Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public

2018

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the 2018 ca	lendar year, or tax year beginning	11/01 ,2	2018, and ending	10/31	, 2	2019	
В	Check if applicable	С					ntification number	
	Address change	Manada ala Barka Barkara Clark	T			25 106		
	Name change	tarrie strange				35-12683(17) ')) Telephone number		
<u> </u>	Initial return	Terre Haute, IN 47804			-	•		
<u> </u>	Final return/terminated	Telle mades, in 1,001			-	765-505	5-3592	
<u> </u>	Amended return Application pending				17 F	Group Exer	mption	
G G	Accounting Met	hod X Cash Accrual Other (s	necify) >		H Check		ganization is not	
ı		/A				I to attach So		
J	Tax-exempt status (in the second se	7) ≺(insert no)	947(a)(1) or 527		90, 990-EZ,		
K	Form of organiza	ition Corporation Trust	Association Ot	ther	1.			
L	Add lines 5b, 6d assets (Part II,	c, and 7b to line 9 to determine gross recolumn (B)) are \$500,000 or more, file	eceipts. If gross receipts Form 990 instead of Fo	s are \$200,000 or rm 990-EZ	more, or if t	otal ►\$	66,836.	
¹P.		ie, Expenses, and Changes in N			the instri	· · · · · ·		
(4-) .		the organization used Schedule O to re-					X	
	1 Contributi	ons, gifts, grants, and similar amounts	received	5 8 4 8 8	المالة المالة	1		
	2 Program s	service revenue including government fo	ees and contracts	RECE	VE!	2		
	3 Membersh	nip dues and assessments		Ö		3 Q 4		
	4 Investmer	nt income		5 JUN 1	5 2020	Q 4		
	5 a Gross am	ount from sale of assets other than inve	entory			2		
	b Less cost	or other basis and sales expenses		- SODE	NI I.F			
	1) from sale of assets other than inventory (Subtra-	ct line 5b from line 5a)	OGDE	14, 601	5 c		
-	1	6 Gaming and fundraising events						
evenue		ome from gaming (attach Schedule G if	•	6 a				
ē		ome from fundraising events (not includ	·	of contribu	itions	ь		
Rev		raising events reported on line 1) (attac						
ш	1	oss income and contributions exceeds to ct expenses from gaming and fundraising the contract of the control o	• •	6 b				
				L	-			
	6b and su	e or (loss) from gaming and fundraising btract line 6c)	j events (add lines ba a	ina		6 d		
	7 a Gross sale	es of inventory, less returns and allowar	nces	7 a	66,83	6 . 3		
	b Less cost	of goods sold		7 b	49,22			
	c Gross pro	fit or (loss) from sales of inventory (Sub	stract line 7b from line 7	'a)		7 c	17,607.	
	8 Other revenue (describe in Schedule O)				8			
	9 Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, an	d 8	=-		▶ 9	17,607.	
	10 Grants and	d similar amounts paid (list in Schedule	O)			10	200.	
		aid to or for members				11		
		12 Salaries, other compensation, and employee benefits				12		
s e		nal fees and other payments to indepen	dent contractors			13		
Expenses	14 Occupancy	y, rent, utilities, and maintenance				14	10,672.	
ď	15 Printing, p	ublications, postage, and shipping		C C - 1 - 1	.1 . 0	15		
ш	-	enses (describe in Schedule O)		See Schedu	ile O	16	18,219.	
		enses Add lines 10 through 16				▶ 17	29,091.	
sets Exp	18 Excess or	(deficit) for the year (Subtract line 17 for	om line 9)			18	-11,484.	
Assets	19 Net assets figure repo	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)				ear 19	113,833.	
Net /	20 Other char	nges in net assets or fund balances (ex	plain in Schedule O)			20		
Z	21 Net assets					2 1	102,349.	
BA	A For Paperwor	k Reduction Act Notice, see the separa	te instructions.			F	orm 990-EZ (2018)	
,	•	·					. ,	
			•					
•								
							 	



.Form 990-EZ (2018) Murdock Auto Ra			35	5-12683	17 Page 2
Partili Balance Sheets (see the insi	tructions for Part II)	estion in this Part II			X
Officer II the organization asses cent	sadic o to respond to drif qu		(A) Beginning of ye	ear (B) End of year
22 Cash, savings, and investments			50,214		40,333.
	Land and buildings Other assets (describe in Schedule O) See Schedule O			23	52,016.
24 Other assets (describe in Schedule O) 25 Total assets			10,000		10,000.
26 Total liabilities (describe in Schedule O)	-	113,833		102,349. 0.
27 Net assets or fund balances (line 27 of		line 21)	113,833		102,349.
Rartill Statement of Program Service Ad Check if the organization used Sc	complishments (see the ins	tructions for Part III)	(FV)		Expenses d for section 501
What is the organization's primary exempt purpose? See	Schedule O	•		(c)(3) and	d 501(c)(4)
Describe the organization's program service a measured by expenses. In a clear and concisions	ccomplishments for each of	its three largest progr	ram services, as	organizat	ions, optional
benefited, and other relevant information for e	each program title	ces provided, the ridi		, or others	
28					
				1	
(Grants \$) If th	is amount includes foreign g	rants check here	-	28 a	
29	arriagit g	Tamo, and there		-200	
				1	
			-]	
	is amount includes foreign g	rants, check here	•	29 a	
30		_ 		1	
(Grants S) If th	is amount includes foreign g	rants check here		30 a	
31 Other program services (describe in Sch				30 a	
	is amount includes foreign g	rants, check here	▶ □	31 a	
32 Total program service expenses (add lii				32	
PartilVa List of Officers, Directors,				see the instruc	ctions for Part IV)
Check if the organization used Sc	hedule O to respond to any o	question in this Part I'	-	1-	
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefit contributions to emp benefit plans, and de compensation	loyee (e)	Estimated amount of other compensation
Danny Hensley President	1	0		0.	0.
Terry John					
Vice President	1	0		0.	0.
Lester Berry	1				0
Trcasurer Harvey Wilson		0		_0.	<u> </u>
Secretary	1	0	•	0.	0.
<u>occident</u>		<u>_</u>	•		<u></u>
			····		
					
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Form 990-EZ (2018) Murdock Auto Racing Club, Inc.	35-1268317	F	Page 3
Partiva Other Information (Note the Schedule A and personal benefit contract statement requirements the instructions for Part V) Check if the organization used Schedule O to respond to any question	s in in this Part V		
33 Did the organization engage in any significant activity not previously reported to the IRS?	[25	Yes	+
If 'Yes,' provide a 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 doc	uments if they reflect		X
a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business ac (such as those reported on lines 2, 6a, and 7a, among others)?	tivities 35	a	X
b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation		b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	notice, 35	с	X
36 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		Х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.		
b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee	or were	b I	X
any such loans made in a prior year and still outstanding at the end of the tax year covered by this retu	ırn? 38	a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b	N/A		
39 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 39a 39b	0.		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year unde			
section 4911 ► N/A , section 4912 ► N/A , section 4955 ►	N/A	2	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4 benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	1958 excess has not been 40	b	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶	0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed IN	40	e	X
	one no <u>812-239-</u>	7822	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority or financial account in a foreign country (such as a bank account, securities account, or other financial account.)	ver a count)? 421	Yes	No X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country	I	C	X
43 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	43	Yes	N/A N/A No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed in of Form 990-EZ	44 8	a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be complete instead of Form 990-EZ	441	ם	X
c Did the organization receive any payments for indoor tanning services during the year?	44 (X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 0	<u> </u>	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a 2(b)(13)? If 'Yes,'		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512 Form 990 and Schedule R may need to be completed instead of Form 990 EZ. See instructions	451	ɔ	X
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L.		88317	_ Pa	age 4	
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of o candidates for public office? If 'Yes,' complete Schedule C, Part I	r in opposition to	68	Yes	No X	
Rartivia Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47-49b and 5	52, and complete	the tables			
for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI				П	
	4 2 16 17/ 1		es	No	
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the complete Schedule C, Part II.		47			
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedul	48	_			
49a Did the organization make any transfers to an exempt non-charitable related organization?		49 a	-		
 b If 'Yes,' was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, dire employees) who each received more than \$100,000 of compensation from the organization. If there is a compensation of the organization. 					
	(d) Health benefits, ontributions to employee enefit plans, and deferred compensation	(e) Estimated a other compe			
 f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each compensation from the organization. If there is none, enter 'None' 	received more than \$	100,000 of			
(a) Name and business address of each independent contractor (b) Type of se	(b) Type of service				
		. =			
 d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attac completed Schedule A 	ch a	► Yes		No	
Under penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the bestrue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	st of my knowledge and beli	ef, it is			
Signature of officer	Date				
Here Jack Berry Tr					
Print/Type preparer s name Preparer s signature Date		ÎN			
Paid T Ryan Falconbury, CPA T Ryan Falconbury, CPA 6.5-20	Check if self-employed Pt	00920373			
Preparer Firms name ► SACKRIDER & COMPANY, INC.					
Use Only Firm's address ► 1925 Wabash Avenue		33 132 101			
1 m U to TN 47007 3336	Phone no 8122	329492			
Terre Haute, IN 47807-3326 May the IRS discuss this return with the preparer shown above? See instructions		► X Yes		lo	

"SCHEDULE³O (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.

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

OMB No 1545 0047 2018

Open to Public Inspection

Name of the organization Murdock Auto Racing Club, Inc. Employer identification number

35-1268317

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

Depreciation Insurance. Misc Expense Property Taxes Supplies Tax Preparation Fee

1,603. Ś 2,881.• 665. 2,491. 10,454. 125. Total ₹ 18,219.

Form 990-EZ, Part II, Line 24 Other Assets

Inventories

Ending Beginning 10,000. \$ 10,000. \$ Total \$ 10,000. 10,000.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Recreational and social activities for members