Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 09/01 **, 2007, and ending** 08/31/2008

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: I.S.T.A. CENTER, INC.

Number and street (or P O. box if mail is not delivered to street address): 150 WEST MARKET STREET — Room/suite: 200

City or town, state or country, and ZIP + 4: INDIANAPOLIS, IN 46204

D Employer identification number 35-1015553

E Telephone number (317)263-3400

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

G Website: ▶ N/A

J Organization type (check only one) ▶ ☒ 501(c) (2) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

M Check ▶ ☒ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,481,893.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions)*

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b			
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash $ ______ noncash $ ______)			1e	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	862,288.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	7,274.
	5	Dividends and interest from securities			5	
	6 a	Gross rents	6a	1,390,067.		
	b	Less rental expenses	6b	1,291,663.		
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c	98,404.
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a	1,336.		
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c	1,336.		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	1,336.
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	220,928.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	1,190,230.
Expenses	13	Program services (from line 44, column (B))			13	
	14	Management and general (from line 44, column (C))			14	
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	989,591.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	200,639.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	5,236,598.
	20	Other changes in net assets or fund balances (attach explanation) STMT 8			20	-44,189.
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	5,393,048.

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2007)

JSA 7E1010 2 000

09812Q L077 V07-8.7 843784.300

1 8 G10

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	149,716.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	286,695.			
27 Pension plan contributions not included on lines 25a, b, and c	27	59,536.			
28 Employee benefits not included on lines 25a - 27	28	210,338.			
29 Payroll taxes	29	33,484.			
30 Professional fundraising fees	30				
31 Accounting fees	31	11,675.			
32 Legal fees	32	178.			
33 Supplies	33	155.			
34 Telephone	34	9,478.			
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37	118,435.			
38 Printing and publications	38				
39 Travel	39	23,665.			
40 Conferences, conventions, and meetings	40				
41 Interest	41	71,032.			
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a UNIFORMS	43a	968.			
b VEHICLE EXPENSE	43b	5,848.			
c ADP PAYROLL SERVICES	43c	5,425.			
d MISCELLANEOUS	43d	2,963.			
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	989,591.			

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______; (ii) the amount allocated to Program services $ ______;
(iii) the amount allocated to Management and general $ ______, and (iv) the amount allocated to Fundraising $ ______

Part III **Statement of Program Service Accomplishments** *(See the instructions)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶SEE STATEMENT 9 All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a I.S.T.A. CENTER HOLDS TITLE TO THE BUILDING IN WHICH THE INDIANA STATE TEACHERS ASSOCIATION OPERATES. AFFILIATED RENTAL INCOME (RENTAL INCOME GENERATED FROM AFFILIATED ENTITIES) FOR THE YEAR ENDED AUGUST 31, 2008 WAS $862,288. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing			13,000.	45	7,000.
46 Savings and temporary cash investments			242,446.	46	588,660.
47a Accounts receivable	47a	92,825.			
b Less allowance for doubtful accounts	47b	22,511.	55,612.	47c	70,314.
48a Pledges receivable	48a				
b Less. allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
51a Other notes and loans receivable (attach schedule)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			9,639.	53	44,905.
54a Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
b Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
55a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments - other (attach schedule)				56	
57a Land, buildings, and equipment basis	57a	16,354,344.			
b Less accumulated depreciation (attach schedule)	57b	10,058,818.	6,678,477.	57c	6,295,526.
58 Other assets, including program-related investments (describe ▶)				58	
59 **Total assets** (must equal line 74). Add lines 45 through 58			6,999,174.	59	7,006,405.
Liabilities					
60 Accounts payable and accrued expenses			114,491.	60	180,976.
61 Grants payable				61	
62 Deferred revenue			51,551.	62	79,431.
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule) STMT 10			1,512,500.	64b	1,343,750.
65 Other liabilities (describe ▶ STMT 11)			84,034.	65	9,200.
66 **Total liabilities.** Add lines 60 through 65			1,762,576.	66	1,613,357.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			5,236,598.	67	5,393,048.
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			5,236,598.	73	5,393,048.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			6,999,174.	74	7,006,405.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	2,437,704.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify) SEE STATEMENT 12	b4	1,291,663.		
	Add lines b1 through b4			b	1,291,663.
c	Subtract line b from line a			c	1,146,041.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): SEE STATEMENT 13	d2	44,189.		
	Add lines d1 and d2			d	44,189.
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	1,190,230.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	2,281,254.
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify) SEE STATEMENT 14	b4	1,291,663.		
	Add lines b1 through b4			b	1,291,663.
c	Subtract line b from line a			c	989,591.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	989,591.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 15		98,143.	51,573.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 55			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT . 22	75b	X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". SEE STATEMENT 26 ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c	X	
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ STMT 27 and check whether it is [X] exempt or [X] nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions). 81a			
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b N/A			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	N/A	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85a *501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?		85a	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A	
86 *501(c)(7) orgs.* Enter a Initiation fees and capital contributions included on line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 *501(c)(12) orgs.* Enter a Gross income from members or shareholders	87a N/A			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A			
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a *501(c)(3) organizations.* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A				
b *501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b	N/A	
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A				
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A				
e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f *All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g *For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ IN,

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 6

91a The books are in care of ▶ LARRY DAVIS Telephone no ▶ 317-263-3370

Located at ▶ 150 WEST MARKET ST. INDIANAPOLIS, IN ZIP + 4 ▶ 46204

		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X

If "Yes," enter the name of the foreign country ▶

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 | N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a RENT FROM AFFILIATES					862,288.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,274.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	-12,478.			
b not debt-financed property			16	110,882.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,336.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b TENANT SERVICES	531120	170,216.			50,712.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		157,738.		119,492.	913,000.

105 Total (add line 104, columns (B), (D), and (E)) ▶ 1,190,230.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	STMT 28

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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

Edward P Sullivan 7/14/09
Signature of officer Date

Edward P Sullivan Trustee
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	[signature]	Date 7/1/09	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	CROWE HORWATH LLP	EIN ▶	
	3815 RIVER CROSSING PKWY, SUITE 300	Phone no ▶ 317-569-8989	
	INDIANAPOLIS, IN 46240-0977		

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print		
Type or print	Name of Exempt Organization I.S.T.A. CENTER, INC.	Employer identification number 35-1015553
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 150 WEST MARKET STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46204	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-PF [ ] Form 1041-A [ ] Form 6069
[ ] Form 990-BL [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 4720 [ ] Form 8870
[ ] Form 990-EZ [ ] Form 990-T (trust other than above) [ ] Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ LARRY DAVIS
  Telephone No. ▶ 317 263-3370 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box . . . ▶ [ ]. If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 07/15/2009.

5 For calendar year ______, or other tax year beginning 09/01/2007, and ending 08/31/2008.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ NONE
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ NONE
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Daren Craig Title ▶ CPA Date ▶ 3/31/09

CROWE HORWATH LLP
3815 RIVER CROSSING PKWY, SUITE 300
INDIANAPOLIS, IN 46240-0977

Form **8868**
(Rev. April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMCs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	I.S.T.A. CENTER, INC.	35-1015553
	Number, street, and room or suite no. If a P.O. box, see instructions. 150 WEST MARKET STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46204	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ LARRY DAVIS

Telephone No. ▶ 317 263-3370 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 04/15 , 2009 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year ____ or
▶ [X] tax year beginning 09/01 , 2007 , and ending 08/31 , 2008 .

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ NONE
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ NONE
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2008)

JSA
7F8054 2 000

7E7000 1 000

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
I.S.T.A. CENTER, INC.	35-1015553

DESCRIPTION OF PROPERTY

OFFICE SPACE INDIANAPOLIS

[ ] Yes [ ] No Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME		1,052,209.	
OTHER INCOME			
TOTAL GROSS INCOME			1,052,209.
OTHER EXPENSES:			
ADVERTISING		12,126.	
CLEANING		24,097.	
INSURANCE		26,043.	
MANAGEMENT FEES		47,153.	
REPAIRS		59,221.	
SUPPLIES		54,321.	
TAXES		24,516.	
UTILITIES		221,302.	
DEPRECIATION (SHOWN BELOW)	513,304.		
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			982,083.
TOTAL RENT OR ROYALTY INCOME (LOSS)			70,126.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			70,126.
Deductible Rental Loss (if Applicable)			

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
Totals									513,304.

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
I.S.T.A. CENTER, INC.	35-1015553

DESCRIPTION OF PROPERTY

EVANSVILLE PROPERTY

[ ] Yes [ ] No Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME		276,167.	
OTHER INCOME			
TOTAL GROSS INCOME			276,167.
OTHER EXPENSES:			
ADVERTISING		28.	
CLEANING		23,798.	
INSURANCE		11,279.	
MANAGEMENT FEES		3,427.	
REPAIRS		74,622.	
SUPPLIES		13,378.	
TAXES		2,225.	
UTILITIES		26,082.	
OTHER EXPENSES		9,637.	
DEPRECIATION (SHOWN BELOW)	135,033.		
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			299,509.
TOTAL RENT OR ROYALTY INCOME (LOSS)			-23,342.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			-23,342.
Deductible Rental Loss (if Applicable)			

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
JSA Totals									135,033.

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER DEDUCTIONS

TRAVEL	8,707.
MISCELLANEOUS	930.
	9,637.

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
I.S.T.A. CENTER, INC.	35-1015553

DESCRIPTION OF PROPERTY

BICKNELL OFFICE

Yes | No | Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME		7,800.	
OTHER INCOME			
TOTAL GROSS INCOME			7,800.
OTHER EXPENSES:			
CLEANING		238.	
TAXES		80.	
DEPRECIATION (SHOWN BELOW)	4,120.		
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			4,438.
TOTAL RENT OR ROYALTY INCOME (LOSS)			3,362.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			3,362.
Deductible Rental Loss (if Applicable)			

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
JSA Totals									4,120.

7E7000 1 000

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
I.S.T.A. CENTER, INC.	35-1015553

DESCRIPTION OF PROPERTY

CONFERENCE ROOM

Yes | No | Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME	53,891.	
OTHER INCOME		
TOTAL GROSS INCOME		53,891.
OTHER EXPENSES:		
OTHER EXPENSES	5,633.	
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		5,633.
TOTAL RENT OR ROYALTY INCOME (LOSS)		48,258.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		48,258.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
JSA Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER DEDUCTIONS

OTHER EXPENSES	5,633.
	5,633.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
OFFICE SPACE INDIANA	1,052,209.	513,304.	468,779.	70,126.
EVANSVILLE PROPERTY	276,167.	135,033.	164,476.	-23,342.
BICKNELL OFFICE	7,800.	4,120.	318.	3,362.
CONFERENCE ROOM	53,891.		5,633.	48,258.
TOTALS	1,390,067.	652,457.	639,206.	98,404.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION		AMOUNT
PENSION-RELATED CHANGES		44,189.
	TOTAL	44,189.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION HOLDS TITLE TO PROPERTY FOR THE BENEFIT OF, AND REMITS THE RESULTING INCOME TO THE INDIANA STATE TEACHERS ASSOCIATION, A NON-PROFIT ORGANIZATION ORGANIZED FOR THE PURPOSE OF ENABLING LOCAL AFFILIATES TO EFFECTIVELY ADVOCATE FOR MEMBERS AND FOR PUBLIC EDUCATION.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: NATIONAL CITY BANK
ORIGINAL AMOUNT: 2,000,000.
INTEREST RATE: 3.721000
DATE OF NOTE: 05/31/2007
MATURITY DATE: 05/31/2012
REPAYMENT TERMS: ONE MONTH LIBOR + 1.25% PER ANNUM
SECURITY PROVIDED: SECURED BY FIRST MORTGAGE + LEASEHOLD IMPROVEMENTS
PURPOSE OF LOAN: MORTGAGE

BEGINNING BALANCE DUE	1,512,500.
ENDING BALANCE DUE	1,343,750.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,512,500.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,343,750.

STATEMENT 10

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION		ENDING BOOK VALUE
OTHER LIABILITIES		9,200.
	TOTALS	9,200.

STATEMENT 11

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION		AMOUNT
RENTAL EXPENSES		1,291,663.
	TOTAL	1,291,663.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
PENSION-RELATED CHANGES	44,189.
TOTAL	44,189.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION		AMOUNT
RENTAL EXPENSES		1,291,663.
	TOTAL	1,291,663.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NATHAN SCHNELLENBERGER 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	PRESIDENT 1.00	NONE	NONE	NONE
TERESA MEREDITH 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	VICE PRESIDENT 1.00	NONE	NONE	NONE
KATHY PARKS 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	TREASURER 1.00	NONE	NONE	NONE
WARREN WILLIAMS 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	EXECUTIVE DIRECTOR 1.00	NONE	NONE	NONE
MICHAEL DAVID 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
STEVEN TAFFLINGER 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
ANDREW BORRELLI 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
LINDA LUCY 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BRUCE SHANNON 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
RALPH FIREOVED 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
ROBERT SELLERS 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
WILLIAM OATES 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
CHARLES BRUNSTRUP 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
MARJORIE GOYINGS 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
NANCY WRIGHT 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
JEANNA JONES 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN COMER 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
SHARON KAISER 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
NANCY FREDRIKS 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
KATHY SEITZ 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
WAYNE SHIPE 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
LAURA NORTHCUTT 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
DEBORAH BROGAN 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
MARA-LE QUARLES 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EMMA CHESTER 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
SALLY EVANS 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
DANIEL HENN 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
GLENDA RITZ 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
MARK LEE 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
DEANA STICKELS 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
KAREN WARBLE 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
MARY PUNTNEY-KATCHMAR 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DENNIE OXLEY 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
MARK KESSANS 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
JENNIE SWIFT 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
CHERYL FENTON 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
MICHELLE HULSE 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
DEBORAH HARTZ 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
DONNA NIELSEN 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
JAMES PORTER 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROBERT BARCUS 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
SARAH BORGMAN 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
CALLIE MARKSBARY 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
RICHARD WRIGHT 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
CYNTHIA MILLER 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	BOARD MEMBER 1.00	NONE	NONE	NONE
ANDREA HARGROVE 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	ISEA 1.00	NONE	NONE	NONE
LARRY G. DAVIS 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	DEPUTY EXEC DIR BUSINESS SRVCS 1.00	NONE	NONE	NONE
JON TIDD 150 WEST MARKET STREET, STE 200 INDIANAPOLIS, IN 46204	DIR OPERATIONS/BUILDING 72.00	98,143.	51,573.	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
	GRAND TOTALS	98,143.	51,573.	NONE

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: NATHAN SCHNELLENBERGER
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: TERESA MEREDITH
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: WARREN WILLIAMS
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: MICHAEL DAVID
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: STEVEN TAFFLINGER
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: ANDREW BORRELLI
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: LINDA LUCY
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: BRUCE SHANNON
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: RALPH FIREOVED
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: ROBERT SELLERS
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: WILLIAM OATES
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: CHARLES BRUNSTRUP
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: MARJORIE GOYINGS
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: NANCY WRIGHT
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: JEANNA JONES
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: JOHN COMER
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: SHARON KAISER
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: NANCY FREDRIKS
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: KATHY SEITZ
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: WAYNE SHIPE
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: LAURA NORTHCUTT
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: DEBORAH BROGAN
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: MARA-LE QUARLES
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: EMMA CHESTER
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: SALLY EVANS
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: DANIEL HENN
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: GLENDA RITZ
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: MARK LEE
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: DEANA STICKELS
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

NAME OF OFFICER, DIRECTOR, ETC: KAREN WARBLE
NAME OF RELATED ENTITY: SEE FOOTNOTE #1

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	MARY PUNTNEY-KATCHMAR
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	DENNIE OXLEY
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	MARK KESSANS
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	JENNIE SWIFT
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	CHERYL FENTON
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	MICHELLE HULSE
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	DEBORAH HARTZ
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	DONNA NIELSEN
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	JAMES PORTER
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	ROBERT BARCUS
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	SARAH BORGMAN
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	CALLIE MARKSBARY
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	RICHARD WRIGHT
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	CYNTHIA MILLER
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	ANDREA HARGROVE
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	LARRY G. DAVIS
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1
NAME OF OFFICER, DIRECTOR, ETC:	JON TIDD
NAME OF RELATED ENTITY:	SEE FOOTNOTE #1

STATEMENT 25

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NATHAN SCHNELLENBERGER INDIANA STATE TEACHERS ASSOCIATION RELATED ORGANIZATION	35-1148612	131,782.	89,981.	NONE
TERESA MEREDITH INDIANA STATE TEACHERS ASSOCIATION RELATED ORGANIZATION	35-1148612	5,000.	NONE	NONE
KATHY PARKS INDIANA STATE TEACHERS ASSOCIATION RELATED ORGANIZATION	35-1148612	5,000.	NONE	NONE
WARREN WILLIAMS INDIANA STATE TEACHERS ASSOCIATION RELATED ORGANIZATION	35-1148612	156,442.	91,393.	NONE
LARRY G. DAVIS INDIANA STATE TEACHERS ASSOCIATION RELATED ORGANIZATION	35-1148612	135,971.	89,954.	NONE
	GRAND TOTALS	434,195.	271,328.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS
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RELATED ORGANIZATION NAME: INDIANA STATE TEACHERS ASSOCIATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: INDIANA POLITICAL ACTION COMMITTEE FOR EDUCATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ISTA INSURANCE TRUST

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ISTA ADMINISTRATIVE SERVICES CORPORATION

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: ISTA FINANCIAL SERVICES CORPORATION

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: ISTA WELFARE BENEFITS PLAN AND TRUST

EXEMPT: X NONEXEMPT:

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A 103B	OFFICE SPACE IS PROVIDED TO THE INDIANA STATE TEACHERS ASSOCIATION, AN AFFILIATED EXEMPT ORGANIZATION, AND OTHER ENTITIES. THE PROVISION OF OFFICE SPACE HELPS PROVIDE FUNDING AND PROMOTES SUPPORT FOR PUBLIC EDUCATION IN GENERAL, IMPROVES THE STATUS OF TEACHERS AND ADMINISTRATORS, AND HELPS DEVELOP AND IMPLEMENT QUALITY EDUCATION PROGRAMS.

EIN: 35-1015553
FYE: 08/31/2008

FORM 990, PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

Description	Cost	Accumulated Depreciation	Net Book Value
Land	729,025.	NONE	729,025.
Land Improvements			
Buildings	13019151.	8,302,642.	4,716,509.
Leasehold Improvements	2,286,122.	1,465,915.	820,207.
Equipment	38,284.	35,035.	3,249.
Furniture & Fixtures	281,762.	255,226.	26,536.
Property, Plant & Equipment	16354344.	10058818.	6,295,526.
Construction in Progress		NONE	
Total Fixed Assets, line 57	16354344.	10058818.	6,295,526.

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

FEDERAL FOOTNOTES

OFFICERS AND DIRECTORS ARE IDENTICAL FOR ISTA AND ISTA CENTER.

CYNTHIA MILLER, JOHN COMER, LARRY DAVIS, MARY PUNTNEY-KATCHMAR, NATHAN SCHNELLENBERGER, AND WARREN WILLIAMS ALSO SERVE ON THE BOARD OF DIRECTORS FOR INDIANA POLITICAL ACTION COMMITTEE FOR EDUCATION.

WARREN WILLIAMS IS THE FATHER-IN-LAW OF JON TIDD.

WARREN WILLIAMS, NATHAN SCHNELLENBERGER, AND KATHY PARKS ALSO SERVE ON THE BOARD OF DIRECTORS FOR ISTA INSURANCE TRUST.