

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Henry County Saddle Club, Inc.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **PO Box 5**
 City or town, state or province, country, and ZIP or foreign postal code: **New Castle IN 47362**

D Employer identification number: **35-6050261**

E Telephone number: **765-529-8040**

F Name and address of principal officer:
Rebecca Baker
PO Box 5
New Castle IN 47362

G Gross receipts \$: **262,353**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.hcsaddleclub.com**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1984**

M State of legal domicile: **IN**

Part I Summary

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: To provide a venue for horse shows for a variety of organizations as well as a safe environment for 4-H children in Henry County, Indiana to participate.							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3 Number of voting members of the governing body (Part VI, line 1a)		3	11				
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	11				
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0				
6 Total number of volunteers (estimate if necessary)		6	75				
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0				
7b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0				
				Prior Year	Current Year		
8 Contributions and grants (Part VIII, line 1h)				1,739	2,950		
9 Program service revenue (Part VIII, line 2g)				273,771	259,394		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					9		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0		
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)				275,510	262,353		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)				25,066	22,870		
14 Benefits paid to or for members (Part IX, column (A), line 4)					0		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)					0		
16a Professional fundraising fees (Part IX, column (A), line 11e)					0		
b Total fundraising expenses (Part IX, column (D), line 25) ▶					0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)				258,504	245,055		
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)				283,570	267,925		
19 Revenue less expenses. Subtract line 18 from line 12				-8,060	-5,572		
				Beginning of Current Year	End of Year		
20 Total assets (Part X, line 16)				129,754	124,182		
21 Total liabilities (Part X, line 26)				7,613	7,613		
22 Net assets or fund balances. Subtract line 21 from line 20				122,141	116,569		

Part II Signature Block

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

Sign Here

Signature of officer: **Rebecca Baker** Date: _____
 Type or print name and title: **President**

Paid Preparer Use Only

Print/Type preparer's name: **Thomas A. Roberts** Preparer's signature: **Thomas A. Roberts** Date: **07/22/21** Check if self-employed PTIN: **P00997867**

Firm's name: **Estep Burkey Simmons, LLC** Firm's EIN: **04-3587095**
 Firm's address: **PO Box 42 Muncie, IN 47308-0042** Phone no.: **765-284-7554**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	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? <i>If "Yes," complete Schedule C, Part II</i>		
5	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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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. See instructions for the order in which to list the persons above.

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Rebecca Baker	1.00									
..... President	0.00	X		X			0	0	0	
(2) Mary Alice Bean	1.00									
..... Vice President	0.00	X		X			0	0	0	
(3) Joy Miller	1.00									
..... Secretary	0.00	X		X			0	0	0	
(4) Sarah Harris	1.00									
..... Treasurer	0.00	X		X			0	0	0	
(5) Tim Crull	1.00									
..... Board Member	0.00	X					0	0	0	
(6) Dr. Jerilee Cave	1.00									
..... Board Member	0.00	X					0	0	0	
(7) Jim Wicker	1.00									
..... Board Member	0.00	X					0	0	0	
(8) Cheyenne Gregorio	1.00									
..... Board Member	0.00	X					0	0	0	
(9) Kathy Johnson	1.00									
..... Board Member	0.00	X					0	0	0	
(10) Leah Smalley	1.00									
..... Board Member	0.00	X					0	0	0	
(11) Nancy Dietz	1.00									
..... Past President	0.00	X					0	0	0	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,950				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f			2,950			
Program Service Revenue	2a Show and Grounds Income	Business Code		256,362	256,362		
	b Membership Dues			3,032	3,032		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			259,394			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			9	9		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses		8b				
	c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses		9b				
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold		10b				
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			262,353	259,403	0	0	

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	341	1	1,745	
	2	Savings and temporary cash investments	5	2	39	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	198,011		
	b	Less: accumulated depreciation	10b	75,613	10c	122,398
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 33)		129,754	16	124,182	
Liabilities	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		7,613	25	7,613
	26	Total liabilities. Add lines 17 through 25		7,613	26	7,613
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/>					
	and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		27		
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>					
	and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
30	Paid-in or capital surplus, or land, building, or equipment fund		30			
31	Retained earnings, endowment, accumulated income, or other funds		122,141	31	116,569	
32	Total net assets or fund balances		122,141	32	116,569	
33	Total liabilities and net assets/fund balances		129,754	33	124,182	

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

2020

Open to Public Inspection

Name of the organization

Employer identification number

Henry County Saddle Club, Inc.

35-6050261

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or 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.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 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)?, 9 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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. 2 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Loan	7,613
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,613

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Name of the organization

Employer identification number

Henry County Saddle Club, Inc.

35-6050261

\$ 8,111 \$ 0 \$ 0

Computer Expense

\$ 3,659 \$ 0 \$ 0

Janitorial

\$ 2,655 \$ 0 \$ 0

Memorials/Other Support

\$ 2,635 \$ 0 \$ 0

Fuels

\$ 2,127 \$ 0 \$ 0

Bank Service Charge

\$ 0 \$ 722 \$ 0

Dues and Subscriptions

\$ 101 \$ 0 \$ 0

Total

\$ 50,722 \$ 722 \$ 0

Form **990****Two Year Comparison Report****2019 & 2020**

For calendar year 2020, or tax year beginning , ending

Name

Taxpayer Identification Number

Henry County Saddle Club, Inc.**35-6050261**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1. 1,739	2,950	1,211
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 273,771	259,394	-14,377
	5. Investment income	5.	9	9
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 275,510	262,353	-13,157
Expenses	13. Grants and similar amounts paid	13. 25,066	22,870	-2,196
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16.		
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 865	659	-206
	19. Occupancy, rent, utilities, and maintenance	19.		
	20. Depreciation and Depletion	20. 7,796	7,010	-786
	21. Other expenses	21. 249,843	237,386	-12,457
	22. Total expenses. Add lines 13 through 21	22. 283,570	267,925	-15,645
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -8,060	-5,572	2,488
Other Information	24. Total exempt revenue	24. 275,510	262,353	-13,157
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 273,771	259,403	-14,368
	27. Total assets	27. 129,754	124,182	-5,572
	28. Total liabilities	28. 7,613	7,613	
	29. Retained earnings	29. 122,141	116,569	-5,572
	30. Number of voting members of governing body	30. 11	11	
	31. Number of independent voting members of governing body	31. 11	11	
	32. Number of employees	32. 0	0	
	33. Number of volunteers	33. 75	75	

NP-20

State Form 51062 (R11 / 8-20)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year

Beginning 01 01 2020 and Ending 12 31 2020

Place 'X' in box if: Change of Address [] Amended Report [] Final Report [] Indicate Date Closed []

Due on the 15th day of the 5th month following the end of the tax year.

NO FEE REQUIRED.

Copy For Your Files
EBS Consulting Incorporated
CPA, Public Accountants
New Castle, IN

Name of Organization

Telephone Number

HENRY COUNTY SADDLE CLUB, INC.

765 529 8040

Address

County

Indiana Taxpayer Identification Number

PO BOX 5

HENRY

City

State

ZIP Code

Federal Employer Identification Number

NEW CASTLE

IN

47362

35 6050261

Printed Name of Person to Contact

Contact's Telephone Number

765 529 8040

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

Current Information

- 1. Indicate number of years your organization has been in continuous existence: 37
2. Have any changes not previously reported to the Department been made in your governing instruments... NO
3. Attach a schedule, listing the names, titles and addresses of your current officers. SEE STATEMENT 1
4. Briefly describe the purpose or mission of your organization below.

TO PROVIDE A VENUE FOR HORSE SHOWS FOR A VARIETY OF ORGANIZATIONS AS WELL AS A SAFE ENVIRONMENT FOR 4-H CHILDREN IN HENRY COUNTY, INDIANA TO PARTICIPATE.

Email Address: HCSADDLE@GMAIL.COM

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee: REBECCA BAKER
Title: PRESIDENT
Date:
Name of Person(s) to Contact:
Daytime Telephone Number: 765 529 8040

35-6050261

Indiana Statements

FYE: 12/31/2020

Statement 1 - IN Form NP-20, Line 3 - Current Officers

<u>Officer Name</u>	<u>Title</u>	<u>State</u>	<u>Zip Code</u>
<u>Address</u>	<u>City</u>		
Rebecca Baker PO Box 5	President New Castle	IN	47362
Mary Alice Bean PO Box 5	Vice President New Castle	IN	47362
Joy Miller PO Box 5	Secretary New Castle	IN	47362
Sarah Harris PO Box 5	Treasurer New Castle	IN	47362