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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

2949300831705

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

- B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization INDIANA STANDARDBRED ASSOCIATION, INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

737 W GREEN MEADOWS DR STE 300

City or town, state or country, and ZIP + 4

GREENFIELD

IN

46140-4000

D Employer identification number

23-7160140

E Telephone number

317-462-6616

G Gross receipts \$

2,174,075

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c) ( 6 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 06

J Website ▶

H(c) Group exemption number ▶

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile IN

## Part I Summary

1 Briefly describe the organization's mission or most significant activities PROMOTE HARNESS RACING

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) .

3

0

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

0

5 Total number of employees (Part V, line 2a)

5

1

6 Total number of volunteers (estimate if necessary)

6

0

7a Total gross unrelated business revenue from Part VIII, column (A), lines 3, 4, and 7d

7a

0

b Net unrelated business taxable income from Form 990-T, line 34

7b

0

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

53,708

138,099

9 Program service revenue (Part VIII, line 2g)

189,413

2,035,976

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

0

0

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

0

0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

243,121

2,174,075

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

34,319

49,879

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶

0

0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)

182,410

425,533

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

216,729

475,412

19 Revenue less expenses Subtract line 18 from line 12

26,392

1,698,663

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

66,149

1,751,692

21 Total liabilities (Part X, line 26)

3,065

2,873

22 Net assets or fund balances Subtract line 21 from line 20

63,084

1,748,819

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

Date

11-12-10

Paid Preparer's Use Only

Preparer's signature

Date

11/11/2010

Check if self-employed ☒

Preparer's identifying number (see instructions)

406-86-3880

Firm's name (or yours if self-employed), address, and ZIP + 4

CURTIS D WILSON, CPA

2390 W MAIN ST, GREENFIELD, IN 46140

EIN

Phone no

(317) 462-2869

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2008)

(HTA)

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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

► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

INDIANA STANDARD BRED ASSOCIATION, INC

23-7160140