

RICARDO SANTOS CPA PA
9415 SW 72ND STREET SUITE 218
MIAMI, FL 33173

FLORIDA PASO FINO HORSE ASSOCIATION INC.
F/K/A FLORIDA PASO FINO OWNERS & BREEDER
10805 SW 95TH STREET
MIAMI, FL 33176

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CLIENT'S COPY

RICARDO SANTOS CPA PA
9415 SW 72ND STREET SUITE 218
MIAMI, FLORIDA 33173
(305) 961-1147

CLIENT: 2853
MARCH 12, 2018

FLORIDA PASO FINO HORSE ASSOCIATION INC.
F/K/A FLORIDA PASO FINO OWNERS & BREEDER
10805 SW 95TH STREET
MIAMI, FL 33176
305-269-7050

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2012
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT
SCHEDULE O, SUPPLEMENTAL INFORMATION
FORM 4562, DEPRECIATION AND AMORTIZATION
FORM 8868, APPLICATION FOR ADDITIONAL FILING EXTENSION
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION
CURRENT YEAR DEPRECIATION REPORT
NEXT YEAR DEPRECIATION REPORT

TAX PREPARATION FEE

\$ 1250.00

RICARDO SANTOS CPA PA
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MIAMI, FLORIDA 33173
(305) 961-1147

MARCH 12, 2018

FLORIDA PASO FINO HORSE ASSOCIATION INC.
F/K/A FLORIDA PASO FINO OWNERS & BREEDER
10805 SW 95TH STREET
MIAMI, FL 33176

FLORIDA PASO FINO HORSE ASSOCIATION INC.:

ENCLOSED IS THE 2012 EXEMPT ORGANIZATION RETURN, AS
FOLLOWS...

2012 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

VERY TRULY YOURS,

RICK SANTOS, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2012

Prepared for	FLORIDA PASO FINO HORSE ASSOCIATION INC. F/K/A FLORIDA PASO FINO OWNERS & BREEDER 10805 SW 95TH STREET MIAMI, FL 33176
Prepared by	RICARDO SANTOS CPA PA 9415 SW 72ND STREET SUITE 218 MIAMI, FL 33173
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2013.

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Header section A-M: A For the 2012 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all affiliates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature fields: Sign Here (Signature of officer: CARLOS BLANCO, PRESIDENT); Paid Preparer Use Only (Preparer: RICARDO SANTOS, CPA; Date: 03/12/18; PTIN: P00363698; Firm: RICARDO SANTOS CPA PA; Address: 9415 SW 72ND STREET SUITE 218 MIAMI, FL 33173; Phone: (305) 961-1147).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: TO PROMOTE THE PASO FINO BREED THROUGH EDUCATION AND TO PROVIDE AN OUTLET FOR ITS MEMBERS TO EXHIBIT THEIR HORSES AS A MEANS OF PROMOTION OF THE BREED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) SPONSORS VARIOUS SHOWS AND OTHER ACTIVITIES TO PROMOTE THE PASO FINO BREED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7e		
	7f		
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to 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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 10		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARTHA SARMIENTO - 305-596-6073**
10805 SW 95TH STREET, MIAMI, FL 33176

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

Check if Schedule O contains a response to any question 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ORLANDO ALVAREZ DIRECTOR	6.00	X					0.	0.	0.	
(2) CARLOS YANES DIRECTOR	6.00	X					0.	0.	0.	
(3) NELSON PRIMUS DIRECTOR	6.00	X					0.	0.	0.	
(4) SERGIO GARCIA DIRECTOR	6.00	X					0.	0.	0.	
(5) CHRISTINA BOWDEN DIRECTOR	6.00	X					0.	0.	0.	
(6) CARLOS BLANCO PRESIDENT	6.00			X			0.	0.	0.	
(7) ALEXANDRA AMADOR 1ST VICE PRESIDENT	6.00			X			0.	0.	0.	
(8) MARY BLANCO SECRETARY	6.00			X			0.	0.	0.	
(9) IRIS I ROMERO TREASURER	6.00			X			0.	0.	0.	
(10) ANN LOUISE OUDIN 2ND VICE PRESIDENT	6.00			X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
	Program Service Revenue	2 a SHOW ENTRY FEES	Business Code 711210	555,685.	555,685.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			555,685.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		67.	67.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		555,752.	555,685.	67.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,250.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	123.			
12 Advertising and promotion	10,146.			
13 Office expenses	1,204.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,565.			
23 Insurance	2,631.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a YOUTH MUNDIAL	244,239.			
b ARENA/SHOW FACILITIES	148,728.			
c STAFF/VET/SEC/POLICE	42,158.			
d HOTEL/TRANSPORT/MEALS	28,851.			
e All other expenses SEE SCH O	165,603.			
25 Total functional expenses. Add lines 1 through 24e	647,498.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	10,987.	1	4,432.		
	2 Savings and temporary cash investments	25,006.	2			
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net		4			
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,114.				
	b Less: accumulated depreciation	10b 22,444.	8,259.	10c	6,670.	
	11 Investments - publicly traded securities			11		
	12 Investments - other securities. See Part IV, line 11			12		
	13 Investments - program-related. See Part IV, line 11			13		
	14 Intangible assets			14		
	15 Other assets. See Part IV, line 11		2,200.	15	2,200.	
16 Total assets. Add lines 1 through 15 (must equal line 34)		46,452.	16	13,302.		
Liabilities	17 Accounts payable and accrued expenses		17			
	18 Grants payable		18			
	19 Deferred revenue		19			
	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, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23 Secured mortgages and notes payable to unrelated third parties			23		
	24 Unsecured notes and loans payable to unrelated third parties			24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0.	25	58,596.	
	26 Total liabilities. Add lines 17 through 25		0.	26	58,596.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets			27		
	28 Temporarily restricted net assets			28		
	29 Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		0.	30	0.	
	31 Paid-in or capital surplus, or land, building, or equipment fund		0.	31	0.	
	32 Retained earnings, endowment, accumulated income, or other funds		46,452.	32	-45,294.	
33 Total net assets or fund balances		46,452.	33	-45,294.		
34 Total liabilities and net assets/fund balances		46,452.	34	13,302.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	555,752.
2	Total expenses (must equal Part IX, column (A), line 25)	2	647,498.
3	Revenue less expenses. Subtract line 2 from line 1	3	-91,746.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,452.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-45,294.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **FLORIDA PASO FINO HORSE ASSOCIATION INC.**
F/K/A FLORIDA PASO FINO OWNERS & BREEDER

Employer identification number
65-0086279

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes 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, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		8,044.	7,696.	348.
e Other		21,070.	14,748.	6,322.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,670.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	2,200.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,200.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LOAN FROM THE BESILU COLLECTION	58,596.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	58,596.

2. FIN 48 (ASC 740) Footnote. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization	FLORIDA PASO FINO HORSE ASSOCIATION INC. F/K/A FLORIDA PASO FINO OWNERS & BREEDER	Employer identification number	65-0086279
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PASO FINO BREED THROUGH EDUCATION AND TO PROVIDE AN OUTLET FOR ITS MEMBERS TO EXHIBIT THEIR HORSES AS A MEANS OF PROMOTION OF THE BREED. TOWARD THOSE GOALS, THE FL PFHA SPONSORS VARIOUS HORSE SHOWS AND OTHER ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11: A COPY WAS RECEIVED FROM THE ENTITIES' INDEPENDENT ACCOUNTANTS AND ALL BOARD MEMBERS REVIEWED AT A MEETING BEFORE SIGN AND MAILING IT.

FORM 990, PART VI, SECTION C, LINE 19: BY WRITTEN REQUEST THE REQUIRED INFORMATION WILL BE PROVIDED.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

USEF/PFHA FEES:

TOTAL EXPENSES 26,240.

JUDGES/OTHER SHOW OFFICIALS:

TOTAL EXPENSES 22,732.

SHOW RIBBONS/TROPHIES:

TOTAL EXPENSES 21,390.

COST OF LIQUOR SALES:

TOTAL EXPENSES 17,434.

Name of the organization	FLORIDA PASO FINO HORSE ASSOCIATION INC. F/K/A FLORIDA PASO FINO OWNERS & BREEDER	Employer identification number 65-0086279
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FPFHA EXEC.SEC/EVENT COORDINATOR:

TOTAL EXPENSES 16,600.

SET UP FOOD/LIQUOR:

TOTAL EXPENSES 14,599.

ENTERTAINMENT/EXH PARTIES:

TOTAL EXPENSES 12,637.

CREDIT CARD FEES:

TOTAL EXPENSES 11,193.

MISCELLANEOUS SHOW EXPENSES:

TOTAL EXPENSES 6,422.

EXHIBITORS PERKS/DISCOUNTS:

TOTAL EXPENSES 5,300.

MEETINGS/REGIONAL DUES:

TOTAL EXPENSES 4,871.

WAREHOUSE STORAGE EXPENSE:

TOTAL EXPENSES 4,100.

ELECTIONS 2012-COST OF POSTCARD MAILING:

TOTAL EXPENSES 751.

WEBSITE MAINTENANCE:

Name of the organization	FLORIDA PASO FINO HORSE ASSOCIATION INC. F/K/A FLORIDA PASO FINO OWNERS & BREEDER	Employer identification number 65-0086279
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TOTAL EXPENSES	668.
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BANK SERVICE CHARGES:

TOTAL EXPENSES	626.
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COMPUTER REPAIRS:

TOTAL EXPENSES	40.
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TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	165,603.
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2012 DEPRECIATION AND AMORTIZATION REPORT

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 Accumulated Depreciation
	MACHINERY & EQUIPMENT														
2	OFFICE EQUIPMENT	01/01/06	200DB	5.00			450.				450.	450.		0.	450.
3	LCD TV AND VIDEO PLAYER	03/04/08	200DB	5.00			744.			372.	372.	308.		43.	351.
4	FANS	05/07/08	200DB	5.00			383.			192.	191.	158.		22.	180.
5	FANS	06/02/08	200DB	5.00			353.			177.	176.	145.		21.	166.
6	STORAGE TRUNKS	10/01/08	200DB	5.00			128.			64.	64.	53.		7.	60.
7	STORAGE TRUNKS	11/11/08	200DB	5.00			63.			32.	31.	26.		3.	29.
8	MICROFRAME NUMBER/TIMER	02/20/08	200DB	5.00			421.			211.	210.	173.		25.	198.
15	PVC 2 RAIL FENCE	03/03/08	200DB	5.00			4,557.			2,279.	2,278.	1,884.		263.	2,147.
19	TWO WAYS RADIOS	12/31/08	200DB	5.00			182.			91.	91.	75.		11.	86.
20	UTILITY CARTS	05/14/08	200DB	5.00			260.			130.	130.	108.		15.	123.
26	COMPUTER	06/22/10	200DB	5.00			503.				503.	262.		96.	358.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						8,044.			3,548.	4,496.	3,642.		506.	4,148.
	PROGRAM SERVICES														
21	BOSCH HAMMER & ACCESSORIES	05/04/09	200DB	5.00			1,538.			769.	769.	548.		88.	636.
23	PVC 2 RAIL FENCE	05/08/09	200DB	5.00			2,683.			1,342.	1,341.	955.		154.	1,109.
24	POWER TOOL	05/11/09	200DB	5.00			1,213.			607.	606.	431.		70.	501.
28	ARENA SUNBLOCK SCREEN	05/31/10	SL	10.00			6,702.				6,702.	1,005.		670.	1,675.

2012 DEPRECIATION AND AMORTIZATION REPORT

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 Accumulated Depreciation
29	TABLE LINENS & SKIRTING	04/19/11	200DB	5.00		HY17	577.			577.				0.	
30	TRAILER	07/24/11	200DB	5.00		HY17	1,250.			1,250.				0.	
31	HORSE MEASURING STICK	01/23/12	200DB	5.00		HY19B	92.			46.	46.			55.	9.
32	HP LASERJET	05/31/12	200DB	5.00		HY19B	267.			134.	133.			161.	27.
33	MICROSHIP READER	04/06/12	200DB	3.00		HY19A	379.			190.	189.			253.	63.
34	PLANTERS	01/17/12	200DB	5.00		HY19B	207.			104.	103.			125.	21.
35	METRO PCS KYOCERA PHONE	01/01/12	200DB	5.00		HY19B	31.			16.	15.			19.	3.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						14,939.			5,035.	9,904.	2,939.		1,595.	4,044.
	OTHER														
11	DECORATIVE ITEMS	04/03/08	200DB	5.00		HY17	128.			64.	64.	53.		7.	60.
12	DECORATIVE ITEMS	04/15/08	200DB	5.00		HY17	121.			61.	60.	50.		7.	57.
13	DECORATIVE ITEMS	04/25/08	200DB	5.00		HY17	155.			78.	77.	64.		9.	73.
22	DECORATIVE ITEMS	04/30/09	200DB	5.00		HY17	230.			115.	115.	82.		13.	95.
	* 990 PAGE 10 TOTAL OTHER						634.			318.	316.	249.		36.	285.
	* 990 PAGE 10 TOTAL -						23,617.			8,901.	14,716.	6,830.		2,137.	8,477.
	OTHER														
17	TABLE LINENS & SKIRTING	02/28/08	200DB	5.00		HY17	1,221.			611.	610.	504.		71.	575.
18	TABLE LINENS & SKIRTING	04/15/08	200DB	5.00		HY17	747.			374.	373.	309.		43.	352.

2012 DEPRECIATION AND AMORTIZATION REPORT

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 Accumulated Depreciation
27	TABLE LINENS & SKIRTING	04/28/10	200DB	5.00		HY17	852.				852.	443.		164.	607.
	* 990 PAGE 10 TOTAL OTHER						2,820.			985.	1,835.	1,256.		278.	1,534.
	* 990 PAGE 10 TOTAL -						2,820.			985.	1,835.	1,256.		278.	1,534.
	OTHER														
9	BANNERS AND FLAGS	04/03/08	200DB	5.00		HY17	421.			211.	210.	173.		25.	198.
10	BANNERS AND FLAGS	05/15/08	200DB	5.00		HY17	807.			404.	403.	333.		47.	380.
	* 990 PAGE 10 TOTAL OTHER						1,228.			615.	613.	506.		72.	578.
	* 990 PAGE 10 TOTAL -						1,228.			615.	613.	506.		72.	578.
	FURNITURE & FIXTURES														
16	RUSTIC PATIO FURNITURE	08/28/08	200DB	7.00		HY17	404.			202.	202.	138.		18.	156.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						404.			202.	202.	138.		18.	156.
	OTHER														
14	DECORATIVE ITEMS	05/14/08	200DB	5.00		HY17	730.			365.	365.	302.		42.	344.
	* 990 PAGE 10 TOTAL OTHER						730.			365.	365.	302.		42.	344.
	* 990 PAGE 10 TOTAL -						1,134.			567.	567.	440.		60.	500.
	OTHER														
25	FLAGS JACKETS	06/01/09	200DB	5.00		HY17	315.			158.	157.	111.		18.	129.
	* 990 PAGE 10 TOTAL OTHER						315.			158.	157.	111.		18.	129.

2012 DEPRECIATION AND AMORTIZATION REPORT

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 Accumulated Depreciation
	* 990 PAGE 10 TOTAL -						315.			158.	157.	111.		18.	129.
	* GRAND TOTAL 990 PAGE 10 DEPR						29,114.			11,226.	17,888.	9,143.		2,565.	11,218.

(D) - Asset disposed

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

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **FLORIDA PASO FINO HORSE ASSOCIATION INC.**
 Business or activity to which this form relates: **F/K/A FLORIDA PASO FINO OWNERS & BREEDER**
 Identifying number: **65-0086279**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	490.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	1,952.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		189.	3 YRS.	HY	200DB	63.
b 5-year property		297.	5 YRS.	HY	200DB	60.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,565.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2012 tax year:

(a)	(b)	(c)	(d)	(e)	(f)
	:				
	:				

43 Amortization of costs that began before your 2012 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions FLORIDA PASO FINO HORSE ASSOCIATION INC. F/K/A FLORIDA PASO FINO OWNERS & BREEDER	Employer identification number (EIN) or 65-0086279
	Number, street, and room or suite no. If a P.O. box, see instructions. 10805 SW 95TH STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MIAMI, FL 33176	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MARTHA SARMIENTO

• The books are in the care of **10805 SW 95TH STREET - MIAMI, FL 33176**
Telephone No. **305-596-6073** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013**.

5 For calendar year **2012**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ORGANIZATION IS COLLECTING ALL TAX RETURN DATA TO PRESENT AN ACCURATE AND COMPLETE TAX RETURN FOR CALENDER YEAR 2012

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20____

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization FLORIDA PASO FINO HORSE ASSOCIATION INC. F/K/A FLORIDA PASO FINO OWNERS & BREEDER	Employer identification number 65-0086279
---	---

Name and title of officer
**CARLOS BLANCO
PRESIDENT**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>555752</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RICARDO SANTOS CPA PA to enter my PIN 86279
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

60350600357
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ RICARDO SANTOS, CPA Date ▶ 03/12/18

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

2012 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FLORIDA PASO FINO HORSE ASSOCIATION INC.
F/K/A FLORIDA PASO FINO OWNERS & BREEDER

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
	MACHINERY & EQUIPMENT											
2	OFFICE EQUIPMENT	010106	200DB	5.00	17	450.			450.	450.		0.
3	LCD TV AND VIDEO PLAYER	030408	200DB	5.00	17	744.		372.	372.	308.		43.
4	FANS	050708	200DB	5.00	17	383.		192.	191.	158.		22.
5	FANS	060208	200DB	5.00	17	353.		177.	176.	145.		21.
6	STORAGE TRUNKS	100108	200DB	5.00	17	128.		64.	64.	53.		7.
7	STORAGE TRUNKS MICROFRAME	111108	200DB	5.00	17	63.		32.	31.	26.		3.
8	NUMBER/TIMER	022008	200DB	5.00	17	421.		211.	210.	173.		25.
15	PVC 2 RAIL FENCE	030308	200DB	5.00	17	4,557.		2,279.	2,278.	1,884.		263.
19	TWO WAYS RADIOS	123108	200DB	5.00	17	182.		91.	91.	75.		11.
20	UTILITY CARTS	051408	200DB	5.00	17	260.		130.	130.	108.		15.
26	COMPUTER	062210	200DB	5.00	17	503.			503.	262.		96.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					8,044.		3,548.	4,496.	3,642.		506.
	PROGRAM SERVICES											
21	BOSCH HAMMER & ACCESSORIES	050409	200DB	5.00	17	1,538.		769.	769.	548.		88.
23	PVC 2 RAIL FENCE	050809	200DB	5.00	17	2,683.		1,342.	1,341.	955.		154.
24	POWER TOOL	051109	200DB	5.00	17	1,213.		607.	606.	431.		70.
28	ARENA SUNBLOCK SCREEN	053110	SL	10.00	17	6,702.			6,702.	1,005.		670.

2012 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FLORIDA PASO FINO HORSE ASSOCIATION INC.
F/K/A FLORIDA PASO FINO OWNERS & BREEDER

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
29	TABLE LINENS & SKIRTING	041911	200DB	5.00	17	577.		577.				0.
30	TRAILER	072411	200DB	5.00	17	1,250.		1,250.				0.
31	HORSE MEASURING STICK	012312	200DB	5.00	19B	92.		46.	46.			55.
32	HP LASERJET	053112	200DB	5.00	19B	267.		134.	133.			161.
33	MICROSHIP READER	040612	200DB	3.00	19A	379.		190.	189.			253.
34	PLANTERS	011712	200DB	5.00	19B	207.		104.	103.			125.
35	METRO PCS KYOCERA PHONE	010112	200DB	5.00	19B	31.		16.	15.			19.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					14,939.		5,035.	9,904.	2,939.		1,595.
	OTHER											
11	DECORATIVE ITEMS	040308	200DB	5.00	17	128.		64.	64.	53.		7.
12	DECORATIVE ITEMS	041508	200DB	5.00	17	121.		61.	60.	50.		7.
13	DECORATIVE ITEMS	042508	200DB	5.00	17	155.		78.	77.	64.		9.
22	DECORATIVE ITEMS	043009	200DB	5.00	17	230.		115.	115.	82.		13.
	* 990 PAGE 10 TOTAL OTHER					634.		318.	316.	249.		36.
	* 990 PAGE 10 TOTAL					23,617.		8,901.	14,716.	6,830.		2,137.
	OTHER											
17	TABLE LINENS & SKIRTING	022808	200DB	5.00	17	1,221.		611.	610.	504.		71.
18	TABLE LINENS & SKIRTING	041508	200DB	5.00	17	747.		374.	373.	309.		43.

2012 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FLORIDA PASO FINO HORSE ASSOCIATION INC.
F/K/A FLORIDA PASO FINO OWNERS & BREEDER

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
27	TABLE LINENS & SKIRTING	042810	200DB	5.00	17	852.			852.	443.		164.
	* 990 PAGE 10 TOTAL											
	OTHER					2,820.		985.	1,835.	1,256.		278.
	* 990 PAGE 10 TOTAL											
	-					2,820.		985.	1,835.	1,256.		278.
	OTHER											
9	BANNERS AND FLAGS	040308	200DB	5.00	17	421.		211.	210.	173.		25.
10	BANNERS AND FLAGS	051508	200DB	5.00	17	807.		404.	403.	333.		47.
	* 990 PAGE 10 TOTAL											
	OTHER					1,228.		615.	613.	506.		72.
	* 990 PAGE 10 TOTAL											
	-					1,228.		615.	613.	506.		72.
	FURNITURE & FIXTURES											
	RUSTIC PATIO											
16	FURNITURE	082808	200DB	7.00	17	404.		202.	202.	138.		18.
	* 990 PAGE 10 TOTAL											
	FURNITURE & FIXTUR					404.		202.	202.	138.		18.
	OTHER											
14	DECORATIVE ITEMS	051408	200DB	5.00	17	730.		365.	365.	302.		42.
	* 990 PAGE 10 TOTAL											
	OTHER					730.		365.	365.	302.		42.
	* 990 PAGE 10 TOTAL											
	-					1,134.		567.	567.	440.		60.
	OTHER											
25	FLAGS JACKETS	060109	200DB	5.00	17	315.		158.	157.	111.		18.
	* 990 PAGE 10 TOTAL											
	OTHER					315.		158.	157.	111.		18.

2013 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FLORIDA PASO FINO HORSE ASSOCIATION INC.
F/K/A FLORIDA PASO FINO OWNERS & BREEDER

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT								
2	OFFICE EQUIPMENT	010106	200DB	5.00	450.		450.	450.	0.
3	LCD TV AND VIDEO PLAYER	030408	200DB	5.00	744.	372.	372.	351.	21.
4	FANS	050708	200DB	5.00	383.	192.	191.	180.	11.
5	FANS	060208	200DB	5.00	353.	177.	176.	166.	10.
6	STORAGE TRUNKS	100108	200DB	5.00	128.	64.	64.	60.	4.
7	STORAGE TRUNKS	111108	200DB	5.00	63.	32.	31.	29.	2.
8	MICROFRAME NUMBER/TIMER	022008	200DB	5.00	421.	211.	210.	198.	12.
15	PVC 2 RAIL FENCE	030308	200DB	5.00	4,557.	2,279.	2,278.	2,147.	131.
19	TWO WAYS RADIOS	123108	200DB	5.00	182.	91.	91.	86.	5.
20	UTILITY CARTS	051408	200DB	5.00	260.	130.	130.	123.	7.
26	COMPUTER	062210	200DB	5.00	503.		503.	358.	58.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				8,044.	3,548.	4,496.	4,148.	261.
	PROGRAM SERVICES								
21	BOSCH HAMMER & ACCESSORIES	050409	200DB	5.00	1,538.	769.	769.	636.	89.
23	PVC 2 RAIL FENCE	050809	200DB	5.00	2,683.	1,342.	1,341.	1,109.	155.
24	POWER TOOL	051109	200DB	5.00	1,213.	607.	606.	501.	70.
28	ARENA SUNBLOCK SCREEN	053110	SL	10.00	6,702.		6,702.	1,675.	670.
29	TABLE LINENS & SKIRTING	041911	200DB	5.00	577.	577.			0.
30	TRAILER	072411	200DB	5.00	1,250.	1,250.			0.
31	HORSE MEASURING STICK	012312	200DB	5.00	92.	46.	46.	9.	15.
32	HP LASERJET	053112	200DB	5.00	267.	134.	133.	27.	42.
33	MICROSHIP READER	040612	200DB	3.00	379.	190.	189.	63.	84.
34	PLANTERS	011712	200DB	5.00	207.	104.	103.	21.	33.
35	METRO PCS KYOCERA PHONE	010112	200DB	5.00	31.	16.	15.	3.	5.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES				14,939.	5,035.	9,904.	4,044.	1,163.
	OTHER								
11	DECORATIVE ITEMS	040308	200DB	5.00	128.	64.	64.	60.	4.
12	DECORATIVE ITEMS	041508	200DB	5.00	121.	61.	60.	57.	3.
13	DECORATIVE ITEMS	042508	200DB	5.00	155.	78.	77.	73.	4.
22	DECORATIVE ITEMS	043009	200DB	5.00	230.	115.	115.	95.	13.
	* 990 PAGE 10 TOTAL OTHER				634.	318.	316.	285.	24.

2013 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FLORIDA PASO FINO HORSE ASSOCIATION INC.
F/K/A FLORIDA PASO FINO OWNERS & BREEDER

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 -				23,617.	8,901.	14,716.	8,477.	1,448.
	OTHER								
17	TABLE LINENS & SKIRTING	022808	200DB	5.00	1,221.	611.	610.	575.	35.
18	TABLE LINENS & SKIRTING	041508	200DB	5.00	747.	374.	373.	352.	21.
27	TABLE LINENS & SKIRTING	042810	200DB	5.00	852.		852.	607.	98.
	* 990 PAGE 10 TOTAL OTHER				2,820.	985.	1,835.	1,534.	154.
	* 990 PAGE 10 TOTAL -				2,820.	985.	1,835.	1,534.	154.
	OTHER								
9	BANNERS AND FLAGS	040308	200DB	5.00	421.	211.	210.	198.	12.
10	BANNERS AND FLAGS	051508	200DB	5.00	807.	404.	403.	380.	23.
	* 990 PAGE 10 TOTAL OTHER				1,228.	615.	613.	578.	35.
	* 990 PAGE 10 TOTAL -				1,228.	615.	613.	578.	35.
	FURNITURE & FIXTURES								
16	RUSTIC PATIO FURNITURE	082808	200DB	7.00	404.	202.	202.	156.	18.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				404.	202.	202.	156.	18.
	OTHER								
14	DECORATIVE ITEMS	051408	200DB	5.00	730.	365.	365.	344.	21.
	* 990 PAGE 10 TOTAL OTHER				730.	365.	365.	344.	21.
	* 990 PAGE 10 TOTAL -				1,134.	567.	567.	500.	39.
	OTHER								
25	FLAGS JACKETS	060109	200DB	5.00	315.	158.	157.	129.	19.
	* 990 PAGE 10 TOTAL OTHER				315.	158.	157.	129.	19.
	* 990 PAGE 10 TOTAL -				315.	158.	157.	129.	19.
	* GRAND TOTAL 990 PAGE 10 DEPR				29,114.	11,226.	17,888.	11,218.	1,695.