

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

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

OMB No 1545-1150

2011

**Open to Public** Inspection

Α	For the	he 2011 calendar year, or tax year beginning	, and endin	g										
В	Check if	f applicable C Name of organization	D Empl	Employer identification number										
	Address	·												
	Name ch	thange Association Employee B	enefit T	rust		36	-3835804							
	Initial ret		E Telep	hone number										
X	Terminat		70	8-652-2201										
Щ	Amended	•	IL 60546	_		F Grou	p Exemption							
		tion pending North Riverside	Numl											
G		unting Method X Cash	if the organization is not											
ı	Websi	site: N/A	to attach	Schedule B										
<u>J</u> _	Tax-ex	xempt status (check only one) — 501(c)(3) X 501(c)( 4 ) ◀		Z, or 990-PF)										
K	Check													
		ore than \$50,000  A Form 990-EZ or Form 990 return is not re	equired (se	e instructions) But if										
	the organization chooses to file a return, be sure to file a complete return													
L		nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts	-	more, or if total as	sets (Part II,	_	77 100							
		, column (B) below) are \$500,000 or more, file Form 990 instead of Fo				<u>▶ \$</u>	77,183							
	art I	·······				ctions for	Part I.)							
		Check if the organization used Schedule O to res	pond to any qu	estion in this Pa	art I	1								
	1	Contributions, gifts, grants, and similar amounts received				1	73,249							
	2	Program service revenue including government fees and co			2	3,934								
	3	Membership dues and assessments				3								
	4	Investment income		1 1		4								
	5a	-	Gross amount from sale of assets other than inventory 5a											
	b	•												
	C	* *	ain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)											
	6	Gaming and fundraising events	· · · · · · · · · · · · · · · · · · ·											
Revenue	а	Gross income from gaming (attach Schedule G if greater the	an	6a		\$ 1°								
Š		\$15,000)	<b>-</b>   , :}											
æ	b	• • • • • • • • • • • • • • • • • • • •	of contribut	ions										
		from fundraising events reported on line 1) (attach Schedule		6b		*								
		sum of such gross income and contributions exceeds \$15,0												
	C	Less direct expenses from gaming and fundraising events	``											
	d													
	_	line 6c)	1	Es i	6d									
	7a	•	Г	7a   1   7b	<del>-0</del> -0									
	b	•	(b from line 70)		1021	7c								
	<u>`</u> c	Gross profit or (loss) from sales of inventory (Subtract line 7	b from file way	NOV 2 3 20	112	8								
_	8	Other revenue (describe in Schedule O)	-		<u> </u> ≝	▶ 9	77,183							
2013	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O)	<del>- i C</del>	GOEN,		10								
2	10	Benefits paid to or for members				11								
8	11	Salaries, other compensation, and employee benefits				12								
Ses	12 13	Professional fees and other payments to independent contra	actors			13	985							
Ë	14	Occupancy, rent, utilities, and maintenance	a01013			14								
番	15	Printing, publications, postage, and shipping				15								
	16	Other expenses (describe in Schedule O)				16	76,198							
回	17	Total expenses. Add lines 10 through 16				▶ 17	77,183							
Net SESSENNED EXPENSES 2	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	<u> </u>			18								
<b>18</b>	19	Net assets or fund balances at beginning of year (from line 2)		***										
	.5	end-of-year figure reported on prior year's return)	,, (			19								
et	20	Other changes in net assets or fund balances (explain in Sc	hedule O)			20								
Ź	21	Net assets or fund balances at end of year Combine lines 1				21	0							
For		vork Reduction Act Notice, see the separate instructions.					Form 990-EZ (29-1)							

	s Thoroughbred Horser	men's 3	<u>6-3835804</u>				Page 2				
	see the instructions for Part II.)										
Check if the organization	ation used Schedule O to respond to	any question in the	s Part II								
		_	(A) Beginning of year			(B)	End of year				
22 Cash, savings, and investments		<u> </u>		0	22						
23 Land and buildings		_		0	23						
24 Other assets (describe in Schedule		0	24	0							
25 Total liabilities (decembe in Sahad		0	25		0						
26 Total liabilities (describe in Schedi	ule O) 27 of column (B) must agree with line 21)	. —	<del></del>	-0	26 27						
10 A	gram Service Accomplishments		ns for Part III )			Fv					
	ation used Schedule O to respond to	•	•	X	l (R		for section				
What is the organization's primary exem					١,	•	and 501(c)(4)				
See Schedule O	Trape Press						ons and section				
Describe the organization's program ser	rvice accomplishments for each of its three	e largest program se	rvices,		49	47(a)(1	) trusts, optional				
as measured by expenses. In a clear ar	nd concise manner, describe the services	provided, the numbe	r of		foi	others	)				
persons benefited, and other relevant in	formation for each program title						<del></del>				
28 Health insurance coverage	and related expenses.										
							== 400				
(Grants \$	) If this amount includes foreign grants,	check here			28a		77,183				
29											
(Cramba &	) If the property and a foreign ground	ahaak bara			29a						
(Grants \$	) If this amount includes foreign grants,	check here		<u> </u>	23a						
30											
(Grants \$	) If this amount includes foreign grants,	check here	•		30a						
31 Other program services (describe in	- · · - · · · · · · · · · · · · · · · ·	<u> </u>									
	) If this amount includes foreign grants,	check here	•	$\Box$	31a						
32 Total program service expenses (					32		77,183				
Part-IV List of Officers, Direct	ors, Trustees, and Key Employees. List	each one even if no	compensated (se	e the	instru	ictions f	or Part IV)				
Check if the organization	n used Schedule O to respond to any que	(b) Title and average	(c) Reportable	(d)	Heath b	enefits.					
(a) Nam	ne and address	hours per week	(Forms W-2/1099-MISC)	contrit	outions to nefit plar	employee is, and	(e) Estimated amount of other compensation				
		devoted to position	(If not paid, enter -0-)	defer	red com	pensation					
Glen E. Berman	North Riverside	Trustee	_			_	1				
7301 West 25th Street, #321	IL 60546	1.00	0	├		0	0				
Chris M. Block	North Riverside	Trustee		1		^	۱ ,				
7301 West 25th Street, #321	IL 60546	1.00	0	H		0					
Micheal B. Campbell	North Riverside	Trustee		İ		0					
7301 W. 25th Street	IL 60546	1.00		_			<u>-</u>				
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DAA			<del> </del>	<u> </u>			orm <b>990-EZ</b> (2011)				
unn											

Part.V Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V.) Check if the organization used Schedule O to respond to any question in this.  33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	the Part V	Yes	
detailed description of each activity in Schedule O  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from business.	33	Yes	ı
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change on Schedule O (see instructions)  15a Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		x
activities (such as those reported on lines 2, oa, and 7a, annong others)?	35a		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35 <u>b</u>		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
during the year? If "Yes," complete applicable parts of Schedule N	36	X	* 7 4
Tale Enter amount of political expenditures, direct or indirect, as described in the instructions		· ",	v
b Did the organization file Form 1120-POL for this year?	37b		X
Ba Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a		x
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	308		
9 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	^ *		*
b Gross receipts, included on line 9, for public use of club facilities 39b		र ५३	, ( )
Oa Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			
section 4911 ▶, section 4912 ▶, section 4955 ▶	_	*	
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		۰	
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			•
reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	\$		
organization managers or disqualified persons during the year under sections 4912,		1	4
4955, and 4958	<del></del> ,	\$ 1 × 1	1930
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	*	*	
reimbursed by the organization	——— [**** '	, , ,	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400	š	x
transaction? If "Yes," complete Form 8886-T	_40e		A
1 List the states with which a copy of this return is filed None	708-65	2-2	201
2a The organization's books are in care of ▶ Glen E. Berman Telephone no ▶			
2a The organization's books are in care of ▶ Glen E. Berman  7301 West 25th Street, #321	60546		
2a The organization's books are in care of ▶ Glen E. Berman       Telephone no         7301 West 25th Street, #321         Located at ▶ North Riverside       IL ZIP + 4	60546	Yes	No
Telephone no  7301 West 25th Street, #321  Located at ▶ North Riverside  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	605 <b>4</b> 6	Yes	
Telephone no  7301 West 25th Street, #321  Located at ▶ North Riverside  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)?  If "Yes," enter the name of the foreign country. ▶	42b	Yes	No X
Telephone no  7301 West 25th Street, #321  Located at ▶ North Riverside  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)?	42b	Yes	No X
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The organization's books are in care of Salen E. Berman  7301 West 25th Street, #321  Located at North Riverside  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)?  If "Yes," enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	42b 42c		No X
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Telephone no  7301 West 25th Street, #321  Located at North Riverside  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)?  If "Yes," enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42b 42c 42c 44a 44b	Yes	No X X No
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The organization's books are in care of	42b 42c 42c 44a 44b	Yes	No X X No
The organization's books are in care of  Glen E. Berman  Telephone no  7301 West 25th Street, #321  Located at  North Riverside  II. ZIP + 4  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)? If "Yes," enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Located at  North Riverside III. ZIP + 4  At  Any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Located III. ZIP + 4  Any time during the calendar year, did the organization filed a form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	42b 42c 42c 44a 44b 44c	Yes	No X X No X X
The organization's books are in care of ▶ Glen E. Berman  7301 West 25th Street, #321  Located at ▶ North Riverside  II. ZIP + 4  b 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)? If "Yes," enter the name of the foreign country. ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country. ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  La Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42b 42c 44a 44b 44c 44d	Yes	No X No X X X X
The organization's books are in care of Salen E. Berman  7301 West 25th Street, #321  Located at North Riverside  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)? If "Yes," enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	42b 42c 42c 44a 44b 44c 44d 45a	Yes	No X X No X X X
The organization's books are in care of	42b 42c 42c 44a 44b 44c 44d 45a	Yes	No X X No X X X

For	n 990-EZ (2011)	Illinois	Thoroughbre	d Horsem	en's 3	36-3835804	1			Page	
		-			<u></u>				Yes		
46		,	y or indirectly, in political		ties on behalf of o	r in opposition					
ina	to candidates	for public office? If "Y	es," complete Schedule (	C, Part I	·V4)	nt aboutable (	harring All -	46	<u></u>	X	
ÿF.a	rt VI Sec 501	(c)(3) organizations	rganizations and se s and section 4947(a)(	<b>CTION 4947 (2</b> 1) nonexempt	a)(1) nonexem charitable trusts	ipt charitable i must answer du	i <b>rusts only.</b> All s lestions 47-49b	ection	1		
	and	52, and complete	the tables for lines 50	and 51.		•				[]	
	Che	ck if the organization	on used Schedule O to	respond to ar	ny question in th	is Part VI			г	<u> </u>	
47	Did the organiz	zation engage in lobby	ving activities or have a s	ection 501(h) ele	ection in effect dur	and the tax			Yes	No	
	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										
48	•	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a	-		fers to an exempt non-ch					49a		<u>L_</u>	
b	_		n a section 527 organizati					49b		<u> </u>	
50	Complete this t	table for the organizat	tion's five highest comper	sated employee	es (other than offic	ers, directors, trus	tees and key				
	employees) wh	o each received more	e than \$100,000 of compe	ensation from the	e organization. If t	here is none, entei	"None"				
	· · · · · ·	(a) Name and addres	s of each employee		(b) Title and average	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Esti	mated a	amount	
		paid more that			hours per week devoted to position	(Forms W-2/1099-MISC	) benefit plans, and deferred	othe	compe	nsation	
					<del>                                     </del>	<del> </del>	compensation	├			
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f		f other employees pa			<b></b> _		<del>_</del>				
51			ion's five highest compen organization. If there is no			o each received m	ore than				
							43.0				
	(a) Name and	address of each independer	nt contractor paid more than \$100	,000	(b) <sup>1</sup>	ype of service	(c) Cor	npensati	on		
	<del></del>	· · · · · · · · · · · · · · · · · · ·									
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					<del></del>						
d	Total number of	other independent co	ontractors each receiving	over \$100.000	<b>•</b>						
		•	ule A? Note: All section 5		ations and 4947(a	n)(1)					
	•	•	ach a completed Schedul		, <b>,</b>	,,	▶ □	Yes		No	
		·	xamined this return, including		schedules and states	ments, and to the bes	st of my knowledge and	belief.	ıt ıs		
ue, co	rrect, and comple	te Declaration of prepa	rer (other than officer) is bas	ed on all informati	on of which prepare	r has any knowledge	•				
	Ü	11101-5 8	7			11/14/	2012				
Sign	Signa	ature of officer				Date					
lere	1 <b>D</b> —	len E. Ber	man		Trus	tee					
	Туре	or print name and title			· · - <u>· · - </u> _						
	Print/Type p	reparer's name	Prepa	er's signature	-1/	Date	Check If	PTIN			
aid		. Gegorek			Hegal	-CPA 11/1	.4/12 self-employed	P002	37232	2	
гера			ek & Company	PA	0			288			
se C	nly Firm's addre		Generals Hwy								
		Crowns	sville, MD 2	1032-60	19	İF	Phone no 410-8	23-	404	10	
lay th	e IRS discuss t	his return with the pre	parer shown above? See	instructions			▶ 3	Yes		No	
							For	m <b>99</b> 0	-EZ	(2011)	

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SCHEDULE N

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

Association Employee Benefit Trust

Illinois Thoroughbred Horsemen's

Open to Public Inspection

Employer identification number 36-3835804

tax-exempt) or type (g) IRC section of Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36 recipient(s) (if of entity (f) Name and address of recipient (e) EIN of recipient asset(s) distributed or transaction expenses determining FMV for (d) Method of Part I can be duplicated if additional space is needed. (c) Fair market value of asset(s) distributed or amount of transaction expenses (b) Date of distribution (a) Description of asset(s) distributed or transaction Partie

Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

Schedule N (Form 990 or 990-EZ) (2011)

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

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Page 2

Page 2		Š	×	×		×	×	×			6	if jype									1	2						2011)
		Yes		L						ered	(a) IRC section of	recipient(s) (if tax-exempt) or type	of entity		İ							Yes	*	Γ				0-EZ) (
			m	4	<del>4</del>	15	ę9	<b>6</b> b	j	answ	(6)	rec:											, ç	1 6	3 (	2	79	or 99
36-3835804		5 (Total assets), and line 26	=	liquidate, or terminate?				Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	explain in Part III	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed	(f) Name and address of recipient																nt disposition of assets? d explain in Part III	Schedule N (Form 990 or 990-EZ) (2011)
		t X, column (B), line 16	'No," describe in Part II	of its intent to dissolve,				year in accordance wif	ese liabilities If "No," e	<b>5% of the Organi</b> z can be duplicated	(e) EIN of recipient													tion?			organization's significant the person involved and	
ed Horsemen's	(pant	; then Form 990, Par	ing instrument(s)? If "	opriate state official c		with state laws?	e year?	bilities during the tax	r otherwise settled th	• of More Than 2 :Z, line 36. Part II		determining FMV for asset(s) distributed or	transaction expenses									:	zation:	or transferee organiza		zation	orts as a result of the corrections of the corrections are considered to the contractions of the corrections of the corrections are contracted to the corrections are contracted and contracted to the corrections are contracted to the corrections are contracted to the corrections are contracted to the corrections are contracted to the corrections are contracted to the corrections are contracted to the corrections are contracted to the corrections are contracted to the corrections are contracted and contracted to the corrections are contracted and contracted to the corrections are contracted and contracted to the corrections are contracted and contracted to the corrections are contracted and contracted to the corrections are contracted and contrac	
Illinois Thoroughbred	issolution (contin	ets during the tax year	rdance with its govern	general or other appr	٥	ibilities in accordance	outstanding during th	its tax-exempt bond lia	ganization defeased o	or Other Transfer 32, or Form 990-E	(c) Fair market value of	asset(s) distributed or amount of transaction	sesuedxe	-									npioyee of the organiz	the for a successor	oronia adecessor	or or transferee organi	r otner similar paymer questions in this line.	
Illinois	ination, or D	nted all of its asse 0-	s assets in accor	otify the attorney	ovide such notice	or pay all of its lia	ax-exempt bonds	or defease all of ı	art III how the or	<b>Disposition, o</b> Part IV, line	(b) Date of	distribution										-	trustee, or key er Fa successor or t	dependent contra		ner or a successo	, compensation o fes" to any of the	
Form 99	Part I Liquidation, Termination, or Dissolution (continued)	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-	3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	b If "Yes," did the organization provide such notice?	5 Did the organization discharge or pay all of its liabilities in accordance with	6a Did the organization have any tax-exempt bonds outstanding during the year?	b Did the organization discharge o	es.	第記記記録 Sale, Exchange, Disposition, or Other Transfer of "Yes" to Form 990, Part IV, line 32, or Form 990-EZ.	1 (a) Description of asset(s)	distributed or transaction expenses paid											Loid of will any officer, director, trustee, or key employee of the organization:     Recome a director or trustee of a successor or transferse organization?				<ul> <li>receive, or become entitled to, compensation or otner similar payments as a result of the organization's significant disposition or assets?</li> <li>If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III</li> </ul>	

Schedule N (Form 990 or 990-EZ) (2011)

Illinois Thoroughbred Horsemen's

36-3835804

Page 3

**Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

**SCHEDULE O** 

Department of the Treasury

(Form 990 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.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Illinois Thoroughbred Horsemen's Association Employee Benefit Trust

Employer identification number 36-3835804

Form 990-EZ, Part I, Line 16 - Other Expenses

Description		Amount
Expenses		
Office Supplies	\$	109
Premiums	\$	75,999
Bank Charges	\$	90
	Total \$	76,198

Form 990-EZ, Part III - Primary Exempt Purpose Provides health insurance coverage to qualifying individuals of the Illinois Thoroughbred horse racing industry.

## ACTION BY THE PRESIDENT IN THE NAME AND ON BEHALF OF ILLINOIS THOROUGHBRED HORSEMEN'S ASSOCIATION, INC.

The undersigned officer (the "President") of ILLINOIS
THOROUGHBRED HORSEMEN'S ASSOCIATION, INC. (the "Corporation")
hereby adopts the following recitals and resolutions:

WHEREAS, the Corporation maintains the ILLINOIS THOROUGHBRED HORSEMEN'S ASSOCIATION EMPLOYEE BENEFIT PLAN (the "Plan") and the ILLINOIS THOROUGHBRED HORSEMEN'S ASSOCIATION EMPLOYEE BENEFIT TRUST (the "Trust"), which Trust serves as a funding vehicle for the Plan; and

WHEREAS, it is now considered desirable to continue to maintain the Plan but to terminate the Trust as a funding vehicle for the Plan in order to simplify the Corporation's reporting and disclosure requirements with respect to the Plan; and

WHEREAS, Section 8.2 of the Trust provides that, upon termination of the Trust as a funding vehicle for the Plan, the remaining assets of the Trust shall be used to purchase health insurance, vision insurance, dental insurance, life insurance, and accidental death and dismemberment insurance for Participants, that the insurance policies purchased upon such termination may be new policies or the continuation of policies in place as determined in the Trustees' discretion, that the non-discrimination provision of Section 7.9 shall apply to the purchase of insurance upon such termination, and that any assets remaining in the Trust after the purchase of insurance policies for Participants shall be distributed in shares of equal value to the Participants; and

WHEREAS, all the remaining assets of the Trust were used to pay the premiums for health insurance, vision insurance, dental insurance, life insurance, and accidental death and dismemberment insurance for Participants under the Plan for the policy month beginning November 1, 2011 and to pay any administrative expenses of administering the Trust and, as of November 29, 2011, the value of the assets of the Trust was zero;

NOW, THEREFORE, IT IS RESOLVED, that, pursuant to the provisions of Section 8.2 of the Trust, the Trust be, and it hereby is, terminated as a funding vehicle for the Plan effective December 2, 2011.

IT IS FURTHER RESOLVED, that the officers of the Corporation be, and each of them hereby is, authorized and directed to take such actions as he considers necessary or appropriate to implement the foregoing resolution.

IN WITNESS WHEREOF, the undersigned has executed this action this 2nd day of December, 2011.

ILLINOIS THOROUGHBRED HORSEMEN'S ASSOCIATION, INC.

By: Michael B Campbell

Its President

We, the undersigned, being all the Trustees of the Illinois Thoroughbred Horsemen's Association Employee Benefit Trust, acknowledge receipt of the Corporation's Action terminating the Trust effective December 2, 2011.

Michael B. Campbell

MICHAEL D. Campbel

Chris M. Block

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