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Form 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

OMB No 1545-0047 2011

Open to Public Inspection

A	For the	2011 c	alendar yea	r, or tax year b	eginning		, and ending							
В	Check if ap	plicable	C Name of org	anization						D	Emplo	yer identifi	ication numbe	ег
	Address ch	nange			ndiana S	tandardb	red Associa	tion In						
	Name char	nge	Doing Busin									·7160		
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\equiv				. Green M		r			300		317	<u> -462</u>	<u>2-6616</u>	<u>; </u>
	Terminated	1		, state or country, an	d ZIP + 4									
/	Amended i	retum	Green			IN 46	140			G (Gross rec	eipts\$	1,519	,11
	Application	pending	F Name and a	ddress of principal o	micer				H(a) Is this	a group i	return for	affiliates?	Yes	XN
													Yes	\square N
									H(b) Are a			a / (see instri		''
				v	6 \ 4				- "	140, 811	au i a iist	(300 1113111	20(10113)	
	Tax-exem			(c)(3) X 501(c		(insert no)	4947(a)(1) or	527	┥、_					
	Website:		X Corpora					1. ,	H(c) Group	4 4 4				
******		ganization		ation Trust	Association	Other -			Year of formation	192	. /	M State	of legal domicile	le Il
	art I		mmary											
	1 5	-		rganization's mi	ission or most	significant act	ivities							
ce		see	Schedul	e O										
nan														
Governance														
30	2 0	Check the	s box ▶	if the organiza	tion discontinu	ed its operation	ns or disposed of	more than 2	5% of its net	assets				
∞ ∞	3 N	lumber d	of voting mer	mbers of the go	verning body (Part VI, line 1	a)				3	<u> 15</u>		
Activities &	4 N	lumber d	of independe	ent voting memb	pers of the gov	erning body (F	Part VI, line 1b)				4	15		
ĭĭ	5 T	otal num	ber of indivi	iduals employed	d ın calendar y	ear 2011 (Par	t V, line 2a)				5	2		
\ct	6 T	otal num	ber of volun	nteers (estimate	e if necessary)						6	0		
•	7a T	otal unre	elated busine	ess revenue fro	m Part VIII, co	lumn (C), line	12				7a			
	bΝ	Net unrelated business taxable income from Form 990-T, line 34									7b			C
							-		Prior				Current Year	
<u>o</u>	8 0									38,			<u>25,</u>	<u>,23</u> 7
enc	9 F	rogram	service reve	nue (Part VIII, I	ine 2g)				1,4	18,	138	1	L,493,	<u>, 881</u>
Revenue	10 lı	nvestme	nt income (F	Part VIII, columr	n (A), lines 3, 4	, and 7d)					0			
Œ	11 C	Other rev	enue (Part V	/III, column (A),	, lines 5, 6d, 8d	9c, 10c, and	l 11e)				0			
							ımn (A), line 12)		1,5	56,	748	1	L,519,	,118
				nounts paid (Pa							0			C
	14 B	Benefits p	aid to or for	memb ers (Par	t IX, column (A	(), line 4)					0			
Ş	15 S	Salaries,	other compe	ensation emplo	%44 Benerik ((BARK, ANG A	n (A), lines 5–10)			52,	596		59,	,118
penses	16a F	Professio	nal fundraisi	ing fees (Part I)	K, column (A),	<u>line 11e)</u> ⊆					0			C
Ç	ьт	otal fund	fraising expe	enses (Part IX, : IX, colu <u>mn (A)</u>	eolanin (D) Nin	e <u>25</u> ∬▶		0						
Ë	17 C	Other exp	enses (Part	: IX, colu <u>mn (A)</u>	Hines-Irla=Irla	1, 111-24e)			1,2	46,	787	1	1,068,	768
				lines 13–17 (mi			, line 25)		1,2	99,	383	1	L,127,	886
	19 F	Revenue	less expens	es Subtract lin	e 18 from line	12	·		2	57,	365		391,	
r s			•						Beginning of				End of Year	
Assets or Balances	20 T	otal ass	ets (Part X, I	line 16)					2,0	<u>12, </u>		2	2,404,	947
ಪಠ	21 7	otal liab	lities (Part X	(, line 26)							405		3,	, 635
<u> 2</u>	22 N			lances Subtrac	ct line 21 from	line 20			2,0	10,	080	2	2,401,	<u>, 312</u>
7 P	art II	Sig	nature B	lock										
ıU 🧲	nder pen	alties of	erjury, I decla	are that I have ex	amined this retu	rn, including acc	companying schedule	es and stateme	ents, and to the	e best o	f my kn	owledge a	and belief, it	is
		ct, and co	mplete Decla	aration of prepare	fr-(other than off	icer) is based oi	all information of w	hich preparer l	has any knowle	edge				
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May	the IR:			with the prepar						Linone	110		X Yes	No
				Notice, see th			/						Form 99	
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Part III 'Statement of Program Service Accomplishments	Page 2
Check if Schedule O contains a response to any question in this Part III	X
1 Briefly describe the organization's mission	
See Schedule O	
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a (Code) (Expenses \$ including grants of \$) (Revenue \$ Provide medical services and insurance for the horsemen's benefit	on track
grounds	on crack
4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
General account: Lobbying activity and Elite race sponsorship, me maintenance	mbership
4c (Code) (Expenses \$ Including grants of \$) (Revenue \$ Promotion and advertising activities)
FIOMOCION and advercising accivities	
4d Other program services (Describe in Schedule O)	
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses ▶	Form 990 (2011)
	\ \ \

	•		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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		7.7
4	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)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.			
	Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		
•	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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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,			
	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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	441		77
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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	44.	1	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	11c		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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, XII, and XIII	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, XII, and XIII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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			
4 =	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 assistance to any		- [v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	+	<u> </u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		\dashv	 -
	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?			- -
	If "Yes," complete Schedule G, Part III	19		X
20a	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		
			000	_

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Ì		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, 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 III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			77
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			**
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			7.5
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	0.4	,	v
20	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	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, Parts II, III,	33		
34	IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	35a		
b	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
•	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
• •	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
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Part V Statements Regarding Other IRS Filings and Tax Compliance	
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	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	30			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty	İ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	ancial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie				
	organization solicit any contributions that were not tax deductible?			_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	gooas		7.		
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ae		7.5		
·	required to file Form 8282?	10		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				. 1	
а	Did the organization make any taxable distributions under section 4966?			<u>9</u> a		
b	Did the 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	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	ایدا				
a	Gross income from members or shareholders	1 <u>1a</u>			l	
b	Gross income from other sources (Do not net amounts due or paid to other sources					
40-	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	,	12a	-	
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which					
b	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13b				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	_ 136]		14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		 -
DAA					m 990	(2011)

Form 990 (2011) Indiana Standardbred Association In 23-7160140 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O 15 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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? Section C. Disclosure IN List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Lisa Krise 737 W. Green Meadows Dr.

317-462-6616

IN 46140

Greenfield

Form 990 (2011) Indiana Standardbred Association In 23-7160140

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(1)Mike Merkel President (2)Doug Rideout 1st Vice President (2)Doug Rideout 1st Vice President (3)Joe Putnam 2nd Vice President (4)Jack Holton Treasurer (5)Carrie Hollman Secretary (6)Jack Kieninger Director (7)Larry Rheinheimer Director (7)Larry Rheinheimer Director (1) Mane and Title Average hours per week (describe week (describe hours for week (describe hours for related amount of other compensation from from the companisation of form the compensation from the companisation of form the companisation (W-2/1099-MiSC) (1) Mike Merkel President (0.00) X	
(1)Mike Merkel 0.00 X X 0	
President	
(2) Doug Rideout 1st Vice President 0.00 X X 0 0 0	
1st Vice President 0.00 X X 0 0 (3) Joe Putnam 0.00 X 0 0 0 2nd Vice President 0.00 X 0 0 0 (4) Jack Holton 0.00 X 0 0 0 (5) Carrie Hollman 0.00 X 0 0 0 (6) Jack Kieninger 0.00 X 0 0 0 (7) Larry Rheinheimer 0.00 X 0 0 0 Director 0.00 X 0 0 0	0
(3) Joe Putnam 2nd Vice President 0.00 X X 0 0 (4) Jack Holton 0.00 X 0 0 0 (5) Carrie Hollman 0.00 X 0 0 0 (6) Jack Kieninger 0.00 X 0 0 0 (7) Larry Rheinheimer 0.00 X 0 0 0 Director 0.00 X 0 0 0	
2nd Vice President 0.00 X X 0 0 (4) Jack Holton 0.00 X 0 0 0 Treasurer 0.00 X 0 0 0 (5) Carrie Hollman 0.00 X 0 0 0 (6) Jack Kieninger 0.00 X 0 0 0 (7) Larry Rheinheimer 0.00 X 0 0 0 Director 0.00 X 0 0 0	0
(4) Jack Holton Treasurer 0.00 X X 0 0 (5) Carrie Hollman 0.00 X 0 0 Secretary 0.00 X 0 0 (6) Jack Kieninger 0 0 0 Director 0.00 X 0 0 (7) Larry Rheinheimer 0 0 0 Director 0.00 X 0 0	_
Treasurer 0.00 X X 0 0 (5) Carrie Hollman Secretary 0.00 X X 0 0 (6) Jack Kieninger Director 0.00 X 0 0 (7) Larry Rheinheimer Director 0.00 X 0 0	0
(5) Carrie Hollman Secretary 0.00 X X 0 0 (6) Jack Kieninger Director 0.00 X 0 0 (7) Larry Rheinheimer Director 0.00 X 0 0	_
Secretary 0.00 X X 0 0 (6) Jack Kieninger 0.00 X 0 0 Director 0.00 X 0 0 (7) Larry Rheinheimer 0.00 X 0 0 Director 0.00 X 0 0	0
(6) Jack Kieninger Director 0.00 X 0 0 (7) Larry Rheinheimer Director 0.00 X 0 0	_
Director 0.00 X 0 0 (7) Larry Rheinheimer Director 0.00 X 0 0	0
(7) Larry Rheinheimer Director 0.00 X 0 0	_
Director 0.00 X 0	0
	_
(8) John Tanner	0
	^
Director 0.00 X 0 0	0
Director 0.00 X 0	^
(10) Andy Bryner	0
Director 0.00 X 0	0
(11) Pam DeBaun	
Director 0.00 X 0	0
(12) Jeff Edwards	
Director 0.00 X 0	0
(13) Ted Engel	
Director 0.00 X 0	0
(14) Richard Keaton	_ _
Director 0.00 X 0	

Pa	rt VII Section A: Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)				2gc c
	(A) Name and title	(B) Average hours per week (describe	bo	x, unl	Pos check ess pe	erson	than c s both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	C	(F) Estima amoun othe ompens	of ation	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from ti organiza and rela organiza	ition ited	
	Trent Stohler	0.00	х						0	0				0
(16)														
(17)														
(18)														
(19)														
(20)									-					
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total Total from continuation she	ets to Part VII, S	Secti	ion A	۹.			> >						
d_	Total (add lines 1b and 1c)							<u> </u>						
2	Total number of individuals (in reportable compensation from	_		_	thos	e lis	ted a	bove	e) who received more than	\$100,000 in				
3	Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ated	ſ	3	Yes	No X
4	For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pens	atio						
5	individual Did any person listed on line 1 for services rendered to the or									ndividual		5		x x
Sec	tion B. Independent Contract	tors							· · · · · · · · · · · · · · · · · · ·					
1	Complete this table for your fix compensation from the organi	zation Report co	ensa ompe	ited i	nder tion	end for t	ent c ne ca	entr	dar year ending with or with	nin the organization's tax ye	ear			
	Name and	(A) business address			 .				Descrip	(B) tion of services		Con	(C) npensatio	on
							-					_		
									·					
	Total number of independent of	contractors (incli	ıdıno	ı but	not l	lmite	ed to	thos	se listed above) who					
DAA	received more than \$100,000	•	-							0			990	,000 f
DAA												Form	フプリ	(2011)

•	III Statement of Reve			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
				Total revenue	exempt function revenue	business	excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a					
b	Membership dues	1b	25,237				
С	Fundraising events	1c		Į.			
d	Related organizations	1d		Į.			
е	Government grants (contributions)	1e	 				
f	All other contributions, gifts, grants,		:	•			
	and similar amounts not included above	1f		į			
g	Noncash contributions included in lines 1a	⊦1f \$					
h	Total. Add lines 1a-1f		•	25,237			
			Busn Code				
2a			900099	1,218,381	1,218,381		
b			900099	92,950	92,950		
C	Hoosier Park Admin	Fees	900099	66,445	66,445		
d			900099	62,350	62,350		
e	IN Downs Admin Fees		900099	37,858 15,897	37,858 15,897	_	
	All other program service reve	enue	—	1,493,881	13,897		<u> </u>
<u> </u>	Total. Add lines 2a–2f Investment income (including	duudondo into		1,493,881			<u> </u>
3	and other similar amounts)	dividends, inte	rest,				
4	Income from investment of tax	v-evemnt hand	· -			<u>.</u>	-
5	Royalties	k-exempt bond	proceeds -				
	(i) Real	(1)) Personal				
6a	Gross rents	<u>`</u>					
	Less rental exps						
	Rental inc or (loss)						
	Net rental income or (loss)		•				
	Gross amount from (i) Securities	5	(ii) Other				
	sales of assets other than inventory	1					
b	Less cost or other						
	basis & sales exps						
C	Gain or (loss)						
d	Net gain or (loss)		•				
8a	Gross income from fundraising eve	ents					
	(not including \$						
	of contributions reported on line 1c	:)	į				
	See Part IV, line 18	a		Į.			
	Less direct expenses	b		į			
	Net income or (loss) from fund						
9a	Gross income from gaming activitie	1		į			
_	See Part IV, line 19	a					
	Less direct expenses	b		•			[
	Net income or (loss) from gan		<u> </u>				
ıva	Gross sales of inventory, less						
_	returns and allowances	a		į			
	Less cost of goods sold	b		ŀ	1		•
<u> </u>	Net income or (loss) from sale Miscellaneous Revenue	s of inventory	Busn Code				
11a	miscenarieous izeveriue		Duali Code		•		}
b						·	
C							
d	All other revenue						
	Total. Add lines 11a-11d		<u> </u>			······································	
-	Total revenue. See instruction		-	1,519,118	1,493,881	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete columns (A) but are not required to complete columns (B). (C) and (D)

requi	Check if Schedule O contains a response	e to any guestion in this Da	# IV		
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV. lines 15 and 16				
4					
4 5	Benefits paid to or for members				
3	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified		1		
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	54,133			
8	Pension plan accruals and contributions (include	34,133		***	
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,985			
11	Fees for services (non-employees)			-	
a	Management (non-employees)				
	Legal	116,220			
	Accounting	5,825			
	Lobbying	7,000			
e	Professional fundraising services See Part IV, line 17				· -
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,520			
13	Office expenses	32,430			<u> </u>
14	Information technology	,			
15	Royalties				
16	Occupancy	45,705			
17	Travel	8,280			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,198			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,194			
23	Insurance		·······		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Health Services	220,788			
b	Stakes/Elite	153,350			
c	Advertising	134,947			
d	Scholarships	96,250			
е	All other expenses	248,061		<u> </u>	<u> </u>
25	Total functional expenses. Add lines 1 through 24e	1,127,886		0	0
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 fig. 16				
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2011)
					Form 330 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 2,007,799 2,396,394 Cash--non-interest bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 421 281 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 24,749 16,477 other basis Complete Part VI of Schedule D 10a 4,265 8,272 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 2,404,947 2,012,485 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,405 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 2,405 3,635 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ►X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 2,010,080 2,401,312 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,010,080 2,401,312 33 Total net assets or fund balances 2,404,947 2,012,485 Total liabilities and net assets/fund balances

Form 990 (2011)

orm	990 (2011) Indiana Standardbred Association In 23-7160140				Pa	ige 12
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 118</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				886
3	Revenue less expenses Subtract line 2 from line 1	3				232
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>2,0</u>	<u>10,</u>	080
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6	;	2,4	01,	312
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	x	Ì
	Were the organization's financial statements audited by an independent accountant?			2b		х
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
Ī	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
А	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
<u>.</u>	issued on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
22	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1	
Ja	the Single Audit Act and OMB Circular A-133?			20		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			3a		_
D	res, and the organization undergo the required addit or addits? If the organization did not undergo the			٠		

Form **990** (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service

Inspection ► See separate instructions. If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990 Part IV line 5 (Proxy Tax) or Form 990-F7 Part Viline 35c (Proxy Tax) then

• 9	Section 501(c)(4), (5), or (6) organizations Complete Part II	 			
Nar	ne of organization Indiana Standardbred	Association In		Employer identifica 23-71601	
Pa	t I-A Complete if the organization is exen	npt under section 501(c	or is a section	on 527 organizati	on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	ın Part IV		
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pa	t I-B Complete if the organization is exen	npt under section 501(c)(3).		· · · · · · · · · · · · · · · · · · ·
1	Enter the amount of any excise tax incurred by the organiz	zation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 495	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fe	orm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
<u>b</u>	If "Yes," describe in Part IV				
Pa	t I-C Complete if the organization is exen	npt under section 501(c), except sect	ion 501(c)(3).	
1	Enter the amount directly expended by the filing organizat	ion for section 527 exempt fund	tion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	uted to other organizations for s	ection		
_	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 En	iter here and on Form 1120-PO	L,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification in		=	-	
	organization made payments. For each organization listed				
	the amount of political contributions received that were pre-			=	
	as a separate segregated fund or a political action commi				(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
(1)					
٠٠,					
(2)					
•					
(3)					
(4)					
(5)					
(6)					

Sched	ule C (Form 990 or 990-EZ) 2011 India	na Standar	dbred Assoc	iation In	23-7160140	Page 2
Pa	rt II-A · Complete if the organi	zation is exemp	t under section	501(c)(3) and f	iled Form 5768 (ele	
	section 501(h)).					
A (Check ▶ ☐ If the filing organizati					up member's
_ ,	name, address, EIN,	•			•	
B (Check ▶ ☐ If the filing organizati			itrol" provisions	apply	
	Limits on Lo "(The term "expenditures)	bbying Expendi			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p					
b		· · · · ·	• •			
c	-		56. 1655ymig/			
d						<u> </u>
e	Total exempt purpose expenditures (add i	ines 1c and 1d)				
f	Lobbying nontaxable amount Enter the a	·	ving table in both			
	columns		3			
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is.			
	Not over \$500,000	20% of the amount on I	ine 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of t	he excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of t	he excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25%	6 of line 1f)				
h	Subtract line 1g from line 1a If zero or les	ss, enter -0-				
i	Subtract line 1f from line 1c If zero or less	s, enter -0-				
j	If there is an amount other than zero on e	ither line 1h or line 1	, did the organization	file Form 4720		_
	reporting section 4911 tax for this year?					Yes No
		4-Year Averagi	ng Period Under	Section 501(h)	1	
	(Some organizations tha		_	• •		he five
	•		tructions for line		•	
	Lobi	bying Expenditu	res During 4-Yea	ar Averaging P	<u>eriod</u>	 .
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))	<u>.</u>				
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount					
	(150% of line 2d, column (e))					
			1	1	l	

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

	•
Page	

Schedule C (Form	990 or 990-EZ) 2011	Indiana	Standardbred	ASSOCIACION	III 23-	<u> </u>		Pag
Part II-B	· Complete if	the organization	on is exempt under	section 501(c)(3) ar	nd has NO	filed For	n 5768	
	(election un	der section 50°	1(h)).					
						(-)	(6)	

For each 119/ the second of		(a)		(b)
	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?			
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?			
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
2a	Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) if Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-B, line

1 Also, complete this part for any additional information

Page 4

Schedule C (Form 990 or 990-EZ) 2011 Indiana Standard Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name	of the organization		Employer identifica	ation number
I	ndiana Standardbred Association In		23-71603	L40
Pa	organizations Maintaining Donor Advised Fu organization answered "Yes" to Form 990, Part I			
		(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised		
	funds are the organization's property, subject to the organization's exc	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or dor	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
<u>Pa</u>	at II Conservation Easements. Complete if the organic		<u>1 990, Part IV, I</u>	ine 7
1	Purpose(s) of conservation easements held by the organization (check	k all that apply)		
	Preservation of land for public use (e g , recreation or education)	Preservation of an historically in	mportant land area	
	Protection of natural habitat	Preservation of a certified histor	ric structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a cons	servation	
	easement on the last day of the tax year		r	
			Held at	the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inc	* *	2c	
d	Number of conservation easements included in (c) acquired after 8/17	/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e.	xtinguished, or terminated by the organiz	ation during the	
_	tax year ▶			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of		
•	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the	year	
	Amount of supposed in supposed			
′	Amount of expenses incurred in monitoring, inspecting, and enforcing > \$	conservation easements during the year		
۰		the manufacture of		
0	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(f)(4)(B)		□ Vaa □ Na
9	(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easen	ante la la revenue and evenue at the		Yes No
9	balance sheet, and include, if applicable, the text of the footnote to the			
	organization's accounting for conservation easements	organization s illiancial statements that	describes the	
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		Similar Asset	S.
12	If the organization elected, as permitted under SFAS 116 (ASC 958),		halance sheet	
	works of art, historical treasures, or other similar assets held for public			
	public service, provide, in Part XIV, the text of the footnote to its finance			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t			
	works of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items	,,		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		▶ \$	
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial gain, pi	rovide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	•		
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$	
b	Assets included in Form 990, Part X		▶ \$	
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990		Schedu	ule D (Form 990) 2011

Sche	edule D (Form 990) 2011 Indiana S								Page 2
Pá	art III Organizations Maintaining	Collections of	Art,	Historical Ti	reasures,	or Othe	r Similar Assets	(continu	ed)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other record	ls, ched	ck any of the foll	lowing that a	re a signif	icant use of its		
а	Public exhibition	d 🗌	Loan o	or exchange pro	grams				
b	Scholarly research	e 🗍	Other	, , , , , , , , , , , , , , , , , , ,	3				
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	n how t	hev further the	organization'	s exempt	purpose in Part		
	XIV	•			•		F F		
5	During the year, did the organization solicit or							□	
D.	assets to be sold to raise funds rather than to art IV Escrow and Custodial Arra						"Voo" to Form Of	Yes	
Γ.	line 9, or reported an amoun				iizalion an	Swered	res to Form 98	o, Part IV	<i>'</i> ,
12	Is the organization an agent, trustee, custodia								
ıa	included on Form 990, Part X?	in or other intermed	nary io	r contributions o	or other asser	s not		□ v	. 🗆 🗤 -
h	If "Yes," explain the arrangement in Part XIV	and complete the fe	llowno	ı tabla				Yes	s [No
Ü	in res, explain the all angement in Falt XIV a	and complete the id	mownig	, labie			<u></u>	Amount	
_	Beginning balance						1c	Amount	
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
ا 2ء	Did the organization include an amount on Fo	rm 990 Part V line	212				<u> </u>		
	If "Yes," explain the arrangement in Part XIV	iiii 990, Fait A, iiile	211					Yes	i No
	ert V Endowment Funds. Comple	ete if the organi	zation	answered "	Yes" to Fo	m 990	Part IV line 10		
	Eliaovillotti alias. Soliipi	(a) Current year	Lation	(b) Prior year	(c) Two year		(d) Three years back	(e) Four	years back
1a	Beginning of year balance	(-,,		(=) · · · · · · · · · ·	(0) 1110 900		(a) Tilleo yours suck	(0,1 001)	rears back
	Contributions						·	 	
	Net investment earnings, gains, and							 	
·	losses								
ч	Grants or scholarships						·		
	Other expenditures for facilities and		ļ				<u> </u>	 	
Ŭ	programs								
f	Administrative expenses	·						-	······
ď	End of year balance							 	
2	Provide the estimated percentage of the curre	ent year and halance	o /lino	1a column (a))	hold as		···		
- a	Board designated or quasi-endowment	%	e (mie	rg, coluiiii (a))	neiu as				
h	Permanent endowment ▶ %	70							
	Temporarily restricted endowment ▶	%							
Ŭ	The percentages in lines 2a, 2b, and 2c should	d equal 100%							
3a	Are there endowment funds not in the posses		ation th	at are held and	administered	for the			
ou	organization by	sion of the organiza	1011 111	at are nelu and	auriiiiisteret	i ioi tile		[5	res No
	(i) unrelated organizations								es No
	(ii) related organizations							3a(i)	
h	If "Yes" to 3a(ii), are the related organizations	listed as required a	n Sche	dula P2				3a(ii) 3b	
4		=						<u> </u>	
_	art VI Land, Buildings, and Equip				10				·
	Description of property	(a) Cost or other b		(b) Cost or o		(c) A	ccumulated	(d) Book va	alue
	r errena	(investment)		(othe			preciation	(=, 500K V6	0
1a	Land	 		 					
	Buildings					••••••			
	Leasehold improvements								
	Equipment			1 :	24,749		16,477	-	8,272
	Other			<u> </u>	_ = / : = 0		/	<u></u>	<u>- , - , 2</u>
	I. Add lines 1a through 1e (Column (d) must ed	ual Form 990, Part	X, col	umn (B), line 10)(c))		•	!	8,272
			_						

Schedule D (Form 990) 2011	Indiana	Standardbred	Association	Τn	23-7160140
Scheaule D (Form 990) ZUTT	TIIUTAIIA	2 candar mred	Maactacton	711	72 / TOOTEO

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Page	

Part VII	Investments—Other Securities. See Form 990	, Part X, line 12		*
•	(a) Description of security or category	(b) Book value	(c) Method o	f valuation
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial o				
	eld equity interests			·
(3) Other				
(A)				
(B)				
(C)				<u> </u>
(D)				
(E)				
(F)				
(G)				
(H)				
(l)	(h) - 1		<u> </u>	
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. See Form 990	Dort Y June 12	<u> </u>	
rait Viii	(a) Description of investment type	(b) Book value	(a) Mathad a	fuction
	(a) Description of investment type	(b) book value	(c) Method o Cost or end-of-ye	
(1)				
(1)				
(3)			-	
(4)				
(5)				·
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)				
(9)			-	
(10)				***
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		· ·- ·- · ·	_	
(9)			-	
(9) (10)				
(9) (10) Total . (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		.	
(9) (10) Total. (Colum Part X	Other Liabilities. See Form 990, Part X, line 25.		>	
(9) (10) Total. (Colum Part X 1.	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value	•	
(9) (10) Total. (Colum Part X 1. (1) Federal	Other Liabilities. See Form 990, Part X, line 25.		•	
(9) (10) Total. (Colum Part X 1. (1) Federal (2)	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability		>	
(9) (10) Total. (Colum Part X 1. (1) Federal (2) (3)	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability		>	
(9) (10) Total. (Colum Part X 1. (1) Federal (2) (3) (4)	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability		•	
(9) (10) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability			
(9) (10) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability		•	
(9) (10) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability		>	
(9) (10) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability			
(9) (10) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability			
(9) (10) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability			
(9) (10) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability			

Sche	dule D (Form 990) 2011 Indiana Standardbred Associa	tion 1	n 23-716014	0	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audite	d Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5_	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per Re	turn	
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 on investments	2a			
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
C	Add lines 4a and 4b	-	:	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per F	Retur	n
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 XIV)	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 XIV)	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	

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Supplemental Information

Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Indiana Standardbred Association In

Employer identification number 23-7160140

Form 990 - Organization's Mission or Most Significant Activities

To promote and increase interest in harness horses and harness racing; to represent and establish cooperation between county, state, and pari-mutuel racetrack operations, breeders, owners, trainers, drivers, and grooms; to sponsor and promote Standardbred racing, breeding, training, and development programs in the State of Indiana; to represent horsemen/women for negotiations with racetrack operations and to take other actions in the furtherance of the Standardbred Racing Industry in the state of Indiana.

Year of Formation: 1927

The Indiana Standardbred Association was created in 1994 as a result of a merger between the Indiana Trotting and Pacing Association and the Standardbred Owners and Breeders of Indiana. The Indiana Trotting and Pacing Association was formed in 1927. The merger was a move to restructure Indiana's Standardbred organization to benefit the harness horse people of Indiana and to better meet their needs.

The organization has members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights All board members are elected by the general membership.

Employer identification number 23-7160140

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
The bulk of ISA's funding comes from slot machine revenue, the distribution
of which is authorized by the Indiana State Legislature. The Indiana Horse
Racing Commission is the State Administrative Agency charged with
responsibility of insuring that slot machine revenue is correctly allocated
and correctly spent by the receiving entities. The ISA must report
receipts and expenditures of slot machine revenue to the Indiana Horse
Racing Commission on a regular basis for review and comment.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The ISA president and treasurer review the Form 990. In addition, Form 990

may be reviewed by the Finance Committee and any other interested director.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Criminal records checks are run on all officers, directors and employees
who have access to funds. The ISA expects all officers, directors and
employees to self-report possible conflict of interest issues. The ISA
encourages any person, members or otherwise, to report potential conflict
of interests. Typically, allegations of conflict of interests are
forwarded to counsel for the ISA for investigation and recommendation to

jurisdication to insure compliance with the Commission's conflict of interest policies.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation for key employees is determined by the full Board of Directors

after receiving and considering information relating to the employee's

Name of the organization
Indiana Standardbred Association In

Employer identification number
23-7160140

skills, education, training, past employment experience, past salary level, and compensation paid to employees in other organizations performing similar tasks. The full Board approves an employee's job description as well as the compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available to the public upon request. The individuals are provided an opportunity to review these documents at the Organization's office in Greenfield, Indiana during normal business hours.

Form 990, Part IX, Line 24e - Other Expenses

Amount	
\$ 68,78	4
tors \$ 47,96	1
\$ 21,33	7
\$ 20,00	0
\$ 18,07	7
ns \$ 15,20	0
\$ 14,73	3
eproduction \$ 9,92	2
te \$ 7,33	2
\$ 6,44	3
ous \$ 5,47	9
ons \$ 4,50	0
ons \$ 2,50	0
Lease \$ 1,79	1
ons \$ 4,50 ons \$ 2,50)(

Schedule O (Form 990 or 990-EZ) (2011)						
Name of the organization Indiana Standardbred	d Association	In	Employer Identification number 23-7160140			
Membership Dues and Fees	\$	1,228				
Advertising	\$	1,000				
Repairs and Maintenance	\$	858				
Taxes - Property	\$	556				
Office Expense	\$	360				

Form 4562

Department of the Treasury

(99)

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172 2011

chment 17

Internal Revenue Service
Name(s) shown on return

Indiana Standardbred Association In

Identifying number 23-7160140

	ess or activity to which this form relates ndirect Depreciat	ion						
P	art I Election To Exper Note: If you have a	•	•		amplete Per	+ 1		
1			y, complete rait v	/ belote you c	ompiete Fai	<u> </u>	1	500,000
2							2	300,000
3						3	2,000,000	
4	Reduction in limitation Subtract li			dructions)			4	2,000,000
5			·	d filipa coparatoly	coo inetri ietione		5	
6	(a) Description	-		Cost (business use of	1) Elected cost	٦	
	(a) Bosonphio	in or property	(0)		11197 (0) Liected cost		
						····		
7	Listed property Enter the amount	from line 20			7			
8	Total elected cost of section 179		to in column (a) lines	6 and 7		<u> </u>	8	
9	Tentative deduction Enter the sm		* *	o and 7			9	
9 10							\vdash	
11	Carryover of disallowed deduction	•		haa\	E /		10	
12	Business income limitation Enter Section 179 expense deduction A				5 (see instruction	ons)	11	
13	•	•		nan iine i i	42		12	· · · · · · · · · · · · · · · · · · ·
_	Carryover of disallowed deduction e: Do not use Part II or Part III below				13			
	art II Special Depreciat			viation (Do no	ot include lie	tod propo	rty) /	Soc instructions)
14	Special depreciation allowance fo					ieu prope	;; (y.)	See instructions)
14	during the tax year (see instruction		other than iisted prope	ity) piaced in ser	vice		,,	
15	• •	·					14	
-	Property subject to section 168(f)(15	
16 ••••	Other depreciation (including ACF MACRS Depreciated)		ido listod proporti	/ \ /Soc instru	otione)		16	
F	HI MACKS Deprecial	ווטווו זטוו טען ווטו.	Section		ictions)			
17	MACRS deductions for assets pla	and in control in tax					47	1,754
1 <i>7</i> 18	MACRS deductions for assets pla						17	1,734
10	If you are electing to group any assets placed		ear into one or more general rvice During 2011 Ta			reciation S	vetem	
	000001111	(b) Month and year	(c) Basis for depreciation		Ceneral Dep	Teclation 5	ystein	
	(a) Classification of property	placed in	(business/investment use	(a) Receivery	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	2 year property	service	only-see instructions)	Period				
	3-year property	†	7,1	99 5.0	HY	200	פת	1,440
<u>b</u>	5-year property	-	,, 1	39 3.0	H I	200	פע	1,440
<u> </u>	7-year property	†				 		
	10-year property	1						
	15-year property	-						
<u> </u>	20-year property	+		25		C.0		
<u> </u>	25-year property Residential rental			25 yrs		S/L		
n	property	-		27 5 yrs	MM	S/L		
•	· · · · · · · · · · · · · · · · · · ·			27 5 yrs	MM	S/L		
i	Nonresidential real property	-		39 yrs	MM	S/L		
	<u> </u>	easte Blacad in Same	ing Dusing 2011 Tax	Voor Hoine the	MM Normative De	S/L	Cueter	
	 · 	Sets Placed III Serv	rice During 2011 Tax	Tear Using the	Alternative De			<u> </u>
	Class life	-{		40		S/L		
	12-year	<u></u>	1	12 yrs		S/L		
	40-year	tructions \	<u> </u>	40 yrs	MM	S/L		
	art IV Summary (See ins					-	1 1	
21 22	Listed property Enter amount from		l 40 100 ·		04 5 4 4		21	
22	Total. Add amounts from line 12,	_					_	0 464
^^	and on the appropriate lines of yo				\$		22	3,194
23	For assets shown above and place	-	ne current year, enter	tne				
	portion of the basis attributable to				23			- AEC2
-Or	PARARMATE PAGILATION ACT NATICA	eno consesta inetri	ICTIONS					- ASC7

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return.								
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							► X	
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
Do not comp	Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868							
Electronic fili	i ng (e-file) . Yo	u can electronically file Form 8868 if y	ou need a 3	-month automatic extension of time to f	file (6 mor	nths for		
- ·	•		-	onth extension of time. You can electro	-			
-				Part II with the exception of Form 8870,		on		
				th must be sent to the IRS in paper form	•			
Part I				gov/efile and click on e-file for Charities		ofits		
				omit original (no copies needed) n extension-check this box and complet				
Part I only	required to me	rolli 990-1 and requesting an autom	auc o-monu	restension-check this box and complet	e		►□	
•	erations (includ	ing 1120-C filers) partnerships RFMI	Cs and trus	its must use Form 7004 to request an e	vtension i	of time		
to file income	•	mg 1120 0 moloy, partnerempe, 112m	00, 4.14 1.40	no muot use i omi i ose to request un e	ACC1131011	or time		
				Enter filer's	s identify	ing number, see i	nstructions	
Type or	Name of exe	empt organization or other filer, see ins	tructions			yer identification numl	-	
print					l	-	, ,	
File by the	Indian	a Standardbred Asso	ociati	on In	X 23	-7160140		
due date for	· ·	eet, and room or suite no. If a P.O. box	c, see instruc		Social	security number (SSN	1)	
filing your return See	737 W.	Green Meadows Dr.		300				
instructions	_	post office, state, and ZIP code For a						
	Greenf	ield IN	46140)				
Enter the Retu	irn code for the	e return that this application is for (file a	a separate a	pplication for each return)			01	
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
Application			Return	Application			Return	
Is For Form 990			Code 01	Is For			Code	
Form 990-B	 I		02	Form 990-T (corporation) Form 1041-A			07	
Form 990-E		-	01	Form 4720			08 09	
Form 990-Pi		•	04	Form 5227			10	
	(sec 401(a) o	r 408(a) trust)	05	Form 6069			11	
	(trust other tha		06	Form 8870			12	
		Lisa Krise						
		737 W. Green Meadows	Dr.					
The books a	are in the care of	▶ Greenfield				IN 4614	40	
Telephone	No ▶ 31	7-462-6616	FAX No	▶				
If the organ	nization does i	not have an office or place of business	in the Unite	d States, check this box			▶ 🗌	
 If this is fo 	r a Group Retu	ırn, enter the organization's four digit C	Group Exemp	ption Number (GEN) If	this is			
for the whole group, check this box If it is for part of the group, check this box and attach								
		Is of all members the extension is for						
		3-month (6 months for a corporation re						
		· -	n for the org	ganization named above. The extension	ı is			
for the organization's return for								
	▶ X calendar year 2011 or							
▶ □	lacksquare							
	tax year beginning , and ending , and ending							
	2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return							
· ·	Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
nonrefundable credits. See instructions 3a								
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				<u></u>	-			
-	estimated tax payments made Include any prior year overpayment allowed as a credit 3b \$				s			
·								
	EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$							
				8868, see Form 8453-EO and Form 88		payment instruction	ons	