-186,778.

-186,778.

Form **990-T** (2018)

		4			ended to Aug						J ~ 0	437
	Form '99	90-T	E	Exempt Orgai	nization Bus	ine	ss Inc	ome T	ax Retu	rn	OMB No	1545-0687
`	* ' '	,			nd proxy tax und							
	t Ir	<i>'</i> .	Forca	lendar year 2018 or other tax yea	r beginning OCT 1,	20	18 , and	ending SE	P 30, 2	019	2 [)18
	- 4	-44b - T			.irs.gov/Form990T for in					77)		
		of the Treasury enue Service	•	Do not enter SSN number						(3).	Open to Pub 501(c)(3) Org	olic Inspection for ganizations Only
	A C	heck box if		Name of organization (D Émp	loyer identific	ation number
	a	ddress changed						,	•		ployees' trust, ructions)	, 566
	B Exemp	t under section	Print	Kentucky Der	rby Museum (Corr	orati	on		3	31-102	23459
	X 50	1 1/	or	Number, street, and room					·	E Unre	elated busines	s activity code
	_	3(e) 220(e)	Type	PO Box 2117		., 000 II				(See	instructions)	
	408	=		City or town, state or prov		r forein	n nostal cod	le		_		
	529			Louisville,						453	3220	
	C Book val	ue of all assets		F Group exemption numb		>		_		1-2.5		
	at end of	vear	85.	G Check organization type		oration		501(c) trust	40	1(a) trust		Other trust
\overline{z}				ition's unrelated trades or b		1	· <u> </u>		the only (or first			
2021			-	ee Statement	· · · · · · · · · · · · · · · · · · ·				complete Parts	-		
63		•		ice at the end of the previou		rts I an						
83		s, then complete I	-	·			,					
				poration a subsidiary in an a	affiliated group or a parer	ıt-subsı	diary contro	lled group?		► TY	es X	No
S				tifying number of the paren			•	•	_	_		
				Patrick Armst				Teleph	one number 🕨	502-	-637-1	.111 /
SCANNED	Part/	Unrelated	Trac	de or Business Inc	ome		(A) I	ncome	(B) Expe	nses	(C) Net /
Ž	1a Gros	s receipts or sale	s	3,111,417.					-			/
Z	b Less	returns and allow	vances		c Balance	1c	3,11	1,417.			<u> </u>	
15	2 Cost	of goods sold (S	chedule	A, line 7)		2	2,35	4,071.				
180	3 Gros	s profit. Subtract	line 2 fr	rom line 1c		3	75'	7,346.			75	7,346.
~~	4a Capi	tal gain net incom	ie (attac	h Schedule D)		4a					<u> </u>	
	b Net	gaın (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b						
	c Capı	tal loss deduction	for trus	sts		4c						
	5 Inco	me (loss) from a	partners	ship or an S corporation (at	tach statement)	5						
	6 Rent	t income (Schedul	le C)			6						
	7 Unre	elated debt-finance	ed incor	ne (Schedule E)		7						
	-		-	nd rents from a controlled o	•	8						
				on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9					ļ	
	10 Expl	oited exempt activ	ity inco	me (Schedule I)		10					ļ	
		ertising income (S		•		11	/				1	
				ns; attach schedule)		12/	0.5	2.46	· · · · · ·			7 246
	13 Total	1. Combine lines				13		7,346.	L			7,346.
	Partin			ot Taken Elsewhere utions, deductions must					income)			
	14 000									144		3,470.
			cers, on	rectors, and trustees (Sche	dule K)					14		$\frac{53,470.}{59,749.}$
		aries and wages pairs and mainten	0000							15 16	 	,,,, <u>,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		debts	ance							17		
		erest (attach schei	dula) (c	aa instructions)						18	 	
		es and licenses	uuic) (Si	ee mstructions)						19	1 /	13,006.
			ne (Sa	e instructions for limitation	ruloc					20	<u> </u>	23,000.
		preciation (attach			KECE	\/EI	-	21	32,50		+ -	
	-	•		n Schedule A and elsewhere	ongeturn	V 1		22a	22,30	22b	1 :	32,500.
		oletion		25 24.15 / WITE GISCOVIIGIT			3-0sc			23	 	_, _ ,
	•		rred co	mpensation plans	P AUG (S)	2020	19			24	 	
		ployee benefit pro		p.omounom piumo						25	-	70,198.
		ess exempt exper		chedule I)	OGDEN	V. U	T			26	†	-,
		ess readership co		<u>-</u>			-			27	T	
		er deductions (att					Se	e Stat	ement 2		18	35,201.
		al deductions A		•				~		39		4.124.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instruc-

Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

30 31

٠,	orm 990-	7 1.0	31-102	234 <u>59</u>		Page 2
	Part	7-1		 		
	3,3	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-186,7	<u>78.</u>
	34	Amounts paid for disallowed fringes		\$4		
	35	Deduction for net operating loss arising in tax years beginning before January 1,2048 (see instructions)	tmt 3	35		0.
	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
		lines 33 and 34	_	36	-186,7	78.
	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8		1,00	
1	38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		'	•	
11	-	enter the smaller of zero or line 36	1 '	\ ₃₈	-186,77	78.
ÍΓ	Part/			·1 · 1		
٠.	//	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39		0.
	40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	1	133		
	40		7 -	-],		
		Tax rate schedule or Schedule D (Form 1041)	2 -	40		
	41	Proxy tax. See instructions	2 ► 3 ►	41		
	42	Alternative minimum tax (trusts only)	2	42		
١١	43	Tax on Noncompliant Facility Income. See instructions	$\mathcal{P}_{\mathcal{I}}$	43		
ן ו	44/	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0.
Ĺ	Paft \			, , ,		
_	∕ 45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		」 │		
	b	Other credits (see instructions)]		
	С	General business credit. Attach Form 3800				
	d	Credit for prior year minimum tax (attach Form 8801 or 8827)		1.1		
		Total credits. Add lines 45a through 45d	16	7 45e		
	46	Subtract line 45e from line 44	, ,	46		0.
	47		(attach schedule)) , , , , , , , , , , , , , , , , , , ,		
	48	Total tax. Add lines 46 and 47 (see instructions)	4	48		0.
		· · · · · · · · · · · · · · · · · · ·	}	49		0.
	49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	,	149		<u> </u>
		Payments: A 2017 overpayment credited to 2018	 	-		
		2018 estimated tax payments 50b 50b		-		
		Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941)		4		
	d	Foreign organizations: Tax paid or withheld at source (see instructions)		4		
	е	Backup withholding (see instructions)		J		
	f	Credit for small employer health insurance premiums (attach Form 8941)		_		
	g	Other credits, adjustments, and payments: Form 2439				
		☐ Form 4136 ☐ Other ☐ Total ► 50g] 1		
	51	Total payments. Add lines 50a through 50g		51		
	52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	5	52		
	53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	9" >	53		
٠,	54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	10	54		
1	1 255		funded >	55	<u> </u>	
ſ	Part V			1		
L	56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit			Yes	No
	30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	•		103	.10
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	-			
						ν- ,
		here >				$\frac{x}{x}$
	57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust?		—	
		If "Yes," see instructions for other forms the organization may have to file.			l	
-	58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete, Declaration of prefarer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my knowle e	edge and bel	ief, it is true,	
	Sign				discuss this return w	ıth .
	Here	President and	CEO t	•	shown below (see	
_		Signature of Efficer / Date Title	u	nstructions)?	X Yes	No
		Print/Type preparer's name Preparer's signature Date	Check	if PTIN		
	Paid		self- employed	ı		
	Prepa	John Kennedy	• •		0174536	
	Use (Character C Cardina D C C	Firm's EIN		-119165	5
	USE (325 W. Main St. Suite 1600				
		Firm's address ► Louisville, KY 40202-4251	Phone no.	(502)	585-160	0.0
-	323711 O		1		Form 990-T (
•					' ((,

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation > Low	er	of Cost or 1	Mar	ket	
1 Inventory at beginning of year	1	568,699.	T	Inventory at end of year			6	757,7	41.
2 Purchases	2 2	,144,889.	7	Cost of goods sold S		ine 6			
3 Cost of labor	3	398,224.	1	from line 5. Enter here			l		
4a Additional section 263A costs				line 2			7	2,354,0	71.
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes	No
Other costs (attach schedule)	4b		1	property produced or a	acquired	l for resale) apply to			
5 Total Add lines 1 through 4b		<u>,111,812.</u>		the organization?					X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty))	
(see instructions)								<u> </u>	
Description of property									
(1)									
(2)									
(3)						_			
(4)									
		ed or accrued				0(.)0			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	connect nd 2(b) (cted with the income in attach schedule)	
(1)	<u> </u>			•					
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)					
			2	Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)		 -							
(2)									
(3)			1						
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)	<u> </u>			%					
(2)				%					
(3)				%					
(4)	<u> </u>			%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (I	
Totals				_		0	.		0.
Total dividends-received deductions	ncluded in columi	n 8			L	•	-		0.

Schedule F - Interest, A	Annuities, Ro	oyalties, an	1				tions	see ins	structio	ns)
			Exempt	Controlled O	rganizati	ons	τ			
Name of controlled organization						ments made Inclu		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)					† 					
(2)	-				 					
(3)			 			•				
(4)			 							-
Nonexempt Controlled Organi	zations		I			*-			L	
7. Taxable Income	8 Net unrelated	l income (loss)	O Total	of specified pay	mente	10. Part of colu	mn O tha	t is included	11.5	Deductions directly connected
	(see instr		3 . 75.a.	made	,	in the controlli	ing organ	nization's		th income in column 10
(1)	-		1							
(2)										
(3)					-					
(4)										<u>-, </u>
	I			,		Add colun	one 5 and	4 10		Add columns 6 and 11
						Enter here and		1, Part I,	ł	here and on page 1, Part I, line 8, column (B)
Totals								0.	}	0.
Schedule G - Investme	nt Income o	f a Section	501(c)(7	7), (9), or (17) Ord	anization				0.
(see insti		,	00.(0)(.	,,, (0), 0. (, ৩. ૬	,a.n.zation				
				<u> </u>		3. Deduction	ns	4.0.		5. Total deductions
1. Desc	ription of income			2. Amount of	income	directly conne (attach sched		4 Set- (attach s	asides schedule)	and set-asides (col 3 plus col 4)
(1)						(4112077 55175				(301 0 plas 00: 4)
(2)										
(3)						<u> </u>		,		-
(4)				 						
				Enter here and	on page 1.					Enter here and on page 1,
				Part I, line 9, co						Part I, line 9, column (B)
Tatala					0.					
Totals Schedule I - Exploited	Everent Aeti	·ib. Incom	Othor	Thon Adı		a Income				0.
(see instru	-	VILY INCOME	e, Other	I II ali Au	ei usiii	ig income				
	I	1		1 4	1		-	<u> </u>		
1. Description of exploited activity	2. Gross unrelated busines income from trade or busines:	ss directly of with pr	penses connected oduction related is income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						-			_	
(1) (2) (3)				1						
(3)										
(4)				ļ					-	
	Enter here and o page 1, Part I, line 10, col (A)	page line 10	re and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Totals >		0.	0.	<u> </u>			_			0.
Schedule J - Advertisir	ng Income (see instruction	ns)					•		
Part I Income From I	Periodicals F	Reported o	n a Con	solidated	Basis					
1. Name of periodical	2. Gi advert inco	ising	3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput hrough 7	5 Circulat		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										1
(3)				_			-	· · · · ·		1
(4)						-	-			1
				<u> </u>		 	-			-
Totals (carry to Part II, line (5))	>	0.	0							0.

Form 990-T (2018) Kentucky Derby Museum Corporation 31-10234

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1, Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)			-	-			
(3)							
(4)							
Totals from Part I	▶	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Ine 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.			-	. 0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) Patrick Armstrong	President and CEO	28.00%	53,470.
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	53,470.

Form 990-T (2018)

		•
Form 990-T	Description of Organization's Primary Unrelated	Statement 1
	Business Activity	

Gift Shop Sales of General Merchandise

To Form 990-T, Page 1

Form 990-T Other	Deductions Statement 2
Description	Amount
Marketing	47,663
Occupancy	. 11,043
Legal	2,062
Accounting	4,957
Travel	4,622
Dues and Subscriptions	5,229
Insurance	7,159
Security	2,532
Credit Card Fees	8,663
Office Expenses	71,144
Information and Technology	6,005
Contract Labor	11,043
Other Expenses	3,079
Total to Form 990-T, Page 1, line 28	185,201

Form 990-T	Net	Operating Loss D	eduction	Statement 3
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/99	170,575.	170,575.	0.	0.
09/30/00	147,484.	73,783.	73,701.	73,701.
09/30/01	83,587.	0.	83,587.	83,587.
09/30/02	165,443.	0.	165,443.	165,443.
09/30/03	99,340.	0.	99,340.	99,340.
09/30/04	12,074.	0.	12,074.	12,074.
09/30/05	87,238.	0.	87,238.	87,238.
09/30/06	237,713.	0.	237,713.	237,713.
09/30/07	264,516.	0.	264,516. \	264,516.
09/30/08	159,900.	0.	159,900.	159,900.
09/30/09	21,791.	0.	21,791.	21,791.
09/30/10	96,556.	0.	96,556.	96,556.
09/30/12	58,154.	0.	58,154.	58,154.
09/30/13	47,165.	0.	47,165.	47,165.
09/30/16	33,071.	0.	33,071.	33,071.
09/30/18	38,448.	0.	38,448.	38,448.
NOL Carryov	er Available This	Year	1,478,697.	1,478,697.