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May the IRS discuss this return with the preparer shown above? See instructions

No

Yes

	990 (2020) Mitchell Farm Eq		Inc.	56-2495790 Page 2
	t III Statement of Program Serv	ice Accomplishments		
	Check if Schedule O contains a respo	nse or note to any line in this Part	III	
1	Briefly describe the organization's mission:			
	To provide safe and c	omfortable retir	ement alter	rnative for aged and
	infirm equines to liv			
	opportunities to the			
2	Did the organization undertake any significat	nt program services during the year	ar which were not listed	d on the
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Scl	nedule O.		
3	Did the organization cease conducting, or m	ake significant changes in how it	conducts, any program	1
	services?			
	If "Yes," describe these changes on Schedu	le O.		
4	Describe the organization's program service		hree largest program s	services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) of			
	the total expenses, and revenue, if any, for e	•	0	·
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4a	(Code:) (Expenses \$ 243,	901. including grants of \$) (Revenue \$)
	Mitchell Farm Equine			
				s in 2020.Also on-going
	community outreach an			
40	(Code:) (Expenses \$	including grants of \$,) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$	· · · · · · · · · · · · · · · · · · ·) (Revenue \$)
4d	Other program services (Describe on Sched	lule O.)		
	(Expenses \$ including gr	,) (Revenue \$)
4e	Total program service expenses	- r	, ,	243,901.
UYA				Form 990 (2020)

Form 990 (2020) Mitchell Farm Equine Retirement, Inc. 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	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
~	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		x
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,	10		- 11
••	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		x
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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	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	Х	
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)? If "Yes," complete Schedule D, Part X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
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 Land II	21		x

Form 990 (2020) Mitchell Farm Equine Retirement, Inc. Part IV Checklist of Required Schedules (continued)

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22 Del the organization report more than 65,000 of grants or other assistance to a forderestic individuals on Part X, forder 34, or of about compensation of the organization savem 'We'' to Part VI. Section A, line 3, 4, or 6 about compensation of the organization savem 'We'' to Part VI. Section A, line 3, 4, or 6 about compensation of the organization has a two-sampt bond issue with an autandrug principal annound if more than \$100,000 or 0 the list dig of the way. In two assists and the December 3, 120027 H ''Ne, "annower lists 240 mmound 14 does than \$100,000 or 0 the list dig of the way. In two assists and the December 3, 120027 H ''Ne, "annower lists 240 mmound 14 does than \$200 the organization means any two, in two assists and the December 3, 120027 H ''Ne, "annower lists 240 mmound 14 does than \$200 the organization means any addition \$200 the organization and and the sector social distancing at any time during the year ? 246 24 Del the organization and the 300 Org27 organizations. Dut the organization and and 500 Org27 organizations. Dut the organization and the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has no to ben reported on any of the organization society of the organization society of the organization and the year of the organization and the transaction with a disqualified person in a prior form \$30 Or 900-E72 // H ''Ne, ''Complete Scheduke L, Part I. 256 25 Dect the organization and the angulation and the organization angulation and the person in a prior to a site site and or the organization and the person in a prior form \$30 Or 900-E72 // H ''Ne, '' complete Scheduke L, Part I. 26 X 26 Du				Yes	No
23 Del the organization answer "Yes" to Part VL. Sector A. Line 3. 4. or 5 doot compensation of the organization science and former dilocs, directors, trustees, key employee, and highest compensated employeen? If "Yes," complete Schedule J. 23 X 24a Del the organization have a two-sempt bond leave with an outstanding principal amount of more than 50.000 at 0 work. The value of the local dire I becentrol. 31.0027 If "Yes," innerver lines 240 through 24d and complete Schedule J. 24a X 25 Ded the organization mixture in yours. It was also call at the Decentrol. 31.0027 If "Yes," innerver lines 240 through 24d and complete Schedule J. 24d X 26 Ded the organization and the an escrew account other than a refunding escrew at any time during the year? 24d 24d 26 Section 67(c)(5).501(c)(4), and 601(c)(2) organizations. Did the organization are shared the transaction with a disquified person during the year? 24d 24d 27 M dithe comparization aver that in the ranged in an access benefit transaction with a disquified person in a print "res," complete Schedule L, Part I. 25a X 28 Did the organization approximation engage in an access benefit transaction representation engage in a more shares the standard printipal and the transaction with a disquified person in a print of the reganization port of a grant or that a significat formation formation approximation approximation approximation approximation approximation approximation approximation approximation approximation apprintipal approximatin approximation approxim	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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S100,000 as of the last day of the year, that was issued after December 31, 2007 # "Yes," answer Area 240 Z44 X b Did the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? Z46 Z46 c Did the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? Z46 Z46 c Did the organization acts an "on behalf of" issue for bonds outstanding at any time during the year? Z46 Z46 2 Section 50((20), 50((2)(4), 40((4), 40((4))) An of 50((2)(20) organizations. Did the organization explain an excess benefit transaction with a disqualified person in a prior year, and that the transaction bars not been reported on any of the organizations pior Forms 900 or 900-E27 Z50 X 2 Did the organization accept tait tax (angade in an excess benefit transaction bars not been reported on any of the organization splor Forms 900 or 900-E27 Z50 X 2 Did the organization approximation on their X. Line 5 or 22, for receavelues from or payables to any current or founder, substantial contributar, garat stelench committe member of any of these persons? If "Yes," complete Schedule L, Part II. Z6 X 2 Did the organization approximation on their schedules and committe member of a schedule L, Part II. Z6 X 2 Did the organization approximation committer member of a schedules and coreganization approximation committer member a			23		X
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 246 d Did the organization acts as an "on behalf of" issuer for bonds cutstanding at any time during the year? 246 25 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified preson in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former follinger, directly, rutaes, 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 I. 26 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or founder for direct, frustee, 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 27 W as the organization provide argues thread, a grant selection committee member, or to a 35%, controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 28 28 X Yes, complete Schedule L, Part II. 28 X 29 A current or former officier, directr, trustee, key employee, creator or founder, or substantial contributor? 28 X 29 A current offormor officier, dinceter, trustee, key employee					_X_
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 34 If "Yes," complete Schedule R, Part V, line 2 35b 35b 35a Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 V, line 2 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: Al	30				v
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		related organization? If "Yes,", complete Schedule R, Part V, line 2.	36		Х
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4 -			Yes	NO
			1		

	20200) Mitchell Farm Equine Retirement, Inc. 56-24	<u> 1957</u>	90 F	Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	5		
		_	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		•	
3 a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
	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
	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).			
5 a	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		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		v
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		x
d				<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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	-		
11	Section 501(c)(12) organizations. Enter:			
a h	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.)			
12 a	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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	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			

Form 99	0 (2020) Mitchell Farm Equine Retirement, Inc.	ŗ
Part		h 7b below, ar
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedul	
	Check if Schedule O contains a response or note to any line in this Part VI	
Secti	on A. Governing Body and Management	
1 a	Enter the number of voting members of the governing body at the end of the tax year.	1a
	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	1b
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?	
3	Did the organization delegate control over management duties customarily performed by or under the direct	
Ū	supervision of officers, directors, trustees, or key employees to a management company or other person?	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	
6	Did the organization have members or stockholders?	
о 7 а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	
<i>i</i> u	one or more members of the governing body?	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	
, N	stockholders, or persons other than the governing body?	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	
U	the year by the following:	
а	The governing body?	
	Each committee with authority to act on behalf of the governing body?	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	
Jech		00000.7
10 2	Did the organization have local chapters, branches, or affiliates?	
-	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	
b		
11 0	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	filing the form
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ming the form
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
	Did the organization have a written conflict of interest policy? If "No," go to line 13.	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	ve rise to confi
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	
40	describe in Schedule O how this was done	
13	Did the organization have a written whistleblower policy?	
14	Did the organization have a written document retention and destruction policy?	
15	Did the process for determining compensation of the following persons include a review and approval by	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	
a	The organization's CEO, Executive Director, or top management official.	
b	Other officers or key employees of the organization	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	

56-2495790 Page 6

8

. .

. .

2

3

4

X

No

Х

х

х

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

Diana	Doolittle	300	Ε	Haddam	Rd	Salem,	СТ	06420

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)

State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 (860) 303-8705

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

List the states with which a copy of this Form 990 is required to be filed **CT**

financial statements available to the public during the tax year.

available for public inspection. Indicate how you made these available. Check all that apply.

X Another's website X Upon request

17 18

19

20

X Own website

Yes 8

5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		Х
7 a	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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		х
	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		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
4	Did the organization have a written document retention and destruction policy?	14	х	
5	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?			
а	The organization's CEO, Executive Director, or top management official.	15a	x	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			_
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Other (explain on Schedule O)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do n	ot ch	ieck i	more	than o	ne	Reportable	Reportable	Estimated
	hours per	box, ι	unles	s pe	rson	is both	an	compensation	compensation from	amount of
	week (list any hours for		er and	d a di	irecto	or/trust	ee)	from the	related organizations	other compensation
	related	or Inc	Ins	Off	Кe	en Hig	Fo	organization	(W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization
	below dotted	ual t	iona		oldu	/ee		(and related
	line)	rus	u tr		yee	mp				organizations
		ee	Istee			ssue				
						ated				
(1) Mary Ann Pudimat	12.00									
President				Х						
(2) Cheryl Miller	12.00									
Vice President				Х						
(3) L. Page Heslin	06.00									
Secretary				Х						
(4) Val Koif	06.00									
Treasurer				Х						
(5) Debra Reinhardt	06.00									
Director		X								
(6) Barry Familetto	06.00									
<u>Director</u>		X								
(7) Harry M Horn	12.00									
Director		X								
(8) Harriet Burrell	06.00									
Director		X								
(9)										
(10)										
(11)		-								
(12)										
(12)										
(13)										
(4.4)										
<u>(14)</u>										
	1	L		I		L	I			l

Form 990 (2020) Mitchell Farm Equine Retirement, Inc. 56-249579 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

5	б-	2	4	9	5	7	9	0	Page	8
---	----	---	---	---	---	---	---	---	------	---

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Positi (do not check m box, unless pers officer and a dir or director or director			ition more rson	is both	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W+2/1099-MISC	5	(I Estin amou oth compe from organi and ru organi	nated unt of her nsation the zation elated
(15)						ted						
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶												Yes No
 employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations guindividual 5 Did any person listed on line 1a receive of the second secon	e sum of rep reater than	oortat \$150	ole c ,000	com)? <i>li</i>	ipen f "Ye	isatioi es," c	n ar o <i>m</i> µ	nd other compe olete Schedule	ensation from <i>J for such</i>	the	4	X
for services rendered to the organization Section B. Independent Contractors												x
1 Complete this table for your five highest compensation from the organization. Rep	compensat	ed ind nsatio	depe on fo	end or th	ent ne c	contra alend	acto ar y	ors that receive /ear ending wit	d more than h or within th	\$100, ie org	000 of anizatio	on's
(A) Name and business address								(B) Description of	services		(C) Compens	sation

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

Form 990 (2020) Mitchell Farm Equine Retirement, Inc.

			· · · · · · · · · · · · · · · · · · ·				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns	a				
Contributions, Gifts, Grants and Other Similar Amounts	Ι.						
ษิอิ	b	· · · –	b				
ts, Ar	C		c				
ilar İlar	d	5	d				
ns, Sim	e	Government grants (contributions)	e 15,300.				
er (f	All other contributions, gifts, grants,					
ibu Cth		and similar amounts not included above 1	f 270,561.				
d fr	g	Noncash contributions included in lines 1a-1f	g \$				
an Co	h	Total. Add lines 1a–1f.		285,861.			
e			Business Code				
enu	2a						
Rev	b						
e	c						
erv	d						
ε	e						
Program Service Revenue	f	All other program service revenue					
Pro		Total. Add lines 2a-2f					
	g						
	3	Investment income (including dividends, intere					
		and other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	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)	🕨				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
	c	Gain or (loss) 7c					
	d	Net gain or (loss)					
σ							
Other Revenue	8a	Gross income from fundraising					
eve		events (not including \$					
R R		of contributions reported on line 1c).					
the		See Part IV, line 18	a				
0	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events	•				
		Gross income from gaming activities.					
		See Part IV, line 19	a				
	ь		b				
	1	Net income or (loss) from gaming activities					
		Gross sales of inventory, less					
		returns and allowances)a				
	Ь	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
		,,	Business Code				
sno	11a						
ane	b						
scellaneo Revenue	c						
Miscellaneous Revenue		All other revenue					
2		Total. Add lines 11a-11d					
		Total revenue. See instructions	×	285,861.			

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

	Check if Schedule O contains a response or note to any not include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C)	<u></u> (D)
	ot include amounts reported on lines 66, 76, 86, 96, 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1 1			expenses	general expenses	expenses
•	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22.				
3	F F				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV,				
4	lines 15 and 16				
5	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees,				
6	and key employees				
0	Compensation not included above to disqualified persons				
	(as defined under section 4958(f)(1)) and persons				
7	described in section 4958(c)(3)(B)	77 070	60 769	0 111	
7	Other salaries and wages	77,879.	69,768.	8,111.	
8	Pension plan accruals and contributions (include section				
0	401(k) and 403(b) employer contributions).				
9		E 0E7	E 227	C 20	
10		5,957.	5,337.	620.	
11	Fees for services (nonemployees):				
	Management				
	• Legal				
	Professional fundraising services. See Part IV, line 17				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	0.005	1 400	1 402	
13	Office expenses	2,965.	1,482.	1,483.	
14		1,920.		1,920.	
15	Royalties	40.015		- 250	
16		43,015.	35,656.	7,359.	
17	Travel				
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	1 100	1 100		
22	Depreciation, depletion, and amortization	1,126.	1,126.	0.050	
23		10,284.	7,934.	2,350.	
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.)	100 - 504	100 504		
	Direct Horse Care	120,784.	120,784.	4.67	
	Administration & Management	467.		467.	
	Fund Raising Expense	8,688.			8,688
	Staff & Volunteer Developmen	790.	790.		
	All other expenses	1,024.	1,024.		
25	Total functional expenses. Add lines 1 through 24e	274,899.	243,901.	22,310.	8,688
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)				

Form 990 (202	²⁰⁾ Mitchell	Farm	Equine	Retirement,	Inc.
Part X	Balance Sheet				

	Check if Schedule O contains a response or note to any line in this Part X		(A)		(B)
			Beginning of year		End of year
1	Cash — non-interest-bearing.		9,141.	1	30,38
2	Savings and temporary cash investments		150.	2	
3	Pledges and grants receivable, net		964.	3	
4	Accounts receivable, net			4	
5	Loans and other receivables from any current or former officer, director,				
ľ	trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons			5	
6	Loans and other receivables from other disqualified persons (as defined				
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\ . \ . \ . \ .$			6	
7	Notes and loans receivable, net.			7	
8	Inventories for sale or use	· · · L		8	
9	Prepaid expenses and deferred charges.	[9	
10 a	Land, buildings, and equipment: cost or				
		208.			
k	Less: accumulated depreciation	469.	17,581.	10c	31,73
11	Investments — publicly traded securities			11	
12	Investments — other securities. See Part IV, line 11			12	
13	Investments — program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		810.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		28,646.	16	62,12
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities	🗌		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	🔽		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, cre				
	founder, substantial contributor, or 35% controlled entity or family member of any of these pe			22	
23	Secured mortgages and notes payable to unrelated third parties			23	
24	Unsecured notes and loans payable to unrelated third parties			24	26,59
25	Other liabilities (including federal income tax, payables to related third parties, and other liabi				
	not included on lines 17-24). Complete Part X of Schedule D.		4,080.	25	
26	Total liabilities. Add lines 17 through 25		4,080.		26,59
-	Organizations that follow FASB ASC 958, check here		_,;;;;;	-	
	and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions		24,566.	27	35,52
28	Net assets with donor restrictions.				
				28	
	Organizations that do not follow FASB ASC 958, check here				
	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds			29	
30	Paid-in or capital surplus, or land, building, or equipment fund	🗆		30	
31	Retained earnings, endowment, accumulated income, or other funds			31	
32	Total net assets or fund balances.		24,566.	32	35,52
			28,646.	33	62,12

	^{0 (2020)} Mitchell Farm Equine Retirement, Inc.	56-24	95790) Pa	ge 1 2
art	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				. []
1	Total revenue (must equal Part VIII, column (A), line 12)	1	285	_	
2	Total expenses (must equal Part IX, column (A), line 25)	2	274	_	
3	Revenue less expenses. Subtract line 2 from line 1	3),9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	ł,5	66
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
3	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain on Schedule O)	9			
D	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	35	5,5	28
art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	n a separate			
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate l				
	basis, or both:	,			
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
2 -	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ja	the Single Audit Act and OMB Circular A-133?		3a		x
	•		Ja		Λ
h	If "Vec." did the organization underge the required audit or audite? If the organization did not underge the				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A	Pu	blic Chari	ty Status and	Publi	c Sur	nort	OMB No. 1545-0047			
(Form 990 or 990-EZ)			•		-	-	2020			
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.										
Department of the Treasury Internal Revenue Service	G	•	orm990 for instructions ar		informatio	on.	Open to Public Inspection			
Name of the organization		g				Employer identificatio				
-	Mitchell Farm Equine Retirement, Inc. 56-2495790									
			l organizations mus	t comple	te this p					
The organization is no										
1 🔲 A church, co	nvention of church	nes, or associati	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).				
2 🗌 A school des	cribed in section	170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0 or 990 [.]	-EZ).)				
	•		ganization described i							
	•	•	onjunction with a hos	pital desci	ribed in s	ection 170(b)(1)(A	(iii). Enter the			
	me, city, and state		ollege or university ov	upod or or	orotod b	v o govornmontol i	unit described in			
	(b)(1)(A)(iv). (Cor		Sillege of university ov	vned or op	berated b	y a governmentar t	init described in			
			mental unit described	l in sectio	on 170(h)(1)(A)(v)				
	-	-	antial part of its supp		-		the general public			
v	section 170(b)(1)				J		5			
8 🗌 A community	/ trust described in	n section 170(b))(1)(A)(vi). (Complete	e Part II.)						
	•		d in section 170(b)(1			•	•			
•	or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ente	er the nar	me, city, and state	of the college or			
university:	· · · · · · · · · · · · · · · · · · ·					<u></u>				
10 X An organizat receipts from	on that normally activities related	receives (1) mor to its exempt fui	e than 33 1/3% of its nctions, subject to ce	support fi rtain exce	rom cont ptions; a	ributions, members nd (2) no more thai	hip fees, and gross and 33 1/3% of its			
support from	gross investment	t income and un	related business taxa 75. See section 509(ble incom	e (less s	ection 511 tax) fron	n businesses			
			sively to test for public							
	•	•	ively for the benefit of	•			y out the purposes of			
one or more	oublicly supported	organizations de	escribed in section 50	9(a)(1) or	section	509(a)(2). See sec	tion 509(a)(3). Check			
	-		s the type of supportir			-	-			
		•	supervised, or control	•	•••	•				
			egularly appoint or ele	ect a majo	rity of the	e directors or truste	es of the supporting			
		-	Sections A and B. d or controlled in con	action wi	th ite eur	ported organizatio	n(s) by baying			
		•	anization vested in th		•					
	-		, Sections A and C.	F			3			
c 🔲 Type III fu	nctionally integra	ated. A supporti	ng organization opera	ted in cor	nection	with, and functiona	lly integrated with,			
		-	s). You must comple							
	•	•	porting organization of	•			•			
			zation generally must				d an attentiveness			
		-	mplete Part IV, Sect written determination							
	Ų		onally integrated supp				п, туре п			
•	• •	•	· · · · · · · · · · · · · · · ·							
			oorted organization(s)							
(i) Name of supporte	ed organization	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary				
			(described on lines 1-10 above (see instructions))	listed in you docun		support (see instructions)	other support (see instructions)			
				No.	Na	,	,			
				Yes	No					
(A)										
(D)										
(B)										
(C)										
<u></u>										
(D)										
(E)										

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. UYA

Total

Schedu	le A (Form 990 or 990-EZ) 2020 Mitchell	Farm Equ	ine Reti	rement.	Tnc.	56-249	5790 Page 2
Part	II Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ations Desc ne box on line	ribed in Sec e 5, 7, or 8 of	tions 170(b)(Part I or if th	(1)(A)(iv) and le organizatio	d 170(b)(1)(A on failed to qu)(vi)
Secti	on A. Public Support	o quality and					
-	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	(u) 2010		(0) 2010	(4) 2010	(0) 2020	
•	membership fees received. (Do not						
	include any "unusual grants.").						
2	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.						
	on B. Total Support	I	1	1	1	1	
	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
44	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		l			42	
12 13	Gross receipts from related activities, etc First 5 years. If the Form 990 is for the c					12	1(a)(2)
13	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2020 (line 6			11 column (f)	14	%
15	Public support percentage from 2019 Sch						%
16a	33 1/3 % support test–2020. If the organ						
	box and stop here. The organization qua						
b	33 1/3 % support test-2019. If the organ	•	• • • •	•			· · ·
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test-202	-			-		
	10% or more, and if the organization me	•					
	Part VI how the organization meets the fa						
	organization.						Þ 🔽
b	10%-facts-and-circumstances test-201	19. If the orga	nization did no	ot check a box	on line 13, 16a	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization m						
	supported organization						
18	Private foundation. If the organization d						
	instructions		<u></u>			<u></u>	Þ 🗌

Schedule A (Form 990 or 990-EZ) 2020

 Schedule A (Form 990 or 990-EZ) 2020
 Mitchell Farm Equine Retirement, Inc.
 56-2495790
 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.
 Schedule for Organization fails to qualify under the tests listed below, please complete Part II.

Section	n A. Public Support			,		/	
Calenda	ar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 (Gifts, grants, contributions, and membership fees						
r	eceived. (Do not include any "unusual grants.")	207 , 371.	210,426.	258,995.	231,566.	285,861.	1,194,219.
	Bross receipts from admissions, merchandise sold or services performed, or facilities						
	urnished in any activity that is related to the						
	organization's tax-exempt purpose	106,204.	54,034.	32,727.	23,393.		216,358.
3 (Gross receipts from activities that are not an						
	Inrelated trade or business under section 513						
	Tax revenues levied for the						
	organization's benefit and either paid						
	o or expended on its behalf.						
-	The value of services or facilities						
	urnished by a governmental unit to the						
	organization without charge		0.64 4.60	001 800	054 050	005 061	
	Fotal. Add lines 1 through 5	313,575.	264,460.	291,722.	254,959.	285,861.	1,410,577.
	Amounts included on lines 1, 2, and 3			25 494	44 001		105 700
	received from disqualified persons Amounts included on lines 2 and 3			33,484.	44,821.	43,4/3.	125,780.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
-	or 1% of the amount on line 13 for the year			75.125.	69,808.		144,933.
	Add lines 7a and 7b						270,713.
	Public support. (Subtract line 7c from						
	ine 6.).						1,139,864.
Section	n B. Total Support						
	ar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		313,575.	264,460.	291,722.	254,959.	285,861.	1,410,577.
	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	oyalties, and income from similar sources						
	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
	Other income. Do not include gain or						
	oss from the sale of capital assets						
	Explain in Part VI.)						
a	Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11,	313,575.	264,460.	291,722.	254,959.	285,861.	1,410,577.
	Total support. (Add lines 9, 10c, 11,						1,410,577. (c)(3)
	Fotal support. (Add lines 9, 10c, 11, and 12.)	organization's f	first, second, t		fifth tax year a	s a section 50)1(c)(3)
Section	Fotal support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the corganization, check this box and stop here n C. Computation of Public Support	organization's f re rt Percentag	first, second, tl je	hird, fourth, or	fifth tax year a	s a section 50)1(c)(3) ▶ □
Section 15	Total support.(Add lines 9, 10c, 11,and 12.)First 5 years.First 5 years.If the Form 990 is for the corganization, check this box and stop hen C. Computation of Public SupporPublic support percentage for 2020 (I	organization's f re rt Percentag ine 8, columr	first, second, tl 	hird, fourth, or	fifth tax year a	s a section 50	01(c)(3) ▶□ 80.81%
Section 15 16	Total support.(Add lines 9, 10c, 11,and 12.)First 5 years.First 5 years.If the Form 990 is for the corganization, check this box and stop hen C. Computation of Public SupporPublic support percentage for 2020 (IPublic support percentage from 2019	organization's f re rt Percenta <u>c</u> ine 8, columr Schedule A,	first, second, th 	hird, fourth, or	fifth tax year a	s a section 50)1(c)(3) ▶ □
Section 15 16 Section	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the corganization, check this box and stop he n C. Computation of Public Suppor Public support percentage for 2020 (I Public support percentage from 2019 n D. Computation of Investment In	rganization's f re rt Percentag ine 8, columr Schedule A, come Perce	first, second, th ge n (f), divided Part III, line ntage	hird, fourth, or by line 13, co 15	fifth tax year a	s a section 50	01(c)(3) ▶□ 80.81% 89.00%
Section 15 F 16 F Section 17 F	Total support.(Add lines 9, 10c, 11,and 12.)First 5 years.First 5 years.If the Form 990 is for the corganization, check this box and stop hen C. Computation of Public SupporPublic support percentage for 2020 (IPublic support percentage from 2019n D. Computation of Investment Innvestment income percentage for 2020	rganization's f re rt Percentag ine 8, columr Schedule A, come Perce (line 10c, colu	first, second, t je n (f), divided Part III, line ntage umn (f), divided	hird, fourth, or by line 13, co 15 d by line 13, cc	fifth tax year a 	s a section 50 15 16 17	01(c)(3) ▶□ 80.81% 89.00% %
Section 15 F 16 F Section F 17 F 18 F	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the corganization, check this box and stop hematic for a computation of Public Suppor Public support percentage for 2020 (In Public support percentage from 2019) n D. Computation of Investment In nvestment income percentage from 2020 n vestment income percentage from 2020	rganization's f re rt Percentag ine 8, columr Schedule A, come Perce (line 10c, colu 19 Schedule A	first, second, th ge (f), divided Part III, line ntage Jumn (f), divided A, Part III, line	hird, fourth, or by line 13, co 15 d by line 13, cc 17	fifth tax year a	s a section 50 15 16 17 18	01(c)(3) ▶□ 80.81% 89.00% % %
Section 15 F 16 F Section T 17 I 18 I 19a 3	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the corganization, check this box and stop hematic not be computation of Public Support Public support percentage for 2020 (In Public support percentage from 2019 n D. Computation of Investment In Investment income percentage from 2020 nvestment percentage from 2020 nvestment income percentage from	rrganization's f re rt Percentag ine 8, columr Schedule A, come Perce (line 10c, colu 19 Schedule A unization did n	first, second, the first, second, the first, divided Part III, line ntage umn (f), divided a, Part III, line ot check the b	hird, fourth, or by line 13, co 15 d by line 13, cc 17 box on line 14,	fifth tax year a lumn (f)) olumn (f)) and line 15 is	s a section 50 15 16 17 18 more than 3	$ \begin{array}{c} 11(c)(3) \\ \hline 80.81\% \\ 89.00\% \\ \hline \% \\ 3^{1/3} \%, and \end{array} $
Section 15 F 16 F Section 17 17 I 18 I 19a 3	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the obrganization, check this box and stop he n C. Computation of Public Suppor Public support percentage for 2020 (I Public support percentage from 2019 n D. Computation of Investment In nvestment income percentage for 2020 nvestment income percentage from 20 33 1/3 % support tests–2020. If the orga ine 17 is not more than 33 ¹ /3 %, check this	rrganization's f re rt Percentag ine 8, column Schedule A, come Perce (line 10c, colu 19 Schedule A mization did n box and stop	first, second, the general of the second of	hird, fourth, or by line 13, co 15 d by line 13, cc 17 box on line 14, nization qualifie	fifth tax year a lumn (f)) olumn (f)) and line 15 is es as a publicly	s a section 50 15 16 17 18 more than 3 supported org	01(c)(3) ►□ 80.81% 89.00% % 3 ¹ / ₃ %, and ganization►X
Section 15 F 16 F Section 17 17 I 18 I 19a 3 b 3	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the corganization, check this box and stop hematic not be computation of Public Support Public support percentage for 2020 (In Public support percentage from 2019 n D. Computation of Investment In Investment income percentage from 2020 nvestment percentage from 2020 nvestment income percentage from	rrganization's f re rt Percentag ine 8, column Schedule A, come Perce (line 10c, colu 19 Schedule A inization did no box and stop nization did not	first, second, the generation of the first second of the first se	hird, fourth, or 	fifth tax year a lumn (f)) olumn (f)) and line 15 is es as a publicly e 19a, and line	s a section 50 15 16 17 18 more than 3 supported org 16 is more th	$\begin{array}{c} 11(c)(3) \\ \hline \\ 80.81\% \\ \hline \\ 89.00\% \\ \hline \\ \hline \\ \\ \hline \\ \\ \\ \hline \\ \\ \\ \\ \\ \\ \\ \\ $

Schedul	A (Form 990 or 990-EZ) 2020 Mitchell Farm Equine Retirement, Inc. 56-24	9579	90 Pa	age 4
Part	IV Supporting Organizations			
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete	te Seo	ction	s A
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part	I, cor	nplet	te
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part	V.)	
Secti	on 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		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 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		
3a	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		
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		
С	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.	3c		
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.	4a		
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		
С	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.	4c		
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 accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the 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? If "Yes," provide detail in			
_	Part VI.	6		
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 or 990-EZ).	7	_	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	_	
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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	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	40		
-	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	104		
	determine whether the organization had excess business holdings.)	10b	- 1	

Schedule A (Form 990 or 990-EZ) 2020 Mitchell Farm Equine Retirement, Inc. Part IV Supporting Organizations (continued)

1

3

- Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 а A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations'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 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 Section C. Type II Supporting Organizations 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).

Section 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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 in line 2, above, did the organization's supported organizations have a significant 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.

Section 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).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete **line 3** below. b
- L The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see С instructions).
- Activities Test. Answer lines 2a and 2b below. 2
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- b Did the activities described in 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 but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- а 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

Schedule A (Form 990 or 990-EZ) 2020 Mitchell Farm Equine Retirement, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Prior Year	(B) Current Yea (optional)
Prior Year	
	Current Year

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

UYA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Mitchell Farm Equine Retirement, Inc. 56-2495790 Page 7

Part		3) Supporting Organ	nizations (continu	led)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	tVI)	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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required- <i>explain in Part VI</i>). See instr.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

UYA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (F	orm 990 or 990-EZ) 2020 Mitchell Farm Equine Retirement, Inc. 56-2495790 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;
	Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B,
	lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Schedule of Contributors

OMB No. 1545-0047

2020

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number			
Mitchell Farm	56-2495790			
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a pr	ivate foundation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private	foundation		
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. UYA

Name of organization

Page Employer identification number

56-2495790

Mitchell Farm Equine Retirement, Inc.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Anastasia Reilly 36 Puquag Lane Glastonbury, CT 06033	\$7,200.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Paul & Maria Gallina 35 Verbena Drive Commack, NY 11725	\$7,242.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Jane Gilgun 17 Avenue B Jamestown, RI 02835	\$7,450.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	Karen Horn 66-4 Ely's Ferry Rd Lyme, CT 06371	\$15,340.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Jennifer Huber 782 W Rambling Dr Wellington, FL 33414	\$7,200.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Thorn Rosenthal 845 U.N. Plaza Ste. Apt 64B New York, NY 10017	\$9,400.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)

	· J· =
Name of organization	Employer identification number
Mitchell Farm Equine Retirement, Inc.	56-2495790

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org				Employer identification number		
Part III	11 Farm Equine Retiremed Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addi	c., contributions to orgathe year from any one cons completing Part III, e e year. (Enter this inform	contributor. Cor nter the total of	nplete columns (a) through (e) and exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
	Transferee's name, address,	(e) Transfer and ZIP + 4	-	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relatior	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					

Name of organization

Page 2
Employer identification number

	nell Farm Equine Retirement, Inc.	56-2495790	
Part I			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Barbara Wilson 108C Heritage Hill Rd	\$7,200.	Person X Payroll Noncash
	New Canaan, CT 06840		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Priscilla Cornell		Person 🔀 Payroll 🗌
	29 Montgonery Lane	\$7,850.	
	Greenwich, CT 06830		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Susan Clatworthy		Person X Payroll
	39 Church St	\$7,730.	
	Old Saybrook, CT 06475		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Heather Mangione		Person X
	180 Smith Hill Rd	\$7,200.	
	Winsted, CT 06098		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Mary Ann Pudimat		Person X
	61 Emerald Glen Lane	\$14,000.	
	Salem, CT 06420		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Val Koif		Person 🔀
	28 Smith's Neck Rd	\$11,000.	
	Old Lyme, CT 06371		(Complete Part II for noncash contributions.)
			1

Name of organization

Page **2**

Employer identification number 56-2495790

Mitchell Farm Equine Retirement, Inc.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>13</u>	Harriet Burrell 24 Barney Downs Rd Peru, NY 12972	\$14,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u>	Maurice Krasnow 6 Turtle Back Rd Wilton, CT 06897	\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	Thoroughbred Aftercare Alliance 821 Corporate Drive Lexington, KY 40503	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>	Estate of Rozalyn Murphy 355 Old Slocum Rd Hebron, CT 06248	\$7,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)	Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Department of the Treasury	Attach to Form 990.

	OMB No. 1545-0047
I	0000
	2020
	Open to Public

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	Revenue Service of the organization	► Go to www.irs.gov/For	m990 for instructions and th			Inspection tification number
		quine Retirement,	Inc		-	5790
Part		is Maintaining Donor Adv				
		ne organization answered "				
			(a) Donor advised t		(b)	Funds and other accounts
1	Total number at end of y	/ear			()	
2		ributions to (during year).				
2 3		ts from (during year)				
4 5		of year		deper eduiced funde	oro tho	orgonization's
5						
~		organization's exclusive legal contro				
6	-	orm all grantees, donors, and donor				aritadie
		e benefit of the donor or donor advis		0 1		
.	private benefit?	<u></u>				Yes No
art		n Easements.	Vac" on Form 000 Bort	IV/ line 7		
		ne organization answered "				
1		tion easements held by the organiza				
		for public use (for example, recrea		servation of historical		
	Protection of natura		Pre	servation of a certified	d histori	c structure
	Preservation of oper					
2	Complete lines 2a through	gh 2d if the organization held a qua	lified conservation contribution	in the form of a conse	ervation	
	of the tax year.					Held at the End of the Tax Year
а	Total number of conserv	vation easements			2a	
b	Total acreage restricted	by conservation easements			2b	
С	Number of conservation	easements on a certified historic s	tructure included in (a)		2c	
d	Number of conservation	easements included in (c) acquired	d after 7/25/06, and not on a hi	storic structure		
	listed in the National Re	gister			2d	
3	Number of conservation	easements modified, transferred, r	released, extinguished, or termi	inated by the		
	organization during the t	ax year ►				
1	Number of states where	property subject to conservation ea	asement is located >			
5		ave a written policy regarding the pe		nandling of violations,		
	-	conservation easements it holds?		-		🗌 Yes 🗌 No
6		s devoted to monitoring, inspecting				
	•	3, 1, 3,	, . ,	J		5
7	Amount of expenses inc	curred in monitoring, inspecting, har	ndling of violations, and enforci	ng conservation ease	ments c	luring the year
	► \$					
B		easement reported on line 2(d) abo	ove satisfy the requirements of	section 170(h)(4)(B)((i)	
)(ii)?				
9		w the organization reports conserva				
,		e text of the footnote to the organiza				
	conservation easements	-			20110113	
art		s Maintaining Collection	s of Art Historical Tre	asures or Othe	or Sim	ular Assots
41 U		ne organization answered "				
2		ed, as permitted under FASB ASC s			co choo	t worke
a	-	es, or other similar assets held for p				
		XIII the text of the footnote to its final			o or put	лю
F	· •				hoct	orke of
b	-	ed, as permitted under FASB ASC s				
		or other similar assets held for pub	nic exhibition, education, or res	earch in furtherance o	n public	Service,
		iounts relating to these items:				
	••	on Form 990, Part VIII, line 1				
		Form 990, Part X				
2	If the organization receiv	ved or held works of art, historical tr	easures, or other similar asset	s for financial gain, pr	ovide th	e following amounts

required to be reported under FASB ASC 958 relating to these items:

▶\$

▶\$

	ile D (Form 990) 2020 Mitchell F							249579	<u> </u>	Page 2
Part	III Organizations Maintaining									nued)
3	Using the organization's acquisition, accessi (check all that apply):	ion, and other record	ls, check ar	ny of the fol	llowing that m	iake sigr	hificant use of its co	ollection ite	ems	
а	Public exhibition		d	Loan d	or exchange p	orogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they f	urther the	organization's	exempt	purpose in Part X	III.		
			·		-	•				
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.									
Part			<u> </u>	<u></u>	<u></u>			· · _ •		
	Complete if the organization 990, Part X, line 21.		' on Forn	n 990, Pa	art IV, line	9, or 1	reported an an	nount or	n For	m
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for con	tributions c	or other asset	s not inc	luded			
Ia	on Form 990, Part X?		-					🗌 Y	ос Г	No
L								· · 🗋 🖸	es _	
b	If "Yes," explain the arrangement in Part XIII	and complete the to	nowing tabi	e.			۸۳	ount		
								ount		
C	Beginning balance.									
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F		-							
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanation h	has been p	rovided on Pa	art XIII.				
Part			. –	000 P		4.0				
	Complete if the organization				1					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three years ba	.ck (e) Fo	ur yea	rs back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		 e (line 1 a . c	olumn (a))	held as:					
-	Board designated or quasi-endowment									
b	Permanent endowment > %									
	Term endowment %)								
С										
•	The percentages on lines 2a, 2b, and 2c sho				a da tatata ang	t and a				
3a	Are there endowment funds not in the posse	ession of the organiza	ation that ar	e neid and	administered	for the				1
	organization by:								Yes	No
	(i) Unrelated organizations									-
	(ii) Related organizations								4	
b	If "Yes" on line 3a(ii), are the related organiza	•						3b		
4	Describe in Part XIII the intended uses of the		wment fund	ls.						
Par	Land, Buildings, and Equip			P	(I) / - I'		D		P	4.0
	Complete if the organization			1						
	Description of property	(a) Cost or oth (investm		r ,	r other basis ther)	. ,	Accumulated epreciation	(d) Boo	ok valu	e
1a	Land									
b	Buildings			3	2,398.		4,659.	2	27,	739.
с	Leasehold improvements.	[
d	Equipment				6,000.		2,810.		3,2	190.
е	Other				810.					810.
Total.	Add lines 1a through 1e. (Column (d) must ea		X, column (B), line 10				3		739.
UYA	- · · · ·							nedule D (F		

	Complete if the organization answered "Yes" on Form			
	 (a) Description of security or category (including name of security) 	(b) Book value		(c) Method of valuation: st or end-of-year market value
) Financial	derivatives			
2) Closely h	eld equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments — Program Related.			
	Complete if the organization answered "Yes" on Form			
	(a) Description of investment	(b) Book value		(c) Method of valuation: st or end-of-year market value
l) N				
2) 2)				
3) 1)				
4) 5)				
9 <u>9</u> 6)				
7)				
9				
8)				
8) 9) Fotal (Colur	nn(h) must equal Form 990 Part X col (R) line 13)			
9) Fotal. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
9)	Other Assets.	990 Part IV lin	e 11d. See F	Form 990 Part X line 15
9) otal. (Colur	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, line	e 11d. See F	
9) Total. (Colur Part IX	Other Assets.	990, Part IV, line	e 11d. See F	Form 990, Part X, line 15
9) ^T otal. <i>(Colur</i> Part IX 1)	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, line	e 11d. See F	
9) Fotal. (Colur Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, lind	e 11d. See F	
9) Part IX 1) 2) 3)	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, line	e 11d. See F	
9) otal. (Colur Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, line	e 11d. See F	
9) otal. (Colur Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, line	e 11d. See F	
9) Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, line	e 11d. See F	
9) Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, lind	e 11d. See F	
9) otal. (Colur Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, lind	e 11d. See F	
9) otal. (Colur Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description			(b) Book value
9) Fotal. (Colur Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colur	Other Assets. Complete if the organization answered "Yes" on Form (a) Description			
9) Fotal. (Colur Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			(b) Book value
9) Fotal. (Colur Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Sotal. (Colur	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form			(b) Book value
9) otal. (Colur Part IX 1) 2) 3) 4) 5) 5) 6) 7) 8) 9) otal. (Colur Part X	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25.			(b) Book value ▶ . See Form 990, Part X,
9) otal. (Colur Part IX 1) 2) 3) 4) 5) 5) 6) 7) 8) 9) otal. (Colur Part X -	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value
a) otal. (Colur Part IX 1) 2) 3) 4) 5) 5) 5) 7) 3) 5) 7) 5) 5) 7) 5) 7) 5) 7) 7) 8) 9) otal. (Colur Part X Part X (1) Federa	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25.			(b) Book value ▶ . See Form 990, Part X,
 a) a) a) b) c) <	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value ▶
9) otal. (Colur Part IX 1) 2) 3) 4) 5) 5) 6) 7) 8) 9) · otal. (Colur Part X - (1) Federa (2) (3)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value ▶ . See Form 990, Part X,
9) otal. (Colur Part IX 1) 2) 3) 4) 5) 5) 6) 7) 8) 9) · otal. (Colur Part X (1) Federa (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value ▶
a) otal. (Colur Part IX 1) 2) 3) 4) 5) 5) 5) 6) 7) 3) 6) 7) 5) 6) 7) 6) 7) 6) 7) 7) 8) 9) otal. (Colur Part X 9) 0 otal. (Colur 7) 8) 9) 0 otal. (Colur 2) (3) (4) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value ▶ . See Form 990, Part X,
9) otal. (Colur Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) cotal. (Colur 7) 8) 9) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value ▶
9) Fotal. (Colur Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colur Part X 9) Fotal. (Colur (Colur 7) 8) 9) - (1) Federa (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value (b) Book value
9) Total. (Colun Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Colun 7) 8) 9) Total. (Colun (Colun 7) 8) 9) Total. (Colun (Colun 7) 8) 9) Total. (Colun (Colun 2)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value (b) Book value

Schedule D (Form 990) 2020 Mitchell Farm Equine Retirement, Inc.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote has been provided in Part XIII.

Page 3

56-2495790

Schedu	le D (Form 990) 2020 Mitchell Farm Equine Retirement	z, Inc.	56-2495790	Page 4
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			
Part	XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Pa		per Return.	
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5	
Part	XIII Supplemental Information.			

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

Schedule D (Form 990) 2020	Mitchell	Farm	Equine	Retirement,	Inc.
Part XIII Supplemen	tal Informatio	n (conti	nued)		

Part Alli	Supplemental Inf	ormation (continue	eu)		

SCHEI	DUL	ΕO	
(Form 9	90 or	990-	EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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



Department of the Treasury Internal Revenue Service Name of the organization

Mitchell Farm Equine Retirement, Inc.

Employer identification number

56-2495790

Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization	Employer identification number	
Mitchell Farm Equine Retirement, Inc.	56-2495790	
Part VI Line 11b		
Completed 990 form is emailed to Board of Directors for	questions or	
Part VI Line 11b		
comments 10 days prior to filing.		
Part VI Line 15a or b		
CEO 2019		
Part VI Line 19	. L	
Available on website www.mitchellfarm.org or upon reques	5C	