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990-PF

Department of the Treasury

### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2010

		nue Service Note. The foundation may be able		urn to satisfy si	ate reporting	requirements	L
		<del></del>	and ending			<del></del>	
G (	Check a		turn of a former public		l	Final return	
-		Amended return Add	lress change	Nam	e change		<del></del> _
		oundation IDA HORSEMEN'S CHARITABLE				loyer identification num – 0052881	ber
		DATION, INC  nd street (or P O box number if mail is not delivered to street address	-	Room/suite	_	hone number (see page 1 5 - 625 - 4591	0 of the instructions)
		1 NW 27 AVE	"   '	(OOIII/Suite		mption application is pend	ing check here
		rn, state, and ZiP code			7	oreign organizations, check	
	IAM:						L
		type of organization X Section 501(c)(3) exempt private	foundation		1	oreign organizations meetir i% test, check here and att	· _
			le private foundation		ł	rate foundation status was	
		ket value of all assets at J Accounting method	ian in	crual	<b>-</b> 1	on 507(b)(1)(A), check here	
		, <u> </u>	ZE Casii Ac	Ciuai		foundation is in a 60-mont	
	ne 16) <b>l</b>		ha an cash hasis \		1	r section 507(b)(1)(B), che	
	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue and	1			(d) Disbursements
	MIT 1	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net	nvestment	(c) Adjusted net	for charitable
		the amounts in column (a) (see page 11 of the instructions) )	books	ind	come	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	114,20	n ·		, , ,	(Cash pasis Only)
	2	Check In the foundation is <b>not</b> required to attach Sch B	111,20	1			
	3	Interest on savings and temporary cash investments		<del>†</del>			
	4	Dividends and interest from securities	1:	,	12	12	
	5a	Gross rents					
	b	Net rental income or (loss)				·	
ne	6a	Net gain or (loss) from sale of assets not on line 10		†			
e,	b	Gross sales price for all assets on line 6a		<del>                                     </del>		KCCEIVE	
Revenue	7	Capital gain net income (from Part IV, line 2)		<del> </del>	10		70
ш	8	Net short-term capital gain		1	18	FEB 0 8 210	1 8
	9	Income modifications		<del>-</del>	153	TED A 9 CA	1 6
	10a	Gross sales less returns & allowances		<del>                                     </del>			<b>□</b> J <u>@</u> †
	Ь	Less Cost of goods sold		<del></del>		UGUEN H	7
	C	Gross profit or (loss) (attach schedule)			*******		
	11	Other income (attach schedule)		<del> </del>			
	12	Total. Add lines 1 through 11	114,21	2	12	12	
	13	Compensation of officers, directors, trustees, etc		<del>-</del>			
es	14	Other employee salaries and wages					
enses	15	Pension plans, employee benefits		1			
be	16a	Legal fees (attach schedule)		<del> </del>			
Exp	b	Accounting fees (attach schedule)		1			
S C	C	Other professional fees (attach schedule)		1			
ati	17	Interest	· · · · · · · · · · · · · · · · · · ·	1	-		
str	18	Taxes (attach schedule) (see page 14 of the instructions) Stmt 1		5			
Ξ	19	Depreciation (attach schedule) and depletion		1			
<u>=</u> Ę,	20	Occupancy		1			
₹	21	Travel, conferences, and meetings		1	<del> </del>		
ည္က	22	Printing and publications					
تط ه	23	Other expenses (att sch)  Stmt 2	15	0			
œΞ	24	Total operating and administrative expenses.					
Ta	1	Add lines 13 through 23	15	5	0		0
_g	25	Contributions, gifts, grants paid	132,47				132,479
ĘO.	26	Total expenses and disbursements, Add lines 24 and 25	132,63		0	0	132,479
<u> </u>	27	Subtract line 26 from line 12					
3	a	Excess of revenue over expenses and disbursements	-18,42	2			
SCANNED FEB 1 8 2011 Operating and Administrative	b	Net investment income (if negative, enter -0-)			12		
U U	c					12	

orm 9	90-PF (2010) FLORIDA HORSEMEN'S CHARITABLE	30-00528	81	Page 2
· n - u	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
`Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing			
2	Savings and temporary cash investments	109,324	90,902	90,902
3	Accounts receivable ▶		·	•
	Less allowance for doubtful accounts ▶			-
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
1	disqualified persons (attach schedule) (see page 15 of the			
	instructions)			
7	Other notes and loans receivable (att. schedule)			
	Less allowance for doubtful accounts ▶			
2 8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
10				····
l t				
11	Investments—land, buildings, and equipment basis ▶		······································	
1	Less accumulated depreciation (attach sch )			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis			
'	Less accumulated depreciation (attach sch )		•	
15	Other assets (describe ► )			
16	Total assets (to be completed by all filers—see the			
"	instructions Also, see page 1, item I)	109,324	90,902	90,902
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			,
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)	0	0	
25	Foundations that follow SFAS 117, check here			
0	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted	109,324	90,902	
25	Temporanly restricted	103/321	30,7502	
26	Permanently restricted			
3 20	·			
3	Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31.			
		İ		
5 27	Capital stock, trust principal, or current funds		<del></del>	
28 D 20	Paid-in or capital surplus, or land, bldg , and equipment fund		<del></del>	
29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see page 17 of the	100 324	90 902	
	instructions)	109,324	90,902	
31	Total liabilities and net assets/fund balances (see page 17	109,324	90,902	
<u> </u>	of the instructions)	109,324	90,902	
Par	······································	naron with	· · · · · · · · · · · · · · · · · · ·	
	tal net assets or fund balances at beginning of year—Part II, column (a), line 30 (must	agree with		100 204
	d-of-year figure reported on prior year's return)		1	109,324
	ter amount from Part I, line 27a		2	-18,422
	ner increases not included in line 2 (itemize)		3	90,902
+ A0	d lines 1, 2, and 3		4	30,302

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions on page 18

Form	990-PF (2010) FLORIDA HORSEMEN'S CHARITABLE 30-0052881			P	age 4			
, Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	tructions)						
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1							
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	Ī						
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check							
	here ▶ ☐ and enter 1% of Part I, line 27b	I						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	1						
	Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0			
3	Add lines 1 and 2	3						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0			
6	Credits/Payments							
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a	1						
b	Exempt foreign organizations—tax withheld at source 6b							
С	Tax paid with application for extension of time to file (Form 8868)  6c	1						
d	Backup withholding erroneously withheld 6d	1						
7	Total credits and payments Add lines 6a through 6d	7						
8	Enter any penalty for underpayment of estimated tax. Check here	8						
9		9						
10		10						
11	· ·	11						
Pa	irt VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No			
	participate or intervene in any political campaign?		1a		х			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19							
	of the instructions for definition)?							
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials							
	published or distributed by the foundation in connection with the activities							
С	Did the foundation file Form 1120-POL for this year?		1c		x			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
-	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
•	on foundation managers > \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х			
-	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of							
Ū	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		х			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		X			
•	If "Yes," attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
Ū	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directions that							
	conflict with the state law remain in the governing instrument?		6	x	Ì			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	<u> </u>			
, 8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the							
Va	instructions)  None							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General							
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	İ			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		35					
9	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			:				
	27)? If "Yes," complete Part XIV		9		x			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				<del></del>			
10	names and addresses		10		х			
	names and addresses			0-PF	(2010)			

Form		ORSEMEN'S CHARITABLE		052881			Page 6
_ Pa	rt VII-B Statements Re	garding Activities for Which For	m 4720 May Be Re	equired (conti	nued)	······	
5a	During the year did the foundation i	pay or incur any amount to					1
	(1) Carry on propaganda, or other	wise attempt to influence legislation (section	1 4945(e))?	Y	es X No		1
	(2) Influence the outcome of any s	pecific public election (see section 4955), or	r to carry on,				1
	directly or indirectly, any voter i	registration drive?		_ Y	'es X No		1
	(3) Provide a grant to an individual	for travel, study, or other similar purposes?	7	Y	'es X No		
	(4) Provide a grant to an organizat	ion other than a charitable, etc , organizatio	n described in				1
	section 509(a)(1), (2), or (3), or	r section 4940(d)(2)? (see page 22 of the in:	structions)	Y	'es X No		
		than religious, charitable, scientific, literary,					I
	purposes, or for the prevention	of cruelty to children or animals?		□ Y	es X No		-
b	If any answer is "Yes" to 5a(1)-(5),	did any of the transactions fail to qualify un	der the exceptions desc	cribed in			1
		a current notice regarding disaster assistance			N/A	5b	
		notice regarding disaster assistance check h			▶ 🗍		
C		a(4), does the foundation claim exemption f					-
	because it maintained expenditure			N/A 🗌 Y	es No		1
	· · · · · · · · · · · · · · · · · · ·	red by Regulations section 53 4945-5(d)					[
6a	•	, receive any funds, directly or indirectly, to p	pay premiums				1
	on a personal benefit contract?	. ,	• • •	□ Y	es X No		1
b	·	, pay premiums, directly or indirectly, on a pe	ersonal benefit contract			6b	x
-	If "Yes" to 6b, file Form 8870	per promiser and any armoning armoning					
7a	•	s the foundation a party to a prohibited tax s	shelter transaction?	□ <b>Y</b>	es X No		
b	, , , , , ,	ny proceeds or have any net income attribut		<u></u>	N/A	7ь	Ī
		ut Officers, Directors, Trustees,			<del></del>		
٠,	and Contractors	at 01110010, 21100t010, 11101000,		g • . · . , g , .	p.0,0	••,	
1		, foundation managers and their comper	nsation (see page 22 o	f the instructions	).		
			1		(d) Contributions to	T	
	(a) Nar	ne and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit		ense account,
	(-)		devoted to position	-0-)	plans and deferred compensation	otner	r allowances
91	MUEL GORDON	MIAMI	PRESIDENT			<del>                                     </del>	
	.001 NW 27 AVE	FL 33056	5.00	اه	C	,	0
	INT H STIRLING	MIAMI	SECRETARY	<u>`</u>		†	
	.001 NW 27 AVE	FL 33056	5.00	٥	C	,	0
	RRY ROSE	MIAMI	TREASURER	Ĭ		+-	
		FL 33056	5.00	ا	c		0
	.001 NW 27 AVE	FE 33036	3.00			<del>                                     </del>	
	Composition of five bisheet as	aid employees (other than those included	d on line 4	22 of the instruct	rione)		<del> </del>
2	If none, enter "NONE."	ad employees (other than those included	i on line i — see page	23 Of the instruct	110115).		
	in indirect indirect.				(d) Contributions to	Τ	
	(a) Name and address of eac	h employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Exp	ense account,
	(a) Name and address of each	remployee paid more than \$30,000	devoted to position	(C) Compensation	plans and deferred compensation	other	raflowances
					Сотрепзацоп		
N	DNE			į l			
						+	
						+	
	·					↓	
			1.			<u> </u>	
Tota	I number of other employees paid ov	rer \$50,000				<b>&gt;</b>	0

Form 990-PF (2010) FLORIDA HORSEMEN'S CHARITABLE	30-0052881	Page <b>7</b>
. Part VIII Information About Officers, Directors, Trustees, Fo	undation Managers, Highly Paid Emp	loyees,
and Contractors (continued)		<del></del>
3 Five highest-paid independent contractors for professional services (see pa	· · · · · · · · · · · · · · · · · · ·	
(a) Name and address of each person paid more than \$50,000  NONE	(b) Type of service	(c) Compensation
NONE		İ
		<del></del>
Total autobas of others account to the control of t		
Total number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati	stical information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 HIS PLACE MINISTRIES		
CASH CONTRIBUTIONS TO ORGANIZATION		
		66,029
2 PURE THOUGHTS		
CASH CONTRIBUTIONS TO ORGANIZATION		
3 UNIVERSITY OF KY RESEARCH FOUNDATION		21,000
MAXWELL GLUCK EQUINE RESEARCH CENTER		
CASH CONTRIBUTIONS TO ORGANIZATION		15,000
4 ELITE GREYHOUND ADOPTIONS INC.		13,000
ELITE THOROUGHBREDS		
CASH CONTRIBUTIONS TO ORGANIZATION		15,000
Part IX-B Summary of Program-Related Investments (see page 2)		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2	Amount
1 N/A		
2		
2		
All other program-related investments. See page 24 of the instructions		
3		
		<del></del> -
Total. Add lines 1 through 3	<b>▶</b> i	

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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6

132,479

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

, Pa	rt XIII Undistributed Income	(see page 26 of t	he instructions)			
		·	(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part X	I,	Corpus	Years prior to 2009	2009	2010
	line 7					4,931
2	Undistributed income, if any, as of the end	l of 2010				
а	Enter amount for 2009 only					
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to 2					
а	From 2005		-			
b	From 2006					
С	From 2007	70,092				
ď		62,537				
-	From 2009	144,498				
	Total of lines 3a through e		277,127			
4	Qualifying distributions for 2010 from Part	YII	2,,,,==:			
•	line 4 ▶ \$ 132,479	Λιι,				
•	Applied to 2009, but not more than line 2a					
	Applied to 2009, but not more than line 2a					
U	• • • • • • • • • • • • • • • • • • • •					
_	(Election required—see page 26 of the ins	· ·				
С	Treated as distributions out of corpus (Ele					
	required—see page 26 of the instructions	)		······		4 000
	Applied to 2010 distributable amount		107 540	<u> </u>		4,931
	Remaining amount distributed out of corpi		127,548			
5	Excess distributions carryover applied to 2		·			
	(If an amount appears in column (d), the s	ame	:			
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5	404,675			
b	Prior years' undistributed income Subtrac	t				
	line 4b from line 2b					
C	Enter the amount of prior years' undistribu	ited				
	income for which a notice of deficiency ha	s				
	been issued, or on which the section 4942	?(a)			:	
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instructions					
е	Undistributed income for 2009 Subtract li	ne				
	4a from line 2a Taxable amount—see page	ge				
	27 of the instructions	-				
f	Undistributed income for 2010 Subtract li	nes				
	4d and 5 from line 1. This amount must be	e				
	distributed in 2011					0
7	Amounts treated as distributions out of co	rous				······································
	to satisfy requirements imposed by section	•				
	170(b)(1)(F) or 4942(g)(3) (see page 27 o					
	instructions)					
8	Excess distributions carryover from 2005	not				
•	applied on line 5 or line 7 (see page 27 of					
	instructions)					
9	Excess distributions carryover to 2011.					
3	Subtract lines 7 and 8 from line 6a	·	404,675			
10			±0±,0/5			
10	Analysis of line 9		:			
a	Excess from 2006	70 000				
b	Excess from 2007	70,092				
C	Excess from 2008	62,537				
d	Excess from 2009	144,498				
e	Excess from 2010	127,548			<u> </u>	<u> </u>

N/A

, Part XV Supplementary Information (co 3 Grants and Contributions Paid During the		ıture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year HIS PLACE MINISTRIES 7020 PINES BLVD PEMBROKE PINES FL 33024		CF	ARITABLE	66,029
PURE THOUGHTS 19181 CAPET CREEK LOXAHATCHEE FL 33470		CF	ARITABLE	21,000
ELITE PROGRAM INC 216 BRECKENRIDGE LANE VERSAILLES KY 40383		CF	ARITABLE	6,250
BETH DAVID TEMPLE 2625 SW THIRD AVENUE MIAMI FL 33129		CF	ARITABLE	500
SOUTH FLORIDA SPCA 15476 NW 77 COURT #440 MIAMI LAKES FL 33016		CF	ARITABLE	1,500
UNIVERSITY OF KENTUCKY 369 PETERSON SERVICE BLDG LEXINGTON KY 40506		CF	ARITABLE	15,000
ELITE GREYHOUND ADOPTIONS 851 HYDE PARK ROAD LOXAHATCHEE FL 33470		CF	ARITABLE	15,000
FLORIDA THOROUGHBRED 1219 SW IBIS ST PALM CITY FL 34990		CF	ARITABLE	7,200
Total		<u> </u>	▶ 3a	132,479
b Approved for future payment N/A				
Total			<b>▶</b> 3b	000 DE

Part XVI-A	Analysis of Income-Producing Act	ivities		·		
nter gross amou	unts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program sen	vice revenue					the instructions )
a				ļ		<del> </del>
b		ļ				<del> </del>
С						
d				<u> </u>		
е						
f						<del></del>
<b>g</b> Fees and	d contracts from government agencies			ļ		
2 Membership	dues and assessments			ļ		
3 Interest on sa	avings and temporary cash investments					··-·
4 Dividends an	nd interest from securities			ļ		12
<ol><li>Net rental inc</li></ol>	come or (loss) from real estate			<b></b>		
	anced property			ļ		<del>,, -</del>
	-financed property			<u> </u>		
	come or (loss) from personal property			ļ		
7 Other investr	ment income			ļ		
	) from sales of assets other than inventory					
	or (loss) from special events	<u> </u>		ļ		
•	or (loss) from sales of inventory	-		ļ		
1 Other revenu	ue a		<u></u>	ļ. <b></b>		
b				ļ		
c				ļ		
d						
е				ļ		
	d columns (b), (d), and (e)	L	0	<u> 1</u>	0	12
3 Total. Add lir	ne 12, columns (b), (d), and (e)				13	12
	n line 13 instructions on page 29 to verify calculations					
Part XVI-B	Relationship of Activities to the Ac					
Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpos instructions)					the
N/A			<del></del>		<del></del>	
						<del> </del>
			<del></del>		<del> </del>	
					<del> </del>	<del> </del>
						···
		·· -·				
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			<del></del>			<del></del>
		<del></del>	<del></del>			
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DAA	<u></u>					Form <b>990-PF</b> (2010)

Part X	(VII	Informat Exempt	_	_	ansfers To a	and 1	Fransactio	ns and F	Relationships Wit	h Nonchai	ritable		
1 Did	the oras		•		in any of the fo	ollowin	a with any oth	er organiza	ation described			Yes	No
	-		•		-		-	•	lating to political				
	anızatıor	• •			(-)(-)		,		and to bounce.				
			rting founda	tion to a nor	ncharitable exer	mpt or	ganization of						
	Cash		<b>g</b>				<b>3</b>				1a(1)		х
	Other a	ssets									1a(2)		X
	er trans										14(2)		<del></del>
		f assets to a	noncharita	hle exempt o	rganization						1b(1)	1 1	х
				•	xempt organiza	ation					1b(2)		X
٠,,		of facilities, e				allon					1b(3)	$\vdash$	X
		rsement arra	• • •	ouiei asse	, io						1b(3)	$\vdash$	X
		r loan guara	_								1b(5)	$\vdash$	X
		-		mhershin or	fundraising soli	licitatio	ne				1b(6)		X
				•	ier assets, or pa						1c		X
	_		•	•				a (b) should	d always show the fair r	market	_ 10		
									on received less than fa				
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(a) Lir		(b) Amour			of noncharitable			T	ther assets, or services  Description of transfers, tr		Lebampa arrange	mente	
A\N	10 110	(b) ranoui		(C) Italiic	Of Horichantable (	exempt	Organization	(4)	Description of dansiers, ti	ansactions, and	silating attainge	HICHIG	
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				-	ith, or related to				anizations				1
					nan section 501	1(c)(3)	) or in section	527?			∐ Y€	es X	No
b If"		nplete the fo		edule	<del>,</del>			<del></del>					
		) Name of orga	anızatıon		(b) Type	e of orga	anization		(c) Descrip	otion of relations	ship		
N/2	<u> </u>							ļ			·		
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				·				1					
	Under pe	nalties of perju	ury, I declare	that I have ex	amined this return	n, includ	ling accompany	ng schedule:	s and statements, and to the	e best of my kn	owledge and		
Sign	beller, IL	arde, correct	, and complet	e Declaration	or preparer tothe	er man t	axpayer or fluid	lary) is base	d on all information of whic	n preparer nas a	any knowledge		
lere		20	ڪھ	1				14/11	/M	lasum	٧٨		
1	Sign	nature of office	r or trustee	2		<u> </u>	Dat	9	Title				
	Print/T	ype preparer's	name				Preparer's signa	iture _	Λ		Date	Check	
Paid							11	//	-+1			self-emp	" لـــا ployed
reparer	MARK	GERSTL				//	1/and	Ger	me_	(	01/28/11		
Jse Only	Firm's	name 🕨 _			sen & G			P.A.		PTIN	P00930	934	
	Firm's	address >	2630	NE 203	rd St S	te	104		<u> </u>	Firm's EIN	65 065		
	<u></u>		Avent	ura, F	L 3318	<u> 30-2</u>	320			Phone no	305-93		
												<u> </u>	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

OMB No 1545-0047

2010

► Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization

FLORIDA HORSEMEN'S CHARITABLE

Employer identification number

FOUNDATION, IN	IC	30-0052881				
Organization type (check one)	Organization type (check one)					
Filers of	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	vered by the <b>General Rule</b> or a <b>Special Rule</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule Se	ее				
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money of contributor. Complete Parts I and II	OF .				
Special Rules						
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete.	he				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number Name of organization 30-0052881 FLORIDA HORSEMEN'S CHARITABLE Part I Contributors (see instructions) (d) (a) (c) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 1 CALDER RACE COURSE Person P.O. BOX 1808 Payroll 50,000 Noncash FL 33055 OPA LOCKA (Complete Part II if there is a noncash contribution ) (c) (d) (a) (b) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 2 GULFSTREAM PARK Person 901 S. FEDERAL HIGHWAY Payroll 57,000 Noncash HALLANDALE FL 33009 (Complete Part II if there is a noncash contribution) (d) (a) (b) (c) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 3 EARLE I MACK FOUNDATION Person 2115 LINWOOD AVENUE Payroll 5,000 SUITE 110 Noncash NJ 07024 FT LEE (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution)

Page 1 of 1 of Part I

# 5988 FLORIDA HORSEMEN'S CHARITABLE 30-0052881 FYE: 12/31/2010

## Federal Statements

	Charitable Purpose	w w
- Taxes	Adjusted	w w
Statement 1 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	w w
Statement 1 - Form 9	Total	w w
	Description	STMT 1 Total

	Charitable Purpose	\$		\$
chenses	Adjusted Net	Ŷ		\$
2 - Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	٠		\$
Statement 2 - Form 990-PF, I	Total	₩	150	\$ 150
Sta	Description		EXPENSES BANK CHARGES	Total

: 5988 FLORIDA HORSEMEN'S CHARITABLE

. 30-0052881

\* FYE: 12/31/2010

**Federal Statements** 

1/20/2011 10.01 AM

## **Taxable Dividends from Securities**

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	US Obs (\$ or %)
	\$ 12				
Total	\$ 12				