Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

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Application pending F Name and address of principal officer: Same As C Above Yes X No. No.
Same As C Above No.
Tax-exempt status:
Website: WwW.tca.org
Part Summary Summary Prior Summary Prior Summary Summary Prior Summary Sum
Summary 1 Briefly describe the organization's mission or most significant activities: TCA's mission is to fund and facilitate the support of Thoroughbreds and the people who care for them.
The Briefly describe the organization's mission or most significant activities: TCA's mission is to fund and facilitate the support of Thoroughbreds and the people who care for them. Check this box
Facilitate the support of Thoroughbreds and the people who care for them. Contributions and grants (Part VIII, line 1h). 10 10 10 10 10 10 10 1
2 Check this box
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
13 Revenue less expenses. Subtract fine to notify fine 12
Beginning of Current Year End of Year
20 Total assets (Part X, line 16)
20 Total assets (Part X, line 16)
호텔 22 Net assets or fund balances. Subtract line 21 from line 20
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 Signature of officer Date
Here MICHAEL MCMAHON President
Type or print name and title
Print/Type preparer's name Preparer's signature Date Check if PTIN
Paid Justin B. Nichols, CPA Justin B. Nichols, CPA self-employed P01363721
Preparer Firm's name Summers, McCrary & Sparks PSC
Use Only Firm's address The Start Th
Lexington, KY 40503 Phone no. 859-264-8785
May the IRS discuss this return with the preparer shown above? See instructions X Yes No

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)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
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? If "Yes," complete Schedule C, Part II.	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I.	6		Х
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>	7		Х
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>	8		Х
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? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
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? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F. Parts I and IV.	14b		Х
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</i> "Yes," complete Schedule F, Parts II and IV	15		Х
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>	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2023) THOROUGHBRED CHARITIES OF AMERICA, INC. 26-2861555 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
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? If "Yes," complete Schedule I, Parts I and III.	22		Х
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>	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I.	25a		Х
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>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Χ	
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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Χ
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>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	X	
ВΛΛ	(gambling) winnings to prize winners?	1c	Α	(0000

Form 990 (2023) THOROUGHBRED CHARITIES OF AMERICA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
Ĭ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	٥		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	35		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	10		23
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would	17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
		_		

Form 990 (2023) THOROUGHBRED CHARITIES OF AMERICA, INC. 26-2861555 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 on 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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 17 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 17 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? See Schedule 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 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?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 on Schedule O..... 9 **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?..... 10a Χ 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?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Χ 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? X a The organization's CEO, Executive Director, or top management official... See . Schedule...O...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **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 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 Another's website X Upon request Other (explain on Schedule O) See Sch. O Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Ste A200 LEXINGTON KY 40504 859-276-4989

Erin Halliwell 2365 Harrodsburg Road,

Form 990 (2023)	THOROUGHBRED	CHARTTIES	\bigcirc F	AMERICA	TNC
01111 330 (2023)	THOMOGINDIAD	CITUITATES	OI	THILLIAN,	TINC.

26-2861555

Page 7

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

	 1
Check if Schedule O contains a response or note to any line in this Part VII	J

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(C)
Position
(do not check more than one box, unless person is both an experiment of the compensation from compensatio

(A) Name and title	(B)	hox unless person is both an		(D) Reportable	(E) Reportable	(F) Estimated amount				
	Average hours per week (list any hours for related organizations below dotted line)	or director	er an	Officer	lirecto	or/truste	Former	compensation from the organization (W-2/1099- MISC/1099-NEC)	compensation from related organizations (W-271099- MISC/1099-NEC)	of other compensation from the organization and related organizations
(1) DAN METZGER Director	10	Х		Х				0.	288,374.	12,600.
(2) Erin Halliwell	40	71		71				0.	200,374.	12,000.
Executive Director	$-\frac{1}{0}$	1			Х			109,196.	0.	0.
(3) CARRIE BROGDEN	1				21			103,130.	· ·	<u> </u>
Director	- -	Х						0.	0.	0.
(4) LESLEY CAMPION	1									
Vice President	0	Х		Х				0.	0.	0.
(5) TORIE GLADWELL	1									
Director	0	Х						0.	0.	0.
(6) CASSIDY GAFFALIONE	1									
Director	0	Χ						0.	0.	0.
(7) MARETTE FARRELL	11									
Secretary	0	Х						0.	0.	0.
(8) BRANT LAUE	2									
Director	0	Χ		Χ				0.	0.	0.
(9) MARSHALL GRAMM	11									
Treasurer	0	X						0.	0.	0.
(10) LEAH O'MEARA	1							_		_
Director	0	X						0.	0.	0.
(11) LIAM O'ROURKE	11	ļ								
Director	0	X						0.	0.	0.
(12) MORGAN RICHARDSON	11									•
Director	0	Х						0.	0.	0.
(13) RYAN MAHAN	11	17							^	^
Director	0	X						0.	0.	0.
(14) JASON LOUTSCH	1	v							0	_
Director	0	Χ]			0.	0.	0.

Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any	box, offic	unles er an	Posi neck i	ition more rson i	than cois both or/trusto	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	eportable Reportable compensation from progranization related organizations (W-2/1099- (W-2/1099-			from
	hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer				d relate anization	
(15) BROOK SMITH Director	1	Х						0.	0.			0.
(16) MICHAEL MCMAHON	10	10										
President (17) JESSE ULLERY Director	0 - 1 0	X		X				0.	0.			0.
(18) CATHY SCHIRCLIFF 1 Director 0 X									0.			
<u>(19)</u>		-										
(20)												
(21)												
(22)												
(23)												
(24)		-										
(25)												
1b Subtotal								109,196.	288,374.		12,0	600.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)								0. 109,196.	0. 288,374.		12 (<u>0.</u> 600.
2 Total number of individuals (including but not limited										ensatio		300.
from the organization 1											Yes	No
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey ei	mple	oyee	e, or	higł	hest compensated	l employee		103	
on line 1a? If "Yes,"compléte Schedule J for suc										. 3		Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greated such individual.	er than \$1	50,0	00?	If "	Yes,	" cor	nple	ete Schedule J for	-	4	Х	
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e comper	satio	n fr	om	anv	unre	elate	ed organization or	individual		Λ	Х
Section B. Independent Contractors												
Complete this table for your five highest compen compensation from the organization. Report compen	sated indisation for	epen the c	alen	t coi dar j	ntra year	endi	ng v	with or within the or	ganization's tax year			
(A) Name and business add	ress							Description (of services	Compe	C) ensatio	on
2 Total number of independent contractors (including the \$100,000 of compensation from the organization)		ited to	o tho	ose I	listed	d abo	ve)	who received more	than			
φτου,σου οι compensation from the organization	0											

THOROUGHBRED CHARITIES OF AMERICA, INC. Form 990 (2023) 26-2861555 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1с 200,826 Gifts, d Related organizations..... 1d e Government grants (contributions) 1e Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 1,021,613. Noncash contributions included in 1g lines 1a-1f. 200,826 h Total. Add lines 1a-1f 1,222,439 **Business Code** Program Service Revenue 2a h All other program service revenue... g Total. Add lines 2a-2f Investment income (including dividends, interest, and 38,038 38,038 Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c **d** Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets 7a other than inventory **b** Less: cost or other basis 7b and sales expenses c Gain or (loss)..... 7с d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$_ 200,826. of contributions reported on line 1c). 1,670,497 **b** Less: direct expenses..... **8b** 1,358,807 c Net income or (loss) from fundraising events 311,690 9a Gross income from gaming activities. See Part IV, line 19...... 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities.....

	c Net income or (loss) from sales of inve	ntory		
Ω		Business Code		
e S	11a			
	, b			
Re G	d All other revenue			
Ē	e Total. Add lines 11a-11d			

10a Gross sales of inventory, less returns and allowances.

b Less: cost of goods sold. . . .

Miscellaneous

12

10a

10b

Total revenue. See instructions.....

BAA TEEA0109L 08/23/23 Form **990** (2023)

572

,167

38,038

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 re				
Do i 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	897,078.	897,078.		·
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	109,196.	98,277.	7,644.	3,275.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	53,647.	48,283.	3,755.	1,609.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,017.	10,203.	3,733.	1,003.
9	Other employee benefits	23,598.	21,238.	1,652.	708.
10	Payroll taxes	13,088.	11,779.	916.	393.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10,551.	9,496.	738.	317.
С	Accounting	18,895.	17,006.	1,322.	567.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	6,142.	5,528.	430.	184.
13	Office expenses	1,360.	1,224.	95.	41.
14	Information technology	2,000		30.	
15	Royalties				
16	Occupancy				
17	Travel	5,108.	4,597.	358.	153.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0,2001	2,001.	333.	
19	Conferences, conventions, and meetings				
20	Interest	1,629.	1,466.	114.	49.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,027.	11,724.	912.	391.
23	Insurance	2,863.	2,577.	200.	86.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
а	CONTRACT SERVICES	21,423.	19,280.	1,500.	643.
b	Printing and Publications	8,011.	7,210.	561.	240.
С	MISCELLANEOUS EXPENSES	3,986.	3,587.	279.	120.
d		3,870.	3,483.	271.	116.
e	All other expenses	1,640.	1,476.	115.	49.
25	Total functional expenses. Add lines 1 through 24e	1,195,112.	1,165,309.	20,862.	8,941.
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).				

		Check if Schedule O contains a response or note to a	iny line in this Part X	<u></u>	<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		29,021.	1	76,142.
	2	Savings and temporary cash investments		1,057,470.	2	1,492,170.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		123,869.	4	38,760.
	5	Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these personal controlled entity or family members.	officer, director, ontributor, or 35%		5	
	6	Loans and other receivables from other disqualified pers	L			
		section 4958(f)(1)), and persons described in section 49			6	
	7	Notes and loans receivable, net	` / ` / ` /		7	
Ø	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges		13,446.	9	16,732.
As	_	Land, buildings, and equipment: cost or other basis.	0a	13,410.		10,732.
			0b		10c	
	11	Investments – publicly traded securities		270,426.	11	305,725.
	12	Investments – other securities. See Part IV, line 11	—	270/1201	12	000//201
	13	Investments – program-related. See Part IV, line 11	—		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	<u> </u>	39,080.	15	26,053.
	16	Total assets. Add lines 1 through 15 (must equal line 33	-	1,533,312.	16	1,955,582.
	17	Accounts payable and accrued expenses		10,892.	17	55,350.
	18	Grants payable	<u> </u>		18	
	19	Deferred revenue	_		19	1,000.
	20	Tax-exempt bond liabilities	_		20	
ies	21	Escrow or custodial account liability. Complete Part IV	<u> </u>		21	
Liabilities	22	Loans and other payables to any current or former office key employee, creator or founder, substantial contributo controlled entity or family member of any of these person	r. or 35%		22	
	23	Secured mortgages and notes payable to unrelated third	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third pa	arties		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comple		43,009.	25	29,337.
	26	Total liabilities. Add lines 17 through 25		53,901.	26	85,687.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X			
aa	27			884,897.	27	1,372,633.
Ř	28	Net assets with donor restrictions	<u></u>	594,514.	28	497,262.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	here			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipmer	nt fund		30	
(SS	31	Retained earnings, endowment, accumulated income, or	r other funds		31	
) t	32	Total net assets or fund balances		1,479,411.	32	1,869,895.
ž	33	Total liabilities and net assets/fund balances		1,533,312.	33	1,955,582.
RΔ	Δ	TE	EA0111L 08/23/23			Form 990 (2023)

Form **990** (2023)

Par	t 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)		L,5	72,1	L67.
2	Total expenses (must equal Part IX, column (A), line 25)				L12.
3	Revenue less expenses. Subtract line 2 from line 1)55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				411.
5	Net unrealized gains (losses) on investments		- 1	24,4	129.
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments			11,(000.
9	Other changes in net assets or fund balances (explain on Schedule O)9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			c 0 (
Dar	column (B)) 10 t XII Financial Statements and Reporting		L, 8	09,8	<u> 395.</u>
rai					
	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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	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.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Unif Guidance, 2 C.F.R. Part 200, Subpart F?	form	За		Х
b	old "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
ЗАА			orm	990	(2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name	of the organization					Employer identifica	ation number
THO	ROUGHBRED CHARITIES (OF AMERICA, IN	C.			26-286155	5
	t I Reason for Public Cha						tions.
The o	organization is not a private found	dation because it is: (F	For lines 1 through 12,	check o	nly one	box.)	
1	A church, convention of church	ies, or association of ch	nurches described in sec	tion 1 70 (b)(1)(A)(i).	
2	A school described in sectio	n 170(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)			
3	A hospital or a cooperative h	nospital service organi	zation described in sec	ction 170	0(b)(1)(A	A)(iii).	
4	A medical research organiza	tion operated in conju	inction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
	name, city, and state:						
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	escribed in
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	it or from the general pub	olic described
8	A community trust described	in section 170(b)(1)(A	A)(vi). (Complete Part	l.)			
9	An agricultural research organi						
	or university or a non-land-grader	nt college of agriculture	(see instructions). Enter	the nan	ne, city, a	and state of the college of	or
	university:						
10	An organization that normall	y receives (1) more th	nan 33-1/3% of its supp	ort from	contrib	outions, membership fee	es, and gross receipts
	from activities related to its e investment income and unre	exempt functions, sub lated husiness taxable	ject to certain exception	ns; and 511 tax)	(2) no r from h	nore than 33-1/3% of it	ts support from gross the organization after
	June 30, 1975. See section !	509(a)(2). (Complete F	Part III.)	orr tax,	110111 5	asinossos acquirea by	and organization artor
11	An organization organized a	nd operated exclusive	ly to test for public saf	ety. See	section	1 509(a)(4).	
12	X An organization organized a	nd operated exclusive	ly for the benefit of, to	perform	the fun	ctions of, or to carry or	ut the purposes of one
	or more publicly supported o lines 12a through 12d that de	rganizations describe escribes the type of si	d in section 509(a)(1) (innorting organization	or sectio and com	n 509(a) Indete lii)(2). See section 509(a) nes 12e 12f and 12d	(3). Check the box on
а	Type I. A supporting organization(s) the power to re						the supported
	organization(s) the power to re	gularly appoint or elect	a majority of the directo	rs or trus	stees of t	the supporting organization	on. You must
b	_ ' '			مان مالاندد		ted everenimetics (a) but	havina aantual au
U	management of the supporting	organization vested in	the same persons that c	ontrol or	manage	the supported organizati	ion(s). You
	must complete Part IV, Sect	ions A and C.					
С	Type III functionally integrated organization(s) (see instruction	 A supporting organizat ons). You must comp 	ion operated in connection olete Part IV, Sections	n with, ai A, D, an	nd functio d E.	onally integrated with, its	supported
d		rated. A supporting orga	anization operated in cor	nection	with its s	supported organization(s)	that is not
	functionally integrated. The continuations). You must com	organization generally plete Part IV. Section	must satisty a distribu s A and D. and Part V.	tion req	uiremen	t and an attentiveness	requirement (see
е	Check this box if the organiz	ation received a writte	en determination from	the IRS	that it is	a Type I, Type II, Type	e III functionally
	integrated, or Type III non-fu	inctionally integrated s	supporting organizatior	١.		31 1 31 1 31	
t 	Enter the number of supported	organizations	Lorgonization(s)				1
	Enter the number of supported Provide the following informatio (i) Name of supported organization	ri about the supported	(iii) Type of experimentary			(A) Amount of monetary	(vi) Amount of other
	(i) Name of supported organization	(II) EIN	(described on lines 1-10 above (see instructions))	organizat	ion listed	support (see instructions)	support (see instructions)
			above (see instructions))	in your g docur	nent?		
				Yes	No		
(A)	TOBA	61-0663972	7			0.	0.
(B)							
(C)							
(D)							
<u>(E)</u>							
Total						0.	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			·	,		
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or f	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20	•			•		%
15	Public support percentage from 2	2022 Schedule A,	Part II, line 14.			15	%
16a	33-1/3% support test—2023. If the and stop here. The organization	ne organization di qualifies as a pul	id not check the lolicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2022. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3.	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstance	s test, check this	box and stop here	e. Explain in Part \	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstance	s test, check this	box and stop here	e. Explain in Part '	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

C	tion A. Dublic Company		· · · · · · · · · · · · · · · · · · ·	•			
	tion A. Public Support	4 > 0010	43.0000	(-) 0001	4.0.000	4 3 0000	40 T
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or	fifth tax year as a	section 501(c)((3) <u> </u>
	tion C. Computation of Pul			10 :		T -	
	Public support percentage for 20	•			• •		
	Public support percentage from 2					1	6 %
	tion D. Computation of Inv					T	
	Investment income percentage for	•		-			
	Investment income percentage f						-
	33-1/3% support tests—2023. If t is not more than 33-1/3%, check 33-1/3% support tests—2022. If t	this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organizat	tion
	line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ualifies as a public	ly supported or	rganization

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section		21	
	509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		Х
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		Х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was	Eo		X
h	accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		Λ
	organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		Х
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		X
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		Х
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
č	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		Х
ŀ	b A family member of a person described on line 11a above?	11b		Х
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		Х
Sec	ction B. Type I Supporting Organizations			
	Did the covering hady manches of the covering hady officers action in their official coverity, or manches which of one		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		X
Sec	ction C. Type II Supporting Organizations			
	- some of the meaning of game and the		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		'	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant			
J	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	5).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities	2b		
3	but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 THOROUGHBRED CHARITIES OF AMERICA, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 26-2861555

	ter and the second seco			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023 Schedule A (Form 990) 2023 THOROUGHBRED CHARITIES OF AMERICA, INC. 26-2

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sec	tion D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	_
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023