Form 8879-TE	I	IRS E-file Signature Authorization	L	OMB No. 1545-0047
		for a Tax Exempt Entity		
	For calendar year 20	23, or fiscal year beginning JUN 1 , 2023, and ending MAY 31	, 20 <u>24</u>	2023
Department of the Treasury Internal Revenue Service		Do not send to the IRS. Keep for your records.		
Name of filer		Go to www.irs.gov/Form8879TE for the latest information.	EIN or SSN	
KENTUO	KY HORSE	PARK FOUNDATION, INC.	**_***	* * * *
Name and title of officer or po		CLAY GREEN		
		CHAIR		
Part I Type of	Return and R	eturn Information		
Form 5330 filers may enter or 10a below, and the am	er dollars and cent ount on that line fo	are using this Form 8879-TE and enter the applicable amount, if any, s. For all other forms, enter whole dollars only. If you check the box or or the return being filed with this form was blank, then leave line 1b , 2 -0-). But, if you entered -0- on the return, then enter -0- on the applica	on line 1a, 2a, 3a 2b, 3b, 4b, 5b, 6l	, 4a, 5a, 6a, 7a, 8a, 9a, 7 7b 8b 9b or 10b
1a Form 990 check	here X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1	1.862.668.
2a Form 990-EZ che		b Total revenue, if any (Form 990-EZ, line 9)		h
3a Form 1120-POL		b Total tax (Form 1120-POL, line 22)		b
4a Form 990-PF che	eck here	b Tax based on investment income (Form 990-PF, Part V, line		b
5a Form 8868 check	00000	b Balance due (Form 8868, line 3c)	5	b
6a Form 990-T chec		b Total tax (Form 990-T, Part III, line 4)	6	b
7a Form 4720 check		b Total tax (Form 4720, Part III, line 1)		b
8a Form 5227 check		b FMV of assets at end of tax year (Form 5227, Item D)	8	
9a Form 5330 check	here	b Tax due (Form 5330, Part II, line 19)	91	0
10a Form 8038-CP cl		b Amount of credit payment requested (Form 8038-CP, Part II	l. line 22) 10	Ob
Part II Declara	tion and Signa	ature Authorization of Officer or Person Subject to T	ax	
Under penalties of perjury	, I declare that 🛛 🛛	I am an officer of the above entity or 🛄 I am a person subject to	tax with respec	t to (name
acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to recein personal identification nur PIN: check one box only	ipt or reason for re e, I authorize the L ution account indi it the entry to this s prior to the paym ve confidential info nber (PIN) as my s	relectronic return originator (ERO) to send the return to the IRS and igection of the transmission, (b) the reason for any delay in processing .S. Treasury and its designated Financial Agent to initiate an electroi cated in the tax preparation software for payment of the federal taxe account. To revoke a payment, I must contact the U.S. Treasury Fina ent (settlement) date. I also authorize the financial institutions involve impation necessary to answer inquiries and resolve issues related to electronic return and, if applicable, the consent to electronic return and, if applicable, the consent to electronic return and the setting and the set	g the return or re nic funds withdra s owed on this ra ancial Agent at 1 ed in the process the payment 1 b	fund, and (c) the date awal (direct debit) eturn, and the -888-353-4537 no sing of the electronic ave selected a
X I authorize HI	CKS & ASS	OCIATES CPAS	to enter my PIN	55727
		ERO firm name		Enter five numbers, but do not enter all zeros
with a state age on the return's o	ncy(ies) regulating disclosure consent		aforementioned I	ERO to enter my PIN
return. If I have IRS Fed/State p	indicated within th rogram, I will enter	tax with respect to the entity, I will enter my PIN as my signature on t is return that a copy of the return is being filed with a state agency(ie r my PIN on the return's disclosure consent screen.	es) regulating cha	3 electronically filed arities as part of the
Signature of officer or person subje	ntion and Auth	entication	Date	
ERO's EFIN/PIN. Enter yo				
number (EFIN) followed by				
I certify that the above nui submitting this return in a Business Returns. ERO's signature	meric entry is my F coordance with the	PIN, which is my signature on the 2023 electronically filed return indic prequirements of Pub. 4163, Modernized e-File (MeF) Information for	ated above. I co	onfirm that I am e-file Providers for
7				1
	Do Not S	ERO Must Retain This Form - See Instructions ubmit This Form to the IRS Unless Requested To D	o So	
For Privacy Act and Pape	erwork Reduction	Act Notice, see instructions.	F	orm 8879-TE (2023)
LHA 302521 01-05-24				

Form 8868

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must us	e Form 7004 to request an extension of time to file incom	ie tax retu	rns.					
Part I - I	dentification							
Type or	Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN)							
Print			TNG		**_****	+		
File by the	KENTUCKY HORSE PARK FOUNDA				~~_~~~~	<u>*</u>		
due date fo filing your		ee instruc	tions.					
return. See	4075 IRON WORKS PARKWAY							
Instructions	City, town or post office, state, and ZIP code. For a feedback to the state of t	oreign add	iress, see instructions.					
Enter the	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			01		
	Application Is For Return Application Is For Return							
		Code				Code		
Form 99	0 or Form 990-EZ	01	Form 4720 (other than individual)			09		
Form 47	20 (individual)	03	Form 5227			10		
Form 99	0-PF	04	Form 6069			11		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12		
Form 99	0-T (trust other than above)	06	Form 5330 (individual)			13		
Form 99	0-T (corporation)	07	Form 5330 (other than individual)			14		
Form 10	41-A	08						
 After y 	ou enter your Return Code, complete either Part II or Par	rt III. Part I	II, including signature, is applicable	only for a	n extension of			
	ile Form 5330.							
	application is for an extension of time to file Form 5330, y	/ou must e	enter the following information.					
	an Name							
	an Number							
	an Year Ending (MM/DD/YYYY)		· · · · ·					
	Automatic Extension of Time To File for Exempt Organ books are in the care of KATHY MEYER – KEI			ΔͲΤΟΝ	TNC			
ine b			AY - LEXINGTON, KY					
Tolon	hone No. 859-255-5727		Fax No.	1001	-			
	organization does not have an office or place of business	s in the I Ir						
	is for a Group Return, enter the organization's four-digit					heck this		
box								
1 r	equest an automatic 6-month extension of time until A				npt organization retu			
	e organization named above. The extension is for the org							
	calendar year 20 or							
X		,20	23 and ending	MAY 3	1.,20	24		
	run tu	UN						
2 If t	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retu	'n			
	Change in accounting period				1			
3a lft	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter the	e tentative tax, less			~		
	y nonrefundable credits. See instructions.			3a	\$	0.		
	his application is for Forms 990-PF, 990-T, 4720, or 6069		•			~		
es	timated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.		

using EFTPS (Electronic Federal Tax Payment System). See instructions. For Privacy Act and Paperwork Reduction Act Notice, see instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

3c | \$

0.

	_		EXTENDED TO APRIL 15, 202	25	
For	_ Q	90	Return of Organization Exempt From		
FUI			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except private foundat	ions) ZUZ3
Dep	artment	t of the Treasury venue Service	Do not enter social security numbers on this form as it ma Go to www.irs.gov/Form990 for instructions and the late	ay be made public.	Open to Public
				MAY 31, 202	Inspection
В	Check i applical	f C Name o	f organization	D Employer identi	
	Addr		UCKY HORSE PARK FOUNDATION, INC.		
	Nam	ge Doing b	usiness as	**_***	* * *
	Initia retur Final retur	n Number	and street (or P.O. box if mail is not delivered to street address) Room/s IRON WORKS PARKWAY		
_	termi ated	in-City or t	own, state or province, country, and ZIP or foreign postal code	859-255- G Gross receipts \$	<u> </u>
	lreturi Appl tion	ica- F Name a	NGTON, KY 40511 nd address of principal officer: CLAY GREEN	H(a) Is this a group	
-	pend	SAME	AS C ABOVE	for subordinate H(b) Are all subordinates	
I Tax-exempt status: X 501(c)(3) 501(c)(() (insert no.) 4947(a)(1) or 527 J Website: KHPFOUNDATION • ORG If "No," attach a list. See instructions K Form of organization: X Corporation Trust Association Other L Year of formation: 1985 M State of legal domicile: Part I Summary 3 Briefly describe the organization's mission or most significant activities: THE KENTUCKY HORSE PARK FOUNDATION 'S SOLE PURPOSE IS TO PROVIDE SUPPORT FOR THE KENTUCKY 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 1 State of legal domicile:					
-				H(c) Group exempti	on number
-	and the second	the second s		rear of formation: 1985	M State of legal domicile: KY
	T		e the organization's mission or most significant activities: THE KENT	UCKY HORSE PA	RK
nce		FOUNDAT	ION'S SOLE PURPOSE IS TO PROVIDE SUPP	ORT FOR THE	CENTUCKY
srna	2				
OVE	3	Number of vot	 All All All All All All All All All All		1
ي م	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)	4	
es	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)	5	6
Activiti	6	Total number	of volunteers (estimate if necessary)	6	442
	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
_				Prior Year	Current Year
an	8		and grants (Part VIII, line 1h)	1,085,944.	
es Revenue	9		ce revenue (Part VIII, line 2g)	54,600.	73,324.
	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	-67,881.	
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	368,217.	
Re	12 13	Create and sin	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,440,880.	
	14	Bonofito poid d	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
10			to or for members (Part IX, column (A), line 4)	0. 513,275.	
Ise	16a	Professional fr	compensation, employee benefits (Part IX, column (A), lines 5-10) Indraising fees (Part IX, column (A), line 11e)	515,275.	
per			ng expenses (Part IX, column (D), line 25) 115,832 .	0.	0.
Ĕ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,115,270.	1,197,308.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,628,545.	1,637,767.
	19	Revenue less	expenses. Subtract line 18 from line 12	-187,665.	224,901.
or				Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)	12,166,672.	13,974,283.
ASS			(Part X, line 26)	555,859.	
Fun			und balances. Subtract line 21 from line 20	11,610,813.	13,565,316.
Pa	rt II	Signature	Block		10,000,0100
Unde	er pena	alties of perjury, I	declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	w knowledge and belief, it is
true,	correc	ct, and composite	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	y knowlodge and belief, it is
		1840		10.28	324
Sigr	ı	Signature of off	-	Date	
Here	Э		EEN, CHAIR		
		Type or print na	ame and title		
		Print/Type prep		Date Check	PTIN
Paid			. HICKS, CPA, CFF	if self-employ	red P00011200
Prep		Firm's name	HICKS & ASSOCIATES CPAS	Firm's EIN *	*_***
Use	Unly	Firm's address	,		
			LEXINGTON, KY 40509	Phone no. (8	59)368-9727
			return with the preparer shown above? See instructions		X Yes No
LHA	For	Paperwork Re	duction Act Notice, see the separate instructions. 332001 12-21-23		Form 990 (2023)
	S	EE SCHEI	OULE O FOR ORGANIZATION MISSION STATE	MENT CONTINUA	TION

	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	m J	3 0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation	
Den	artment	of the Treasury	-	-	Open to Public
Inter	nal Reve	enue Service	-		•
-		1			
Terestion 50 (c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Corrunations and the latest information. 2023 Demotor 2023 A For the 2203 calendar year, or tax year beginning JUN 1, 2023 and ending MAY 31, 2024 D Employer identification number MAP or the 2203 calendar year, or tax year beginning JUN 1, 2023 and ending MAY 31, 2024 D Employer identification number MAP or the 2203 calendar year, or tax year beginning JUN 1, 2023 and ending MAY 31, 2024 B coppet during the constraint of the constraint o		cation number			
			HORY HODGE DADY BOINDARTON THO		
				- ** ****	**
	Initial			_	
	Final	1075			
	termi				
	Amer	ded TEVT		-	
	pend		AS C ABOVE		
Nome of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gow/Form990 for instructions and the latest information. OWER No. 2012 Do not enter social security numbers on this form as it may be made public. Go to www.irs.gow/Form990 for instructions and the latest information. OWER No. 2012 Do not enter social security numbers on this form as it may be made public. Go to www.irs.gow/Form990 for instructions and the latest information. Denter Social Security numbers on this form as it may be made public. Go to www.irs.gow/Form990 for instructions and the latest information. Denter Social Security in the internal Revenue Code (except Name internal Networks) B Computer Internal Revenue Status: Name of organization D Remover identification number 850-255-5727 City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40511 Hole Networks: Social Social Code LEXINGTON, KY 40511 Hole Networks: Social Social Code Hole Networks: Social Code Hole Social Internal Revenue Social Code I Status: XX 501(c)(3) 501(c)() (insettino.) H947(a)(1) or Stat Hole Networks: Social Code Hole Comparization: Social Code Hole Comparization: Social Code Hole Networks: Social Code Internal Revenue Social Social Code Hole Comparization: Social Code Hole Code Revenue Hole Networks: Social Code Hole Code Revenue Hole Networks: Social Code Revenue Hole N					
κ	orm o	f organization:	X Corporation Trust Association Other L Ye	ar of formation: 1985	A State of legal domicile: KY
Pa	art I				
e	1	Briefly describ	e the organization's mission or most significant activities: THE KENTU	JCKY HORSE PA	RK
anc		FOUNDAT	O Return of Organization Exempt From Income Tax Under sectin Source 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter social security numbers on this form as it may be made public. Coto www.irs.gov/Form900 for instructions and the latest information. Output Table 2023 Do not enter social security numbers on this form as it may be made public. To box www.irs.gov/Form900 for instructions and the latest information. Output Table 2023 Do not enter social security numbers on this form as it may be made public. To box www.irs.gov/Form900 for instructions and the latest information. Output Table 2023 Do not enter Social Security numbers on the latest information. Do motion Social Security and the social Security and the social Security and the social Security and Security		
ern	2	Check this bo	x if the organization discontinued its operations or disposed of m	ore than 25% of its net as	
Š	3		o o o o o o o o o o	Empt From Income Tax al Revenue Code (except private foundations) his form as it may be made public. tions and the latest information. OMB No. 1545-0047 2023 and ending MAY 31, 2024 D Employer identification number INC. ** - ****** and ending MAY 31, 2024 D Employer identification number INC. ** - ****** and ending MAY 31, 2024 D Employer identification number INC. ** - ****** and ending MAY 31, 2024 D Employer identification number INC. ** - ****** and ending MAY 31, 2024 D Employer identification number INC. ** - ****** and ending MAY 31, 2024 D Employer identification number INC. ** - ****** and ending MAY 31, 2024 Yes X No H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? Yes No If 'No," attach a list. See instructions H(c) Group exemption number r L Year of formation: 1985 M State of legal domicile: KY So rdisposed of more than 25% of its net assets.	
<u>ه</u>	4				
ties					-
tivi	-				
Ac					
	D	Net unrelated			-
	8	Contributions	and grants (Part VIII, line 1h)		
nue					
eve		•			
č					
	12			1,440,880.	1,862,668.
	13				0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		
Departmere A For t A For t B A For t B Assets or Capital States Addamage Addamage Assets or Addamage <tr< td=""><td>16a</td><td>Professional f</td><td>undraising fees (Part IX, column (A), line 11e)</td><td>0.</td><td>0.</td></tr<>	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
ăX					
ш	17			1,115,270.	
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		-
ts o ance		- · · · <i>"</i>			
Asse Bala	20				
Vet /	21				
P	art II				1 10,000,010.
		-		ements, and to the best of m	v knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prepa		,

	Signature of officer		
		-	
Ciam	I Signature of officer	Date	

Jigii				
Here	CLAY GREEN, CHAIR			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	DAVID W. HICKS, CPA, CFF			self-employed P00011200
Preparer	Firm's name HICKS & ASSOCIATE	S CPAS		Firm's EIN **- ******
Use Only	Firm's address 1795 ALYSHEBA WAY	, STE 6206		
	LEXINGTON, KY 405	09		Phone no. (859)368-9727
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
LUA For	Benerwork Reduction Act Nation and the const			Earm 990 (2022)

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2023)

Form	1990 (2023) KENTUCKY HORSE PARK FOUNDATION, INC. **-****** Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE KENTUCKY HORSE PARK FOUNDATION'S SOLE PURPOSE IS TO PROVIDE
	SUPPORT FOR THE KENTUCKY HORSE PARK.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,328,502. including grants of \$) (Revenue \$ 73,324.)
	THE SUPPORT OF THE KENTUCKY HORSE PARK INVOLVES A VARIETY OF USES AND
	ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, ANNUAL OPERATING SUPPORT,
	ASSISTANCE FOR EQUINE OPERATIONS AND EDUCATION, FUNDING FOR CAPITAL
	PROJECTS, THE PURCHASE OF HORSES AND EQUIPMENT, AND THE COMPLETION OF LANDSCAPING PROJECTS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	() () () ()
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,328,502.
4e	Total program service expenses 1,328,502. Form 990 (2023)
332000	Form 990 (2023)
00200	3
321	028 144341 4645 2023.04020 KENTUCKY HORSE PARK FOUNDAT 4645 1

11321028 144341 4645

2023.04020 KENTUCKY HORSE PARK FOUNDAT 4645_

Form	aan	(2023)
гопп	990	120231

 Form 990 (2023)
 KENTUCKY HORSE PARK FOUNDATION, INC.

 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
U	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		Х
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?			v
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_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			х
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Tie		- 23
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	45		v
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	900	X (2023)
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Form 990 (2					FOUNDATION
Part IV	Che	ecklist of Required Sche	dules (cont	inued)	

			V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
LIU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
-0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
L	"Yes," complete Schedule L, Part IV	28a 28b		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 54	_		
		4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2000	(gambling) winnings to prize winners?		990	1 (202)
JJ2004	5	1 011	, 000	
821	028 144341 4645 2023.04020 KENTUCKY HORSE PARK FOUNDAT	464	45_	1

2023)	KENTUCKY	HORSE	PARK	FOUNDATION,	INC.
Statements	Regarding Othe	er IRS Fili	ings and	Tax Compliance	(continued)

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a)									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country										
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		v							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50									
Ua	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x							
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua									
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	0.0									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		Х							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8											
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a										
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-									
11	Section 501(c)(12) organizations. Enter:	-									
	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1									
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans 13b	4									
	Enter the amount of reserves on hand			v							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	-	<u> </u>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x							
	excess parachute payment(s) during the year?	15									
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х							
10	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										
332005	5 12-21-23	Forn	1 990	(2023)							

332005 12-21-23

Form 990 (2023)

Part V

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2023.04020 KENTUCKY HORSE PARK FOUNDAT 4645___1

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Form 990 (2	2023)
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KENTUCKY HORSE PARK FOUNDATION, INC.

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					
ec	tion A. Governing Body and Management					
		i i	1	4.0	Ye	s
1 a	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>		48		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			4.0		
b	Enter the number of voting members included on line 1a, above, who are independent	_ 1 b		48		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations					
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under	the dir	ect supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 v	vas filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	?	5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					
	The governing body?	-	-	8a	X	
h	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal			5		
00		neven			Ye	_
0~	Did the exception have lead chapters, branches, or affiliates?			10a	10	<u> </u>
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody be	fore filing the form	n? 11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				1 37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12 b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $I\!f$					
	on Schedule O how this was done					
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and appro	oval by	independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ו?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?					
	tion C. Disclosure		<u></u>			
ec	List the states with which a copy of this Form 990 is required to be filed KY					
			90-T (section 501)	(c)(3)s on	v) ava	ail
7		and 9		(0)(0)0 011	,,	
7	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 9				
7	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply.		·			
7 8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explanation of the comparison of the compari	in on S	Schedule O)	v and find	ncial	1
7 8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Image:	in on S	Schedule O)	y, and fina	ancial	
7 8 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Image: Section Constraints Image: Section Constraints Image: Section Constraints Image: Section Constraints <td><i>in on</i> S conflic</td> <td>Schedule O) It of interest polic</td> <td>y, and fina</td> <td>ancial</td> <td></td>	<i>in on</i> S conflic	Schedule O) It of interest polic	y, and fina	ancial	
7 8 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization of the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's tax.	in on S conflic	Schedule O) It of interest policy and records		ancial	l
7 8 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Image: State and State	in on S conflic	Schedule O) It of interest policy and records		ancial	
7 8 9 0	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Image: Section 6104 requires an organization of the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's tax.	in on S conflic	Schedule O) It of interest policy and records	5727	ncial n 99	

Part VII	ompensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	l
	mployees, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		er an	uau	recio	n/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	vidual	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) KATHLEEN MEYER	40.00									_
EXECUTIVE DIRECTOR					Х			178,667.	0.	0.
(2) ANN BAKHAUS	0.50									_
BOARD MEMBER		Х						0.	0.	0.
(3) JANE BESHEAR	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(4) JAMES BAUGHMAN	10.00									_
FINANCE DIRECTOR		Х		Х				0.	0.	0.
(5) DEREK BRAUN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ELIZABETH CALDWELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KATIE O'BRIEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) STUART BROWN	1.00									•
BOARD MEMBER		Х						0.	0.	0.
(9) LULU DAVIS	10.00									•
DEVELOPMENT DIRECTOR	1 00	X		Х				0.	0.	0.
(10) BARCLAY DE WET	1.00									•
BOARD MEMBER	10.00	X						0.	0.	0.
(11) TAWANA EDWARDS	10.00									0
GRANTS DIRECTOR		X		Х				0.	0.	0.
(12) CATHARINE DRYDEN	0.50	37						0		0
BOARD MEMBER		Х						0.	0.	0.
(13) JENNIE GARLINGTON	0.50	v						0.	0.	0.
BOARD MEMBER	35.00	Х						0.	0.	0.
(14) CLAY GREEN	35.00	x		x				0.	0.	0.
CHAIR (15) DEBBIE LONG	0.50	^		Λ				0.	0.	0.
	0.50	x						0.	0.	0.
BOARD MEMBER	0.50	^						0.	0.	0.
(16) BILL HILLIARD BOARD MEMBER	0.50	x						0.	0.	0.
(17) ANDREW JACOBS	20.00	^						0.	0.	0.
	20.00	x		х				0.	0.	0.
VICE CHAIR		Δ		Λ				0.	0.	
332007 12-21-23						~				Form 990 (2023)

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2023.04020 KENTUCKY HORSE PARK FOUNDAT 4645___1

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Form 990 (2023) KENTUCK	Y HORSE	PAI	RK	FO	DUN	IDA	T.	ION, INC.	**_**	* * * *	*	Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	/ees,	and	d Hig	ghes	t C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box		(C Posif neck n ss per:	tion more t rson is	han o s both	ne an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	or	from t ganiz nd rel	ation
(18) MEG JEWETT BOARD MEMBER	0.50	x						0.	0			0.
(19) BILL JUSTICE	2.00											
BOARD MEMBER		X						0.	0	•		0.
(20) DEBBIE SPIKE-PIERCE	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(21) DEIRDRE LYONS	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(22) ZEFF MALONEY	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(23) JUDY MILLER	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(24) MAEGAN NICHOLSON	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(25) JANIE MUSSELMAN	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(26) MARY JANE NUCKOLS	0.50											
BOARD MEMBER		X						0.	0			Ο.
1b Subtotal								178,667.	0	•		0.
c Total from continuation sheets to Part	VII, Section A							0.	0	•		0.
d Total (add lines 1b and 1c)								178,667.	0	•		0.
2 Total number of individuals (including bu								eceived more than \$100	,000 of reportable			
compensation from the organization												1
- · · · · ·											Yes	s No
3 Did the organization list any former offic line 1a? <i>If</i> "Yes," <i>complete Schedule J fo</i>										3		x
4 For any individual listed on line 1a, is the										-	-	
and related organizations greater than \$									ine organization	4	x	-
5 Did any person listed on line 1a receive of									idual for services			+
rendered to the organization? If "Yes," co	•				-		lat	ed organization of indiv	dual for services	5		X
Section B. Independent Contractors			0/ 30	icii p	50/30						_	
1 Complete this table for your five highest	compensated in	don	ondo	nt co	ontra	acto	re t	that received more than	\$100 000 of comper	eatior	from	
the organization. Report compensation f	-									ISation	nom	
(A)	or the calendary	cai	enui	ig w				(B)			(C)	
אין (אי) Name and busine	ss address							Description of s	ervices	Comp		ion
CURRY SERVICES							+	i				
2200 WILMORE ROAD, NICH	OLASVILL	Ε.	ΚY	74	03	56	6	EVENT SETUP		34	46.	968.
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2 Total number of independent contractors		iot li	mited	u to i	tnos 1	e lis	tec	a above) who received n	iore than			
\$100,000 of compensation from the orga SEE PART VII, SECTI		ידי	TTT	<u>. m ד</u>	<u>تر</u> -	ר מ	U	rrmc			. 000	(0000)
-	ON A CON	<u>т</u> т т	NUP	7 T T	-01	G I	11	Q L LLD		Form	1990	(2023)
332008 12-21-23												

								ION, INC.	**_***	
Part VII Section A. Officers, Directors, Tr		mplo	byee			ligh	est			(=)
(A) Nome and title	(B)				C)			(D) Departable	(E)	(F)
Name and title	Average hours per	(cl	heck		ition that	app	ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) ORSON OLIVER	5.00			37				0	0	0
TREASURER		X		X				0.	0.	0
(28) NICOLE PIERATT	5.00	x		v				0.	0.	0
SECRETARY	2.00	^		Х				0.	0.	0
(29) TOM RIDDLE	2.00	x						0.	0.	0
BOARD MEMBER (30) WALT ROBERTSON, JR.	5.00							0.	0.	0
BOARD MEMBER	5.00	x						0.	0.	0
(31) WALT ROBERTSON, SR.	10.00							0.	0.	0
NOMINATING DIRECTOR	10.00	x		x				Ο.	0.	0
(32) JUSTIN SAUTTER	5.00							••	••	•
BOARD MEMBER		x						0.	0.	0
(33) MARTHA SLAUGHTER	10.00								•••	
BOARD MEMBER		x						0.	0.	0
(34) RICHARD STURGILL	0.50									
BOARD MEMBER		x						0.	0.	0
(35) JENNY SUTTON	2.00									
BOARD MEMBER		X						0.	0.	0
(36) DONNA WARD	2.00									
BOARD MEMBER		Х						0.	0.	0
(37) BECKY JORDAN	2.00									
BOARD MEMBER		х						0.	0.	0
(38) JANE WINEGARDNER	1.00								•	
BOARD MEMBER		X						0.	0.	0
(39) TERI KESSLER	0.50							0	0	•
BOARD MEMBER		X						0.	0.	0
(40) ELOISE PENN	2.00							0	0	0
BOARD MEMBER	1 00	X						0.	0.	0
(41) HUTTON GOODMAN	1.00	x						0.	0.	0
BOARD MEMBER (42) LISA LOURIE	2.00	^						0.	0.	0
BOARD MEMBER	2.00	x						0.	0.	0
(43) JENNIFER MADDEN	2.00							•	0.	0
BOARD MEMBER	2.00	x						0.	0.	0
(44) DAVID RUDDER	0.50									v
BOARD MEMBER		x						0.	0.	0
(45) MARIAN ZEITLIN	1.00	\vdash								
BOARD MEMBER		x						0.	0.	0
(46) WILLIAM BAKER	0.50									
BOARD MEMBER		x						0.	0.	0

332201 04-01-23

Form 990 KENTUCKY									**_***	* * * *
Part VII Section A. Officers, Directors, Tru		nplo	oyee			ligh	est			
(A) Name and title	(B) Average hours	(cl	neck		ition		ly)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) DEMETRIA BLAIR BOARD MEMBER	10.00	x						0.	0.	0.
(48) JAMES MILLER	2.00								•	••
BOARD MEMBER	2.00	x						0.	0.	0.
(49) AMY DIX ROCK	2.00								Ŭ.	
BOARD MEMBER		x						0.	0.	0.
(50) ELIZABETH ROBBINS	1.00									
BOARD MEMBER		x						0.	0.	0.
Total to Part VII, Section A, line 1c										

332201 04-01-23

11321028 144341 4645

Income from investment of tax-exempt bond proceeds 5 Royatties Image: Colspan="2">Colspan="2"Colspan						SE PARK F	OUNDATION,	INC.	**_***	*** Page 9
Total revenue Related or exempt bunchator revenue revenue bunchator revenue bunchatore reven	Pa	rt \	/111	Statement of Reven	ue					
Total revenue Petated or exempt Inction revenue Offentie Building Unclease Revenue Inction revenue Building Status Perate Building S				Check if Schedule O conta	ains a response	or note to any lir				
Business Code Image: Code State								Related or exempt	Unrelated	Revenue excluded from tax under
Business Code Image: Code State	its	1	а	Federated campaigns	1a					
Business Code Image: Code State	àrar oun									
Business Code Image: Code State	a, C					1,000.]			
Business Code Image: Code State	Gift		d	Related organizations	1d					
Business Code Image: Code State	ns, Simi					61,713.				
Business Code Image: Code State	utio er S		f							
Business Code Image: Code State	oth									
Business Code Image: Code State	ont					-				
Source 2 a EVENTS 900099 73,324. 73,324. 73,324. a b	aC		h	Total. Add lines 1a-1f			1,216,944.			
Open ended Barbond Content in the second Content in the second Co	•	•	_	FVFNMC			73 324	73 324		
In Arrow of point set release 73,324 g Total. Add lines 2a:21 73,324 a Investment income (including dividends, interest, and other similar amounts) 222,785 a Investment income (including dividends, interest, and other similar amounts) 222,785 b Less: rental expenses 6a c Rental income or (loss) (i) Real d Not rental income or (loss) (ii) Securities a dise expenses 6b c Gain or (loss) (ii) Securities d Net rental income or (loss) (iii) Cherr a dise expenses 7b 2,721,537. b Less: cost or other basis and sales expenses 7b 2,435,479. c Gain or (loss) 7c 286,058. 286,058. g Tozs income from fundraising events 63,557. 63,557. g Cross sincome from gaining activities. 5b 9c b Less: direct expenses 9b 9c 5a g direct expenses 9b 9c 63,557. g direct expenses 9b 9c 5a g direct expenses 9b 9c 9c	vice	2				300033	75,524.	73,324.		
In Arrow of point set release 73,324 g Total. Add lines 2a:21 73,324 a Investment income (including dividends, interest, and other similar amounts) 222,785 a Investment income (including dividends, interest, and other similar amounts) 222,785 b Less: rental expenses 6a c Rental income or (loss) (i) Real d Not rental income or (loss) (ii) Securities a dise expenses 6b c Gain or (loss) (ii) Securities d Net rental income or (loss) (iii) Cherr a dise expenses 7b 2,721,537. b Less: cost or other basis and sales expenses 7b 2,435,479. c Gain or (loss) 7c 286,058. 286,058. g Tozs income from fundraising events 63,557. 63,557. g Cross sincome from gaining activities. 5b 9c b Less: direct expenses 9b 9c 5a g direct expenses 9b 9c 63,557. g direct expenses 9b 9c 5a g direct expenses 9b 9c 9c	Ser									
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6 a Gross rents 6a 0 b Less: rental expenses. 6b 0 c Rental income or (loss) 6c 0 7 a Gross anount from sales of assets other than inventory 7a (i) Securities (ii) Other b Less: cost or there basis and sales expenses 7a (i) Securities (ii) Other c Gain or (loss) 7a (i) Securities (iii) Other d Net gain or (loss) 7b 2,435,479. 286,058. 286,058. a Gross income from fundraising events (not including \$\$1,000. of contributions reported on line 1c). See 28a 1,045,082. b Less: direct expenses 3b 981,525. 63,557. 63,557. c Net income or (loss) from fundraising events 63,557. 63,557. 63,557. 9 a Gross income from gaming activities. 9a 9a 9a 9a b Less: direct expenses 9b 9a 9a 9a 9a c Net income or (loss) from gaming activities. 0 0 63,557. 63,557. 10 a Gross sales of inventory. 9a 0 0		5		Royalties						
b Less: rental expenses 6b					(i) Real	(ii) Personal	4			
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d Net rental income or (loss)							-			
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses to cost or other basis and sales of inventory. Its returns and allowances to the transmitter or other basis and allowance to the transmitter or to the trevenue to the transmitter or to the transmitte				· · · 						
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c Net income or (loss) from fundraising events 63,557. 63,557. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 0 10 a 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 0 b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 f Business Code 0 d All other revenue 0 0 e Total revenue. See instructions 1,862,668. 73,324. 0. 572,400.										
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T2 Iotal revenue. See instructions 1,802,008. /3,524. 0. 572,400. 22000. 10.01.02 Corm QQQ (2002) Corm QQQ (2002) Corm QQQ (2002) Corm QQQ (2002)							1 960 660	72.204		E70 400
	20000						1,002,008.	13,324.	U. 0.	Form 990 (2023)

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Form	990	(2023)	۱

KENTUCKY HORSE PARK FOUNDATION, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dono	Check if Schedule O contains a respon t include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		expenses	general expenses	схренаев
	Ind domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	F				
	Compensation of current officers, directors,				
	rustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	201 770			
	Other salaries and wages	391,778.	237,202.	77,288.	77,288
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	01 1 7 0	10 014		
	Other employee benefits	21,172.	10,014.	5,579.	5,579 5,588
0 F	Payroll taxes	27,509.	16,333.	5,588.	5,588
1 F	Fees for services (nonemployees):				
a M	Management				
bι	_egal				
c /	Accounting	93,884.	46,085.	47,325.	474
d L	_obbying				
	Professional fundraising services. See Part IV, line 17				
f I	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
- 0	column (A), amount, list line 11g expenses on Sch 0.)	82,495.	52,508.	27,670.	2,317 1,676 4,312
	Advertising and promotion	35,138.	33,043.	419.	1,676
	Office expenses	25,226.	14,200.	6,714.	4,312
	nformation technology	32,568.	24,198.	1,674.	6,696
	Royalties	,	,		•
	Decupancy	27,394.	16,984.	5,205.	5,205
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates	10F 100	105 100		
	Depreciation, depletion, and amortization	105,133.	105,133.	10 205	
	nsurance	27,848.	17,523.	10,325.	
	Other expenses. Itemize expenses not covered				
	bove. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A),				
a	Imount, list line 24e expenses on Schedule O.)				
	OTHER PARK SUPPORT	575,321.	575,321.		
	EVENT PRODUCTION COSTS	121,522.	121,522.		
	RESTRICTED ACTIVITIES	47,187.	47,187.		
d 🖁	SUPPLIES	7,236.	3,905.	1,418.	1,913
e /	All other expenses	16,356.	7,344.	4,228.	4,784
	Fotal functional expenses. Add lines 1 through 24e	1,637,767.	1,328,502.	193,433.	115,832
	Joint costs . Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	- ,
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (202

11321028 144341 4645

2023.04020 KENTUCKY HORSE PARK FOUNDAT 4645___1

13

11321028 144341 4645

3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director,

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

Cash - non-interest-bearing

Savings and temporary cash investments

	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
Assets		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualifi	ed 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	
sse	8	Inventories for sale or use			8	7,356.
Ä	9	Prepaid expenses and deferred charges		42,650.	9	13,694.
	10a	Land, buildings, and equipment: cost or other	l I			
		basis. Complete Part VI of Schedule D	10a 2,438,672.			
	b	Less: accumulated depreciation		395,323.	10c	949,251.
	11	Investments - publicly traded securities		10,778,314.	11	12,610,962.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets		1,197.	14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		12,166,672.	16	13,974,283.
	17	Accounts payable and accrued expenses		544,769.	17	369,267.
	18	Grants payable	F		18	
	19	Deferred revenue	11,090.	19	39,700.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete P			21	
ş	22	Loans and other payables to any current or form	er officer, director,			
litie		trustee, key employee, creator or founder, substa				
Liabilities		controlled entity or family member of any of these	e persons		22	
Ľ	23	Secured mortgages and notes payable to unrelat	F		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		555,859.	26	408,967.
\$		Organizations that follow FASB ASC 958, check	k here X			
ces		and complete lines 27, 28, 32, and 33.				
llan	27	Net assets without donor restrictions		8,670,883.	27	10,031,481.
l Ba	28	Net assets with donor restrictions		2,939,930.	28	3,533,835.
nnc		Organizations that do not follow FASB ASC 95				
гF		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
sei	30	Paid-in or capital surplus, or land, building, or equ			30	
tAŝ	31	Retained earnings, endowment, accumulated inc	ome, or other funds		31	
Nei	32	Total net assets or fund balances		11,610,813.	32	13,565,316.
	33	Total liabilities and net assets/fund balances		12,166,672.	33	13,974,283.
						Form 990 (2023)

KENTUCKY HORSE PARK FOUNDATION, INC.

_*** Page **11**

(B)

End of year

239,130.

41,907.

85,000. 26,983.

(A)

Beginning of year

424,338.

351,587.

140,000. 33,263.

1

2

3

4

1

2

Part X Balance Sheet

Form	990 (2023) KENTUCKY HORSE PARK FOUNDATION, INC.	**.	_ * * * * * *	* *	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	362	,6	68.
2	Total expenses (must equal Part IX, column (A), line 25)	2				67.
3	Revenue less expenses. Subtract line 2 from line 1	3				01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,6			
5	Net unrealized gains (losses) on investments	5	1,5	728	,1	37.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		1	,4	65.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	13,5	565	, 3	16.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_	<u> </u>	/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	з,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th		·			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	0.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			Ba		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Bb		

Form **990** (2023)

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SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2023
	Open to Public Inspection
Employer	identification number

Name of the organization	Employer identification number
KENTUCKY HORSE PARK FOUNDATION, INC.	**_*****
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instruct	ions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)	(A)(iii). Enter the hospital's name,
city, and state:	
5 An organization operated for the benefit of a college or university owned or operated by a government	al unit described in
section 170(b)(1)(A)(iv). (Complete Part II.)	
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7 🔀 An organization that normally receives a substantial part of its support from a governmental unit or fror	n the general public described in
section 170(b)(1)(A)(vi). (Complete Part II.)	
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with	n a land-grant college
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state	e of the college or
university:	
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, member	ership fees, and gross receipts from
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3%	of its support from gross investment
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the	organization after June 30, 1975.
See section 509(a)(2). (Complete Part III.)	
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to	carry out the purposes of one or
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sectio	n 509(a)(3). Check the box on
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f,	and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s	
the supported organization(s) the power to regularly appoint or elect a majority of the directors or tru	stees of the supporting
organization. You must complete Part IV, Sections A and B.	
b Type II. A supporting organization supervised or controlled in connection with its supported organization	ation(s), by having
control or management of the supporting organization vested in the same persons that control or ma	anage the supported
organization(s). You must complete Part IV, Sections A and C.	
c Type III functionally integrated. A supporting organization operated in connection with, and functio	nally integrated with,
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	
d Type III non-functionally integrated. A supporting organization operated in connection with its sup	ported organization(s)
that is not functionally integrated. The organization generally must satisfy a distribution requirement	and an attentiveness
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.	
e Check this box if the organization received a written determination from the IRS that it is a Type I, Ty	pe II, Type III
functionally integrated, or Type III non-functionally integrated supporting organization.	

f Enter the number of supported organizations

g Provide the following information about the supported organization
--

g Fronde the following information	about the supporte					
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization listed in your governing document?		(v) Amount of monetary	(vi) Amount of other
organization					support (see instructions)	support (see instructions)
		above (see instructions))	Yes	No	, , , , , , , , , , , , , , , , , , , ,	, , ,
Total						1

Schedule A (Form 990) 2023

KENTUCKY HORSE PARK FOUNDATION, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Calei	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1880245.	943,358.	1055049.	1085944.	1216944.	6181540.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1880245.	943,358.	1055049.	1085944.	1216944.	6181540.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						6181540.
Sec	tion B. Total Support						
Calei	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1880245.	943,358.	1055049.	1085944.	1216944.	6181540.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	182,626.	166,328.	173,744.	177,012.	222,785.	922,495.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						000 010
	assets (Explain in Part VI.)	24,000.	177,015.	76,002.			277,017.
	Total support. Add lines 7 through 10						7381052.
	Gross receipts from related activities,						,533,849.
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
0	organization, check this box and stor						
-	tion C. Computation of Publ						83.75 %
	Public support percentage for 2023 (14	
	Public support percentage from 2022					15	,,,
	33 1/3% support test - 2023. If the c	•		•			
	stop here. The organization qualifies						
	33 1/3% support test - 2022. If the c						
	and stop here. The organization qual						
	10% -facts-and-circumstances tes						
	and if the organization meets the fact					-	
	meets the facts-and-circumstances te	•	• •		•	17a and lina 15 ia	
	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the facts-and-circ Private foundation. If the organization						······

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Schedule A (Form 990) 2023	3 KENTUCKY	HORSE	PARK	FOUNDATION,
Part III Support Sch	nedule for Organization	ns Descri	bed in S	Section 509(a)(2)

INC.

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 (Gifts, grants, contributions, and						
r	nembership fees received. (Do not						
i	nclude any "unusual grants.")						
r f	Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that						
a	re not an unrelated trade or bus- ness under section 513						
	ax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
	he value of services or facilities						
	urnished by a governmental unit to						
	he organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	Preceived from disqualified persons						
fr	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ion B. Total Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 A	Amounts from line 6						
10a (c	Gross income from interest, dividends, payments received on eccurities loans, rents, royalties, and income from similar sources						
	Inrelated business taxable income less section 511 taxes) from businesses						
a	cquired after June 30, 1975						
c A	Add lines 10a and 10b						
11 N a v	Net income from unrelated business activities not included on line 10b, whether or not the business is egularly carried on						
c	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	fotal support. (Add lines 9, 10c, 11, and 12.)						
14 F	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
	heck this box and stop here			<u></u>	-		
Sect	ion C. Computation of Pub	lic Support Pe	rcentage				
15 F	Public support percentage for 2023 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 F	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Sect	ion D. Computation of Inve	stment Incom	e Percentage	•			
17 li	nvestment income percentage for 20)23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 l	nvestment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 3	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and I	ine 17 is not
r	nore than 33 1/3% , check this box a	and stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
b 3	33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	%, and
li	ne 18 is not more than 33 1/3% , che	eck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organizat	ion
20 F	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
332023	12-21-23			18		Schedu	ile A (Form 990) 2023

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2023.04020 KENTUCKY HORSE PARK FOUNDAT 4645___1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 KENTUCKY HORSE PARK FOUNDATION, INC. **-***** Page 5 Part IV Supporting Organizations (continued) Yes

			 110
1	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	11c	

detail in Part VI. Section B. Type I Supporting Organizations

1

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Section C.	Type II	Supporting	Organizations
--	------------	---------	------------	---------------

			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All	Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
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Schedule A (Form 990) 2023

2a

2b

3a

3b

Yes

1

2

No

— ...

Yes No

1.4

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Schedule A (Form 990) 2023

KENTUCKY HORSE PARK FOUNDATION, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		1

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

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KENTUCKY HORSE PARK FOUNDATION, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(contine}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2022				
	Excess from 2023				
<u> </u>					

Schedule A (Form 990) 2023

332027 12-21-23

	(Form 990) 2023	KENTUCKY					**_****	Page 8
Part VI	Supplemental Infe Part IV, Section A, lines line 1; Part IV, Section I Section D, lines 5, 6, ar	s 1, 2, 3b, 3c, 4b, 4c, 5 D, lines 2 and 3; Part	5a, 6, 9a, 9b, 9c V, Section E, lin	, 11a, 11b, and es 1c, 2a, 2b, 3	l 11c; Part IV, S 3a, and 3b; Part	ection B, lines 1 V, line 1; Part \	r 17b; Part III, line 12; and 2; Part IV, Sectio /, Section B, line 1e; Pa	n C,
	(See instructions.)		,, _, _, _,					
2028 12-21-2	3			23			Schedule A (Form	990) 202
1028	144341 4645	2	023.0402		WY HORS	E PARK F	OUNDAT 4645	5

Schedule B

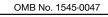
(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.



2023

Employer identification number

	KENTUCKY HORSE PARK FOUNDATION, INC.	**_*****
Organization type (che	-	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

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KENTUCKY HORSE PARK FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 BLUEGRASS FESTIVAL HORSE SHOW 150 ST, WILLIAM DRIVE LEXINGTON, KY 40502	Total contributions \$ 40,000.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b) Name address and ZIP + 4	(c) Total contributions	(d) Two of contribution
<u>No.</u>	Name, address, and ZIP + 4 MR. & MRS. MIKE HAMPTON 3245 HIGHWAY 1694 CRESTWOOD, KY 40014	\$25,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MR. & MRS. EDWARD BONNIE 4701 SOUTH HIGHWAY 1694 PROSPECT, KY 40059	\$203,194.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MR. W. AUSTIN MUSSELMAN & MRS. JANIE D. MUSSELMAN 7 OVERBROOK ROAD LOUISVILLE, KY 40207	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MR. & MRS. ALLEN BOND PO BOX 284 GOSHEN, KY 40026	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MR. & MRS. NIC DE WET PO BOX 290 PARIS, KY 40362	\$ <u>33,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-2	6-23		Schedule B (Form 990) (2023)

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25 2023.04020 KENTUCKY HORSE PARK FOUNDAT 4645___1 Name of organization

Employer identification number

KENTUCKY HORSE PARK FOUNDATION, INC.

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MR. & MRS. JAMES O'BRIEN 1952 SHADYBROOK LANE LEXINGTON, KY 40502	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MS. LISA LOURIE 3700 NEWTOWN PIKE LEXINGTON, KY 40511	\$50,396.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MR. & MRS. C. CLAY GREEN II 4701 OLD RICHMOND ROAD LEXINGTON, KY 40515	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MR. & MRS. DEREK BRAUN 601 LAGONDA AVENUE STE 170 LEXINGTON, KY 40505	\$25,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MR. THOMAS COLLINS 333 S MADISON AVENUE LA GRANGE, IL 60525	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	MR. DAVE DOBAT <u>3002 CANYON CREEK DRIVE</u> RICHARDSON, TX 75080	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-2	6-23		Schedule B (Form 990) (2023)

11321028 144341 4645

(Complete Part II for

	122 HITCHING POST ROAD	\$50,000.	Noncash
	BOZEMAN, MT 59715		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

KENTUCKY HORSE PARK FOUNDATION, INC.

MRS. ELISE PHARES

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c)

Name, address, and ZIP + 4

Schedule B (Form 990) (2023) Name of organization

No.

13

Employer identification number

(d)

Type of contribution

(d)

Type of contribution

X

_***

Person Payroll

Person Payroll Noncash

Total contributions

323452 12-26-23

11321028 144341 4645

(a)

No.

27 2023.04020 KENTUCKY HORSE PARK FOUNDAT 4645___1

\$

(c)

Total contributions

Page 2

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK DONATION		
		000 104	10/06/02
		\$ 203,194.	12/06/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	STOCK DONATION		
		\$ 50,396.	12/29/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
323453 12-2	6-23	\$	Schedule B (Form 990) (2023)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

KENTUCKY HORSE PARK FOUNDATION, INC.

Schedule B (Form 990) (2023)

Part II

Employer identification number **_*****

Page 3

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28 2023.04020 KENTUCKY HORSE PARK FOUNDAT 4645___1

	B (Form 990) (2023)			Page 4
Name of o	organization		Employer identification nu	umber
KENTU	CKY HORSE PARK FOUNDAT	ION, INC.	**_****	
Part III		itions to organizations described in a) through (e) and the following line (, charitable, etc., contributions of \$1,000 (in section 501(c)(7), (8), or (10) that total more than \$1,000 for entry. For organizations or less for the year. (Enter this info. once.) \$	the yea
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
		(e) Transfer of	gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
		(e) Transfer of	 gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address,	(e) Transfer of g	gift Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of	 gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee	
323454 12-2	6-23	29	Schedule B (Form 99	0) (2023
21028	3 144341 4645		UCKY HORSE PARK FOUNDAT 4645_	1

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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

KENTUCKY HORSE PARK FOUNDATION, INC.

Employer identification number **_*****

2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's procept-value of the donor of or donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of or or advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of or or advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of or or advisor, or for any other purpose contering impormissible private bonefit? 2 art II Conservation assements lead by the organization's exclusive legal control Preservation of an for public use (for example, recreation or education) Preservation of a historic structure Preservation of a conservation easements Complete lines 2 a through 2 dif the organization's equivalent contribution in the form of a conservation easements Conservation easements included on line 2 a caudie after July 25, 2006, and not on an historic structure included on line 2 a caudie after July 25, 2006, and not on conservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax year 4 Number of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the year 5 Dest the organization have and unitering line prediction molinoiring, inspection, handling of violations, and enforcing conservation easements during the year 5 Dest her organization have and write policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements are oblic services, or other similar Assets. Complete line organization have a the to the toendo to the organization's function gravisation easements are oblic assements and balance sheet w		(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate value of continuotions to (during year) 4 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization's property subject to the organization's exclusive legal contro? 5 Did the organization's informating anteese, choores, and donor advisors in writing that grant tunds can be used only for chartable purposes and note for the banefit of the donor or donor advisors in writing that grant tunds can be used only for chartable purposes and note of the banefit of the banefit of the banefit of the donor or donor advisor, or for any other purpose contering memissible private benefit? 7 and 11 Conservation assements heid by the organization (seek all that apply) 6 Preservation of an for public use (for example, recreation or education) 7 Preservation of a historially important land area 7 Protection of natural habitat 7 Preservation of a perspace 7 Complete lines 2 at through 2 dif the organization is equivalent on the form of a conservation essements 7 a Total number of conservation easements 7 a Total number of conservation easements 7 a Total number of conservation easements 7 a Number of conservation easements modified historic structure included on line 2 a 7 a Number of conservation easements modified in the 2 a capited attribution in the form of a conservation easements 7 and an a historic structure listed in the National Register 7 Amount of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax 7 year 7 Amount of expenses included on inne 2 a during during the period works, and enforcing conservation easements during the year 9 a Does the organization have availen easements in blocks on monitoring, inspection, handling of violations, and enforcing conservation easements during the year 9 Amout of expenses inclured in monitoring, inspecting, handling of violations, and enforcing conservation easements that describes the organization face works of art, historical Treasures, or Other Similar Assets. 7	1 Total number at end of year		
Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all doors and doors advisors in writing that the assets held in doors advised funds are the organization inform all doors and doors advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or dors advisor, or for any other purpose confering impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering impermissible purposes and not for the benefit of the organization (check all that apply). Preservation of a historically important land area Prosecution of antirul habitat Protection of natural habitat Protection of natural habitat Protection of a certified historic structure Preservation of a certified historic structure Number of conservation easements Auther of conservation easements Auther of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax year Auther of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax year Auther of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax year Auther of conservation easements modified, transfered, released, extinguished, or terminated by the organization funding the tax year Auther of conservation easements in holding violations, and enforcement of the conservation easements in holds Staff and volunteer heurs devided to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Staff and volunteer heurs devided to monitoring, inspecting, handling of violations			
Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization 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 of donor advisors or for any other purpose conferring memmissible private benefit? Preservation of assements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area Preservation of and for public use (for example, recreation or education) Preservation of a children public use (for example, recreation or education) Preservation of a children public use (for example, recreation or education) Preservation of a children public use (for example, recreation or education) Preservation of a children public use (for example, recreation contribution in the form of a conservation easement on the day of the tax year. Ifeld at the organization held a qualified conservation contribution in the form of a conservation easement is Total arrage restricted by conservation easements Zea Douber of conservation easements included on line 22 acuited Number of conservation easements included on line 22 acuited Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year year Mumber of states where property subject to conservation easement is located Suth and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Suth and volunter hours the organization reports conservation easenternets in the requerist of			
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? 9 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 impermisable private benefit? 9 Purpose(s) of conservation easements held by the organization answered 'Yes' on Form 990, Part IV, line 7. 9 Purpose(s) of conservation easements held by the organization (check all that appy). Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Protection of accomparized in the organization held a qualified conservation contribution in the form of a conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. 2 Intel of the age restricted by conservation easements. 2 Number of conservation easements included on line 2a 2 Routber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax. yer			
are the organization's property, subject to the organization's exclusive legal control?			rised funds
b) 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 imperimisable private benefit? I Purpose(s) of conservation easements held by the organization answered "Ves" on Form 990, Part IV, line 7. I Purpose(s) of conservation easements held by the organization (cleck all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a normal habitat Preservation of a conservation easements. 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in during that regard the fail of the day of the tax year. 2 complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. 2 a tranumber of conservation easements included on line 2a acquired after July 25, 2006, and not on a historic structure istead in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcinent of the conservation easements holds? 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enspresents that deared the state structure is the organization reports undiverses in form 3d instruments of section 170(h)(4)(B)(i)) and section Point) in geneting. Andling of violations, and enforcing conservation easements for a construction easements for the organization academents in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheranc	-	-	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. b 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 XIII, line 1 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 X 4 For Paperwork Reduction Act Notice, see the Instructions for Form 990. 2051 09-28-23 Schedule D (Form 9			Other Similar Assets.
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. b 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 a Revenue included on Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iiii) Assets included in Form 990, Part X (iiii) Assets included in Form 990, Part X (iiii) Assets included in Form 990, Part X (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		-	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under 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 X [], line 1 [], Assets included in Form 990, Part X [], line 1 [], Assets included in Form 990, Part X [], and the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X [], line 1 [], Assets included in Form 990, Part X [], line 1 [], Assets included in Form 990, Part X [], line 1 [], Assets included in Form 990, Part X [], and the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X [], line 1 [], Assets included in Form 990, Part X [], line 1 [], Assets included in Form 990, Part X [], and the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X [], line 1 [], Assets included in Form 990, Part X [], line 1 [], Assets included in Form 990, Part X [], and A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cost 109-28-23			t and balance sheet works
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under 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			
 b 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		•	·
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.			
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 (a) For Paperwork Reduction Act Notice, see the Instructions for Form 990. 2051 09-28-23			
(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 \$ dA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 9 2051 09-28-23 \$			
(ii) Assets included in Form 990, Part X \$			\$
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under 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 A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 920) 109-28-23 			
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 \$			
a Revenue included on Form 990, Part VIII, line 1 \$			a gan, provido
b Assets included in Form 990, Part X \$ A For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ 2051 09-28-23 \$			¢
A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 9 2051 09-28-23			
2051 09-28-23			
30		30	

	dule D (Form 990) 2023 KENTUCK	Y HORSE PA						**_**		Гс	age 2
										iuea)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	iny of the	following the	it make sig	nificant	use of its			
-	collection items (check all that apply).										
a	Public exhibition	a			hange progra	arti					
b	Scholarly research	е		her							
c	Preservation for future generations								N/III		
4	Provide a description of the organization's co							ose in Part	XIII.		
5	During the year, did the organization solicit o								1		1
De	to be sold to raise funds rather than to be maintened output of the sold to raise funds rather than to be maintened output of the sold of								Yes		No
Par	t IV Escrow and Custodial Arran		e if the or	ganizatior	answered "	Yes" on Fo	orm 990	, Part IV, li	ne 9, or		
4-	reported an amount on Form 990, Pa				41						
та	Is the organization an agent, trustee, custod		2] X		1
	on Form 990, Part X?			•					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tab	ole:					Amount		
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				1
	Did the organization include an amount on F						/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>				
Par	t V Endowment Funds Complete if						Thursday	aava haali	() [haali
		(a) Current year	(b) Pric	•	(c) Two year	•			. ,	-	
	Beginning of year balance	8,531,744.		87,316.		2,671.	7,5	16,641.	6	,950,	
b	Contributions	210,460.		13,391.		0,511.		8,642.		757,	
	Net investment earnings, gains, and losses	1,888,091.		94,063.	-68	0,487.	1,7	17,930.		498,	591.
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	272,606.		09,365.				77,306.		,	283.
f	Administrative expenses	59,923.		53,661.		5,379.		53,236.		49,	650.
g	End of year balance	10,297,766.	8,5	31,744.	8,58	7,316.	9,1	12,671.	7	,516,	641.
2	Provide the estimated percentage of the cur		e (line 1g,	column (a	a)) held as:						
а	Board designated or quasi-endowment	74.1700	_%								
b	Permanent endowment 11.1400	%									
с	Term endowment 14.6900	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	are held a	nd administe	ered for the	•		-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		Х
	(ii) Related organizations?								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sch	nedule R?					Зb		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fur	nds.							
Par	t VI Land, Buildings, and Equipm	nent									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, I	ine 11a. S	See Form 990), Part X, lir	ne 10.				
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Acc	umulate	ed	(d) Bool	k value	e
		basis (investr	nent)	basis	(other)	depre	eciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			2,43	8,672.	1,48	39,42	21.	94	9,2	51.
	Other			-			-				
-	Add lines 1a through 1e. (Column (d) must e		X, line 10d	, column	<i>(B)</i>)				94	9,2	51.
		,	,	,	<i>、 //</i> ·····			Schedule		-	
									,	1	

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or er	nd-of-vear market valu
 Financial derivatives 			ia or your market val
• Ole half			
Closely held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		11 - Ora France 000 Druk V line 10	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market vall
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) iotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d Soc Form 990 Part X line 15	
(a)	Description	The see 10111 990, Part A, line 13.	(b) Book value
	Description	110. See Form 990, Fait X, nine 15.	(b) Book value
(1)	Description	Tru. See Form 990, Fart A, nine 15.	(b) Book value
(1) (2)	Description	Tru. See Form 990, Fart X, nine 15.	(b) Book value
(1) (2) (3)	Description	Tru. See Form 990, Fart X, nine 15.	(b) Book value
(1) (2) (3) (4)	Description	Tru. See Form 990, Fart A, nine TS.	(b) Book value
(1) (2) (3) (4) (5)	Description	The See Form 990, Fart X, nine 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, co			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, compared to the second seco	ol. (B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, composition answered "Yes" Complete if the organization answered "Yes"	ol. (B))		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability	ol. (B))		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes	ol. (B))		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, composed (1) Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	ol. (B))		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, composed (1) (9) otal. (Column (b) must equal Form 990, Part X, line 15, composed (1) (1) Federal income taxes (2) (3)	ol. (B))		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	ol. (B))		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" (1) Federal income taxes (2) (3) (4) (5)	ol. (B))		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	ol. (B))		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ol. (B))		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c) (6) (7) (8) (9) Complete if the organization answered "Yes" (1) Federal income taxes (2) (3) (4) (5) (6)	ol. (B))		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, complete if the organization answered "Yes" Complete if the organization answered "Yes" (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ol. (B)) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	

KENTUCKY HORSE PARK FOUNDATION, INC.

_**** Page **3**

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 KENTUCKY HORSE PARK FOUNDA	TION,	INC.	**_	****** Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per F	Returi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	4,572,330.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,728,137.		
b	Donated services and use of facilities	2b			
с					
d	Other (Describe in Part XIII.)	2d	981,525.		
е	Add lines 2a through 2d			2e	2,709,662.
3	Subtract line 2e from line 1			3	1,862,668.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,862,668.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses per	Retu	irn
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
Pa 1				Retu	ırn 2,619,292.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements				
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c		1	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	2,619,292.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	981,525.	1 2e	2,619,292. 981,525.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	981,525.	1	2,619,292.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	981,525.	1 2e	2,619,292. 981,525.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	981,525.	1 2e	2,619,292. 981,525.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	981,525.	1 2e	2,619,292. 981,525. 1,637,767.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d	981,525.	1 2e 3 4c	2,619,292. 981,525. 1,637,767. 0.
1 2 d c 3 4 b c 3 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	981,525.	1 2e 3	2,619,292. 981,525. 1,637,767.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENTS CONSIST OF FUNDS ESTABLISHED TO SUPPORT
OPERATIONS AND MAINTENANCE OF FACILITIES. ITS ENDOWMENT INCLUDES BOTH
DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF
DIRECTORS TO FUNCTION AS ENDOWMENTS. INCOME DERIVED FROM THE FUND IS TO BE
USED AS SUPPORT FOR PROJECTS AND PROGRAMS OF THE INTERNATIONAL MUSEUM OF
THE HORSE AND THE KENTUCKY HORSE PARK.
PART X, LINE 2:

AS OF MAY 31, 2024, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT

QUALIFY FOR DISCLOSURE IN THE FINANCIAL STATEMENTS. TAX YEARS STILL OPEN

UNDER FEDERAL AND STATE STATUTE OF LIMITATIONS REMAIN SUBJECT TO REVIEW Schedule D (Form 990) 2023 332054 09-28-23 33

11321028 144341 4645

2023.04020 KENTUCKY HORSE PARK FOUNDAT 4645___1

Schedule D (Form 990) 2023 KENTUCKY HORSE PARK FOUNDATION, INC. **-***** Page 5

AND CHANGE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SOUTHERN LIGHTS FUNDRAISING EXPENSE NETTED AGAINST INCOME	923,905.
TEAM PENNING FUNDRAISING EXPENSE NETTED AGAINST INCOME	57,620.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	981,525.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SOUTHERN LIGHTS FUNDRAISING EXPENSE NETTED AGAINST INCOME	923,905.
TEAM PENNING FUNDRAISING EXPENSE NETTED AGAINST INCOME	57,620.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	981,525.

Schedule D (Form 990) 2023

332055 09-28-23

11321028 144341 4645

SCHEDULE G	Suppleme	ental Information Regardin	g Fun	drais	ing or Gaming	Activ	ities o	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" o				or 19, o	or if the	2023
	o	organization entered more than \$ Attach to Form 990						Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru				n.		Inspection
Name of the organization	n							ntification number
		Y HORSE PARK FOUN					**_***	
	complete this part	Complete if the organization answ t.	vered "Y	es" o	n Form 990, Part IV, I	line 17	. Form 990-E2	Z filers are not
		sed funds through any of the follow						
a Mail solicitat	email solicitations			•	overnment grants nment grants			
c Phone solici			al fundra	-	-			
d 🗌 In-person so	licitations							
		or oral agreement with any individu						
		art VII) or entity in connection with viduals or entities (fundraisers) pure	•		U U			
compensated at le	•	· , ·		agree				
(i) Name and addres	s of individual		(iii)	Did	(iv) Gross receipts		mount paid	(vi) Amount paid
or entity (fund		(ii) Activity	have c or con	ustody trol of	from activity	fu	retained by) Indraiser	to (or retained by) organization
			contrib			liste	ed in col. (i)	
			Yes	No				
			_					
			-					
								
Total								
	ich the organizatio	on is registered or licensed to solici	t contrib	oution	s or has been notified	d it is e	exempt from r	egistration
or licensing.								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

LHA 332081 09-13-23

KENTUCKY HORSE PARK FOUNDATION, INC.

-**** Page 2

Part II F

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

	of fundraising event contributions and gro	oss income on Form 990)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
		(a) Event #1 SOUTHERN LIGHTS	(b) Event #2 TEAM PENNING	(c) Other events NONE	(d) Total events (add col. (a) through
<i>•</i>		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	970,857.	75,225.		1,046,082.
	2 Less: Contributions		1,000.		1,000.
	3 Gross income (line 1 minus line 2)	970,857.	74,225.		1,045,082.
	4 Cash prizes				
S	5 Noncash prizes				
pense	6 Rent/facility costs	53,572.	7,541.		61,113.
Direct Expenses	7 Food and beverages	7,174.	16,524.		23,698.
D	8 Entertainment	863,159.	9,180. 24,375.		9,180. 887,534.
	9 Other direct expenses10 Direct expense summary. Add lines 4 through	- · · · · · ·	24,373•		981,525.
	11 Net income summary. Subtract line 10 from li	()			63,557.
Pa	rt III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.				
Revenue	\$13,000 OII FOITI 990-EZ, IIIIE 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
ses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				

6 \	Volunteer labor	└── Yes % └── No	Yes% No	Yes No	%	
7	Direct expense summary. Add lines 2 through	ר 5 in column (d)	 	 		
8	Net gaming income summary. Subtract line 7	from line 1, column (d)	 	 		

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes L b If "No," explain:

332082 09-13-23

Schedule G (Form 990) 2023

No

__ No

36

Sch	edule G (Form 990) 2023	KENTUCKY	HORSE	PARK	FOUNDATION,	INC. **-	* * * * * *	* Page 3
	Does the organization conduct ga						Yes	No
12	Is the organization a grantor, bene						\Box	—
10	to administer charitable gaming? Indicate the percentage of gaming						Yes	└── No
	The organization's facility						13a	%
	An outside facility							%
	Enter the name and address of th						. <u> </u>	
	Name							
	Address							
15a	Does the organization have a con-	tract with a third pa	arty from wh	om the org	ganization receives gam	ing revenue?	📖 Yes	└── No
					¢			
a	If "Yes," enter the amount of gam of gaming revenue retained by the		ed by the or	ganization	\$	and the amount		
с	If "Yes," enter name and address	-						
	Name							
	Addroop							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee		Indepe	ndent contractor			
17	Mandatory distributions:							
а	Is the organization required under							
h	retain the state gaming license? Enter the amount of distributions					izations or spent in the		└── No
D.	organization's own exempt activit	•		ustributed	to other exempt organ	izations of spent in the		
Pa	rt IV Supplemental Infor	<u> </u>		tions requi	red by Part I, line 2b, co	olumns (iii) and (v); and F	Part III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also p	rovide any a	dditional i	nformation. See instruct	ions.		
						-		
33208	33 09-13-23				37	Sche	dule G (Forn	1 990) 2023

Schedule G (Form 990) KE	NTUCKY I	HORSE	PARK	FOUNDAT	ION,	INC.	**_***	* * * *	Pag
chedule G (Form 990) KE Part IV Supplemental Informati	i on (continued)	1)							
							Sched	ule G (Fo	orm
2084 04-01-23				2.0					
	~ ~		000	38				101-	
21028 144341 4645	20	123.04	U∠U K	ENTUCKY.	HORS	E PARK	FOUNDAT	4645	

SC	HEDULE J	Compensation Information	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	23	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	ZU	
Depa	rtment of the Treasury	Attach to Form 990.	Open t		ic
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	-	ection	
Nam	ne of the organization		nployer identificati **_***		mber
Do	rt I Question	KENTUCKY HORSE PARK FOUNDATION, INC.		~	
Га		s negariting compensation		Vac	No
10	Chook the appropri	ate hav (as) if the arganization provided any of the following to ar far a parson listed on Form 000	0	Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form 990 line 1a. Complete Part III to provide any relevant information regarding these items.	J,		
	First-class or c		0.00		
	Travel for com				
		ation and gross-up payments Health or social club dues or initiation fees			
		spending account Personal services (such as maid, chauffeur, cl	:hef)		
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
		provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization t	to		
	establish compens	ation of the CEO/Executive Director, but explain in Part III.			
	Compensation	o committee Written employment contract			
	Independent of	compensation consultant Compensation survey or study			
	Form 990 of o	ther organizations X Approval by the board or compensation comr	mittee		
4	During the year, did	l any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a re	lated organization:			
а		e payment or change-of-control payment?			X
b		eive payment from a supplemental nonqualified retirement plan?			X
С		eive payment from an equity-based compensation arrangement?	<u>4c</u>		Х
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
-		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
2	contingent on the r		5a		х
a h	Any related organiz	ation?	<u>5a</u>		X
5		arion f or 5b, describe in Part III.			
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the r				
а	•		6a		х
b	Any related organiz	ation?	6b		X
		or 6b, describe in Part III.			
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
		nes 5 and 6? If "Yes," describe in Part III	7		Х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	•	ption described in Regulations section 53.4958 4(a)(3)? If "Yes," describe in Part III			X
9		id the organization also follow the rebuttable presumption procedure described in			
	Regulations section	1 53.4958-6(c)?			
For		ion Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990)	2023

11321028 144341 4645

_***

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

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

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

				C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHLEEN MEYER	(i)	176,881.	0.	1,786.	0.	0.	178,667.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

KENTUCKY HORSE PARK FOUNDATION, INC.

Employer identification number **_*****

Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrit amounts report Form 990, Part VII	ed on	(d) Method of de noncash contribu	etermin	•	.s
-	Art Works of art				, inte ty				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	3	256	,986.	COST BASIS			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
23 24	Archeological artifacts								
24 25									
25 26	· / I								
	Other ()								
27	Other ()								
28 29	Other () Number of Forms 8283 received by the organiz	ration durin	l a tha tay year for a	ontributions					
29	for which the organization completed Form 828				29				
	for which the organization completed Form 826	oo, Part V, L	Jonee Acknowledg		29			Yes	Na
20-	During the year, did the organization receive by	والمراجع والمراجع والمراجع		a suite al line David I. Illine a				res	No
30a			• • • •			-	ſ		
	must hold for at least 3 years from the date of t						00		x
	exempt purposes for the entire holding period?						30a		~
	If "Yes," describe the arrangement in Part II.							v	
31	Does the organization have a gift acceptance p						31	X	
32a	Does the organization hire or use third parties of		-						
	contributions?						32a	X	
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column	(a) is che	cked,			
	describe in Part II.								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 KENTUCKY HORSE PARK FOUNDATION , IN
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES INVESTMENT COMPANIES SUCH AS CENTRAL BANK & TRUST

CO. TO SELL THEIR CONTRIBUTED STOCK.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.

OMB No. 1545-0047

Employer identification number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KENTUCKY HORSE PARK FOUNDATION,

HORSE PARK.

FORM 990, PART VI, SECTION A, LINE 2:

WALT ROBERTSON, SR. AND WALT ROBERTSON, JR. HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING, THE ENTIRE BOARD WILL RECEIVE A COPY OF THE 990 FOR

REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY PROVIDES GUIDELINES FOR IDENTIFYING CONFLICTS, DISCLOSING CONFLICTS AND PROCEDURES TO BE FOLLOWED TO ASSIST KHPF TO MANAGE CONFLICTS OF INTEREST AND SITUATIONS THAT MAY RESULT IN THE APPEARANCE OF A CONFLICT. IT IS PROVIDED TO BOARD MEMBERS ANNUALLY, AND THEY ARE ASKED TO REVIEW THE POLICY AND SIGN A DISCLOSURE FORM.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD UTILIZES OTHER 990'S AND KHPF'S OWN FINANCIALS IN DETERMINING

APPROPRIATE OFFICER AND EMPLOYEE COMPENSATION. THE EXECUTIVE COMMITTEE SETS WAGE RATES AND EMPLOYEE POLICIES.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

44

Name of the organization KENTUCKY H	ORSE PARK FOU	NDATION, ING	.	Employer identification num ** _ * * * * * * *
FORM 990, PART XII, LINE				
THE FINANCE COMMITTEE, C		THREE (3) OI	R MORE BO	ARD MEMBERS,
HAS THE RESPONSIBILITY F				
INDEPENDENT ACCOUNTANT.				
YEAR.				
332212 11-14-23		45		Schedule O (Form 990) 2

FORM 990 PAGE 10

ona j.	90 PAGE 10	_						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
			SL	.000		16									
	* 990 PAGE 10 TOTAL OTHER						0.				0.	0.		0.	0.
	MACHINERY & EQUIPMENT														
8	LIGHTING COST	11/17/09	SL	7.00		16	337,663.				337,663.	337,663.		0.	337,663.
9	LIGHTING COST	02/12/96	SL	7.00		16	65,784.				65,784.	65,784.		0.	65,784.
10	LIGHTING COST	11/19/96	SL	7.00		16	54,344.				54,344.	54,344.		0.	54,344.
11	TEMPLE	09/30/97	SL	7.00		16	19,310.				19,310.	19,310.		0.	19,310.
12	SLEIGH	11/17/97	SL	7.00		16	3,750.				3,750.	3,750.		0.	3,750.
14	SPACEWARS	01/08/98	SL	7.00		16	30,500.				30,500.	30,500.		0.	30,500.
15	HUMPTY DUMPTY	08/18/98	SL	7.00		16	54,350.				54,350.	54,350.		0.	54,350.
16	12 DAYS OF XMAS	03/09/99	SL	10.00		16	32,500.				32,500.	32,500.		0.	32,500.
17	12 DAYS OF XMAS	09/01/99	SL	10.00		16	32,500.				32,500.	32,500.		0.	32,500.
19	TEMPLE	08/18/00	SL	10.00		16	5,256.				5,256.	5,256.		0.	5,256.
20	HOLIDAY DESIGN	08/17/00	SL	10.00		16	14,890.				14,890.	14,890.		0.	14,890.
21	TEMPLE-ELVES	12/11/00	SL	10.00		16	5,256.				5,256.	5,256.		0.	5,256.
22	GOING HOME	12/14/00	SL	10.00		16	15,314.				15,314.	15,314.		0.	15,314.
23	LIGHTS	12/15/01	SL	10.00		16	66,066.				66,066.	66,066.		0.	66,066.
24	LIGHT ADDITIONS	11/29/02	SL	10.00		16	45,929.				45,929.	45,929.		٥.	45,929.

328111 04-01-23

(D) - Asset disposed

FORM 990 PAGE 10

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•141 9.	JO FAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
25	LIGHTING COSTS	11/30/03	SL	10.00		16	63,539.				63,539.	63,539.		0.	63,539.
26	LIGHTING	11/30/04	SL	10.00		16	47,755.				47,755.	47,755.		0.	47,755.
28	COWBOY LIGHTING	06/01/06	SL	10.00		16	36,104.				36,104.	36,104.		0.	36,104.
29	32 FT SELF STANDING	06/01/06	SL	10.00		16	14,720.				14,720.	14,720.		٥.	14,720.
30	STREET SCENE LIGHTS	01/16/07	SL	10.00		16	3,749.				3,749.	3,749.		0.	3,749.
31	DIRECTIONAL SIGN	01/16/07	SL	10.00		16	1,668.				1,668.	1,668.		٥.	1,668.
32	ZOO LIGHTING DISPLAY	01/16/07	SL	10.00		16	14,606.				14,606.	14,606.		0.	14,606.
33	FIREWORKS LIGHTING	01/16/07	SL	10.00		16	19,350.				19,350.	19,350.		٥.	19,350.
34	TEMPLE DISPLAY	11/01/07	SL	10.00	-	16	22,384.				22,384.	22,384.		٥.	22,384.
35	2008 SOUTHERN LIGHTS	08/22/08	SL	10.00		16	77,800.				77,800.	77,800.		٥.	77,800.
36	STOP-GO SIGN	12/11/08	SL	10.00	:	16	2,657.				2,657.	2,657.		0.	2,657.
37	ANIMATED LIGHTS	09/16/10	SL	10.00		16	2,453.				2,453.	2,453.		0.	2,453.
38	LED RETROFIT	09/20/10	SL	10.00		16	6,082.				6,082.	6,082.		٥.	6,082.
39	DINOSAUR LIGHT DISPLAY	12/06/11	SL	10.00		16	23,523.				23,523.	23,523.		0.	23,523.
40	TEMPLE DISPLAY	08/29/12	SL	10.00		16	11,372.				11,372.	11,372.		0.	11,372.
41	NEW DISPLAYS	11/22/13	SL	10.00		16	12,563.				12,563.	12,037.		526.	12,563.
42	REPLACEMENT	02/18/14	SL	10.00		16	16,286.				16,286.	15,203.		1,083.	16,286.
43	REPLACEMENT	02/18/14	SL	10.00		16	16,325.				16,325.	15,241.		1,084.	16,325.

328111 04-01-23

(D) - Asset disposed

FORM 990 PAGE 10

	JU PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
44	CAROUSEL LIGHT DISPLAY	03/27/15	SL	10.00		16	27,607.				27,607.	22,778.		2,761.	25,539.
45	8 ARCHES	12/05/14	SL	10.00		16	13,742.				13,742.	11,679.		1,374.	13,053.
46	TABLE & CHAIRS	06/01/07	SL	10.00		16	868.				868.	868.		0.	868.
47	EQUIPMENT	06/01/07	SL	10.00		16	2,650.				2,650.	2,650.		0.	2,650.
59	DIFFERENCE IN PREVIOUS YEAR	05/31/15	SL	5.00	:	16	617.				617.	617.		٥.	617.
60	NEW DISPLAYS	05/31/16	SL	10.00		16	68,980.				68,980.	48,286.		6,898.	55,184.
61	GARDALL LCF 3020 SAFE	11/14/16	SL	7.00	:	16	1,106.				1,106.	1,040.		66.	1,106.
62	CURRENCY COUNTER	10/24/16	SL	7.00		16	2,595.				2,595.	2,442.		153.	2,595.
63	SIX HORSE STABLE DISPLAY	01/03/17	SL	10.00		16	18,005.				18,005.	11,556.		1,801.	13,357.
64	2 HORSE & SLEIGH ANIMATED DISPLAYS	12/13/17	SL	10.00		16	21,502.				21,502.	11,825.		2,150.	13,975.
65	16' X 16' LED WALK THRU ORNAMENT	05/31/18	SL	10.00	-	16	25,130.				25,130.	12,565.		2,513.	15,078.
66	JOHN DEERE GATOR - NTRA FOUNDATION	01/25/19	SL	7.00		16	16,000.				16,000.	9,906.		2,286.	12,192.
67	SIGN	08/26/19	SL	10.00	:	16	3,225.				3,225.	1,211.		323.	1,534.
68	2 DEVER GOLF CARTS	09/25/19	SL	7.00		16	8,189.				8,189.	4,290.		1,170.	5,460.
69	FURNITURE	11/05/19	SL	7.00	:	16	18,871.				18,871.	9,661.		2,696.	12,357.
70	FRIENDS OF COAL & WEBANCO DISPLAYS	01/06/20	SL	10.00		16	13,210.				13,210.	4,513.		1,321.	5,834.
71	SOUTHERN LIGHTS ARCHWAY	08/31/20	SL	10.00		16	26,496.				26,496.	7,287.		2,650.	9,937.
72	LIGHT DISPLAYS - CORMAN MARKETPLACE	12/01/20	SL	10.00		16	27,230.				27,230.	6,808.		2,723.	9,531.

328111 04-01-23

(D) - Asset disposed

FORM 990 PAGE 10

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0101 93	90 PAGE 10		_					990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	WEBSITE	01/25/21		36M	НҮ	43	5,385.				5,385.	4,188.		1,197.	5,385.
74	TECH SYSTEMS-CONF ROOM & SURVEY COMPUTER	12/01/21	SL	3.00		16	9,931.				9,931.	4,965.		3,310.	8,275.
75	CAMERA EQUIPMENT	08/09/21	SL	5.00		16	8,015.				8,015.	2,939.		1,603.	4,542.
76	ARENA SIGNAGE	09/15/21	SL	5.00		16	7,892.				7,892.	2,762.		1,578.	4,340.
77	LIGHT DISPLAYS - REFURBISHED	09/02/21	SL	10.00		16	13,190.				13,190.	2,308.		1,319.	3,627.
78	ARCHES LIGHT DISPLAY	01/05/22	SL	10.00		16	7,395.				7,395.	1,048.		740.	1,788.
79	DECK FOR POND FLOAT	10/11/21	SL	7.00		16	2,300.				2,300.	548.		329.	877.
80	HOLIDAY VILLAGE LIGHTING	11/24/21	SL	10.00		16	104,800.				104,800.	15,720.		10,480.	26,200.
81	TICKET BOOTHS	11/05/21	SL	7.00		16	7,998.				7,998.	1,810.		1,143.	2,953.
82	FACE CUT OUT PHOTO OPS AND DISPLAYS	11/05/21	SL	10.00		16	13,544.				13,544.	2,144.		1,354.	3,498.
83	CANOPY PILLARS	11/25/21	SL	7.00		16	3,588.				3,588.	769.		513.	1,282.
84	TENT FURNITURE	05/10/22	SL	7.00		16	3,771.				3,771.	584.		539.	1,123.
85	BIS ARENA SIGNAGE	09/06/22	SL	5.00		16	2,375.				2,375.	356.		475.	831.
86	KEENELAND DISPLAY REBURBISH	09/20/22	SL	10.00		16	67,619.				67,619.	4,508.		6,762.	11,270.
87	TICKET BOOTH	10/26/22	SL	7.00		16	6,800.				6,800.	567.		971.	1,538.
88	ON-SITE REFURBISHED DISPLAYS	03/31/23	SL	10.00		16	49,219.				49,219.	820.		4,922.	5,742.
89	REFURBISH DISPLAY	11/30/23	SL	7.00		16	86,631.				86,631.			6,188.	6,188.
90	NEW DISPLAYS	12/31/23	SL	10.00		16	431,252.				431,252.			17,969.	17,969.

328111 04-01-23

(D) - Asset disposed

FORM 990 PAGE 10

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	JU PAGE IU	_	_					990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	FANS	09/30/23	SL	7.00		16	18,000.				18,000.			1,714.	1,714.
92	PHOTO SYSTEM FOR SANTA	10/17/23	SL	5.00		16	6,495.				6,495.			758.	758.
93	KY S DAY SIGNAGE	04/29/24	SL	5.00		16	4,755.				4,755.			79.	79.
94	ROCKING HORSE REFURB	10/15/23	SL	7.00		16	13,135.				13,135.			1,251.	1,251.
95	TIMER FOR SCENES	11/01/23	SL	5.00		16	3,841.				3,841.			448.	448.
96	MATERIAL/WIRE FOR VILLAGE	11/01/23	SL	5.00		16	4,453.				4,453.			520.	520.
97	GENERATORS FOR LIGHTS	12/11/23	SL	5.00		16	4,593.				4,593.			459.	459.
98	DISPLAY LIGHTING AND WIRE	03/27/24	SL	5.00		16	3,593.				3,593.			120.	120.
99	PANEL UPGRADE	10/31/23	SL	10.00		16	71,164.				71,164.			4,151.	4,151.
100	MISCELLANEOUS LIGHTING	01/31/24	SL	5.00		16	9,952.				9,952.			663.	663.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,444,057.				2,444,057.	1,389,673.		105,133.	1,494,806.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						2,444,057.				2,444,057.	1,389,673.		105,133.	1,494,806.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,786,193.			٥.	1,786,193.	1,389,673.			1,460,486.
	ACQUISITIONS						657,864.			0.	657,864.	٥.			34,320.
	DISPOSITIONS/RETIRED						٥.			٥.	0.	٥.			٥.
	ENDING BALANCE						2,444,057.			0.	2,444,057.	1,389,673.			1,494,806.

328111 04-01-23

(D) - Asset disposed

FORM 990 PAGE 10

FORM 9.	90 PAGE 10							990	_			_		_	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR											1,494,806.			
	ENDING BOOK VALUE											949,251.			

328111 04-01-23

(D) - Asset disposed

Form 4562
Department of the Treasury Internal Revenue Service
Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property) 990

OMB No. 1545-0172

Attachment Sequence No. **179**

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number **_***** KENTUCKY HORSE PARK FOUNDATION, FORM 990 PAGE 10 TNC. Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000. 1 **1** Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,890,000. 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 **13** Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax vear 15 Property subject to section 168(f)(1) election 15 103,936. 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use only - see instructions) (e) Convention (f) Method (a) Depreciation deduction year placed in service period 19a 3-year property 5-year property b 7-year property С 10-year property d 15-year property е 20-year property f S/L 25-year property 25 yrs. g S/L / 27.5 yrs. MM h Residential rental property 27.5 yrs. MM S/L 1 MM S/L / 39 vrs. i Nonresidential real property S/L MM Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L b 30 yrs. 30-year MM S/L С 40 yrs. d 40-vear MM S/I 1 Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 103,936. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

	562 (2023)		ТИСКҮ Н						-			**_	****	* * *	Page 2
Part	V Listed Proper entertainment.				her vehi	cles, ce	rtain airc	raft, ar	nd proper	ty used f	or				
	Note: For any 24b, columns	vehicle for w	hich vou are u	, Isina the	e standa Section E	rd milea 3. and S	ige rate of	or dedu if app	ucting lea licable.	se exper	nse, com	nplete on	ily 24a,		
			on and Other							imits for	passen	per autor	nobiles.		
24 a D	o you have evidence to s	•					/es	_	24b If "			<i>,</i>		Yes	No
210 5		(b)	(c)			<u> </u>	(e)		(f)		(g)		(h)	-	110 (i)
-	(a) Type of property	Date	Business/		(d) Cost or		sis for depr		Recovery		thod/		eciation	Ele	cted
	list vehicles first)	placed in service	investment use percenta		ther basis	; (bi	usiness/inve use onl		period		vention		uction		on 179
				-						<u> </u>					ost
•	ecial depreciation all				•••			•							
	ed more than 50% in										. 25				
26 Pro	operty used more that	an 50% in a q	ualified busine	ess use:								·		i	
		: :	9	6											
		: :	9	6											
		: :	9	6											
27 Pro	operty used 50% or l	ess in a quali	ified business	use:											
		: :	9	6						S/L -					
-				%						S/L -				1	
				6						S/L -				1	
30 Ad	d amounts in columr	(h) lines 25		-	o and or	lino 21	nago 1				28			1	
											· – – –		29		
29 Au	d amounts in columr	i (i), iirie 20. E									<u></u>	<u></u>	. 29		
<u> </u>							on Use								
	ete this section for ve														S
to you	employees, first ans	swer the ques	stions in Section	on C to	see if yo	u meet	an exce	ption to	o complet	ing this :	section 1	or those	vehicles	5.	
				(a)		(b)		(c)	(d)	(e)	(1	F)
	al business/investment		0	Veh	icle 1	Vel	nicle 2	Ve	ehicle 3	Veh	icle 4	Veh	icle 5	Vehi	cle 6
yea	ır (don't include commu	iting miles)													
31 To	tal commuting miles	driven during	the year												
	tal other personal (no														
	ven	-													
	tal miles driven durin														
	d lines 30 through 32	• •													
	as the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
		•		165		165		103		105		165		165	NO
	ring off-duty hours?						+								
	as the vehicle used p														
	an 5% owner or relate														
36 ls a	another vehicle availa	able for perso	onal												
us	ə?														
		Section C	- Questions f	or Emp	loyers V	Vho Pro	ovide Ve	hicles	for Use k	y Their	Employ	ees			
Answe	r these questions to	determine if	you meet an e	xceptio	n to com	pleting	Section	B for v	ehicles u	sed by e	mployee	es who a	ren't		
more t	nan 5% owners or re	lated person:	S.												
37 Do	you maintain a writte	en policy stat	tement that pr	ohibits a	all perso	nal use	of vehicl	les, inc	luding co	mmuting	, by you	ır		Yes	No
	ployees?														
	you maintain a writte														
	ployees? See the ins							•			•				
															+
	you treat all use of v													·	+
	you provide more th														
	e use of the vehicles,														
41 Do	you meet the require	ements conc	erning qualifie	d autom	nobile de	emonstr	ation use	ə?							
No	te: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," don	't comple	ete Sec	tion B fo	r the c	overed ve	hicles.					
Part	VI Amortization														
	(a)	f agata		(b)		(c)	hla		(d) Code		(e)			(f)	
	Description o	00515		amortization begins		Amortiza amour			section		Amortization Am			mortization or this year	
42 Am	nortization of costs th	nat begins du			ar:					I		× I			
		5													
43 An	nortization of costs th	hat began bet			ar					STM	IT 1	43		1.	197.

43	Amortization of costs that began before your 2023 tax year STMT	1 43	1,197
44	Total. Add amounts in column (f). See the instructions for where to report	44	1,197
3162	252 12-20-23		Form 4562 (2023

FORM 4562	PART VI - AMORTIZATION			STATEMENT 1		
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
WEBSITE	01/25/21	5,385.		36M	4,188.	1,197.
TOTAL TO FORM 4562, LINE	43					1,197.