	artment of	the Treasury	er social security numbers on the	is form as it may be		7/14	Open to Public Inspection
A		2017 calendar year, or tax year beginning	w irs.gov/Form990 for instruction $10/01/17$, and endir			<u>//</u>	пізресцоп
<u>~</u> В	Check if a	0 N /	20/02/27 jana chan	<u>ig 00/00/</u> 2		Employe	r identification number
$\bar{\Box}$	Address c	`	E STANDARDBRED OWN	ERS ASSOC			
П	Name cha	Doing business as				_	027153
\vdash		Number and street (or P O box if mail is not de				Telephor	678-3058
片	Initial return			L		302-	070-3030
	terminated		DE 19904		l.	Gross rec	eipts\$ 8,660,896
	Amended		<u>DD 13304</u>	-		Glossico	epis 0,000,000
	Application	pending ANDY MARKANO			H(a) Is this a group	retum for s	ubordinates? Yes X No
		34440 SHOCKLEYTOW	N ROAD		H(b) Are all subore	dinates incl	_{uded?} Yes No
		FRANKFORD	DE 19945	Δ1 -	If "No," at	tach a list	(see instructions)
	Тах-ехеп	pt status 501(c)(3) X 501(c) (6)	◀ (insert no) 4947(a)(1) or	527] ,		
<u></u>	Website:	▶ N/A		1 00	H(c) Group exemp	tion numbe	er 🕨
K	Form of o	ganization X Corporation Trust Associatio	on Other ►	LY	ear of formation 19	98	M State of legal domicile DE
F	art I	Summary		}			
	1 E	riefly describe the organization's mission or me	•				
ë		THE ORGANIZATION PROMOTES					AWARE.
Governance		IT NEGOTIATES PURSE STRUC					UNCILS
Ver		AND INFORMS THE HORSEMEN OF	* -				
Ô	2 (inued its operations or dispose	ed of more than 25	% of its net asset		16
		lumber of voting members of the governing boo				3	16
ties	4 1	lumber of independent voting members of the	governing body (Part -VI, line_1)			4	5
Activities &	5 1	otal number of individuals employed in calenda	ar year 2017 (Part Villine 2a)	ECFIVED		5 6	0
¥		otal number of volunteers (estimate if necessa	101		701	7a	0
		otal unrelated business revenue from Part VIII	m 990-T line 34	N 18 2019	los(7b	0
	Br	let unrelated business taxable income from Fo	1111 990-1, lille 34	0 2413	Prior Year	1,0	Current Year
40	8 0	ontributions and grants (Part VIII, line 1h)	1 00	DEN, UT	1元		0
Revenue	9 F	rogram service revenue (Part VIII, line 2g)		DL14, U1	4,033	,014	4,307,688
eve	<u></u> 36	nvestment income (Part VIII, column (A), lines	3, 4, and 7d)		653	,508	225,497
œ	64 0	Other revenue (Part VIII, column (A), lines 5, 6d	, 8c, 9c, 10c, and 11e)				0
	*12 7	otal revenue – add lines 8 through 11 (must ec	ual Part VIII, column (A), line	12)	4,686	,522	4,533,185
		Grants and similar amounts paid (Part IX, colum	nn (A), lines 1–3)	Ļ			0
		enefits paid to or for members (Part IX, column		L	3,738		3,388,373
es		alaries, other compensation, employee benefit		-10)	332	,491	338,028
Expense	16a F	rofessional fundraising fees (Part IX, column (_			
ğ	Д рј	otal fundraising expenses (Part IX, column (D)		0	1.60	031	200 507
ш	·F '' `	other expenses (Part IX, column (A), lines 11a-	·	}	4,232	,831	208,527 3,934,928
	Ή.	otal expenses Add lines 13–17 (must equal P		-		, 344	598,257
- 5	(1)219 F	evenue less expenses Subtract line 18 from li	ne 12	· /	Beginning of Curre		End of Year
ets	20 1	otal assets (Part X, line 16)			6,153		6,744,555
Ass	21 7	otal liabilities (Part X, line 26)			116	, 985	109,546
Set	=	let assets or fund balances Subtract line 21 fro	om line 20		6,036	,752	6,635,009
	Part II	Signature Block					
U	Inder per	alties of perjury, I declare that I have examined this	return, including accompanying sch	nedules and stateme	ents, and to the best	of my kr	lowledge and belief, it is
tr	ue, corre	ct, and complete Declaration of preparer (other than	officer) is based on all information	of which preparer h	as any knowledge	· .	
		Advatore Dimark	2 Ex. Diractor			Jan	
Si	_	Signature of officer	, .			Date	
He	ere	SALVATORE DIMARIO	$\overline{}$	EXECU	TIVE DIRE	CTO	₹
_		Type or print name and title	/		15		C L DTIN
D-:	id	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Pai		CHRISTINE LAWRENCE	OOK 6 A COOTATE	6 D x	01/10/1		
	eparer e Only		OOK & ASSOCIATE	S, R.A.	Firm	i's EIN ▶	51-0345018
US	e Only	220 BEISER B	9904-7790				302-734-5826
-					Pho	ne no	X Yes No
_		S discuss this return with the preparer shown a ork Reduction Act Notice, see the separate instru					Form 990 (2017)
DAA		ork neudction Act Notice, see the separate instru	JOHOHS.		α	110	roim 330 (2017)

			-2027153	Page 2
	Itement of Program Ser eck if Schedule O contain	vice Accomplishments as a response or note to any line in this	s Part III	
THE ORGAN	TIATES PURSE ST	ES AND PROTECTS THE WEL RUCTURE, INSURANCE AND N ON MATTERS PERTAINING	WELFARE PROGRAMS A	
prior Form 990		t program services during the year which were	not listed on the	Yes X No
Did the organiz	zation cease conducting, or ma	ske significant changes in how it conducts, any	program	Yes X No
Describe the or expenses Sec		accomplishments for each of its three largest pi ganizations are required to report the amount o		
	INSURANCE AND O	934,928 including grants of \$ THER WELFARE PROGRAMS T		
EGOTIATE	E WITH THE LOCAL	L RACETRACKS FOR THE BE	NEFIT OF THE HORSE	MEN
(Code) (Expenses \$	including grants of \$) (Revenue \$)
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(Code) (Expenses \$	including grants of \$) (Revenue \$	
) (Expenses \$	including grants of \$) (Revenue \$)
)
)
		including grants of \$)
(Code (Code Other program (Expenses \$) (Expenses \$	including grants of \$)

Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D. Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D. Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 11e 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 X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Form 990 (2017)

18

X

X

19

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part IV Checklist of Required Schedules (continued)

	arra Oneckiist of Regarda Concadas (communes)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	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	<u> </u>
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	245		x
	through 24d and complete Schedule K If "No," go to line 25a	24a		
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	240		
	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	-	ļ <u> </u>
25a		250		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	_25a_	-	
Ь	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?	25b		
00	If "Yes," complete Schedule L, Part I	230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	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,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	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)			
	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			
	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,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			1
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u></u>	X

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a 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 X 4a account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7q g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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 b Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
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?			3	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4	<u> </u>	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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he followin	g		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Inte-	nal F	<u>Revenue</u>	<u>Code)</u>		
				Γ	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	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		 ,,
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	<u> </u>	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b		├──
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		177
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	ļ	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					.
a	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a				46-		.
	with a taxable entity during the year?			16a		X
þ	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			465		
<u></u>	organization's exempt status with respect to such arrangements?			16b		Ь—
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE	14 (~\/2	\a ankı\			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	/ (C)(3	js uniy)			
	available for public inspection. Indicate how you made these available. Check all that apply					
4.0	Own website Another's website X Upon request Other (explain in Schedule O)	.at = -1				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est pol	icy, and			
••	financial statements available to the public during the tax year	.a				
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ius 🟲				
	ALVATORE DIMARIO 830 WALKER SQUARE OVER DE 1990	14	2	02-67	გ_ა	1050
יע	DE 1990	, -	٠	<u> </u>	<u> </u>	O

Form 990 (2017)	DELAWARE	STANDARDBRED	OWNERS	ASSOC	52-2027153
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Page 7

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

Check if Schedule O contains a response or note to any line 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

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

(A) Name and Title	(B) Average hours per week (list any	(di	o not o	Pos check ess pe	C) ition more rson i	than on is both a or/trusted	ne an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W21033-MICO)	organization and related organizations
(1) RICHARD ASHLEY										
• •	1.00									
DIRECTOR	0.00	X						0	0	0
(2) BRENDA BRAMBLE		1								
	1.00							į		
1ST VICE PRESIDENT	0.00	X		X		Ш		0	0	0
(3) DANIEL CAMAC										
	1.00									
DIRECTOR	0.00	X				<u> </u>		0	0	0
(4) FRANK DELIBERTI										
	1.00									
TREASURER	0.00	X		X				0	0	0
(5) GEORGE DENNIS										
	1.00								r + 4.44.40 r	
2ND VICE PRESIDENT	0.00	X		X				0	0	0
(6) CHARLES MARSH,										
	1.00									
DIRECTOR	0.00	X				$\sqcup \sqcup$		0	0	0
(7) JAMES KING		}				1 1				
	1.00									_
DIRECTOR	0.00	X						0	0	0
(8) VICTOR KIRBY										
	1.00							_	_	
DIRECTOR	0.00	X						0	0	0
(9) RUSS MACKINNON										
,	1.00									_
DIRECTOR	0.00	X				\sqcup		0	0	0
(10) ANDY MARKANO										
	1.00									_
PRESIDENT	0.00	X		X		Ш		0	0	0
(11)BILL MOFFETT										
	1.00									
DIRECTOR _	0.00	X			<u> </u>			0	0	0
DAA				-		-		 –		Form 990 (2017)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson (than c s both r/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amoui othic compen from	ated nt of er sation	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(***211099-111130)		organiz	ation lated	
(12) PRESLEY MOORE													
DIRECTOR	1.00	x						0	o				0
(13) GEORGE TEAGUE		Â	\vdash		╁			-					
DIRECTOR	1.00 0.00	x						0	0				0
(14) VALERIE WARN													
DIRECTOR	1.00	x						0	o				0
(15) FRANCES E WES		<u> </u>	\vdash					<u> </u>					
• • • • • • • • •	1.00												
SECRETARY	0.00	X	<u> </u>	X				0	0			_	0
(16) T. ROSS WOLFE	INDEN 1.00	1											
DIRECTOR	0.00	x						0	О				0
(17) SALVATORE DIN			†										
	40.00												_
EXECUTIVE DIRECTOR	0.00	-	_		X			154,500	0				0
-													
1b Sub-total			-	.				154,500					
c Total from continuation shee	ets to Part VII,	Sect	ion A	4			•	151 500		ļ			
d Total (add lines 1b and 1c) Total number of individuals (in	cluding but not l	ımıta	od to	thoc	o lic	tod a	bov	154,500	\$100,000 of	<u>!</u>		_	
reportable compensation from	•		_	uios	e IIS	ieu a	DUV	e) who received more than	\$100,000 01				
3 Did the organization list any fo	•					•	•	oyee, or highest compensa	ated		•	Yes	No X
employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pens	atio				3		
individualDid any person listed on line 1					-4	. .			· madu udu ol		4	X	-
5 Did any person listed on line 1 for services rendered to the or									IIIQIVIQUAI		5		x
Section B. Independent Contracto													
 Complete this table for your five compensation from the organization. 										ear			
	(A) business address								(B) tion of services		Co	(C) mpensa	lion
													
						•							
							\vdash						
											L	_	
2 Total number of independent of								se listed above) who					
received more than \$100,000	ot compensation	fror	n the	org	anız	ation	<u> </u>		0		For	m 99 0	(2017)

Form 990 (2017) **DELAWARE STANDARDBRED OWNERS ASSOC** 52-2027153 . Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (A) (C) Unrelated exempt business under sections function revenue 512-514 revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn Code 711210 1,850,700 1,850,700 2a DOVER DOWNS TRACK CONTRIB 711210 1,629,408 1,629,408 b HARRINGTON TRACK CONTRIB 711210 827,580 827,580 MEMBERSHIP DUES AND ASSESSMEN f All other program service revenue 4,307,688 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) -555,407 -555,407 Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets 4,908,615 other than inventory **b** Less cost or other 4,127,711 basis & sales exos c Gain or (loss) 780,904 > 780,904 780,904 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold ▶ c Net income or (loss) from sales of inventory Miscellaneous Revenue **Busn Code** 11a b

4,533,185

5,088,592

0

All other revenue Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Sect	ion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			трівів соштт (А)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		· · · · · · · · · · · · · · · · · · ·	<u> </u>	······································
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	_			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	3,388,373			
5	Compensation of current officers, directors,		,		
	trustees, and key employees	154,500			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	152,095			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,162			,
9	Other employee benefits				
10	Payroll taxes	22,271			
11	Fees for services (non-employees)				
а	Management		•		
b	Legal	55,500			
С	Accounting	8,525			
d	Lobbying	ļ.			,
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	· •				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	66,221	_	 	<u> </u>
13	Office expenses	66,221			
14	Information technology				<u> </u>
15	Royalties	6,859		 	
16	Occupancy	12,943			
17 18	Travel Payments of travel or entertainment expenses	12,943			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,301		-	
20	Interest	2.,301			
21	Payments to affiliates			 	
22	Depreciation, depletion, and amortization	5,236		<u> </u>	
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	INSURANCE	8,803			
b	DUES - TRADE	8,003			
С	POLITICAL CONTRIBUTIONS	7,925			
d	TELEPHONE	5,591			
е	All other expenses	5,620	·		
25	Total functional expenses. Add lines 1 through 24e	3,934,928	0	(0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign <u>and</u>				
	fundraising solicitation Check here ▶ If				
	- following SOP 98-2 (ASC 958-720)			L	
DAA					Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 471,076 659,277 Cash-non-interest bearing 250,256 2 252,530 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 62,560 51,379 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other 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 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 20,328 7,591 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 197,535 other basis Complete Part VI of Schedule D 10a 26,155 10c <u>27,9</u>04 10b 169,631 b Less accumulated depreciation 4,000 11 4,000 Investments—publicly traded securities 11 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 5,730,693 5,330,543 15 15 Other assets See Part IV, line 11 6,153,737 6,744,555 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 116,985 109,546 116,985 109,546 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 706,209 904,316 27 Unrestricted net assets 5,730,693 5,330,543 28 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 6,036,752 33 6,635,009 33 Total net assets or fund balances 6,153,737 6,744,555 Total liabilities and net assets/fund balances

orm	990 (2017) DELAWARE STANDARDBRED OWNERS ASSOC 52-2027153				Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 185</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3			928
3	Revenue less expenses Subtract line 2 from line 1	3				<u> 257</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	<u>, 0:</u>	36,	<u>752</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	6	, 6:	35,	009
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		Γ			
	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	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?		1	2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		i			
·	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					
20			İ	- 1		
эā	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			3a		
	the Single Audit Act and OMB Circular A-133? If "Yes" did the experimental undergo the required audit or audits? If the experimental did not undergo the		-	Ja		
IJ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			зь		
	required addit of addits, exciain why in Schedule C and describe any steps taken to underdo such addits			JU		

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

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

501(c) and section 527 **2017**

Department of the Treasury Internal Revenue Service

lacktriangle Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

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OMB No 1545-0047

If the organization answered "Yes," on 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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Nam	e of organization				nication number			
	DELAWARE STANDARDBR	ED OWNERS ASSOC		52-20271	53			
Pa	t I-A Complete if the organization is exen	npt under section 501(c) or is a section	527 organizatio	n.			
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV (see instru	ctions for				
	definition of "political campaign activities")							
2	Political campaign activity expenditures (see instructions)			▶ \$	7,925			
3	Volunteer hours for political campaign activities (see instru	uctions)		.0				
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	55	▶ \$				
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			
b	If "Yes," describe in Part IV							
Pa	t I-C Complete if the organization is exer	npt under section 501(c), except section	501(c)(3).				
1	Enter the amount directly expended by the filing organizat	tion for section 527 exempt fund	ction					
	activities			▶ \$				
2	Enter the amount of the filing organization's funds contribu	uted to other organizations for s	section					
	527 exempt function activities			▶ \$				
3	Total exempt function expenditures Add lines 1 and 2 En	nter here and on Form 1120-PC	DL,					
	line 17b			▶ \$	X Yes No			
4	4 Did the filing organization file Form 1120-POL for this year?							
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing							
	organization made payments For each organization listed	d, enter the amount paid from th	ne filing organization's	funds Also enter				
	the amount of political contributions received that were pro-	omptly and directly delivered to	a separate political or	ganization, such				
	as a separate segregated fund or a political action commit	ttee (PAC) If additional space	is needed, provide info	ormation in Part IV				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
				filing organization's unds If none, enter -0-	contributions received and promptly and directly			
			"	ands if none, enter -0-	delivered to a separate			
					political organization			
					If none, enter -0-			
(1)								
		<u> </u>						
(2)			i					
(3)								
		ļ						
(4)								
(5)								
(6)			1					

Schedule C (Form 990 or 990-EZ) 2017 DEL	AWARE STAND	ARDBRED OWN	ERS ASSO	C 52-2	027153	Page 2				
Part II-A Complete if the orga section 501(h)).	nization is exemp	ot under section (501(c)(3) and	filed Form	5768 (elec	tion under				
A Check if the filing organizat	ion belongs to an aff	filiated group (and lis	t in Part IV ear	ch affiliated o	roup membe	r's name.				
	ses, and share of ex	•		aa g.		, , , , , , , , , , , , , , , , , , , ,				
B Check ▶ if the filing organiz				is apply						
	obbying Expendi		•	(a) Filing		(b) Affiliated				
(The term "expenditures				organization's		group totals				
1a Total lobbying expenditures to influence		• • • • • • • • • • • • • • • • • • • •		-						
b Total lobbying expenditures to influence			T							
c Total lobbying expenditures (add lines	-	, ,,	Γ							
d Other exempt purpose expenditures	•		Γ							
e Total exempt purpose expenditures (ad	ld lines 1c and 1d)		Γ							
f Lobbying nontaxable amount Enter the	•	wing table in both	Ī							
columns		_								
If the amount on line 1e, column (a) or (b) is: The lobbying no	ontaxable amount is								
Not over \$500,000	20% of the amou	nt on line 1e								
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$50	00,000							
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$1,	000,000							
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	6 of the excess over \$1,5	00,000							
Over \$17,000,000										
g Grassroots nontaxable amount (enter 2	5% of line 1f)		_							
h Subtract line 1g from line 1a If zero or	h Subtract line 1g from line 1a If zero or less, enter -0-									
i Subtract line 1f from line 1c If zero or l	ess, enter -0-		. L							
j If there is an amount other than zero or	n either line 1h or line 1	i, did the organization	file Form 4720							
reporting section 4911 tax for this year	· · · · · · · · · · · · · · · · · · ·					Yes No				
	4-Year Averag	jing Period Under s	ection 501(h)							
(Some organizations that m	ade a section 501(h	n) election do not h	ave to comple	ete all of the	five column	s below.				
	See the separate i	instructions for lin	es 2a through	2f.)						
	Lobbying Expendit	tures During 4-Yea	Averaging Po	eriod						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(c	d) 2017	(e) Total				
2a Lobbying nontaxable amount										
 b Lobbying ceiling amount (150% of line 2a, column (e)) 										
c Total lobbying expenditures										
d Grassroots nontaxable amount										
e Grassroots ceiling amount (150% of line 2d, column (e))										
• Crossroots Johnwas expenditures		, ,								

Schedule C (Form 990 or 990-EZ) 2017

_				
Р	a	a	e	

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO	filed For	m 5768	
	(election under section 501(h)).			

	111/4 - II was a san	(a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed in the lobbying activity.	Yes	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			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			. <u>-</u>
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Da.	$\pm 18.$ A. Complete if the organization is examply under section $E01/c(A)$ section $E01/c(A)$	c\/5\	AF 64	action

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		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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) 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE C, PART I-A, LINE 1

POLITICAL CONTRIBUTIONS

Schedule C (Form 990 or 990-EZ) 2017 DELAWARE STANDARDBRED OWNERS ASSOC Part IV Supplemental Information (continued) 52-2027153

Schedule C (Form 990 or 990-EZ) 2017

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 **2017**

Open to Public Inspection

Employer identification number Name of the organization DELAWARE STANDARDBRED OWNERS ASSOC 52-2027153 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	dule D (Form 990) 2017 DELAWARE	E STANDARDBI	RED C	WNERS A	ASSOC		<u>027153</u>	Page 2
Pa								ts (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ssion, and other record	is, check	any of the fol	lowing that ai	re a signifi	cant use of its	
а	Public exhibition	d 🗌	Loan or e	exchange pro	grams			
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization's	collections and explain	n how the	y further the	organization's	s exempt p	ourpose in Part	
	XIII							
5	During the year, did the organization solici	t or receive donations	of art, his	torical treasu	res, or other	sımılar		
	assets to be sold to raise funds rather than							Yes No
Pa	rt IV Escrow and Custodial A							
	Complete if the organization	on answered "Yes	on Fo	rm 990, Pa	irt IV, line 9	or repo	orted an amou	nt on Form
	990, Part X, line 21							
1a	Is the organization an agent, trustee, custo	odian or other intermed	diary for c	ontributions o	or other asset	s not		
	ıncluded on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing ta	able			r	
								Amount
С	Beginning balance						1c	
d	Additions during the year						1d	<u></u>
е	Distributions during the year						1e	
f	Ending balance							
2a	Did the organization include an amount on	Form 990, Part X, line	e 21, for e	scrow or cus	todial accour	it liability?		
b	If "Yes," explain the arrangement in Part X	III Check here if the e	xplanatio	n has been pi	rovided on Pa	art XIII		
Pa	rt V Endowment Funds.							
	Complete if the organization	on answered "Yes	on Fo	<u>rm 990, Pa</u>	rt IV, line 1	10		
		(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance		<u> </u>					
b	Contributions		<u> </u>					
С	Net investment earnings, gains, and		1					
	losses		<u> </u>					
d	Grants or scholarships							
е	Other expenditures for facilities and	İ						
	programs							
f	Administrative expenses		ļ .					
g	End of year balance		<u> </u>					
2	Provide the estimated percentage of the c	urrent year end baland	e (line 1g	ı, column (a))	held as			
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %	6						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%						
3a	Are there endowment funds not in the pos	session of the organiz	ation that	are held and	administered	for the		
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as requ	ired on S	chedule R?				3b
4	Describe in Part XIII the intended uses of	the organization's end	owment f	unds				
Pa	rt VI Land, Buildings, and Eq							
	Complete if the organizati	on answered "Yes	on Fo	rm 990, Pa	rt IV, line 1	11a See	Form 990, Pa	rt X, line 10
	Description of property	(a) Cost or other	basis	(b) Cost or o	other basis		ccumulated	(d) Book value
		(investment))	(oth		de	preciation	.
1a	Land		l		10,000			10,000
b	Buildings		I	1	27,900		117,713	10,187
	Leasehold improvements							
d	Equipment						51,918	-51,918
	Other				59,635			59,635
Total	. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Par	t X, colur	nn (B), line 10	Oc)		>	<u>27,904</u>

	Form 990) 2017 DELAWARE STANDARDBRE	D OWNERS ASSOC	52-2027153	Page
, Part VII	Investments—Other Securities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11b. See Form 990, Par	t X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	uation
(1) Financial	derivatives			-
` '	eld equity interests			
(3) Other	•			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				_
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12) ▶	<u> </u>	_	
Part VIII	Investments—Program Related.		44 O E 000 B	
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of val	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		- 		
(7)				
(8)				
(9)	(h) must assist Form 000 Port V and (P) line 121			
Part IX	nn (b) must equal Form 990, Part X, col (B) line 13) ► Other Assets.			
FAILEN	Complete if the organization answered "Yes" or	n Form 990 Part IV line	e 11d. See Form 990. Par	t X line 15
	(a) Description	THE OTTER OUT THE TENE	1.000,0	(b) Book value
(1)		RETIREMENT		5,520,003
(2)	MEMBERS LIFE INSURANCE			210,692
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)			5,730,693
Part X	Other Liabilities.	5 000 D 10/1	44 . 445 0 - 5 0	00 D-4V
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 9	9υ, Paπ X,
	line 25	(b) Book value		
1.	(a) Description of liability	(b) book value		
	Income taxes ERS ' PREPAID INSURANCE	44,331		
	RANCE RECEIVED IN ADVANCE	37,500		
	ERS COMPENSATION LIABILITY	27,224		
	ME TAXES PAYABLE (1120-POL)	605		
	REMENT PLAN CONTRIBUTION PAYABLE	-56		
	OLL TAX LIABILITY	-58		
(8) PAYR				
(9)				
("/			i	

109,546

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2017 DELAWARE STANDARDBRED OW	NERS ASSOC 52-	2027153	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial S	Statements With Revenu	ie per Return.	
•	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a	•	
1	Total revenue, gains, and other support per audited financial statements		_1	4,533,185
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,533,185
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5	4,533,185
Pa	int XII Reconciliation of Expenses per Audited Financial	•	ses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	3,934,928
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,934,928
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

3,934,928

Schedule D (Form 990) 2017 DELAWARE STANDARDBRED OWNERS ASSOC 52-2027153

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DELAWARE STANDARDBRED OWNERS ASSOC

Employer identification number 52-2027153

Pa	ert I Questions Regarding Compensation			
-			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Discretionary spending account Personal services (such as, maid, chauncul, ther)			
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			Ì
		1b		
	explain	10		 -
•	Did the experience require substantiation prior to reignburging or allowing expenses incurred by all			İ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		<u> </u>
_	Andreada solveda of any of the following the files are as the following the files are as the following the files are as the following the files are as the following the files are as the following the files are as the following the files are as the following the files are as the			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a_		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
	III I WICH			
٥	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	Regulations section 53 4958-6(c)?	9		
	negalations section de Tode-e(e).	-		1

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Schedule J (Form 990) 2017

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52-2027153 DELAWARE STANDARDBRED OWNERS ASSOC

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part #

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(B) Breakdown of	of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
	(1) 154,500	0	0	0	0	154,500	0
1 EXECUTIVE DIRECTOR	(11)	0	0	0	0	0	
	(1)				1		
2	(11)						
	(6)						
3	(11)						
	(1)				1	!	
4	(II)						
9	(11)						
	(0)						
)	(11)						
	(0)						
7	(11)						
	(2)						
8	(11)						
	(2)						
, 6	(11)						
	E						
10	(E)						
	(2)						
11	(11)			-	i		
				•			
12	(11)						
13	(II)						
	€						
14	(II)				,		
	· ·						
15	(ii)						
	8						
10							

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 DELAWARE STANDARDBRED OWNERS ASSOC Part III Supplemental Information

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2017

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SCHEDULE 0 (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

DELAWARE STANDARDBRED OWNERS ASSOC

Employer identification number 52-2027153

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC