	966
329	ORANGE MADISON COOP (MP)	08/31/03	SL	7.00	1	6	14,919.				14,919.	10,964.		0.	10,964
330	CONSULTANT (MP)	08/29/03	SL	7.00	1	6	2,500.				2,500.	1,837,		٥.	1,837
332	STATEMAN'S RIDGE (MP)	09/07/03	SL	7.00	1	6	1,430.	4		- 37	1,430.	1,050.	NIE!	0.	1,050
333	FENCING (MP)	09/30/03	SL	7.00	h	6	20,331.				20,331.	15,182.		0.	15,182,
334	CONSULTANT (MP)	09/30/03	SL	7.00	1	6	2,500.				2,500.	1,867.		0.	1,867.
335	FARM PLAN (MP)	09/30/03	SL	7.00	1	6	2,149.				2,149.	1,605.		0.	1,605.
337	STATEMAN'S RIDGE (MP)	10/22/03	SL	7,00	1.	6	1,502.				1,502.	1,141.	5 1	0.	1,141.
338 1	RUFFIN & PAYNE (MP)	10/22/03	SL	7.00	1 6	5	3,887.				3,887.	3,035.		0.	3,035.
339 1	PETER C. BANCE (MP)	10/28/03	SL	7.00	16		1,222.				1,222.	955.	TE VI	0.	955.
340	EDGAR J. BANCE (MP)	10/31/03	sl .	7.00	16	5	2,500.				2,500.	1,911.		0.	1,911.
341 E	FENCING (MP)	11/06/03	SL :	7.00	16		22,315.		- 45	AP F	22,315.	16,808.		0.	16,808.
342 F	FARM PLAN (MP)	11/06/03	SL	7.00	16		1,672.				1,672.	1,259.		0.	1,259.
343 G	GREG'S EXCAVATING (MP)	11/13/03	SL 7	.00	16		9,400.				9,400.	7,080.		0.	7,080.

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(D) - Asset disposed

 $^{\star}$  ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Cocy	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciation
344	MONPELIER FOUNDATION (MP)	11/23/03	SL	7.00		16	2,113.				2,113.	1,641.		0,	1,641
345	EDGAR J, BANCE (MP)	11/30/03	SL	7.00		16	2,500.		* En _		2,500.	1,940.		0.	1,940
347	FENCING (MP)	12/21/03	SL	7.00		16	14,287.				14,287.	11,021.		0.	11,021
348	GILBERT IMPROVEMENTS (MP)	12/31/03	SL	7.00		16	3,500.		( Jones		3,500.	2,700.		0.	2,700
370	FENCING (MP)	10/31/07	SL	7.00		16	6,848.				6,848.	6,848.		0.	6,848
411	BUILDING SUPPLIES (MP)	07/31/08	SL	10.00		16	26,045.				26,045.	19,320.		2,605.	21,925
428	WATERERS (MP)	05/15/10	SL	7.00		16	7,658.				7,658.	6,199.		1,094.	7,293
429	FENCING (MP)	05/20/10	SL	7,00		6	21,056.			4,77	21,056.	16,795.		3,008.	19,803
434	FENCING (MP)	12/01/11	SL	7,00	1	6	6,082.				6,082.	3,548.		869.	4,417
439	FENCING (MP)	09/30/12	SL	7.00	1	6	3,070.		in pr		3,070.	1,427.		439.	1,866,
	* 990 PAGE 10 TOTAL BUILDINGS						358,426.				358,426.	277,149.		8,037.	285,186,
	FURNITURE & FIXTURES												O I S		
67	CORRAL PANELS	02/21/04	SL	7.00	1	6	1,156.				1,156.	900.		0.	900.
71	OFFICE FURNITURE	03/24/04	SL	5,00	1	6	2,693.		Care a	1-0	2,693.	2,650.		0.	2,650.
	SIGNAGE	12/31/05	SL	5.00	1	6	2,250.				2,250.	2,250.		0.	2,250.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				1	1	6,099.	3		34,1	6,099.	5,800.	30	0,	5,800.
	MACHINERY & EQUIPMENT														
64	COMPUTER/PRINTER	01/31/04	SL !	5.00	1	6	1,366.			3-43	1,366.	1,366.	J. B.	0.	1,366.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciation
65	JOHN DEERE GATOR	02/13/04	SL	5.00		16	10,075.				10,075.	4,759.		0.	4,759
66	TRACTOR	02/17/04	SL	5,00		16	34,380.				34,380.	29,630.		0.	29,630
68	CUTTER 15'	03/05/04	SL	7.00		16	9,800.				9,800.	7,629.		0.	7,629
78	PROP/EQUIPMENT	05/26/04	SL	7.00		16	3,800.				3,800.	3,052.	To Let	0.	3,052
140	HARROW	12/31/05	SL	5,00		6	4,000.				4,000.	4,000.		0.	4,000
442	2004 GMC SIERRA (MP)	09/01/12	SL	5.00		6	22,500.		W. J. P.	- 4	22,500.	15,000.	1 2	4,500.	19,500
445	JOHN DEERE (MP)	10/01/13	SL	5.00	3	6	11,830.				11,830.	5,324.		2,366.	7,690
447	CUB CADET MOWER (MP)	03/31/13	SL	5.00	1	6	1,200.		100		1,200.	660.		240.	900
448	KAWASAKI MULE	04/30/13	sı	5.00	1	6	8,375.				8,375.	4,467.		1,675.	6,142.
453	SADDLES (MP)	08/31/14	SL	7.00	-	6	5,395.				5,395.	1,028.	(Terel)	771.	1,799.
	HAY RACK (MP) * 990 PAGE 10 TOTAL	11/30/14	SL	5.00	1	6	1,739.				1,739.	377.		348.	725.
	MACHINERY & EQUIPMENT					1	114,460.				114,460.	77,292.		9,900.	87,192.
-	OTHER														
464	FENCING (MP)	09/30/15	SL	7.00	1	6	3,086.			3 - 3	3,086.	110.		441.	551.
467	DUMP CART - MONTPELIER	01/31/16	SL	5.00	þ	5	5,600.				5,600.			1,027.	1,027.
	* 990 PAGE 10 TOTAL OTHER						8,686.				8,686.	110.		1,468.	1,578.
ŀ	990 PAGE 10 TOTAL -						487,671.				487,671.	360,351.		19,405.	379,756.
I	BUILDINGS			8.1						175		4191			

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(D) - Asset disposed

 $^\star$  ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
93	FENCING	08/31/04	SF	7.00		16	42,784.				42,784.	31,607.		0.	31,607.
94	PREFAB SHELL	10/31/04	SL	7.00	3	16	26,897.	1-7			26,897.	22,482.		0.	22,482,
96	AIR CONDITIONER	11/30/04	SL	5.00	L	16	1,534.				1,534.	1,534.		0.	1,534.
133	FENCING	12/09/05	SL	7.00		16	28,341.				28,341.	26,081.		0.	26,081.
171	HOOVER BUILDING SYSTEMS (SC)	06/30/06	SL	7.00		16	5,704.				5,704.	5,678.		0.	5,678.
403	FENCING WATEREE	01/01/06	SL	7.00		16	1,484.		3		1,484.	1,272.		0.	1,272.
414	RUN IN SHED (SC)	08/31/08	SL	7,00		16	11,700.				11,700.	11,697.		0.	11,697.
417	WELL	01/31/09	SL	7.00		16	26,287.				26,287.	25,972.	1277 3	315.	26,287.
418	IRRIGATION SYSTEM	06/05/03	SL	7.00		16	25,028.				25,028.	23,238.		1,490.	24,728.
И	* 990 PAGE 10 TOTAL BUILDINGS						169,759.				169,759.	149,561.		1,805.	151,366.
	MACHINERY & EQUIPMENT														
169	SPREADER (SC)	01/27/06	SL	5.00		16	1,500.	- 6			1,500,	1,500.		0.	1,500.
170	JOHN DEERE TRACTOR (SC)	04/21/06	SL	5.00		16	17,217.				17,217.	17,217.		0.	17,217.
-	200 GAL SPRAYER	09/30/08	SL	5,00		16	2,055.	8 -			2,055.	2,055.	5 50	0.	2,055.
412	JD 5403 TRACTOR & LOADER (SC)	05/07/08	SL	7.00		6	27,345.				27,345.	27,342.		0.	27,342.
440	JOHN DEERE GATOR (SC)	10/22/12	sı	5.00	-	1.6	4,888.			1914	4,888.	3,097.		978.	4,075.
	HORSE TRAILER (SC) * 990 PAGE 10 TOTAL	07/01/13	SL	5.00	ŀ	6	5,000.				5,000.	2,500.		1,000.	3,500.
	MACHINERY & EQUIPMENT						58,005.			170	58,005.	53,711.		1,978.	55,689.

<sup>(</sup>D) - Asset disposed

 $<sup>^{\</sup>star}$  ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciation
	TRANSPORTATION EQUIPMENT														
98	TRUCK	12/31/04	SL	5.00		16	2,800.		9/2/4	l ke j	2,800.	2,800.		0.	2,800
413	2008 FORD F-150	01/01/09	SL	5.00		16	20,429,				20,429.	20,429.		0.	20,429
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						23,229.		Willy !		23,229.	23,229.	12 1	0.	23,229
	* 990 PAGE 10 TOTAL ~						250,993.				250,993.	226,501.		3,783.	230,284.
	BUILDINGS		7				W-11		UE STE			FILL		FILE O	
374	RUN IN SHED (IA)	11/12/07	SL	7.00		16	5,319.				5,319.	5,319.		٥.	5,319.
	* 990 PAGE 10 TOTAL BUILDINGS			133			5,319.	II.	4.5	EM	5,319.	5,319.		0.	5,319.
	* 990 PAGE 10 TOTAL -						5,319.				5,319.	5,319.		0.	5,319.
	MACHINERY & EQUIPMENT						4			421		C 3	11		
31	DP DISPLAY	12/21/03	SL.	5.00		16	2,045.				2,045.	2,045.		0.	2,045.
32	BLACKBAUD (COMPUTERS)	12/31/03	SL	5.00		6	25,028.				25,028.	25,028.	1 48	0.	25,028.
38	COMPUTER	02/21/04	SL	5.00	1	6	1,584.				1,584.	1,584.		0.	1,584.
45	BUSINESS EQUIPMENT	11/11/04	SL	5.00	1	6	1,298.		15		1,298.	1,278.		0.	1,278.
46	COMPUTER (SK)	11/24/04	sı	5.00	ļ	6	1,427.				1,427.	1,427.		0.	1,427.
49	TELEPHONE	12/23/04	SL	5.00	-	6	1,298.		110		1,298.	1,298.	018	0.	1,298.
50 1	BLACKBAUD (COMPUTERS)	12/31/04	sl .	5.00	1	6	7,643.				7,643.	4,587.		0.	4,587.
357	COMPUTER & SOFTWARE	11/19/07	SL	5.00	1	6	1,202.		9		1,202.	1,202.	00	0.	1,202.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciatio
404	EQUIPMENT NATIONAL	01/01/06	SL	5,00		16	2,876.				2,876.	2,876.		0.	2,876
406	SERVER	08/23/08	SL	5.00		16	2,319.				2,319.	2,319.		0,	2,319
407	SCANNER	02/19/08	SL	5.00		16	2,550.				2,550.	2,550.		0.	2,550
432	JOHN DEERE TRACTOR & LOADER * 990 PAGE 10 TOTAL	01/01/10	SL	7,00		16	32,745.				32,745.	28,068.		4,677.	32,745
	MACHINERY & EQUIPMENT TRANSPORTATION EQUIPMENT						82,015.		SIL24 A		82,015.	74,262.		4,677.	78,939
96	07 HYUNDAI * 990 PAGE 10 TOTAL	01/01/10	SL	5,00		16	17,975.	Ga I			17,975.	17,975.		0.	17,975
	TRANSPORTATION EQUIPMENT OTHER	State of the					17,975.	TI.			17,975.	17,975.		0.	17,975.
	(2) DELL OPTIPLEX 3020 & OFFICE FURNITURE (3) DELL OPTIPLEX 3020	03/31/15	SL	5.00		16	1,815.		Hi, s	Y.L.	1,815.	272,		363.	635.
456	COMPUTERS	03/31/15	SL	5.00		6	1,801.				1,801.	270.		360.	630.
457	DELL LAPTOP	03/31/15	SL	5.00	1	6	1,571.				1,571.	236.		314.	550.
458	OFFICE FURNITURE	09/30/15	SL	7.00	ŀ	6	690.				690.	25.		99.	124.
	* 990 PAGE 10 TOTAL OTHER						5,877.		1124	1916	5,877.	803.	To de la	1,136.	1,939.
	* 990 PAGE 10 TOTAL						105,867.				105,867.	93,040.		5,813.	98,853.
	BUILDINGS								400	3 - 40	4511				
27	PENCING	09/16/02	SL 7	.00	1	6	1,689.				1,689.	1,328.		0.	1,328.
36 1	FENCING	04/29/03	SL 7	.00	1	6	1,039.		22.5	(1)	1,039.	770.	4-72	0.	770.

628111 04-01-16

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciatio
145	FENCING	10/31/06	SL	7.00		16	2,420.				2,420.	2,404.		0.	2,404
146	FENCING * 990 PAGE 10 TOTAL BUILDINGS	12/31/06	SL	7.00		16	2,848. 7,996.				2,848.	2,848.		0.	2,848
	MACHINERY & EQUIPMENT		1 29				welgun	TES.	T vo		7,996.	7,350.		0.	7,350
	ORTHOFLEX SADDLE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT	03/31/07	SL	5,00		16	1,800.				1,800.	1,800.		0.	1,800
	* 990 PAGE 10 TOTAL -						1,800. 9,796.				1,800. 9,796.	1,800. 9,150.		0.	1,800
	BUILDINGS			- 18					14.77	UTH		, , , , ,	4		9,150
409	BUILDING SUPPLIES (MD)	11/30/08	SL	10.00	1	6	16,999.				16,999.	12,042.		1,700,	13,742
419	BUILDING SUPPLIES (MD)	09/30/09	SL	10.00	1	6	22,693.		568		22,693.	14,181.	100	2,269.	16,450
427 1	FENCING (MD)	04/15/10	SL	7.00	h	6	2,026				2,026.	1,662.		289.	1,951.
433 E	HORSE SHELTER (MD)	08/17/11	SL :	7.00	h	6	9,416.				9,416.	5,828.	7	1,345.	7,173.
443 8	STALL GATES AND WINDOWS	10/31/13	SL 7	7.00	1	6	3,900.				3,900.	1,207.		557.	1,764.
	ENCING (MD) 990 PAGE 10 TOTAL	02/28/14	SL 7	7.00	1	6	3,900.				3,900.	1,021.		557.	1,578.
	UILDINGS				1		58,934.				58,934.	35,941.		6,717.	42,658.
	990 PAGE 10 TOTAL -						58,934.				58,934.	35,941.	hou	6,717.	42,658.
	ORSE SHELTER - JAMES RIVER	12/01/08 S	L 7	.00	16		12,698.				12.698.	12.698.		0.	12,698,

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciatio
421	FENCING - JAMES RIVER	04/30/09	SL	7.00		16	7,334.				7,334.	6,986.		348.	7,334
424	HORSE SHELTER - JAMES RIVER	11/05/09	SL	7.00		16	4,355.				4,355.	3,836.		519,	4,355
430	FENCING JAMES RIVER	09/30/10	SL	7.00		16	13,725.				13,725.	10,295.		1,961,	12,256
435	FENCING - JAMES RIVER	05/31/11	SL	7.00		16	1,023.				1,023.	669.	4	146.	815
450	BARN - JAMES RIVER * 990 PAGE 10 TOTAL	11/30/14	SL	10.00		16	11,519.				11,519.	1,248.		1,152.	2,400
	BUILDINGS						50,654.	-4.			50,654.	35,732.		4,126.	39,858
	OTHER														
461	ROUNDPENS - JAMES RIVER STONEDUST FOR ROUNDPENS -	02/28/15	SL	7.00		16	3,000.			-1-55	3,000.	357.		429.	786
463	JAMES RIVER	09/30/15	SL	7.00	-	6	3,207.				3,207.	115.		458.	573
465	TRACTOR - JAMES RIVER	04/30/15	SL	5,00	1	6	3,208.			141	3,208.	428.		642.	1,070.
466	2015 KUBOTA UTILITY VEHICLE - JAMES RIVER	05/13/16	SL	5.00		6	12,066.				12,066.			1,609.	1,609
	* 990 PAGE 10 TOTAL OTHER						21,481.				21,481.	900.	160	3,138.	4,038.
	* 990 PAGE 10 TOTAL -						72,135.				72,135.	36,632.		7,264.	43,896.
	BUILDINGS								- 11	-17		15		15/1	
	FENCING (NE)	01/25/10	SL	7.00	1	6	3,596.				3,596.	3,041.		514.	3,555.
	* 990 PAGE 10 TOTAL BUILDINGS						3,596.			186	3,596.	3,041.	1.74	514.	3,555.
	* 990 PAGE 10 TOTAL						3,596.				3,596,	3,041.		514.	3,555.
1	BUILDINGS				1				Jan 1	Po S	11 18	1		JUE !	

628111 04-01-16

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate Depreciation
444	FENCING (IL)	08/26/13	SL	7.00		16	23,386.				23,386.			3,341.	11,137
446	PENCING (IL)	10/16/13	SL	7.00		16	12,900.		* 7		12,900.	3,993.		1,843.	5,836
	* 990 PAGE 10 TOTAL BUILDINGS						36,286.				36,286.	11,789.		5,184.	
6	* 990 PAGE 10 TOTAL -						36,286.				36,286.	11,789.	-	5,184.	16,973
	* GRAND TOTAL 990 PAGE 10 DEPR						1,500,275.				1,500,275.	,161,977.		51,746.	1,213,723
	CURRENT YEAR ACTIVITY														
- 1	BEGINNING BALANCE	1,16					482,609.	1 3		0.	1,482,609.	,161,977.			,211,087
	ACQUISITIONS						17,666.			0.	17,666.	0.			2,636
	DISPOSITIONS						0.			0.	0.	0.	Die I		0
	ENDING BALANCE					1	,500,275.			0.	1,500,275.	,161,977.		1	,213,723
	ENDING ACCUM DEPR											,213,723.	E LEFT	121	
	ENDING BOOK VALUE				1							286,552.			
20	1 de 721 175 d		1 0								F. 0	× 10 01	-3.0		
								20						-1 00	
8		In Carl												2010	

628111 04-01-16

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

	atic 6-Month Extension of Time. Only subr	nit origin	nal (no copies needed)			
All corpor	rations required to file an income tax return other than F	Form 990-1	(including 1120 C filers) postparel	nine DEN	410	
must use	Form 7004 to request an extension of time to file income	ne tax retu	r (molading 1120-0 mers), partners)	nips, KEN	AICs, and trusts	
				Enter	filesis islamité :	
Type or	Name of exempt organization or other filer, see instru	uctions.			filer's identifying	
print				Emplo	yer identification n	umber (EIN) oi
File by the	THOROUGHBRED RETIREMENT FO	UNDAT	ION, INC.		13-3132	741
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s POST OFFICE BOX 834	see instruc	rtions.	Social	security number (	
instructions.	City, town or post office, state, and ZIP code. For a fine SARATOGA SPRINGS, NY 1286	oreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	le a separa	ate application for each return)			10111
Application	on	Return	Application			0 1
ls For		Code	Is For			Return
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-		02	Form 1041-A			08
	0 (individual)	03	Form 4720 (other than individual)			09
Form 990-		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
-orm 990-	T (trust other than above)	06	Form 8870			12
The box	- THE SISSELL -	- ASSI	STANT CONTROLLER			
Telenho	oks are in the care of PO BOX 834 - SA one No. 518-226-0028	RATOG				
If the or	manization does not have an office or place of husiness		Fax No. ▶ 518-226-06	99		
If this is	ganization does not have an office or place of business for a Group Return, enter the organization's four digit (	In the Uni	med States, check this box			
oox 🕨 🗌	s for a Group Return, enter the organization's four digit of the group, check this box	and atted	the liet with the pames and FINe	f this is fo	or the whole group	, check this
1 I requ	uest an automatic 6-month extension of time until	NOVEM				
	ne organization named above. The extension is for the o	rganizatio	n's return for:	trie exer	mpt organization re	eturn
			o rotani ior.			
	calendar year 2016 or					
	tax year beginning	, and	ending			
2 If the	tax year entered in line 1 is for less than 12 months, ch	eck reasor	n: Initial return	inal retu	m	
	Change in accounting period					
	application is for Forms 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any			
3a If this	efundable credits. See instructions.			3a	\$	0.
nonre		enter anv i	refundable credits and			
b If this	application is for Forms 990-PF, 990-T, 4720, or 6069,				1	
b If this estimate	ated tax payments made. Include any prior year overpa	yment allo	wed as a credit	3b	\$	0.
b If this estimate	application is for Forms 990-PF, 990-T, 4720, or 6069, lated tax payments made. Include any prior year overpance due. Subtract line 3b from line 3a. Include your paying EFTPS (Electronic Federal Tax Payment System). Se	yment allo	wed as a credit. this form, if required.	3b	\$	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Asset No. Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
BUILDINGS											
53FENCING (WK)	090404	SL	7.00	16	1,380.			1,380.	1,134.	ALC:	0
152FENCING	053106	SL	7.00	16	1,490.			1,490.	1,466.		0
153FENCING	062106	SL	7.00	16	1,130.			1,130.	1,122.	116	0
177FENCE & BARN (WK)	010195	SL.	7.00	16	4,555.			4,555.	4,268.		0
179TURNOUT SHEDS (WK	) 101096	SL	7.00	16	15,233.			15,233.	10,614.		0
181FENCING (WK)	120101	EL	7.00	16	1,436.			1,436.	920.		0
BUILDING SUPPLIES 186(WK)	1212035	SL .	7.00	16	4,706.			4,706.	3,697.		0
187FENCING (WK)	1221039	L	7.00	16	4,132.			4,132.	3,186.		0
358FENCING (WK)	0731078	L	7.00	16	4,428.			4,428.	4,428.	1019	0
398FENCES WALKILL	0101048	L	7.00	16	10,809.			10,809.	6,812.		0
408FENCING (WK)	0930088	L	7.00	16	11,487.	05	4 - 19	11,487.	11,487.	11111	0.
423FENCING - WALLKIL	0228098	L 7	7.00	16	1,828.			1,828.	1,784.		44.
436FENCING (WK)	1031118	L 7	.00	16	1,840.			1,840.	1,096.		263.
441FENCING (WK)	070112S	ъ 7	.00	16	3,339.			3,339.	1,670.		477.
451FENCING (WK) * 990 PAGE 10 TOTA	1031148	L 7	.00	16	4,186.	100		4,186.	698.	17.5	598.
BUILDINGS MACHINERY & EQUIPMENT			ĘĦ		71,979.		0.	71,979.	54,382.		1,382.

628102 04-01-16

(D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	EQUIPMENT (WK)	022404	SL	5.00	16	2,550.			2,550.	1,587.		0
123	JT COVERALL * 990 PAGE 10 TOTAL	032305	SL	5.00	16	1,069.			1,069.	1,069.		0
	MACHINERY & EQUIPM 990 PAGE 10 TOTAL	1111				3,619.		0.	3,619.	2,656.		0
				n Ew		75,598.		0.	75,598.	57,038.	1 2	1,382
E	UILDINGS	Ш										
	URVEY BUILDING SUPPLIES	070805	SL	7.00	16	4,023.			4,023.	3,531.	LAST	0.
188(		012699	SL	7.00	16	3,943.			3,943.	3,943.		0.
1931	IMESTONE (FL)	1109999	SL	7.00	16	5,319.	2 1		5,319.	5,319.		0.
195L	IMESTONE (FL) UILDING SUPPLIES	1129999	L	7.00	16	15,180.			15,180.	15,180.		0.
197(	FL) UILDING SUPPLIES	1215999	L	7.00	16	2,460.	1 - 1		2,460.	2,460.		0.
204(		0404008	L	7.00	16	3,120.			3,120.	1,480.		0.
	EMENT (FL) ONSTRUCTION	0427008	L	7.00	16	1,889.			1,889.	930.		0.
206D	State of the state	050500s	L	.00	16	2,500.			2,500.	1,231.		0.
207(		051100s	L	.00	16	4,500.		S HOL	4,500.	2,214.		0.
	EMENT (FL) OOFING SUPPLIES	052300s	L 7	.00	16	2,369.			2,369.	2,369.		0.
211(		53100s	ւ ի	.00	16	4,616.		2 3	4,616.	4,616.		0.
212(1		060100s	L 7	.00	16	1,126.			1,126.	1,126.		0.
21452 2 04-01-1		060500S	L 7	.00	6	1,080.		7.3	1,080.	1,080.	21111	0.

(D) · Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
217	BUILDING SUPPLIES (FL) BUILDING SUPPLIES	062300	SL	7.00	16	2,260.			2,260.	2,260.		0
	(FL)	081600	SL	7.00	16	1,333.			1,333.	1,333.	- 3/6/	0
225	WINDOWS (FL)	082500	SL	7.00	16	2,470.			2,470.	2,470.		0
	LUMBER (FL) BUILDING SUPPLIES	090700	SL	7.00	16	2,244.			2,244.	2,244.		0.
228	(FL) BUILDING SUPPLIES	090700	SL	7.00	16	10,401.			10,401.	10,401.		0.
230	(FL) BUILDING SUPPLIES	091100	EL	7.00	16	6,856.			6,856.	6,856.	2110	0.
231	(FL) BUILDING SUPPLIES	0911009	EL	7.00	16	1,830.			1,830.	1,830.		0.
234		0926008	EL	7.00	16	4,115.			4,115.	4,115.		0.
	VINDOWS (FL) BUILDING SUPPLIES	0929009	L	7.00	16	1,740.			1,740.	1,740.		0.
238	FL) IR CONDITIONER	0929008	L	7.00	16	3,032.		11.5	3,032.	3,032.		0.
240(		1031008	L	7.00	16	3,922.			3,922.	3,922.		0.
245S	EPTIC TANK (FL) SPHALT 90 TONS	122800S	L	7.00	16	3,300.		ife I	3,300.	3,300.	200	0.
251(	FL) UILDING SUPPLIES	080101s	L 7	.00	16	3,150.			3,150.	3,150.		0.
258(		010702s	L 7	.00	16	2,174.			2,174.	1,253.		0.
259(		0129028	ъ	.00	16	1,239.			1,239.	727.		0.
263(		071800S	L 7	.00	16	15,035.			15,035.	15,035.		0.
264(		060500s	L 7	.00	16	3,777.			3,777.	3,777.		0.
363F	ENCING (FL)	071007S	L 7	.00	6	15,960.	N.		15,960.	15,960.	J. J.	0.

628102 04-01-18

(D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
368	ROUNDPENS (FL)	121907	SL	7.00	16	16,841.			16,841.	16,841.		0
399	FENCES FLORIDA	010104	SL	7.00	16	1,753.	4		1,753.	1,000.		0
410	FENCING (FL)	092408	SL	7.00	16	56,653.			56,653.	56,653.		0
	FENCING (FL) * 990 PAGE 10 TOTAL	013108	SL	7.00	16	1,064.			1,064.	1,064.	17.10	0
	BUILDINGS MACHINERY & EQUIPMENT					213,274.		0.	213,274.	204,442.	5 5/4	0
16	BUILDING SUPPLIES	100500	SL	7.00	16	1,967.			1,967.	1,967.		0.
76	WATERERS (5)	0901045	L	7.00	16	1,785.			1,785.	1,468.	24.14	0.
	TRACTOR/BUSH HOG HARROW MACHINE	0906059	L	7.00	16	12,300.			12,300.	11,084.		0.
		0112065	L	7.00	16	1,250.	) E		1,250.	1,250.	97.5	0.
163	OLF CART - WOMENS	0605068	L	5.00	16	2,660.			2,660.	2,660.		0.
	ADDLES DUMP TRUCK SERVICE	0808068	L	7.00	16	1,000.			1,000.	975.	1 6	0.
194		111899S	L	7.00	16	1,942.			1,942.	1,942.		0.
	ROTARY MOWER (FL) 3 40 GAL WATERERS	090302s	L	5.00	16	1,899.			1,899.	1,899.	214	0.
362(		031307s	L	.00	16	1,333.			1,333.	1,333.		0.
420(		123109s	L 5	.00	16	4,500.			4,500.	4,500.		0.
	ACHINERY & EQUIPM					30,636.		0.	30,636.	29,078.		0.

628102 04-01-16

(D) · Asset disposed

Asset No. Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
TILE FOR CLASSROOM	013115	SL	7.00	16	1,586.			1,586.	208.		227
MEADOWBROOK CART 8 460HARNESS * 990 PAGE 10 TOTA	063015	SL	7.00	16	1,800.			1,800.	129.		257
OTHER * 990 PAGE 10 TOTAL					3,386.		0.	3,386.	337.		484
990 PAGE 10 TOTA	"				247,296.	91	0.	247,296.	233,857.	3:11	484
BUILDINGS											
126FENCING	0815058	3L	5.00	16	1,114.	I N		1,114.	1,114.		0.
158FENCING	0930068	L	7.00	16	1,306.			1,306.	1,284.		0.
268PADDOCK (KY)	0801995	L	7.00	16	1,620.			1,620.	1,161.		0.
269IMPROVEMENTS (KY)	0901998	L	7.00	16	43,145.			43,145.	20,205.		0.
271FENCING (KY)	0106008	L	7.00	16	1,689.		1815)	1,689.	771.		0.
273FENCING (KY)	032700S	L	7.00	16	36,938.			36,938.	18,169.		0.
274FENCING (KY)	0505008	L	7.00	16	2,074.	B		2,074.	1,020.		0.
275RUN IN SHED (KY)	052600s	L	7.00	16	1,369.			1,369.	682.		0.
276FENCING (KY)	071800s	L	7.00	16	2,923.			2,923.	1,495.		0.
277RUN IN SHED (KY)	071800s	L	7.00	16	1,555.			1,555.	909.		0.
279RUN IN SHED (KY)	081600s	L	7.00	16	1,820.			1,820.	940.	WIII	0.
280RUN IN SHED (KY)	0908008	L	.00	16	1,251.			1,251.	646.		0.
281FENCING (KY)	111600S	L 7	.00	16	1,595.			1,595.	864.	18.00	0.

628102 04-01-16

(D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Líne No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
284	FENCING (KY)	05010	1SL	7.00	16	1,613.			1,613.	901.		0
	CONSTRUCTION MATERIALS (KY) BARN IMPROVEMENTS	09010	1SL	7.00	16	1,131.			1,131.	684.		0.
	(KY)	12310	5SL	7.00	16	11,130.			11,130.	9,540.		0.
	* 990 PAGE 10 TOTAL BUILDINGS MACHINERY & EQUIPMENT					112,273.		0.	112,273.	60,385.		0.
	SPREADER PREWIT IMPLEMENTS	09260	5SL	5.00	16	2,600.			2,600.	2,600.		0.
		02150	2SL	5.00	16	1,200.			1,200.	931.		0.
	MACHINERY & EQUIPM * 990 PAGE 10 TOTAL					3,800.		0.	3,800.	3,531.		0.
						116,073.		0.	116,073.	63,916.		0.
	BUILDINGS BARN RENOVATIONS - GOOCHLAND	10240	7SL	7.00	16	7,673.		20.00	7,673.	7,673.	148.	0.
1	* 990 PAGE 10 TOTAL BUILDINGS MACHINERY &					7,673.		0.	7,673.	7,673.		0.
372	EQUIPMENT  SOLF CART -  SOOCHLAND  990 PAGE 10 TOTAL	12200	SL	5.00	16	3,100.		515.0	3,100.	3,100.	Eli (	0.
1	ACHINERY & EQUIPM PRANSPORTATION EQUIPMENT		Ų.	7.1		3,100.		0.	3,100.	3,100.		0.
325	1997 FORD TRUCK VA) 1990 PAGE 10 TOTAL	20403	SL S	5.00	16	13,938.			13,938.	13,529.		0.
102 04-01-	TRANSPORTATION EQU					13,938.		0.	13,938.	13,529.		0.

628102 04-01-16

(D) · Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	THER											
462(V	001 FORD F-150 /A) 990 PAGE 10 TOTAL	013115	SL	5.00	16	6,000.			6,000.	1,100.		1,200
ro	THER 990 PAGE 10 TOTAL	1111			Ш	6,000.		0.	6,000.	1,100.		1,200
-	990 PAGE 10 TOTAL					30,711.	- 6	0.	30,711.	25,402.		1,200
BU	JILDINGS											
35ST	'ATEMAN'S RIDGE	0825038	L	7.00	16	2,895.			2,895.	2,129.		0
63FE	NCING	0121048	L	7.00	16	7,435.			7,435.	5,783.		0
69AG	RICOM BUILDINGS	031104s	L	7.00	16	7,386.	- 1	10	7,386.	7,386.	-	0
7 3 A.G.	RICOM BUILDINGS	042804s	L	7.00	16	2,741.			2,741.	2,172.		0
75R0	OF	051104s	L	7.00	16	3,500.			3,500.	2,769.		0
7.7AG	RICOM BUILDINGS	052604S	ь	7.00	16	3,113.			3,113.	2,502.		0.
80SH	ED	0709048	L	7.00	16	3,150.			3,150.	2,550.	16.1	0.
83SH		0802045	ь	7.00	16	3,150.			3,150.	2,571.		0.
	UE RIDGE CAVATING (	0802045		7.00	16	1,975.			1,975.	1,612.		0.
8 8WA	TER LINE	1018045	G 7	7.00	16	1,142.			1,142.	953.		0.
89FE	NCING	1080451		77.00	16	1,728.			1,728.	447.		22.
		092705SI	.	.00	16	32,851.			32,851.	29,996.		0.
	ASEHOLD PROVEMENTS 1	02805SI	, 7	.00	16	2,815.		A SIX	2,815.	2,556.		0.

628102 04-01-15

(D) - Asset disposed

2016 DEPRECIATION AND AMORTIZATION REPORT
- CURRENT YEAR FEDERAL - THOROUGHBRED RETIREMENT FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
143	GATES AND POSTS	123105	SL	5.00	16	1,400.			1,400.	1,400.		0
150	PERMITS	103106	SL	7.00	16	1,560.			1,560.	1,550.		0
326	CONSULTANT (MP)	043003	SL	7.00	16	5,000.			5,000.	3,436.		0
327	FENCING (MP)	073103	SL	7.00	16	95,764.		Wilks	95,764.	70,238.		0
		081203	SL	7.00	16	1,335.			1,335.	966.		0.
329	ORANGE MADISON COOL (MP)	083103	SL	7.00	16	14,919.	21		14,919.	10,964.		0.
	ONSULTANT (MP)	082903	şL	7.00	16	2,500.			2,500.	1,837.		0.
332	TATEMAN'S RIDGE (MP)	090703	SL	7.00	16	1,430.	111	10.00	1,430.	1,050.		0.
333F	ENCING (MP)	093003	EL	7.00	16	20,331.			20,331.	15,182.		0.
3340	CONSULTANT (MP)	0930038	EL	7.00	16	2,500.	-41	Pay 254	2,500.	1,867.		0.
	ARM PLAN (MP)	0930039	L	7.00	16	2,149.			2,149.	1,605.		0.
337(	TATEMAN'S RIDGE MP)	1022035	L	7.00	16	1,502.			1,502.	1,141.	1,72	0.
338R	UFFIN & PAYNE (MP)	1022038	L	7.00	16	3,887.			3,887.	3,035.		0.
339₽	ETER C. BANCE (MP)	102803S	L	.00	16	1,222.	EST		1,222.	955.	MEN.	0.
340E	DGAR J. BANCE (MP)	103103s	L 7	.00	16	2,500.			2,500.	1,911.		0.
341F	ENCING (MP)	110603S	L	.00	16	22,315.	-8		22,315.	16,808.		0.
		110603S	L 7	.00	16	1,672.			1,672.	1,259.		0.
343(1	REG'S EXCAVATING MP)	111303s	L 7	.00	16	9,400.			9,400.	7,080.		0.

628102 04-01-16

(D) · Asset disposed

Asset Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
MONPELIER 344FOUNDATION (MP)	112303S	L	7.00	16	2,113.			2,113.	1,641.		0
345EDGAR J. BANCE (MP	)113003S	L	7.00	16	2,500.			2,500.			0
347FENCING (MP)	1221038	L	7.00	16	14,287.			14,287.	11,021.		0
348IMPROVEMENTS (MP)	1231038	L	7.00	16	3,500.			3,500.	2,700.		0
370FENCING (MP)	1031075	L	7.00	16	6,848.			6,848.	6,848.		0
BUILDING SUPPLIES 411 (MP)	0731085	L	10.00	16	26,045.			26,045.	19,320.	T 137	2,605
428WATERERS (MP)	05151081	G 7	7.00	16	7,658.			7,658.	6,199.		1,094
429FENCING (MP)	05201081	6 7	7.00	16	21,056.			21,056.	16,795.		3,008.
434FENCING (MP)	120111SI	. 7	.00	16	6,082.			6,082.	3,548.		869.
439FENCING (MP)	09301281	. 7	.00	16	3,070.			3,070.	1,427.	HEID	439.
* 990 PAGE 10 TOTAL BUILDINGS FURNITURE & FIXTURES					358,426.		0.	358,426.			8,037.
67CORRAL PANELS	022104SI	. 7	.00	16	1,156.			1,156.	900.		0.
710FFICE FURNITURE	032404SL	, 5	.00	16	2,693.			2,693.	2,650.		0.
142SIGNAGE	123105sL	5	.00	16	2,250.			2,250.	2,250.		0.
* 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT					6,099.		0.	6,099.	5,800.		0.
64COMPUTER/PRINTER	013104SL	5	.00	6	1,366.			1,366.	1,366.		0.

628102 04-01-16

(D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
65	JOHN DEERE GATOR	021304	SL	5.00	16	10,075.			10,075.	4,759.		0
66	TRACTOR	021704	SL	5.00	16	34,380.			34,380.	29,630.	II.Te	0
68	CUTTER 15'	030504	SL	7.00	16	9,800.			9,800.	7,629.		o
78	PROP/EQUIPMENT	052604	SL	7.00	16	3,800.			3,800.	3,052.	171	0
	HARROW 2004 GMC SIERRA	123105	SL	5.00	16	4,000.			4,000.	4,000.		0
	(MP)	090112	SL	5.00	16	22,500.			22,500.	15,000.	1 18	4,500
	JOHN DEERE (MP) CUB CADET MOWER	100113	SL.	5.00	16	11,830.			11,830.	5,324.		2,366
		033113	L	5.00	16	1,200.			1,200.	660.		240
448	KAWASAKI MULE	0430135	L	5.00	16	8,375.			8,375.	4,467.		1,675
453	SADDLES (MP)	0831149	L	7.00	16	5,395.			5,395.	1,028.	12.0	771.
454	HAY RACK (MP) * 990 PAGE 10 TOTAL	1130149	L	5.00	16	1,739.			1,739.	377.		348.
	MACHINERY & EQUIPM		13	45		114,460.		0.	114,460.	77,292.		9,900.
	ENCING (MP)	0930158	L	7.00	16	3,086.			3,086.	110.		441.
	OUMP CART - MONTPELIER 990 PAGE 10 TOTAL	0131168	L	.00	16	5,600.			5,600.			1,027.
C	THER 990 PAGE 10 TOTAL					8,686.	3	0.	8,686.	110.		1,468.
	UILDINGS					487,671.		0.	487,671.	360,351.		19,405.

628102 04-01-16

(D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
9 3 F	ENCING	083104	SL	7.00	16	42,784.			42,784.	31,607.		0
9 4 2	REFAB SHELL	103104	SL	7.00	16	26,897.			26,897.	22,482.		0
96A	IR CONDITIONER	113004	SL	5.00	16	1,534.			1,534.	1,534.		0
	ENCING OOVER BUILDING	120905	SL	7.00	16	28,341.			28,341.	26,081.		0.
171S	YSTEMS (SC)	063006	SL	7.00	16	5,704.			5,704.	5,678.		0.
403FI	ENCING WATEREE	010106	SL	7.00	16	1,484.			1,484.	1,272.	7	0.
414R	UN IN SHED (SC)	083108	3L	7.00	16	11,700.			11,700.	11,697.		0.
417WE	ELL	013109	EL	7.00	16	26,287.	- 1		26,287.	25,972.	7.7	315.
418IF	RRIGATION SYSTEM 990 PAGE 10 TOTAL	0605098	L	7.00	16	25,028.			25,028.	23,238.		1,490.
MA	JILDINGS ACHINERY & QUIPMENT				5	169,759.		0.	169,759.	149,561.		1,805.
169SP	PREADER (SC) DHN DEERE TRACTOR	0127068	L	5.00	16	1,500.			1,500.	1,500.		0.
170(S		042106S	L	.00	16	17,217.			17,217.	17,217.		0.
	00 GAL SPRAYER	0930088	L	.00	16	2,055.			2,055.	2,055.	KK I	0.
412L0	) 5403 TRACTOR & DADER (SC) DHN DEERE GATOR	050708s	ь	.00	16	27,345.			27,345.	27,342.		0.
440(5		102212s	L 5	.00	16	4,888.		1 224 111	4,888.	3,097.		978.
*	RSE TRAILER (SC) 990 PAGE 10 TOTAL	070113s	L 5	.00	16	5,000.			5,000.	2,500.		1,000.
MA 02 04-01-16	CHINERY & EQUIPM					58,005.	2011	0.	58,005.	53,711.		1,978.

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(D) - Asset disposed

iset lo.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	TRANSPORTATION EQUIPMENT											
98	TRUCK	123104	SL	5.00	16	2,800.			2,800.	2,800.		0
113	2008 FORD F-150 * 990 PAGE 10 TOTA	010109	SL	5.00	16	20,429.			20,429.	20,429.		0
	TRANSPORTATION EQU * 990 PAGE 10 TOTAL					23,229.	57	0.	23,229.	23,229.		0
						250,993.		0.	250,993.	226,501.		3,783
	BUILDINGS		LE N									
74	RUN IN SHED (IA) * 990 PAGE 10 TOTAL	111207	SL	7.00	16	5,319.			5,319.	5,319.		0
1	BUILDINGS * 990 PAGE 10 TOTAL					5,319.		0.	5,319.	5,319.	4.1	0
	ACHINERY & QUIPMENT					5,319.		0.	5,319.	5,319.		0
	P DISPLAY	1221039	L S	.00	16	2,045.			2,045.	2,045.		0.
		1231038	L S	.00	16	25,028.			25,028.	25,028.		0.
380	OMPUTER	0221048	L	.00	16	1,584.			1,584.	1,584.		0.
4 5 E	USINESS EQUIPMENT	1111048	L 5	.00	16	1,298.			1,298.	1,278.		0.
4 60	OMPUTER (SK)	112404s	L 5	.00	16	1,427.			1,427.	1,427.		0.
2000	ELEPHONE LACKBAUD	122304S	L 5	.00	16	1,298.			1,298.	1,298.	5.00	0.
		123104s	L 5	.00	16	7,643.			7,643.	4,587.		0.
57C	OMPUTER & SOFTWARE	1119078	L 5	.00	16	1,202.	138	- 11	1,202.	1,202.	0.314	0.

(D) · Asset disposed

2016 DEPRECIATION AND AMORTIZATION REPORT
- CURRENT YEAR FEDERAL - THOROUGHBRED RETIREMENT FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
404	EQUIPMENT NATIONAL	010106	SL	5.00	16	2,876.			2,876.	2,876.		0
406	SERVER	082308	SL	5.00	16	2,319.			2,319.	2,319.		0
407	SCANNER	021908	SL	5.00	16	2,550.			2,550.	2,550.		0
432	JOHN DEERE TRACTOR & LOADER * 990 PAGE 10 TOTAL	010110	SL	7.00	16	32,745.			32,745.	28,068.	N. T.	4,677
	MACHINERY & EQUIPM TRANSPORTATION EQUIPMENT					82,015.	318	0.	82,015.	74,262.		4,677
425	07 HYUNDAI * 990 PAGE 10 TOTAL	010110	SL	5.00	16	17,975.			17,975.	17,975.		0.
	TRANSPORTATION EQU					17,975.	100	0.	17,975.	17,975.		0.
	OTHER (2) DELL OPTIPLEX 3020 & OFFICE FURNI	022115		5.00	1.5	1 015						
	(3) DELL OPTIPLEX		. 1		16	1,815.	4		1,815.	272.		363.
	The second second	033115		5.00	16	1,801.			1,801.	270.		360.
457	DELL LAPTOP	033115	SL !	5.00	16	1,571.			1,571.	236.		314.
458	FFICE FURNITURE 990 PAGE 10 TOTAL	093015	L	7.00	16	690.			690.	25.		99.
k	THER 990 PAGE 10 TOTAL					5,877.		0.	5,877.	803.	3412	1,136.
-		$\perp \! \perp \! \perp \! \perp$				105,867.		0.	105,867.	93,040.		5,813.
E	BUILDINGS										A Park	
27F	ENCING	916028	L 7	.00	16	1,689.			1,689.	1,328.		0.
36F	ENCING	429038	L 7	.00	16	1,039.			1,039.	770.		0.

(D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
145	FENCING	10310	SL	7.00	16	2,420.			2,420.	2,404.		C
146	FENCING * 990 PAGE 10 TOTAL	123106	SL	7.00	16	2,848.	833		2,848.	2,848.		0
	BUILDINGS MACHINERY & EQUIPMENT					7,996.		0.	7,996.	7,350.		0
376	ORTHOFLEX SADDLE * 990 PAGE 10 TOTAL	033107	SL	5.00	16	1,800.			1,800.	1,800.		0
	MACHINERY & EQUIPM 990 PAGE 10 TOTAL					1,800.		0.	1,800.	1,800.		0
						9,796.		0.	9,796.	9,150.		0
409	BUILDINGS BUILDING SUPPLIES MD) BUILDING SUPPLIES	113008	SL	10.00	16	16,999.			16,999.	12,042,		1,700
119		093009	SL	10.00	16	22,693.		415.73	22,693.	14,181.		2,269
127F	ENCING (MD)	041510	SL	7.00	16	2,026.			2,026.	1,662.		289
33E	ORSE SHELTER (MD)	081711	SL	7.00	16	9,416.			9,416.	5,828.		1,345.
		103113	SL	7.00	16	3,900.			3,900.	1,207.		557.
52	ENCING (MD) 990 PAGE 10 TOTAL	22814	SL 7	.00	16	3,900.			3,900.	1,021.	7.54	557.
	UILDINGS 990 PAGE 10 TOTAL	Ш				58,934.		0.	58,934.	35,941.		6,717.
-	102 20 101111					58,934.		0.	58,934.	35,941.		6,717.
H	UILDINGS ORSE SHELTER -											
16J		20108	5L 7	.00	6	12,698.		745	12,698.	12,698.		0

(D) - Asset disposed

2016 DEPRECIATION AND AMORTIZATION REPORT
- CURRENT YEAR FEDERAL - THOROUGHBRED RETIREMENT FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FENCING - JAMES RIVER	043009	SL	7.00	16	7,334.			7,334.	6,986.		348
424	HORSE SHELTER - JAMES RIVER FENCING - JAMES	110509	SL	7.00	16	4,355.			4,355.	3,836.		519
430	100	093010	SL	7.00	16	13,725.			13,725.	10,295.		1,961
		053111	SL	7.00	16	1,023.			1,023.	669.		146
450	BARN - JAMES RIVER * 990 PAGE 10 TOTAL	113014	SL	10.00	16	11,519.			11,519.	1,248.		1,152
	BUILDINGS			7 .		50,654.		0.	50,654.	35,732.	1	4,126.
	OTHER ROUNDPENS - JAMES RIVER	022015			2.5		111	0 - 50				
	STONEDUST FOR	022815		7.00	16	3,000.			3,000.	357.		429.
463	ROUNDPENS - JAMES R TRACTOR - JAMES	093015	L	7.00	16	3,207.			3,207.	115.		458.
465		043015	SL	5.00	16	3,208.			3,208.	428.	1917.4	642.
466	VEHICLE - JAMES RI * 990 PAGE 10 TOTAL	0513168	L	5.00	16	12,066.			12,066.			1,609.
	OTHER * 990 PAGE 10 TOTAL					21,481.	7).	0.	21,481.	900.		3,138.
-	-					72,135.		0.	72,135.	36,632.		7,264.
E	BUILDINGS											
426F	FENCING (NE) 990 PAGE 10 TOTAL	012510s	L	.00	16	3,596.			3,596.	3,041.		514.
E	UILDINGS 990 PAGE 10 TOTAL			14		3,596.		0.	3,596.	3,041.		514.
-						3,596.		0.	3,596.	3,041.		514.
В	BUILDINGS						12.5	73-71-71	31.8E T	0 - 1		

(D) - Asset disposed

2016 DEPRECIATION AND AMORTIZATION REPORT
- CURRENT YEAR FEDERAL - THOROUGHBRED RETIREMENT FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
444	FENCING (IL)	082613	SL	7.00	16	23,386.			23,386.	7,796.		3,34
446	ENCING (IL) 990 PAGE 10 TOTAL	101613	SL	7.00	16	12,900.	- hi		12,900.			1,84
E	BUILDINGS 990 PAGE 10 TOTAL					36,286.		0.	36,286.	11,789.		5,18
*	GRAND TOTAL 990					36,286.		0.	36,286.	11,789.	4.5	5,184
F	AGE 10 DEPR					1500275.		0.	1500275.	1161977.		51,746
	URRENT YEAR CTIVITY					Spirite h	ness			in is Ri		
Vale (	BEGINNING BALANCE					1482609.	790	0.	1482609.	1161977.	(fertil	
	ACQUISITIONS					17,666.		0.	17,666.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE			-		1500275.		0.	1500275.	1161977.		
REIL												
				De l						As-in-		
				5.11			. 8.1		4421		B. V. 113.	
			b nd	147		R.V.P.			Ever State			

(D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS	-		<b>—</b>		Buolo			
	FENCING (WK)	090404	SL	7.00	1,380.	50 (50 (50)	1,380.	1,134.	0
	FENCING	053106	SL	7.00	1,490.		1,490.	1,466.	0
	FENCING	062106	SL	7.00	1,130.	7 7 7	1,130.	1,122.	0
177	FENCE & BARN (WK)	010195	SL	7.00	4,555.		4,555.	4,268.	0
179	TURNOUT SHEDS (WK)	101096	SL	7.00	15,233.		15,233.	10,614.	0
	FENCING (WK)	120101	SL	7.00	1,436.		1,436.	920.	Ő
186	BUILDING SUPPLIES (WK)	121203		7.00	4.706.		4,706.	3,697.	Ö
	FENCING (WK)	122103	SL	7.00	4,132.		4,132.	3,186.	Ö
	FENCING (WK)	073107	SL	7.00	4,428.		4,428.	4,428.	0
	FENCES WALKILL	010104		7.00	10,809.		10,809.	6,812.	0
	FENCING (WK)	093008		7.00	11,487		11,487.	11,487.	0
423	FENCING - WALLKILL	022809		7.00	1,828.		1,828.	1,828.	0
	FENCING (WK)	103111		7.00	1,840.		1,840.	1,359.	263
441	FENCING (WK)	070112		7.00	3,339.		3,339.	2,147.	477
451	FENCING (WK)	103114		7.00	4,186.	100000000000000000000000000000000000000	4,186.	1,296.	598
,	990 PAGE 10 TOTAL BUILDINGS	E-809 Sc-38263	Destr.		71,979.		71,979.	55,764.	1,338
1	ACHINERY & EQUIPMENT						11,515.	33,704.	1,330
	QUIPMENT (WK)	022404	SL	5.00	2,550.		2,550.	1,587.	0
123	JT COVERALL	032305	SL	5.00	1,069.		1,069.	1,069.	0
4	990 PAGE 10 TOTAL MACHINERY &				2,003.		1,003.	1,003.	U
	QUIPMENT				3,619.		3,619.	2,656.	0
	990 PAGE 10 TOTAL -				75,598.		75,598.	58,420.	
	UILDINGS				,5,5501		13,330.	30,420.	1,338
	URVEY	070805	SL	7.00	4,023.		4,023.	3,531.	0
188E	UILDING SUPPLIES (FL)	0126999	SL.	7.00	3,943.		3,943.	3,943.	0
1931	IMESTONE (FL)	1109999		7.00	5,319.	-	5,319.	5,319.	0.
	IMESTONE (FL)	1129999		7.00	15,180.		15,180.	15,180.	
197B	UILDING SUPPLIES (FL)	1215999	_	7.00	2,460.		2,460.	2,460.	0.
204B	UILDING SUPPLIES (FL)	0404009		7.00	3,120.		3,120.	1,480.	0.
205C	EMENT (FL)	0427005		7.00	1,889.			930.	0.
206C	ONSTRUCTION DRAWINGS (FL)	0505008		.00	2,500.		1,889. 2,500.		0.
207R	OOFING MATERIALS (FL)	0511008		.00	4,500.			1,231.	0.
210C	EMENT (FL)	0523009		-00	2,369.		4,500. 2,369.	2,214.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup>ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

212EI 214SZ 217BU 221BU 225WI	OOFING SUPPLIES (FL)		Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
214SF 217BU 221BU 225WI	TITLE DOLLHIED (II)	05 31 00	SL	7.00	4,616.		4,616.	4 616	0
217BU 221BU 225WI	ECTRICAL SUPPLIES (FL)	060100	SL	7.00	1,126.		1,126.		ő
221BU 225WI	NDFILL (FL)	060500		7.00	1,080.		1,080.		ŏ
225WI	ULDING SUPPLIES (FL)	062300	SL	7.00	2,260.		2,260.		0
	ILDING SUPPLIES (FL)	081600		7.00	1,333.		1,333.		Ö
227LT	NDOWS (FL)	082500	SL	7.00	2,470.		2,470.		Ö
	MBER (FL)	090700	SL	7.00	2,244.		2,244.		Ö
228BT	ILDING SUPPLIES (FL)	090700	SL	7.00	10,401.		10,401.	10,401.	0
230BU	ILDING SUPPLIES (FL)	091100	SL	7.00	6,856.		6,856.		Ő
231BU	ILDING SUPPLIES (FL)	091100	SL	7.00	1,830.		1,830.		0
234BU	ILDING SUPPLIES (FL)	092600	SL	7.00	4,115.		4,115.		0
237WI	NDOWS (FL)	092900		7.00	1,740.		1,740.		0
238BU	ILDING SUPPLIES (FL)	092900	SL	7.00	3,032.		3,032.		0
240AI	R CONDITIONER (FL)	103100		7.00	3,922.		3,922.		0
245SE	PTIC TANK (FL)	122800		7.00	3,300.		3,300.	3,300.	Ö
251AS	PHALT 90 TONS (FL)	080101		7.00	3,150.		3,150.		0
258BU	ILDING SUPPLIES (FL)	010702		7.00	2,174.		2,174.		0
259BU	ILDING SUPPLIES (FL)	012902		7.00	1,239.		1,239.		0
263BU	ILDING SUPPLIES (FL)	0718008		7.00	15,035.		15,035.	15,035.	0
264BU	ILDING SUPPLIES (FL)	0605008		7.00	3,777.		3,777.		0
	NCING (FL)	0710079	25000111	7.00	15,960.	-	15,960.	15,960.	0
368RO	UNDPENS (FL)	1219079		7.00	16,841.		16,841.	16,841.	0
399FE	NCES FLORIDA	0101049		7.00	1,753.		1,753.	1,000.	
410FE	NCING (FL)	0924089		7.00	56,653.		56,653.	56,653.	0
415FE	NCING (FL)	0131085		7.00	1,064.	-	1,064.	1,064.	
*	990 PAGE 10 TOTAL BUILDINGS				213,274.		213,274.		0
MA	CHINERY & EQUIPMENT		-		213,272.		213,214.	204,444.	U
16BU	ILDING SUPPLIES	1005008	Τ.	7.00	1,967.		1,967.	1,967.	
	TERERS(5)	0901048		7.00	1,785.		1,785.	1,468.	0
	ACTOR/BUSH HOG	0906055	T	7.00	12,300.				0
	RROW MACHINE TRACTOR	0112068	T	7.00	1,250.		12,300.	11,084.	0
	F CART - WOMENS	0605068		.00	2,660.			1,250.	0
165SAI		0808068		.00	1,000.		2,660.	2,660.	0
	IP TRUCK SERVICE (FL)	1118998		7.00	1,942.		1,000.	975. 1,942.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
261R	OTARY MOWER (FL)	0 9 0 3 0 2	SL	5.00	1,899.		1,899.	1,899	0
3623	40 GAL WATERERS (FL)	031307	SL	7.00	1,333.		1,333.		0
420M	ANURE SPREADER (FL)	123109	SL	5.00	4,500.		4,500.		0
*	990 PAGE 10 TOTAL MACHINERY &		1000		PERSONAL PROPERTY.		2,000.	4,500.	U
	QUIPMENT				30,636.		30,636.	29,078.	0
	THER							23,0101	
459T	ILE FOR CLASSROOM (FL)	013115	SL	7.00	1,586.		1,586.	435.	227
460M	EADOWBROOK CART & HARNESS	063015	SL	7.00	1,800.		1,800.		257
*	990 PAGE 10 TOTAL OTHER				3,386.		3,386.		484
	990 PAGE 10 TOTAL -		1		247,296.		247,296.		484
	UILDINGS						-17,2501	234,341.	404
	ENCING	081505	SL	5.00	1,114.		1,114.	1,114.	0
	ENCING	093006		7.00	1,306.		1,306.	1,284.	0
	ADDOCK (KY)	080199	SL	7.00	1,620.		1,620.	1,161.	Ö
26911	MPROVEMENTS (KY)	090199	SL	7.00	43,145.		43,145.	20,205.	0
271F	ENCING (KY)	010600	SL	7.00	1,689.		1,689.	771.	0.
273F	ENCING (KY)	032700		7.00	36,938.		36,938.	18,169.	0.
274FI	ENCING (KY)	050500	SL	7.00	2,074.		2,074.	1,020.	0.
275 Rt	JN IN SHED (KY)	052600	SL	7.00	1,369.		1,369.	682.	0.
276FE	ENCING (KY)	071800		7.00	2,923.		2,923.	1,495.	0.
277 RU	JN IN SHED (KY)	071800		7.00	1,555.		1,555.	909.	0.
279RU	JN IN SHED (KY)	081600		7.00	1,820.		1,820.	940.	0.
280RU	JN IN SHED (KY)	0908009		7.00	1,251.		1,251.	646.	0.
281FE	INCING (KY)	111600		7.00	1,595.		1,595.	864.	0.
284FE	ENCING (KY)	0501019		7.00	1,613.		1,613.	901.	0.
28 GCC	ONSTRUCTION MATERIALS (KY)	0901018		7.00	1,131.		1,131.	684.	0.
396BA	ARN IMPROVEMENTS (KY)	1231059	12	7.00	11,130.		11,130.	9,540.	0.
*	990 PAGE 10 TOTAL BUILDINGS				112,273.		112,273.	60,385.	0.
MA	CHINERY & EQUIPMENT				,	- 1	112,2/3.	00,383.	0.
	READER	0926058	L 5	.00	2,600.		2,600.	2,600.	0.
290PR	EWIT IMPLEMENTS (KY)	0215029		.00	1,200.		1,200.	931.	0.
	990 PAGE 10 TOTAL MACHINERY &				2,200.		1,200.	331.	0.
EQ	UIPMENT				3,800.		3,800.	3,531.	0
*	990 PAGE 10 TOTAL -				116,073.		116,073.	63,916.	0. 0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup>ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
3/11	BARN RENOVATIONS - GOOCHLAND	102407	SL	7.00	7,673.	DC 1	7,673.	7,673.	0
	990 PAGE 10 TOTAL BUILDINGS				7,673.		7,673.		0
3720	ACHINERY & EQUIPMENT								
3/4	GOLF CART - GOOCHLAND	122007	SL	5.00	3,100.		3,100.	3,100.	0
-	990 PAGE 10 TOTAL MACHINERY &							and -	
					3,100.		3,100.	3,100.	0
3251	RANSPORTATION EQUIPMENT 1997 FORD TRUCK (VA)								
3231	900 DAGE 10 MOMAL MERALGROOM	020403	SL	5.00	13,938.		13,938.	13,529.	0
	990 PAGE 10 TOTAL TRANSPORTATION			20.00					
	THER				13,938.		13,938.	13,529.	0
	001 FORD F-150 (VA)	0404		3 . (6)					
* 0 22	990 PAGE 10 TOTAL OTHER	013115	SL	5.00	6,000.		6,000.	2,300.	1,200
*	990 PAGE 10 TOTAL OTHER				6,000.		6,000.	2,300.	1,200
B	UILDINGS				30,711.		30,711.	26,602.	1,200
	TATEMAN'S RIDGE	000500							
	ENCING	082503		7.00	2,895.		2,895.	2,129.	0
	GRICOM BUILDINGS	012104		7.00	7,435.		7,435.	5,783.	0
730	GRICOM BUILDINGS	031104	SL [	7.00	7,386.		7,386.	7,386.	0
75R		042804	3L	7.00	2,741.		2,741.	2,172.	0
100	GRICOM BUILDINGS	051104	SL	7.00	3,500.		3,500.	2,769.	0
80S		052604	SL	7.00	3,113.	7 17 17	3,113.	2,502.	0
835		070904		7.00	3,150.		3,150.	2,550.	0
	LUE RIDGE EXCAVATING	0802045		7.00	3,150.		3,150.	2,571.	0
	ATER LINE	0802049		7.00	1,975.		1,975.	1,612.	0
	ENCING	1018049		7.00	1,142.		1,142.	953.	0.
	MPROVEMENTS	1108049		77.00	1,728.		1,728.	469.	22.
	EASEHOLD IMPROVEMENTS	0927059	1	7.00	32,851.		32,851.	29,996.	0.
14362	ATES AND POSTS	1028055		7.00	2,815.		2,815.	2,556.	0.
	ERMITS	1231055		.00	1,400.		1,400.	1,400.	0.
	ONSULTANT (MP)	1031069		.00	1,560.		1,560.	1,550.	0.
127FF	ENCING (MP)	0430038	784	.00	5,000.	Marin I	5,000.	3,436.	0.
328 TE	F JAMES ASLA (MP)	0731035		.00	95,764.		95,764.	70,238.	0.
1001	. CAMBO ROUA (MF)	0812035	L 7	.00	1,335.		1,335.	966.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
329	ORANGE MADISON COOP (MP)	08 31 03	SL	7.00	14,919.		14,919.	10,964	0
3300	CONSULTANT (MP)	082903	SL	7.00	2,500.		2,500.		Ö
332	STATEMAN'S RIDGE (MP)	090703	SL	7.00	1,430.		1,430.		0
333	FENCING (MP)	093003	SL	7.00	20,331.		20,331.		
334	CONSULTANT (MP)	093003	SL	7.00	2,500.		2,500.		Ö
335	FARM PLAN (MP)	093003	SL	7.00	2,149.		2,149.		O
3379	STATEMAN'S RIDGE (MP)	102203	SL	7.00	1,502.		1,502.		0
338	RUFFIN & PAYNE (MP)	102203	SL	7.00	3,887.		3,887.		0
339	PETER C. BANCE (MP)	102803	SL	7.00	1,222.		1,222.		Ö
34 OF	DGAR J. BANCE (MP)	103103	SL	7.00	2,500.		2,500.		0
341F	FENCING (MP)	110603		7.00	22,315.		22,315.		0
342	ARM PLAN (MP)	110603		7.00	1,672.		1,672.		0
3430	GREG'S EXCAVATING (MP)	111303		7.00	9,400.		9,400.		Ö
344	ONPELIER FOUNDATION (MP)	112303		7.00	2,113.		2,113.		0
345E	DGAR J. BANCE (MP)	113003	SL	7.00	2,500.		2,500.		0
	ENCING (MP)	122103		7.00	14,287.		14,287.		0
348G	ILBERT IMPROVEMENTS (MP)	123103		7.00	3,500.		3,500.		0
370F	ENCING (MP)	1031079	SL	7.00	6,848.		6,848.		0
111B	UILDING SUPPLIES (MP)	0731089	EL	10.00	26,045.		26,045.		2,605
	ATERERS (MP)	0515109	SL	7.00	7,658.		7,658.		365
	ENCING (MP)	0520108	L	7.00	21,056.		21,056.		1,253
	ENCING (MP)	1201118		7.00	6,082.	100	6,082.		869
439F	ENCING (MP)	0930129		7.00	3,070.		3,070.		
*	990 PAGE 10 TOTAL BUILDINGS				358,426.		358,426.		439
	URNITURE & FIXTURES				330,420.		330,420.	285,186.	5,553
	ORRAL PANELS	0221048	T.	7.00	1,156.		1,156.	900.	
710	FFICE FURNITURE	0324048	T.	5.00	2,693.		2,693.		0
142S	IGNAGE	1231058	T.	5.00	2,250.		2,250.	2,650.	0.
*	990 PAGE 10 TOTAL FURNITURE &		- 1	,,,,	4,250.		4,250.	2,250.	0.
F	IXTURES				6,099.		6 000	E 000	
M	ACHINERY & EQUIPMENT				0,033.		6,099.	5,800.	0.
64C	OMPUTER/PRINTER	0131048	T.	5.00	1,366.		1 200	1 266	
65J	OHN DEERE GATOR	0213048		5.00	10,075.	E II III II	1,366.	1,366.	0.
66T	RACTOR	0217048		5.00	34,380.		10,075. 34,380.	4,759.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	CUTTER 15'	03 05 04		7.00	9,800.		9,800.	7,629.	0
	PROP/EQUIPMENT	052604		7.00	3,800.	4 11 - 10	3,800.		0
	HARROW	123105	SL	5.00	4,000.		4,000.		Č
444	2004 GMC SIERRA (MP)	090112		5.00	22,500.	100	22,500.		3,000
445	JOHN DEERE (MP)	100113		5.00	11,830.		11,830.		2,366
	CUB CADET MOWER (MP)	033113		5.00	1,200.		1,200.		240
	KAWASAKI MULE	043013		5.00	8,375.		8,375.		1,675
	SADDLES (MP)	083114		7.00	5,395.		5,395.		771
454	HAY RACK (MP)	113014	SL	5.00	1,739.		1,739.		348
	* 990 PAGE 10 TOTAL MACHINERY &							1200	240
	EQUIPMENT				114,460.		114,460.	87,192.	8,400
	OTHER			. E			,	0,,132.	0,400
464	FENCING (MP)	093015		7.00	3,086.		3,086.	551.	441
467	OUMP CART - MONTPELIER	013116	SL	5.00	5,600.		5,600.		1,120
1	990 PAGE 10 TOTAL OTHER				8,686.		8,686.		1,561
	990 PAGE 10 TOTAL -				487,671.		487,671.		15,514
	BUILDINGS						,	3737730.	10,514
	ENCING	083104	SL	7.00	42,784.		42,784.	31,607.	0
	REFAB SHELL	103104	SL	7.00	26,897.		26,897.		0
	IR CONDITIONER	113004	SL	5.00	1,534.		1,534.		Ö
	ENCING	120905	3L	7.00	28,341.		28,341.	26,081.	Ö
177	OOVER BUILDING SYSTEMS (SC)	0630068		7.00	5,704.		5,704.		0
403F	ENCING WATEREE	0101069	L I	7.00	1,484.		1,484.	1,272.	0
4148	UN IN SHED (SC)	0831089	EL I	7.00	11,700.		11,700.		Ö
417W		0131095		7.00	26,287.		26,287.	26,287.	Ö
4181	RRIGATION SYSTEM	0605098	L	7.00	25,028.		25,028.		0
*	990 PAGE 10 TOTAL BUILDINGS				169,759.		169,759.	151,366.	0
М	ACHINERY & EQUIPMENT			T.U.S.		100 500		131,300.	
169S	PREADER (SC)	0127068	L	5.00	1,500.		1,500.	1,500.	0.
1700	OHN DEERE TRACTOR (SC)	0421068		5.00	17,217.		17,217.	17,217.	0.
1052	00 GAL SPRAYER	0930085		.00	2,055.		2,055.	2,055.	0
112J	D 5403 TRACTOR & LOADER (SC)	0507088	L	7.00	27,345.		27,345.	27,342.	0
440J	OHN DEERE GATOR (SC)	1022128		.00	4,888.		4,888.	4,075.	813.
449H	ORSE TRAILER (SC)	0701138		.00	5,000.	15 15 15 1	5,000.	3,500.	1,000

<sup>(</sup>D) · Asset disposed

<sup>\*</sup>ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				50.005				
	TRANSPORTATION EQUIPMENT				58,005.		58,005.	55,689.	1,813
98	TRUCK	123104	CT	5.00	2 000				
413	2008 FORD F-150	010109	TOPIN'		2,800.		2,800.		0
	* 990 PAGE 10 TOTAL TRANSPORTATION	010109	PP	5.00	20,429.		20,429.	20,429.	0
	EQUIPMENT				22 000				
	990 PAGE 10 TOTAL -	$\perp$			23,229.		23,229.	23,229.	0
1	BUILDINGS				250,993.		250,993.	230,284.	1,813
	RUN IN SHED (IA)	111207	or .	7.00	E 310				
	* 990 PAGE 10 TOTAL BUILDINGS	111207	PD	7.00	5,319.		5,319.		0
	990 PAGE 10 TOTAL -	+			5,319.		5,319.		0
1	MACHINERY & EQUIPMENT	+			5,319.		5,319.	5,319.	0
31	OP DISPLAY	122103	YT.	5.00	2,045.		0.045		
3 2	BLACKBAUD (COMPUTERS)	123103	7,000	5.00			2,045.		0
388	OMPUTER	022104		5.00	25,028.		25,028.	25,028.	0
45	BUSINESS EQUIPMENT	111104		5.00	1,584.	-	1,584.	1,584.	0
460	COMPUTER (SK)	112404	T.	5.00	1,298.		1,298.	1,278.	0
	ELEPHONE	1223049	T I	5.00	1,427.	The same of	1,427.	1,427.	0
5 OE	LACKBAUD (COMPUTERS)	1231048		5.00			1,298.	1,298.	0
	OMPUTER & SOFTWARE	1119079	T.	5.00	7,643.		7,643.	4,587.	0
404	QUIPMENT NATIONAL	0101068		5.00	1,202.		1,202.	1,202.	0.
	ERVER	0823085		5.00	2,319.		2,876.	2,876.	0.
4075	CANNER	0219085		5.00			2,319.	2,319.	0.
4320	OHN DEERE TRACTOR & LOADER	0101108		7.00	2,550.		2,550.	2,550.	0.
*	990 PAGE 10 TOTAL MACHINERY &	0101102			34,745.		32,745.	32,745.	0.
E	QUIPMENT		-	-	82,015.		00 015	70 000	
T	RANSPORTATION EQUIPMENT		_		02,015.		82,015.	78,939.	0.
4250	7 HYUNDAI	0101108	т. г	.00	17,975.		17 075	15 055	
*	990 PAGE 10 TOTAL TRANSPORTATION	0101105	"	,.00	11,313.		17,975.	17,975.	0.
E	QUIPMENT				17,975.		17 075	10 005	
0	THER			- 1	11,313.		17,975.	17,975.	0.
(	2) DELL OPTIPLEX 3020 & OFFICE					1000		20 00 00	
455F	URNITURE	0331158	T.	.00	1,815.		1,815.	635.	363.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
456	(3) DELL OPTIPLEX 3020 COMPUTERS	03 31 15		5.00	1,801.		1,801.	630.	360
	DELL LAPTOP	033115		5.00	1,571.	0.00	1,571.		314
458	OFFICE FURNITURE	093015	SL	7.00	690.		690.	124.	99
	* 990 PAGE 10 TOTAL OTHER			El el	5,877.	- No. 1741	5,877.	1,939.	1,136
	* 990 PAGE 10 TOTAL -				105,867.		105,867.	98,853.	1,136
	BUILDINGS								
	FENCING	091602		7.00	1,689.		1,689.	1,328.	0
	FENCING	042903		7.00	1,039.	6	1,039.	770.	Ö
	FENCING	103106	SL	7.00	2,420.		2,420.	2,404.	Ō
146	FENCING	123106	SL	7.00	2,848.		2,848.	2,848.	Ö
	* 990 PAGE 10 TOTAL BUILDINGS			~	7,996.		7,996.	7,350.	Ö
	MACHINERY & EQUIPMENT				P - 1				
376	ORTHOFLEX SADDLE	033107	SL	5.00	1,800.		1,800.	1,800.	0
	* 990 PAGE 10 TOTAL MACHINERY &								
	EQUIPMENT				1,800.		1,800.	1,800.	0
	* 990 PAGE 10 TOTAL -				9,796.		9,796.	9,150.	Ö
	BUILDINGS						, , , , ,	7,400	
09	BUILDING SUPPLIES (MD)	113008	SL	10.00	16,999.		16,999.	13,742.	1,700
19	BUILDING SUPPLIES (MD)	093009		10.00	22,693.		22,693.	16,450.	2,269
	FENCING (MD)	041510	SL	7.00	2,026.		2,026.	1,951.	75
	HORSE SHELTER (MD)	081711	SL	7.00	9,416.		9,416.	7,173.	1,345
43	STALL GATES AND WINDOWS	103113		7.00	3,900.	307	3,900.	1,764.	557
5 2	FENCING (MD)	022814	SL	7.00	3,900.		3,900.	1,578.	557
1	990 PAGE 10 TOTAL BUILDINGS		JE ST		58,934.		58,934.	42,658.	6,503
ľ	990 PAGE 10 TOTAL -				58,934.		58,934.	42,658.	6,503
	BUILDINGS					2	4 1 1 5		0,000
16	HORSE SHELTER - JAMES RIVER	1201089	L I	7.00	12,698.		12,698.	12,698.	0.
	ENCING - JAMES RIVER	0430098	L	7.00	7,334.		7,334.	7,334.	0.
24	HORSE SHELTER - JAMES RIVER	1105099	L	7.00	4,355.		4,355.	4,355.	0.
	ENCING - JAMES RIVER	0930108	L	7.00	13,725.		13,725.	12,256.	1,469.
35E	ENCING - JAMES RIVER	0531119		7.00	1,023.		1,023.	815.	146.
5 OE	BARN - JAMES RIVER	1130145	L	0.00	11,519.		11,519.	2,400.	1.152.
*	990 PAGE 10 TOTAL BUILDINGS				50,654.		50,654.	39,858.	2,767.
C	THER						55,051	33,330.	2,107.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup>ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL -

THOROUGHBRED RETIREMENT FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
461	ROUNDPENS - JAMES RIVER	022815	SL	7.00	3,000.		3,000.	786.	429.
167	STONEDUST FOR ROUNDPENS - JAMES		DE DO	1					U.S. of St.
	RIVER TRACTOR - JAMES RIVER	093015		7.00	3,207.		3,207.		458.
403	2015 KUBOTA UTILITY VEHICLE - JAMES	043015	SL	5.00	3,208.	10 . 31.1	3,208.	1,070.	642.
466	RIVER	051316	OT.	E 00	10.000		40.000		
	* 990 PAGE 10 TOTAL OTHER	n ST ST 0	DT.	5.00	12,066.		12,066.		2,413.
0.00	* 990 PAGE 10 TOTAL -				21,481. 72,135.		21,481.		3,942.
	BUILDINGS				/4,133.		72,135.	43,896.	6,709.
426	FENCING (NE)	012510	ST.	7.00	3,596.		3,596.	3,555.	4.1
	* 990 PAGE 10 TOTAL BUILDINGS	0.40.5			3,596.		3,596.		41. 41.
	* 990 PAGE 10 TOTAL -				3,596.		3,596.		41.
	BUILDINGS				3,550		3,330.	3,333.	41.
	FENCING (IL)	082613	SL	7.00	23,386.	37101	23,386.	11,137.	3,341.
	FENCING (IL)	101613	SL	7.00	12,900.		12,900.		1,843.
	* 990 PAGE 10 TOTAL BUILDINGS		1000	111/11	36,286.	1175	36,286.		5,184.
	* 990 PAGE 10 TOTAL -				36,286.		36,286.	16,973.	5,184.
	* GRAND TOTAL 990 PAGE 10 DEPR				1500275.		1500275.	1213723.	39,922.
							EST.		W
100									
									THE RELEASE
			100						
1			III.	725					
						1			
				-	THE RESERVE				
				10					
						1	1000000		

<sup>(</sup>D) - Asset disposed

 $<sup>^{\</sup>star}$  ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone