

**Return of Organization Exempt from Income Tax**

**2002**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2002 calendar year, or tax year beginning 4/01, 2002, and ending 3/31, 2003

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See specific instructions.

**COMBINED TRAINING EQUESTRIAN TEAM ALLIANCE, LTD**  
P O. BOX 620010  
WOODSIDE, CA 94062

**D** Employer Identification Number: 94-2417423

**E** Telephone number: \_\_\_\_\_

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

**H (a)** Is this a group return for affiliates?  Yes  No

**H (b)** If Yes, enter number of affiliates: \_\_\_\_\_

**H (c)** Are all affiliates included?  Yes  No  
(If No, attach a list. See instructions.)

**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4 digit GEN: \_\_\_\_\_

**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**G** Web site: N/A

**J** Organization type (check only one):  501(c) 3 (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,090,360

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See instructions)

<b>1</b> Contributions, gifts, grants, and similar amounts received				
<b>a</b> Direct public support	<b>1a</b>	<u>207,286</u>		
<b>b</b> Indirect public support	<b>1b</b>			
<b>c</b> Government contributions (grants)	<b>1c</b>			
<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>188,486</u> noncash \$ <u>18,800</u> )			<b>1d</b>	<u>207,286</u>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<u>738,483</u>
<b>3</b> Membership dues and assessments			<b>3</b>	<u>144,115</u>
<b>4</b> Interest on deposits and temporary cash investments			<b>4</b>	<u>476</u>
<b>5</b> Dividends and interest from securities			<b>5</b>	
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less: real estate expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe _____)			<b>7</b>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule) <u>STATEMENT 1</u>	<b>8b</b>	<u>3,968</u>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	<u>-3,968</u>	<b>8d</b>	<u>-3,968</u>
<b>9</b> Special events and activities (attach schedule)				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<u>1,086,392</u>
<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<u>953,179</u>
<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<u>68,108</u>
<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<u>14,292</u>
<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<u>1,035,579</u>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<u>50,813</u>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<u>608,113</u>
<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<u>658,926</u>



SCANNED DEC 13 2003

EXEMPT

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 5b, 8b, 9b 10b or 15 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	56,606	42,455	14,151
26	Other salaries and wages	26	157,419	157,419	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	17,434	13,076	4,358
30	Professional fundraising fees	30			
31	Accounting fees	31	22,035		22,035
32	Legal fees	32			
33	Supplies	33	10,436	7,827	2,609
34	Telephone	34	14,360	14,360	
35	Postage and shipping	35	1,077	808	269
36	Occupancy	36			
37	Equipment rental and maintenance	37	29,422	29,422	
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	8,203	8,203	
42	Depreciation, depletion, etc (attach schedule)	42	53,624	53,624	
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	43a	664,963	625,985	24,686
b		43b			
c		43c			
d		43d			
e		43e			
44	<b>Total functional expenses</b> (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44	1,035,579	953,179	68,108

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes, enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a THE ORGANIZATION PROVIDES EQUESTRIAN CLINICS (230 PEOPLE), HORSE TRIALS (745 PEOPLE), HORSE SHOWS (1,150 PEOPLE), AND GENERAL PUBLIC USE OF HORSE PARK (920 PEOPLE) (Grants and allocations \$ _____)	953,179
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), program services)	953,179

**Part IV Balance Sheets** (See Instructions)

**Note** Where required attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	45 Cash – non interest bearing	66,054	45	40,107
	46 Savings and temporary cash investments	1	46	1
	47 a Accounts receivable	47 a		
	b Less allowance for doubtful accounts	47 b		47 c
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b		48 c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	10,974	53	5,049.
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments – land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b		55 c
56 Investments – other (attach schedule)		56		
57 a Land, buildings, and equipment basis	57 a 855,937			
b Less accumulated depreciation (attach schedule)	57 b 134,831	620,855	57 c 721,106	
58 Other assets (describe ► <u>STATEMENT 4 SEE STATEMENT 5</u> )		58	7,139	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		697,884	59	773,402
<b>L I A B I L I T I E S</b>	60 Accounts payable and accrued expenses		60	9,338
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ► <u>SEE STATEMENT 6</u> )		89,771	65
66 <b>Total liabilities</b> (add lines 60 through 65)		89,771	66	114,476
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	608,113	72	658,926
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21).	608,113	73	658,926	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	697,884	74	773,402	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b> N/A
<b>b</b> Amounts included on line a but not on line 12, Form 990	
<b>(1)</b> Net unrealized gains on investments \$	
<b>(2)</b> Donated services and use of facilities \$	
<b>(3)</b> Recoveries of prior year grants \$	
<b>(4)</b> Other (specify)	
----- \$	
Add amounts on lines (1) through (4)	<b>b</b>
<b>c</b> Line a minus line b	<b>c</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line a	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$	
<b>(2)</b> Other (specify)	
----- \$	
Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>

<b>a</b> Total expenses and losses per audited financial statements	<b>a</b> N/A
<b>b</b> Amounts included on line a but not on line 17, Form 990	
<b>(1)</b> Donated services and use of facilities \$	
<b>(2)</b> Prior year adjustments reported on line 20, Form 990 \$	
<b>(3)</b> Losses reported on line 20, Form 990 \$	
<b>(4)</b> Other (specify)	
----- \$	
Add amounts on lines (1) through (4)	<b>b</b>
<b>c</b> Line a minus line b	<b>c</b>
<b>d</b> Amounts included on line 17, Form 990 but not on line a	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$	
<b>(2)</b> Other (specify)	
----- \$	
Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7		56,606	0	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If 'Yes' attach schedule - see instructions

**Part VI Other Information** (See instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
<b>b</b> If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures. See line 81 instructions	81a	0
<b>b</b> Did the organization file Form 1120-POL for this year?	81b	X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
<b>85</b> <i>501(c)(4), (5) or (6) organizations</i> <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86</b> <i>501(c)(7) organizations</i> Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87</b> <i>501(c)(12) organizations</i> Enter <b>a</b> Gross income from members or shareholders	87a	N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
<b>89a</b> <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u> .		
<b>b</b> <i>501(c)(3) and 501(c)(4) organizations</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90a</b> List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	0
<b>91</b> The books are in care of <u>PENNY GALLO</u> Telephone number <u>650-833-2064</u> Located at <u>400 HAMILTON AVENUE, PALO ALTO CALIF</u> ZIP + 4 <u>94301-1833</u>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)

**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a ARENA POLO CLUB ACTIV					6,000
b HORSE TRIALS					617,515
c OTHER PROGRAMS					3,185.
d TRAINING & GROUNDS US					111,783
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					144,115
95 Interest on savings & temporary cash invmnts					476
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-3,968
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					879,106
105 Total (add line 104, columns (B), (D), and (E))					879,106

**Note** Line 105 plus line 1d Part I should equal the amount on line 12 Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

Date 11/14/03

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2002**

Supplementary Information — (See separate instructions)

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization **COMBINED TRAINING EQUESTRIAN TEAM  
ALLIANCE, LTD** Employer identification number **94-2417423**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
KATHERINE SIMPSON 404 GRAYSON CT	HORSE PARK ADM 40	28,359	0	0
ANDRES SERANO P O BOX 620010, WOODSIDE	CARETAKER 40	33,747	0	0
GREGORY T CAMPILLO P O BOX 620010, WOODSIDE	CARETAKER 40	15,625	0	0
RONALD C TORBENSEN 70 PINE FLAT RD, SAN CARLO	CARETAKER 40	15,454	0	0
SOVANNA HAY 70 PINE FLAT RD, SANTA CRUZ	CARETAKER 40	14,323	0	0
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities (See instructions)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A

(Must equal amounts on line 38, Part VI A, or line 1 of Part VI B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

	Yes	No
1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4		X

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(ii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	103,798	522,453	51,435	93,399	771,085
16 Membership fees received	117,263	93,505	66,075	72,667	349,510
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	550,387	484,512	37,908	317,091	1,389,898.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	624.	4,793	397	1,594	7,408
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	772,072	1,105,263	155,815	484,751	2,517,901
24 Line 23 minus line 17	221,685	620,751	117,907	167,660	1,128,003
25 Enter 1% of line 23	7,721	11,053	1,558	4,848	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 **N/A** ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶ 26b

c Total support for section 509(a)(1) test. Enter line 24, column (e). ▶ 26c

d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). ▶ 26f %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.  
(2001) \_\_\_\_\_ 0 (2000) \_\_\_\_\_ 0 (1999) \_\_\_\_\_ 0 (1998) \_\_\_\_\_ 0

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.  
(2001) \_\_\_\_\_ 215,631 (2000) \_\_\_\_\_ 8,947 (1999) \_\_\_\_\_ 36,613 (1998) \_\_\_\_\_ 31,239.

c Add Amounts from column (e) for lines 15 \_\_\_\_\_ 771,085 16 \_\_\_\_\_ 349,510  
17 \_\_\_\_\_ 1,389,898 20 \_\_\_\_\_ 21 \_\_\_\_\_ ▶ 27c 2,510,493.

d Add Line 27a total \_\_\_\_\_ 0. and line 27b total \_\_\_\_\_ 292,430 ▶ 27d 292,430

e Public support (line 27c total minus line 27d total) ▶ 27e 2,218,063

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f 2,517,901

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 88 09 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 0 29 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75 50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked 'a' and 'limited control' provisions apply

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table –		
<b>If the amount on line 40 is –</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is –</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter 0- if line 41 is more than line 38	44	
<b>Caution</b> If there is an amount on either line 43 or line 44 you must file Form 4720		

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 )

**Lobbying Expenditures During 4 -Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities



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**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

OTHER ASSETS

DESCRIPTION	CANOPY			
DATE ACQUIRED	10/31/1996			
HOW ACQUIRED	PURCHASE			
DATE SOLD	4/01/2002			
TO WHOM SOLD				
GROSS SALES PRICE		0.		
COST OR OTHER BASIS.		3,001		
DEPRECIATION		422		
			GAIN (LOSS)	-2,579
DESCRIPTION	CANOPY			
DATE ACQUIRED	5/21/1997			
HOW ACQUIRED	PURCHASE			
DATE SOLD	4/01/2002			
TO WHOM SOLD				
GROSS SALES PRICE		0		
COST OR OTHER BASIS		1,589		
DEPRECIATION:		200		
			GAIN (LOSS)	-1,389
			TOTAL GAIN (LOSS) OTHER ASSETS	\$ -3,968
			TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES	\$ -3,968

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BANK FEES	10,205.	10,205		
CONSULTING FEES	39,000.	9,750	19,500	9,750
COURSE IMPROVEMENTS	2,184	2,184		
GROUND MAINTENANCE	68,266	68,266		
INSURANCE	38,799	38,799		
MARKETING/ADV	16,813	12,271		4,542
MISCELLANEOUS	5,957	5,957.		
NON CAPITAL EQUIPMENT	5,186		5,186	
RENT	60,000.	60,000.		
REPAIRS & MAINTENANCE	50,305	50,305.		
UTILITIES	17,507	17,507.		
VEHICLE EXPENSE	188	188		
VEHICLE LICENSE	19.	19		
WHISKEY HILL HORSE TRAILS	350,534	350,534		
TOTAL	\$ 664,963	\$ 625,985	\$ 24,686	\$ 14,292

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**STATEMENT 3  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE SPECIFIC AND PRIMARY PURPOSES ARE TO OPERATE AND CONDUCT AN EQUESTRIAN EDUCATIONAL PROGRAM OF ACTIVITIES IN ORDER TO PROMOTE A BETTER PUBLIC KNOWLEDGE OF HORSEMANSHIP AND THE VARIED ARTS AND SCIENCE'S OF COMBINED TRAINING, TO ENCOURAGE FAIR AND FRIENDLY EQUESTRIAN TEAM COMPETITION WITHIN THE UNITED STATES, TO DEVELOP A BETTER UNDERSTANDING OF AND SYMPATHY FOR THE HORSE BY ITS RIDERS, AND BY THESE AND OTHER MEANS, TO HELP DEVELOP THE DRESSAGE, ENDURANCE, AND JUMPING CAPABILITIES OF PRE OLYMPIC LEVEL RIDERS AND HORSES, AND TO TAKE ANY AND ALL ACTION WHICH MAY BE CONSIDERED APPROPRIATE TO ACCOMPLISH THE FOREGOING PURPOSES

**STATEMENT 4  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 75,780	\$ 27,463	\$ 48,317
FURNITURE AND FIXTURES	3,188	106	3,082
MACHINERY AND EQUIPMENT	218,206	70,817	147,389
IMPROVEMENTS	558,763	36,445	522,318
<b>TOTAL</b>	<b>\$ 855,937</b>	<b>\$ 134,831</b>	<b>\$ 721,106</b>

**STATEMENT 5  
FORM 990, PART IV, LINE 58  
OTHER ASSETS**

EMPLOYEE ADVANCES	\$ 665
REFUNDABLE DEPOSITS	2,330
STATE FUND WORKERS COMP DEPOSIT	4,144
<b>TOTAL</b>	<b>\$ 7,139</b>

**STATEMENT 6  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES**

ACCRUED PAYROLL	\$ 1,057
ACCRUED PAYROLL TAXES	11.
ACCRUED VACATION PAYABLE	5,181.
ACCRUED WORKERS COMPENSATION INSURANCE	2,110
CASH ADVANCES RECEIVED	40,000
LEASE PAYABLE	56,779
<b>TOTAL</b>	<b>\$ 105,138</b>

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STATEMENT 7  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GINNY KINKEAD 13987 PIKE ROAD SARATOGA, CA 95070	VICE PRESIDENT 5	\$ 0	\$ 0	\$ 0
STEPHEN G HALES 917 NINTH AVENUE SAN MATEO, CA 94402	COO 40	56,606	0	0.
HOLLY NASH 415 REMILLARD DRUVE HILLSBOROUGH, CA 94010	SECRETARY - <i>Director</i> 5	0	0	0
PENNY GALLO 525 RINGWOOD ROAD MENLO PARK, CA 94025	<i>Director</i> <del>TREASURER</del> <i>President</i> 5 20	0	0	0.
JULIET CLARKE 3105 GODFREY AVE GILROY, CA 95020	DIRECTOR 5	0	0	0
BONNIE CRATER 172 WAYSIDE RD PORTOLA VALLEY, CA 94028	DIRECTOR 5	0	0	0.
MIKE FLEISHMAN 48 BIG TREE RD WOODSIDE, CA 94062	DIRECTOR - <i>Vice President</i> 5	0	0	0.
PETER GRIFFIN 3573 TRIPP RD WOODSIDE, CA 94062	DIRECTOR 5	0	0	0.
JAN HEPPER 640 WOODSIDE DRIVE WOODSIDE, CA 94062	DIRECTOR 5	0	0.	0
ALAN MANNE 834 ESPLANADA WAY STANFORD, CA 94305	<i>Director</i> <del>DIRECTOR</del> <i>Treasurer</i> 5	0	0	0
TOM SHANAHAN 100 MANZANITA WAY WOODSIDE, CA 94062	DIRECTOR 5	0	0	0.
GAYLE STRICKLAND 610 MANZANITA WAY WOODSIDE, CA 94062	DIRECTOR 5	0	0	0.

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STATEMENT 7 (CONTINUED)  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JIM WARREN 303 WHISKEY HILL RD WOODSIDE, CA 94062	DIRECTOR 5	\$ 0	\$ 0	\$ 0
TOTAL		\$ 56,606	\$ 0	\$ 0

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FORM 990/990 PF

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS PCL.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179 BONUS/SP DEPR	PRIOR DEC BAL DEPR	SALVAGE/BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
<b>AUTO / TRANSPORT EQUIPMENT</b>																
8	1983 NOMAD TRAVEL TRAILER	11/01/98		4,950							4,950	3,384	S/L	5		990
11	CIRCLE J HORSE TRAILER	11/30/99		3,200							3,200	1,495	S/L	5		640
21	FLATBED UTILITY TRAILER	7/31/00		3,750							3,750	893	S/L	7		536
24	1996 INTL WATER TRUCK	10/31/00		41,079							41,079	8,313	S/L	7		5,868
32	1976 PETERBUILT TRUCK	5/20/01		18,001							18,001	2,143	S/L	7		2,572
41	GMC 1975 TRUCK	4/30/02		4,800							4,800		S/L	7		629
<b>TOTAL AUTO / TRANSPORT EQUIP</b>																
75,780 0 0 0 0 0 0 0 0 0 75,780 16,228 11,235																
<b>FURNITURE AND FIXTURES</b>																
46	OFFICE FURNITURE	1/31/03		3,188							3,188		S/L	5		106
<b>TOTAL FURNITURE AND FIXTURE</b>																
3,188 0 0 0 0 0 0 0 0 0 3,188 0 106																
<b>IMPROVEMENTS</b>																
2	CANOPY	10/31/96	4/01/02	3,001							3,001	422	S/L	39		0
3	CANOPY	5/21/97	4/01/02	1,589							1,589	200	S/L	39		0
4	STALLS	2/24/97		5,000							5,000	2,277	S/L	39		128
9	MODULAR OFFICE BUILDING	1/31/99		13,352							13,352	6,039	S/L	7		1,907
10	MODULAR SHOW OFFICE	5/01/99		8,098							8,098	3,376	S/L	7		1,157
28	POLO ARENA RENOVATION	3/31/01		230,190							230,190	5,902	S/L	39		5,902
29	STALLS/BARNS	3/31/01		115,026							115,026	2,949	S/L	39		2,949
30	POLO ARENA RENOVATION	4/16/01		2,966							2,966	70	S/L	39		76
31	STALLS/BARNS	4/20/01		58,737							58,737	1,381	S/L	39		1,506

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2002 FEDERAL BOOK DEPRECIATION SCHEDULE  
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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR		
35	SHAWHAN POLO DECK	3/28/02		5,067							5,067		S/L	39		130		
36	BAY ARENA	3/18/02		5,037							5,037		S/L	39		129		
39	BAY ARENA	4/09/02		4,441							4,441		S/L	39		114		
47	ARENA LEVELING PROJECT	4/16/02		10,000							10,000		S/L	39		235		
48	PASTURE/BOARDING IMPROVE	9/04/02		14,600							14,600		S/L	39		218		
49	PRESERVATION PROJECT	3/27/03		86,249							86,249		S/L	39		0		
TOTAL IMPROVEMENTS											563,353	0	0	0	0	563,353	22,616	14,451
MACHINERY AND EQUIPMENT																		
1	WATER SYSTEM	6/30/97		17,143							17,143		S/L	7		2,449		
5	PA SYSTEM	8/12/96		2,640							2,640		S/L	7		377		
6	PA SYSTEM	5/26/97		1,304							1,304		S/L	7		186		
7	COMMUNICATION SYSTEM	9/30/98		10,964							10,964		S/L	7		1,566		
12	DRESSAGE ARENA/JUMPING EQ	2/29/00		1,000							1,000		S/L	7		143		
13	CASE LOADER PRIME EQUIP	3/17/00		4,000							4,000		S/L	7		571		
14	CASE LOADER MDL #480F LL	3/31/00		18,732							18,732		S/L	7		2,676		
15	HORSE SHOW ELECTRICAL	3/31/00		3,310							3,310		S/L	7		473		
16	HORSE SHOW ELECTRICAL	4/30/00		9,217							9,217		S/L	7		1,317		
17	HORSE SHOW ELECTRICAL	5/24/00		2,930							2,930		S/L	7		419		
18	HORSE SHOW ELECTRICAL	6/30/00		5,934							5,934		S/L	7		848		
19	HORSE SHOW ELECTRICAL	7/31/00		607							607		S/L	7		87		
20	BERM IRRIGATION	7/31/00		4,380							4,380		S/L	7		626		
22	ELECTRICAL SYSTEM	8/31/00		4,500							4,500		S/L	7		643		
23	BARN ROOF TARPS	8/31/00		3,300							3,300		S/L	10		330		
25	FORKLIFT	12/29/00		8,119							8,119		S/L	7		1,160		
26	COLEMAN GENERATOR	2/28/01		11,340							11,340		S/L	7		1,620		

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179 BONUS/SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.				
27	COLEMAN GENERATOR	3/17/01		538							538		S/L	7		77				
33	KUBOTA TRACTOR M5000DI	5/21/01		32,696							32,696	3,892	S/L	7		4,671				
34	CROSS COUNTRY JUMPS	7/31/01		9,300							9,300	413	S/L	15		620				
37	PORTABLE STALLS	3/28/02		6,200							6,200		S/L	15		413				
38	MUSTANG 2050 SKID LOADER	3/26/02		25,487							25,487		S/L	7		3,641				
40	WOODS BATWIND MOWER	4/16/02		8,063							8,063		S/L	7		1,056				
42	BERKELEY PUMP AND PRS Tnk	5/17/02		3,523							3,523		S/L	7		419				
43	40 PORTABLE STALLS	5/30/02		14,000							14,000		S/L	15		778				
44	PIPE PANELS	6/10/02		5,729							5,729		S/L	15		318				
45	TWO A1V'S	6/26/02		3,250							3,250		S/L	7		348				
TOTAL MACHINERY AND EQUIPME												218,206	0	0	0	0	218,206	47,985		27,832
TOTAL DEPRECIATION												860,527	0	0	0	0	860,527	81,829		53,624
GRAND TOTAL DEPRECIATION												860,527	0	0	0	0	860,527	81,829		53,624
DEPRECIATION ASSETS SOLD												4,590	0	0	0	0	4,590	622		0
DEPR REMAINING ASSETS												855,937	0	0	0	0	855,937	81,207		53,624