

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

FLORIDA PASO FINO HORSE ASSOCIATION INC.
20780 SW 236 STREET
HOMESTEAD, FL 33031



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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.
20780 SW 236 STREET
HOMESTEAD, FL 33031

305-269-7050

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2016
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

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

TAX PREPARATION FEE

\$ 1375.00

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

MARCH 12, 2018

FLORIDA PASO FINO HORSE ASSOCIATION INC.
20780 SW 236 STREET
HOMESTEAD, FL 33031

FLORIDA PASO FINO HORSE ASSOCIATION INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT
ORGANIZATION RETURN, AS FOLLOWS...

2016 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, 2016

Prepared for	FLORIDA PASO FINO HORSE ASSOCIATION INC. 20780 SW 236 STREET HOMESTEAD, FL 33031
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 MY OFFICE. I WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO ME AS SOON AS POSSIBLE.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20____

2016

Department of the Treasury
Internal Revenue Service

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

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

Name of exempt organization

Employer identification number

FLORIDA PASO FINO HORSE ASSOCIATION INC.

65-0086279

Name and title of officer

**SERGIO GARCIA
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>586,341.</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, line 3c)	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 2016 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 2016 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 2016 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 2016 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 PA Date ▶ 03/12/18

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

Form **990**

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FLORIDA PASO FINO HORSE ASSOCIATION INC.		D Employer identification number 65-0086279
	Doing business as		E Telephone number 305-269-7050
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	20780 SW 236 STREET		G Gross receipts \$ 586,341.
	City or town, state or province, country, and ZIP or foreign postal code HOMESTEAD, FL 33031		
F Name and address of principal officer: SERGIO GARCIA SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.FLORIDAPFHA.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1968 **M State of legal domicile:** FL

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PRIMARY PURPOSE OF THE FLORIDA PASO FINO HORSE ASSOCIATION, INC. (FL PFHA) IS TO PROMOTE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	21,990.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	415,568.	564,219.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	132.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	415,568.	586,341.
Expenses	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.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	479,921.	587,891.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	479,921.	587,891.
19 Revenue less expenses. Subtract line 18 from line 12	-64,353.	-1,550.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	118,197.	116,647.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		118,197.	116,647.

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.

Sign Here	Signature of officer	Date			
	SERGIO GARCIA, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RICARDO SANTOS, CPA	Preparer's signature RICARDO SANTOS, CPA	Date 03/12/18	Check if self-employed <input type="checkbox"/>	PTIN P00363698
	Firm's name ▶ RICARDO SANTOS CPA PA	Firm's EIN ▶ 20-2067431	Phone no. (305) 961-1147		
Firm's address ▶ 9415 SW 72ND STREET SUITE 218 MIAMI, FL 33173					

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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.

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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</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), 501(c)(4), and 501(c)(29) 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 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? <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?		
Note. All Form 990 filers are required to complete Schedule O	X	

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

Input box for Schedule O check

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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?		
10b			
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		
12c			
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?		
16b			

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, address, and telephone number of the person who possesses the organization's books and records: **FELICIA MOREJON - 305-916-8609**
20780 SW 236 STREET, HOMESTEAD, FL 33031

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) 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) JACQUELINE SAAVEDRA DIRECTOR	6.00	X					0.	0.	0.	
(2) JORGE PINEDA DIRECTOR	6.00	X					0.	0.	0.	
(3) ROMULO CACERES DIRECTOR	6.00	X					0.	0.	0.	
(4) ANA MARIA FRANCO DIRECTOR	6.00	X					0.	0.	0.	
(5) LUISA FERNANDA ESCUDERO DIRECTOR	6.00	X					0.	0.	0.	
(6) SERGIO GARCIA PRESIDENT	6.00			X			0.	0.	0.	
(7) MARIO HERNANDEZ VICE PRESIDENT	6.00			X			0.	0.	0.	
(8) ORLANDO ALVAREZ SECRETARY	6.00			X			0.	0.	0.	
(9) CHRISTINA KENT-BOWDEN TREASURER	6.00			X			0.	0.	0.	
(10) NELSON PRIMUS 2ND VICE PRESIDENT	6.00			X			0.	0.	0.	
(11) GUILLERMO IGLESIAS TREASURER	6.00			X			0.	0.	0.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 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	21,990.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			21,990.				
Program Service Revenue	2 a SHOW ENTRY FEES	Business Code	711210	564,219.	564,219.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			564,219.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			132.	132.			
	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								
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				586,341.	564,351.	0.	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 or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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 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	400.			
c Accounting	2,400.			
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.)	19,139.			
12 Advertising and promotion				
13 Office expenses	6,107.			
14 Information technology	3,094.			
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	18,938.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,703.			
23 Insurance	2,804.			
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 COSTS OF SHOWS FEES	493,850.			
b MERCHANT FEES	16,828.			
c CHARITABLE CONTRIBUTION	10,671.			
d STORAGE	7,109.			
e All other expenses	4,848.			
25 Total functional expenses. Add lines 1 through 24e	587,891.			
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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	110,430.	1	110,583.
	2 Savings and temporary cash investments		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 37,202.		
	b Less: accumulated depreciation	10b 33,338.	5,567.	10c 3,864.
	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)		118,197.	16 116,647.	
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		25	
	26 Total liabilities. Add lines 17 through 25		0.	26 0.
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	118,197.	32	116,647.
33 Total net assets or fund balances	118,197.	33	116,647.	
34 Total liabilities and net assets/fund balances	118,197.	34	116,647.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	586,341.
2	Total expenses (must equal Part IX, column (A), line 25)	2	587,891.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,550.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118,197.
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	116,647.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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 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

FLORIDA PASO FINO HORSE ASSOCIATION INC.

Employer identification number

65-0086279

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(5) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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 FLORIDA PASO FINO HORSE ASSOCIATION INC.	Employer identification number 65-0086279
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BENJAMIN LEON 6800 NW 193 STREET MICANOPY, FL 32667	\$ 21,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FLORIDA PASO FINO HORSE ASSOCIATION INC.	Employer identification number 65-0086279
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization FLORIDA PASO FINO HORSE ASSOCIATION INC.	Employer identification number 65-0086279
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Part III 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 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 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	
(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

2016

Open to Public Inspection

Name of the organization: FLORIDA PASO FINO HORSE ASSOCIATION INC. Employer identification number: 65-0086279

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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" on 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		7,359.	7,359.	0.
e Other		29,843.	25,979.	3,864.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,864.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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.

Multiple horizontal lines provided for entering supplemental 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.

▶ Information about Schedule O (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

FLORIDA PASO FINO HORSE ASSOCIATION INC.

Employer identification number

65-0086279

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 11B:

A COPY WAS RECEIVED FROM THE ENTITIES' INDEPENDENT ACCOUNTANTS AND ALL
BOARD MEMBERS REVIEWED THE FORM 990 AT A MEETING BEFORE SIGNING FORM
8879-EO FOR ELECTRONIC FILING OF FORM 990.

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

BY WRITTEN REQUEST THE REQUIRED INFORMATION WILL BE PROVIDED.

2016 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
	MACHINERY & EQUIPMENT														
2	OFFICE EQUIPMENT	01/01/06	200DB	5.00		HY17	450.				450.	450.		0.	450.
3	LCD TV AND VIDEO PLAYER	03/04/08	200DB	5.00		HY17	744.			372.	372.	372.		0.	372.
4	FANS	05/07/08	200DB	5.00		HY17	383.			192.	191.	191.		0.	191.
5	FANS	06/02/08	200DB	5.00		HY17	353.			177.	176.	176.		0.	176.
6	STORAGE TRUNKS	10/01/08	200DB	5.00		HY17	128.			64.	64.	64.		0.	64.
7	STORAGE TRUNKS	11/11/08	200DB	5.00		HY17	63.			32.	31.	31.		0.	31.
8	MICROFRAME NUMBER/TIMER	02/20/08	200DB	5.00		HY17	421.			211.	210.	210.		0.	210.
15	PVC 2 RAIL FENCE	03/03/08	200DB	5.00		HY17	4,557.			2,279.	2,278.	2,278.		0.	2,278.
20	UTILITY CARTS	05/14/08	200DB	5.00		HY17	260.			130.	130.	130.		0.	130.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						7,359.			3,457.	3,902.	3,902.		0.	3,902.
	PROGRAM SERVICES														
21	BOSCH HAMMER & ACCESSORIES	05/04/09	200DB	5.00		HY17	1,538.			769.	769.	769.		0.	769.
23	PVC 2 RAIL FENCE	05/08/09	200DB	5.00		HY17	2,683.			1,342.	1,341.	1,341.		0.	1,341.
24	POWER TOOL	05/11/09	200DB	5.00		HY17	1,213.			607.	606.	606.		0.	606.
28	ARENA SUNBLOCK SCREEN	05/31/10	SL	10.00		HY17	6,702.				6,702.	3,685.		670.	4,355.
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.	

2016 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
31	HORSE MEASURING STICK	01/23/12	200DB	5.00	HY17	92.			46.	46.	38.		5.	43.
32	HP LASERJET	05/31/12	200DB	5.00	HY17	267.			134.	133.	110.		15.	125.
33	MICROSHIP READER	04/06/12	200DB	3.00	HY17	379.			190.	189.	189.		0.	189.
34	PLANTERS	01/17/12	200DB	5.00	HY17	207.			104.	103.	86.		11.	97.
36	FENCE	10/03/13	200DB	5.00	MQ17	1,164.			582.	582.	383.		80.	463.
37	FENCE	10/21/13	200DB	5.00	MQ17	346.			173.	173.	114.		24.	138.
38	TWO WAY RADIOS	01/19/14	200DB	5.00	HY17	103.			52.	51.	26.		10.	36.
39	FINO BOARD	01/30/14	200DB	5.00	HY17	2,871.			1,436.	1,435.	746.		276.	1,022.
40	STORAGE BINS	03/04/14	200DB	5.00	HY17	352.			176.	176.	91.		34.	125.
41	MICROCHIP READER	01/01/14	200DB	5.00	HY17	379.			190.	189.	98.		36.	134.
42	LAPTOP COMPUTER	01/13/14	200DB	5.00	HY17	514.			257.	257.	133.		50.	183.
43	LINEN	05/05/15	200DB	5.00	HY17	1,160.			580.	580.	116.		186.	302.
44	BANNERS AND FLAGS	05/19/15	200DB	5.00	HY17	1,915.			958.	957.	191.		306.	497.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					23,712.			9,423.	14,289.	8,722.		1,703.	10,425.
	OTHER													
11	DECORATIVE ITEMS	04/03/08	200DB	5.00	HY17	128.			64.	64.	64.		0.	64.
12	DECORATIVE ITEMS	04/15/08	200DB	5.00	HY17	121.			61.	60.	60.		0.	60.
13	DECORATIVE ITEMS	04/25/08	200DB	5.00	HY17	155.			78.	77.	77.		0.	77.

2016 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
22	DECORATIVE ITEMS	04/30/09	200DB	5.00		HY17	230.			115.	115.	115.		0.	115.
	* 990 PAGE 10 TOTAL OTHER						634.			318.	316.	316.		0.	316.
	* 990 PAGE 10 TOTAL -						31,705.			13,198.	18,507.	12,940.		1,703.	14,643.
	OTHER														
17	TABLE LINENS & SKIRTING	02/28/08	200DB	5.00		HY17	1,221.			611.	610.	610.		0.	610.
18	TABLE LINENS & SKIRTING	04/15/08	200DB	5.00		HY17	747.			374.	373.	373.		0.	373.
27	TABLE LINENS & SKIRTING	04/28/10	200DB	5.00		HY17	852.				852.	852.		0.	852.
	* 990 PAGE 10 TOTAL OTHER						2,820.			985.	1,835.	1,835.		0.	1,835.
	* 990 PAGE 10 TOTAL -						2,820.			985.	1,835.	1,835.		0.	1,835.
	OTHER														
9	BANNERS AND FLAGS	04/03/08	200DB	5.00		HY17	421.			211.	210.	210.		0.	210.
10	BANNERS AND FLAGS	05/15/08	200DB	5.00		HY17	807.			404.	403.	403.		0.	403.
	* 990 PAGE 10 TOTAL OTHER						1,228.			615.	613.	613.		0.	613.
	* 990 PAGE 10 TOTAL -						1,228.			615.	613.	613.		0.	613.
	FURNITURE & FIXTURES														
16	RUSTIC PATIO FURNITURE	08/28/08	200DB	7.00		HY17	404.			202.	202.	202.		0.	202.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						404.			202.	202.	202.		0.	202.
	OTHER														

2016 DEPRECIATION AND AMORTIZATION REPORT

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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
14	DECORATIVE ITEMS	05/14/08	200DB	5.00		HY17	730.			365.	365.	365.		0.	365.
	* 990 PAGE 10 TOTAL OTHER						730.			365.	365.	365.		0.	365.
	* 990 PAGE 10 TOTAL -						1,134.			567.	567.	567.		0.	567.
	OTHER														
25	FLAGS JACKETS	06/01/09	200DB	5.00		HY17	315.			158.	157.	157.		0.	157.
	* 990 PAGE 10 TOTAL OTHER						315.			158.	157.	157.		0.	157.
	* 990 PAGE 10 TOTAL -						315.			158.	157.	157.		0.	157.
	* GRAND TOTAL 990 PAGE 10 DEPR						37,202.			15,523.	21,679.	16,112.		1,703.	17,815.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

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.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. FLORIDA PASO FINO HORSE ASSOCIATION INC.	Employer identification number (EIN) or 65-0086279
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 20780 SW 236 STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOMESTEAD, FL 33031	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

FELICIA MOREJON

• The books are in the care of ▶ **20780 SW 236 STREET - HOMESTEAD, FL 33031**
Telephone No. ▶ **305-916-8609** 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.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FLORIDA PASO FINO HORSE ASSOCIATION 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
	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.	372.		0.
4	FANS	050708	200DB	5.00	17	383.		192.	191.	191.		0.
5	FANS	060208	200DB	5.00	17	353.		177.	176.	176.		0.
6	STORAGE TRUNKS	100108	200DB	5.00	17	128.		64.	64.	64.		0.
7	STORAGE TRUNKS	111108	200DB	5.00	17	63.		32.	31.	31.		0.
8	MICROFRAME NUMBER/TIMER	022008	200DB	5.00	17	421.		211.	210.	210.		0.
15	PVC 2 RAIL FENCE	030308	200DB	5.00	17	4,557.		2,279.	2,278.	2,278.		0.
20	UTILITY CARTS	051408	200DB	5.00	17	260.		130.	130.	130.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					7,359.		3,457.	3,902.	3,902.		0.
	PROGRAM SERVICES											
21	BOSCH HAMMER & ACCESSORIES	050409	200DB	5.00	17	1,538.		769.	769.	769.		0.
23	PVC 2 RAIL FENCE	050809	200DB	5.00	17	2,683.		1,342.	1,341.	1,341.		0.
24	POWER TOOL	051109	200DB	5.00	17	1,213.		607.	606.	606.		0.
28	ARENA SUNBLOCK SCREEN	053110	SL	10.00	17	6,702.			6,702.	3,685.		670.
29	TABLE LINENS & SKIRTING	041911	200DB	5.00	17	577.		577.				0.
30	TRAILER	072411	200DB	5.00	17	1,250.		1,250.				0.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FLORIDA PASO FINO HORSE ASSOCIATION 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
31	HORSE MEASURING STICK	012312	200DB	5.00	17	92.		46.	46.	38.		5.
32	HP LASERJET	053112	200DB	5.00	17	267.		134.	133.	110.		15.
33	MICROSHIP READER	040612	200DB	3.00	17	379.		190.	189.	189.		0.
34	PLANTERS	011712	200DB	5.00	17	207.		104.	103.	86.		11.
36	FENCE	100313	200DB	5.00	17	1,164.		582.	582.	383.		80.
37	FENCE	102113	200DB	5.00	17	346.		173.	173.	114.		24.
38	TWO WAY RADIOS	011914	200DB	5.00	17	103.		52.	51.	26.		10.
39	FINO BOARD	013014	200DB	5.00	17	2,871.		1,436.	1,435.	746.		276.
40	STORAGE BINS	030414	200DB	5.00	17	352.		176.	176.	91.		34.
41	MICROCHIP READER	010114	200DB	5.00	17	379.		190.	189.	98.		36.
42	LAPTOP COMPUTER	011314	200DB	5.00	17	514.		257.	257.	133.		50.
43	LINEN	050515	200DB	5.00	17	1,160.		580.	580.	116.		186.
44	BANNERS AND FLAGS	051915	200DB	5.00	17	1,915.		958.	957.	191.		306.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					23,712.		9,423.	14,289.	8,722.		1,703.
	OTHER											
11	DECORATIVE ITEMS	040308	200DB	5.00	17	128.		64.	64.	64.		0.
12	DECORATIVE ITEMS	041508	200DB	5.00	17	121.		61.	60.	60.		0.
13	DECORATIVE ITEMS	042508	200DB	5.00	17	155.		78.	77.	77.		0.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FLORIDA PASO FINO HORSE ASSOCIATION 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
22	DECORATIVE ITEMS	043009	200DB	5.00	17	230.		115.	115.	115.		0.
	* 990 PAGE 10 TOTAL											
	OTHER					634.		318.	316.	316.		0.
	* 990 PAGE 10 TOTAL											
	-					31,705.		13,198.	18,507.	12,940.		1,703.
	OTHER											
17	TABLE LINENS & SKIRTING	022808	200DB	5.00	17	1,221.		611.	610.	610.		0.
18	TABLE LINENS & SKIRTING	041508	200DB	5.00	17	747.		374.	373.	373.		0.
27	TABLE LINENS & SKIRTING	042810	200DB	5.00	17	852.			852.	852.		0.
	* 990 PAGE 10 TOTAL											
	OTHER					2,820.		985.	1,835.	1,835.		0.
	* 990 PAGE 10 TOTAL											
	-					2,820.		985.	1,835.	1,835.		0.
	OTHER											
9	BANNERS AND FLAGS	040308	200DB	5.00	17	421.		211.	210.	210.		0.
10	BANNERS AND FLAGS	051508	200DB	5.00	17	807.		404.	403.	403.		0.
	* 990 PAGE 10 TOTAL											
	OTHER					1,228.		615.	613.	613.		0.
	* 990 PAGE 10 TOTAL											
	-					1,228.		615.	613.	613.		0.
	FURNITURE & FIXTURES											
16	RUSTIC PATIO FURNITURE	082808	200DB	7.00	17	404.		202.	202.	202.		0.
	* 990 PAGE 10 TOTAL											
	FURNITURE & FIXTUR					404.		202.	202.	202.		0.
	OTHER											

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FLORIDA PASO FINO HORSE ASSOCIATION 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
14	DECORATIVE ITEMS	051408	200DB	5.00	17	730.		365.	365.	365.		0.
	* 990 PAGE 10 TOTAL											
	OTHER					730.		365.	365.	365.		0.
	* 990 PAGE 10 TOTAL											
	-					1,134.		567.	567.	567.		0.
	OTHER											
25	FLAGS JACKETS	060109	200DB	5.00	17	315.		158.	157.	157.		0.
	* 990 PAGE 10 TOTAL											
	OTHER					315.		158.	157.	157.		0.
	* 990 PAGE 10 TOTAL											
	-					315.		158.	157.	157.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR					37,202.		15,523.	21,679.	16,112.		1,703.

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FLORIDA PASO FINO HORSE ASSOCIATION INC.

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.	372.	0.
4	FANS	050708	200DB	5.00	383.	192.	191.	191.	0.
5	FANS	060208	200DB	5.00	353.	177.	176.	176.	0.
6	STORAGE TRUNKS	100108	200DB	5.00	128.	64.	64.	64.	0.
7	STORAGE TRUNKS	111108	200DB	5.00	63.	32.	31.	31.	0.
8	MICROFRAME NUMBER/TIMER	022008	200DB	5.00	421.	211.	210.	210.	0.
15	PVC 2 RAIL FENCE	030308	200DB	5.00	4,557.	2,279.	2,278.	2,278.	0.
20	UTILITY CARTS	051408	200DB	5.00	260.	130.	130.	130.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				7,359.	3,457.	3,902.	3,902.	0.
	PROGRAM SERVICES								
21	BOSCH HAMMER & ACCESSORIES	050409	200DB	5.00	1,538.	769.	769.	769.	0.
23	PVC 2 RAIL FENCE	050809	200DB	5.00	2,683.	1,342.	1,341.	1,341.	0.
24	POWER TOOL	051109	200DB	5.00	1,213.	607.	606.	606.	0.
28	ARENA SUNBLOCK SCREEN	053110	SL	10.00	6,702.		6,702.	4,355.	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.	43.	3.
32	HP LASERJET	053112	200DB	5.00	267.	134.	133.	125.	8.
33	MICROSHIP READER	040612	200DB	3.00	379.	190.	189.	189.	0.
34	PLANTERS	011712	200DB	5.00	207.	104.	103.	97.	6.
36	FENCE	100313	200DB	5.00	1,164.	582.	582.	463.	63.
37	FENCE	102113	200DB	5.00	346.	173.	173.	138.	19.
38	TWO WAY RADIOS	011914	200DB	5.00	103.	52.	51.	36.	6.
39	FINO BOARD	013014	200DB	5.00	2,871.	1,436.	1,435.	1,022.	165.
40	STORAGE BINS	030414	200DB	5.00	352.	176.	176.	125.	20.
41	MICROCHIP READER	010114	200DB	5.00	379.	190.	189.	134.	22.
42	LAPTOP COMPUTER	011314	200DB	5.00	514.	257.	257.	183.	30.
43	LINEN	050515	200DB	5.00	1,160.	580.	580.	302.	111.
44	BANNERS AND FLAGS	051915	200DB	5.00	1,915.	958.	957.	497.	184.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES				23,712.	9,423.	14,289.	10,425.	1,307.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FLORIDA PASO FINO HORSE ASSOCIATION INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	OTHER								
11	DECORATIVE ITEMS	040308	200DB	5.00	128.	64.	64.	64.	0.
12	DECORATIVE ITEMS	041508	200DB	5.00	121.	61.	60.	60.	0.
13	DECORATIVE ITEMS	042508	200DB	5.00	155.	78.	77.	77.	0.
22	DECORATIVE ITEMS	043009	200DB	5.00	230.	115.	115.	115.	0.
	* 990 PAGE 10 TOTAL OTHER				634.	318.	316.	316.	0.
	* 990 PAGE 10 TOTAL -				31,705.	13,198.	18,507.	14,643.	1,307.
	OTHER								
17	TABLE LINENS & SKIRTING	022808	200DB	5.00	1,221.	611.	610.	610.	0.
18	TABLE LINENS & SKIRTING	041508	200DB	5.00	747.	374.	373.	373.	0.
27	TABLE LINENS & SKIRTING	042810	200DB	5.00	852.		852.	852.	0.
	* 990 PAGE 10 TOTAL OTHER				2,820.	985.	1,835.	1,835.	0.
	* 990 PAGE 10 TOTAL -				2,820.	985.	1,835.	1,835.	0.
	OTHER								
9	BANNERS AND FLAGS	040308	200DB	5.00	421.	211.	210.	210.	0.
10	BANNERS AND FLAGS	051508	200DB	5.00	807.	404.	403.	403.	0.
	* 990 PAGE 10 TOTAL OTHER				1,228.	615.	613.	613.	0.
	* 990 PAGE 10 TOTAL -				1,228.	615.	613.	613.	0.
	FURNITURE & FIXTURES								
16	RUSTIC PATIO FURNITURE	082808	200DB	7.00	404.	202.	202.	202.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				404.	202.	202.	202.	0.
	OTHER								
14	DECORATIVE ITEMS	051408	200DB	5.00	730.	365.	365.	365.	0.
	* 990 PAGE 10 TOTAL OTHER				730.	365.	365.	365.	0.
	* 990 PAGE 10 TOTAL -				1,134.	567.	567.	567.	0.
	OTHER								
25	FLAGS JACKETS	060109	200DB	5.00	315.	158.	157.	157.	0.
	* 990 PAGE 10 TOTAL OTHER				315.	158.	157.	157.	0.
	* 990 PAGE 10 TOTAL -				315.	158.	157.	157.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR				37,202.	15,523.	21,679.	17,815.	1,307.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone