								2	936303	32	01018 1
٠	, ,						15, 20	20 _			OMB No 1545-0887
Form	9 9 0-T		exempt Organiz	ati	on Bus	sine	ection 6033(ne i		•	OMB NO 1345-0087
	-	For cal	endar year 2018 or other tax year beg						31, 201	9	2018
٠,			➤ Go to www.irs.g							_ [
	ent of the Treasury Revenue Service		Do not enter SSN numbers on								Open to Public Inspection for 501(c)(3) Organizations Only
A 🗀	Check box if address changed		Name of organization ((Check	box if name c	hanged	l and see instruct	ions.)		Emp	oyer identification number loyees' trust, see uctions)
B Exe	mpt under section	Print -	RIVERPARK CEN	ref	R, INC					6	1-1147328
\mathbf{X}	501(c<u>≬</u>(13_)	or	Number, street, and room or s			x, see II	nstructions.				ated business activity code nstructions)
	108(e) 220(e)	Туре	101 DAVIESS S'								
=	108A530(a)		City or town, state or province			r foreig	n postal code			- 44	000
	29(a) value of all assets		OWENSBORO, KY F Group exemption number (S		12303		·			<u> 541</u>	800
at end	11,598,1	91.	G Check organization type			poration	5010) trust	401(a)	trust	Other trust
H Enter			tion's unrelated trades or busin			1			he only (or first) un		
		•	CESSIONS & AD						complete Parts I-V.		
			ce at tho end of the provious so				id II, complete a	Schedule	M for each addition	al trade	e or
	ess, then complete					_					
		-	oration a subsidiary in an affilia	_		nt-subs	idiary controlled	group?	▶ L	Ye	es X No
			ifying number of the parent cor DRGANIZATION	porat	ion.			Talanha	ne number > 2	70	607 2770
Part			le or Business Incom	e		.	(A) Incom		(8) Expenses		(C) Net
<u></u>	ross receipts or sale		91,152.								
	ess returns and allov			alanc	e 🕨	10	91,:	152.			
2 Co	ost of goods sold (S	chedule	A, line 7)			2	74,0	92.			
	ross profit. Subtract					3	17,0	060.			17,060.
	apital gain net incom	•	•			4a			 		
			art II, line 17) (attach Form 479	7)		4b_					<u> </u>
	apital loss deduction		is hip or an S corporation (attach	ctato	mont)	4c 5					
	ent income (Schedul		mp or air 5 corporation (attach	GIGIO	illulity	6					
	related debt-finance		ne (Schedule E)			7					
8 Int	terest, annuities, roy	atties, a	nd rents from a controlled orga	nizatio	on (Schedule F)	8					
9 In	vestment income of	a sectio	n 501(c)(7), (9), or (17) organi	zation	ı (Schedule G)	9					
	ploited exempt activ	•	• •			10					15.560
	dvertising income (S		•			11_	60,0	549.	44,8	89.	15,760.
	her income (See insotal. Combine lines		•			12 13	77,	709	44,8	89	32,820.
Part			t Taken Elsewhere (S	ee ir	structions fo					0.5.	32,020.
			itions, deductions must be						income.)		
14 C	Compensation of offi	cers, dır	ectors, and trustees (Schedule	K)	B:	CF	VED]	•	14	1,086.
	Salaries and wages					2	······································	ł		15	6,740.
	Repairs and mainten	ance			PS JA		2020			16	3,298.
-	Bad debts nterest (attach sched	dula) (ca	in instructions)		(i)	1 2	2020 0			17 18	
18 ₂ li	axes and licenses	nne) (se	e msu ucuons)			UEI		•		19	614.
-		ns (See	instructions for limitation rules)		ושע	N, UT	j		20	
2 1 C	epreciation (attach l	•		•			2	1	511,253.		
22 L	ess depreciation cla	imed on	Schedule A and elsewhere on	returr	ı		22	a	509,207.	22b	2,046.
. 23 D	epletion									23	
7~	Contributions to defe		npensation plans							24	1,282.
	mployee benefit pro	-	hadula I)						•	25	606.
•	xcess exempt exper xcess readership co	•	·							26 27	
_3	Other deductions (att			•			SEE S	TAT	EMENT 1	_	2,304.
,	otal deductions. Ad								EMENT 1	29	17,976.
	Inrelated business ta	ixable in	come before net operating loss	dedu	uction. Subtrac	t line 2	9 from line 13			30	14,844.
			oss arısıng in tax years beginnir	-	or after Janua	ry 1, 20)18 (see instructi	ons)	31	31	
			come. Subtract line 31 from lin						<u> </u>	32 V	14,844.
823701 (01-09-19 LHA FO	rPaper	work Reduction Act Notice, see	inst	ructions.					¥	Form 990-T (2018)

Form 990-	(2018) RIVERPARK CENTER, INC		<u>61-1</u>	<u> 1473</u>	<u> 28</u>		Page
Part I	Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)	33	1 1	14,8	44
`34	Amounts paid for disallowed fringes			34	1		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instri	uctions) S	TMT 2	35	,	14,8	44
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s				1		
	lines 33 and 34	4111 01		36	.		
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			3g 37		1,0	00
37		26		10 m	+	<u> </u>	00
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line enter the smaller of zero or line 36	JO,			.		Λ
D				38			0
Part I							
39	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 fron	1:	}	1		
	Tax rate schedule or Schedule D (Form 1041)			► 40	<u> </u>		
41	Proxy tax. See instructions			► 41			
42	Alternative minimum tax (trusts only)			42	!		
43	Tax on Noncompliant Facility Income. See instructions			43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44			0
Part \	Tax and Payments						
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a					
b	Other credits (see instructions)	45b					
c	General business credit. Attach Form 3800	45c					
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			1		
_	Total credits. Add lines 45a through 45d			456	e		
46	Subtract line 45e from line 44			46			0
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 🗀 Othe	(attach schedu				
48	Total tax. Add lines 46 and 47 (see instructions)	00 00	(anaon sonoco	48			0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49			Ö
	Payments: A 2017 overpayment credited to 2018	50a		 "	+		
	2018 estimated tax payments	50b			1		
	Tax deposited with Form 8868	50c		\dashv			
	·						
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		-			
	Backup withholding (see instructions)	50e					
	Credit for small employer health insurance premiums (attach Form 8941)	50f			1		
g	Other credits, adjustments, and payments: Form 2439	1					
	Form 4136 Other Total ▶	50g					
	Total payments. Add lines 50a through 50g			51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			▶ 53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	ì	ļ	<u>54</u>			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		efunded	55			
Part \							
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other autho	rity			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may have to f	ile			Ì	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign countr	у			1	
	here >					L_	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a f	oreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.						
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\sum_{\text{\$}}\$						<u> </u>
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, and t	o the best of my	knowledge	e and belief, it i	is true,	
Sign	correct, and complete Declaration of preparer (ather than taxpayer) is based on all information of which prepar	er nas any knowi	eo8e	140.00	IDO d		
Here	1/20/2020 EXECUTI	VE DIR	ECTOR		IRS discuss the		WITH
	Signature of officer Date Title				ions)? X Y		No
	Print/Type preparer's name Preparer's Signature Dat	le I	Check		TIN		
	Triporty property of marine		self- employ				
Paid	ANDY ROBERTS, CPA	-20-20	our unipio	-	P01343	3 <i>71</i> 1	
Prepa	rer ANDI ROBERTS, CPA		Firm's EIN		61-112		
Use C	2707 BRECKENRIDGE STREET. SUIT	ਾ ਦ 1	THITSEIN		<u> </u>	<u> </u>	
	, are discremented binesi outl	بلد اشعا					

823711 01-09-19

Form **990-T** (2018)

(270) 684-3237

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation > COS	T				
1 Inventory at beginning of year	1	17,078.						6 15,727	
2 Purchases	2	7,257.	7	Cost of goods sold. Su	ıbtract l	ine 6			
3 Cost of labor	3_	53,550.	.]	from line 5. Enter here	and in I	Part I,]	
4a Additional section 263A costs			7	line 2			7	74,09	92.
(attach schedule)	4a] 8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	* 4b	11,934.		property produced or a	cquirec	d for resale) apply to			
5 Total. Add lines 1 through 4b	5	89,819.	<u>. L</u>	the organization?					<u> X</u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property l	Leas	ed With Real Pro	per	ty)	
Description of property									
(1)	 					, -			
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				0(-) 0			
rent for personal property is more than of rent for 10% but not more than 50%) the				onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	columns 2(a) a	y conn nd 2(b	ected with the income in) (attach schedule)	,
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns		nter				(b) Total deductions. Enter here and on page 1,			
here and on page 1, Part I, line 6, column					<u>0.</u>	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Del	ot-Finance	Income (see	ınstru	ctions)					
			2	. Gross income from		 Deductions directly control to debt-finant 			
Description of debt-fit	nanced property		[]	or allocable to debt- financed property	(a)	Straight line depreciation	Ť	(b) Other deductions	5
				initialised property		(attach schedule)		(attach schedule)	
(4)							+-		
(1)			┼┈─				+		
(2)			╁-				+		
(3)			┼				十		
4. Amount of average acquisition	5 Average	adjusted basis	-	Column 4 divided		7. Gross income		8. Allocable deducte	
debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	allocable to inced property h schedule)	"	by column 5	1	reportable (column 2 x column 6)		(column 6 x total of coli 3(a) and 3(b))	
(1)				%					
(2)				%			\bot		
(3)				%		·— <u>—</u>	\perp		
(4)	<u> </u>		<u> </u>	%			\perp		
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (6	
Totals				•		0			0.
Total dividende-received deductions III	scluded in column	n Q							<u> </u>

** SEE STATEMENT 3

Form 990-T (2018)

Schedule F - Interest,	Annuities, Roy	alties, ar					atio	1S (see ins	struction	ns)
			Exempt	Controlled O	rganizat	ions				
1. Name of controlled organization	[ident	mployer ification mber		related income e instructions)	4. To pay	ital of specified ments made	includ	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
			 				 			
(2)			 							
							 			
_(3)					 					
(4)			1		L		<u> </u>			<u>.</u>
Nonexempt Controlled Organi										
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified pay- made	ments	10. Part of column in the controlling gross	mn 9 tha ing orgar s Income	rization's	11. Di wit	eductions directly connected h income in column 10
(1)										
(2)										
(3)	 -									
_(4)	<u> </u>		l							
						Add colun Enter here and line 8, c		1, Part I,	ļ	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					•			0.		0.
Schedule G - Investme	ent Income of a	Section	501(c)(7) (9) or	(17) O	rganization				
(see insti		Section	1 30 1 (0)(<i>,,</i> (9), 01	(17) 0	gariizatioi	•			
(500 111511			· - -	Τ		3. Deductio				5, Total deductions
1. Desc	cription of income			2. Amount of	income	directly conne	cted	4. Set-	asides schedule)	and set-asides
				ļ		(attach sched	(ule)	(Bitaci) S		(col 3 plus col 4)
(1)	 .———			ļ		ļ				
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Tatala					^	j				_
Totals				L	0.	<u> </u>				0.
Schedule I - Exploited (see instru	•	y Incom	e, Othe	r Than Ac	ivertis	ing income	•			
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of unr	penses connected oduction related s 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 t is not unrelat business inco	that ted		penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			•							
(2)		 	·							
(3)		 		 						
(4)	 	 		 					-	
	Enter here and on page 1, Part I, line 10, col (A).	page 1	re and on , Part I, col. (B).			L				Enter here and on page 1, Part II, line 26
Totals	0.	<u></u>	0.	L						0.
Schedule J - Advertision										
Part I' Income From I	Periodicals Rep	orted o	n a Con	solidated	Basis	}				
1. Name of periodical	2. Gross advertising income		3. Direct ortising costs	or (loss) (c				6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) CENTER STAGE	&	0.	n				0.		0.	
(2) PROGRAM INSER			4,889				0.		0.	1
(3)	50,04		-, -, -,	7						1
				⊣						†
(4)										
Totals (carry to Part II, line (5))	▶ 60,64	19. 4	4,889	. 15	,760					0. Form 990-T (2018)

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Form 990-T (2018) RIVERPARK CENTER, INC 61-11473

Pairt 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	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	>	60,649.	44,889.				0
	_	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B).			•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	60,649.	44,889.	ĺ			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) ROXI WITT	EXECUTIVE DIRECTOR	%	1,086.
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	1,086.

Form 990-T (2018)

FORM 990-T		OTHER DEDUCT	ions	STATEMENT	
DESCRIPTION				AMOUNT	
ACCOUNTING	FEES	•		82	28
OFFICE				30	06
JTILITIES				83	30
INTEREST				8	30
INSURANCE				26	50
FOTAL TO FO	RM 990-T, PAGE 1,	LINE 28		2,30	04
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT	
		LOSS	······································		
		PREVIOUSLY	LOSS	AVAILABLE	
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR	
06/30/03	17,998.	1,451.	16,547.	16,547	— 7
06/30/03	39,088.	0.	39,088.	39,088	
06/30/05	63,458.	0.	63,458.	63,458	
06/30/06	73,689.	0.	73,689.	73,689	
06/30/07	54,982.	0.			
			54,982.	54,982	
06/30/08	47,432.	0.	47,432.	47,432	
08/31/08	21,528.	0.	21,528.	21,528	
08/31/09	60,314.	0.	60,314.	60,314	
08/31/10	81,184.	0.	81,184.	81,184	
08/31/11	68,169.	0.	68,169.	68,169	
08/31/12	78,633.	0.	78,633.	78,633	
08/31/13	64,410.	0.	64,410.	64,410	
08/31/14	27,593.	0.	27,593.	27,593	
08/31/15	11,166.	0.	11,166.	11,166	
08/31/16	2,114.	0.	2,114.	2,114	
08/31/18	3,043.	0.	3,043.	3,043	3.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	713,350.	713,350	<u> </u>
					-
FORM 990-T	COST	OF GOODS SOLD - 0	OTHER COSTS	STATEMENT	3
 	t t				
DESCRIPTION				TOUNT	
				4,19	
SUPPLIES					
				5,86	54
SUPPLIES LICENSES REPAIRS & O'	THER			5,86 1,87	