"Form 990-T	ļ E	Exempt Organization Bus	ine	ss Income T	ax Return	, l	OMB No 1545-0687				
		(and proxy tax unde	er se	ction 6033(e))	1905	1 I	0040				
· 8	For ca	slendar year 2018 or other tax year beginning $\ \ \underline{ ext{OCT} \ \ 1}$,	20	18 _ and ending SE	P 30, 201	<u>9</u>	2018				
Department of the Treasury		► Go to www irs gov/Form990T for in				ļ	Occasion Building Income Co.				
Internal Revenue Service	▶	Do not enter SSN numbers on this form as it may	be ma	de public if your organiz			Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed		Name of organization (Check box if name cl	hanged	and see instructions)		(Emp	oyer identification number loyees' trust, see uctions)				
	┧	POTTECTED TAN EVENING THE					1-0899468				
B Exempt under section	Print						lated business activity code				
X 501(c f03) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P 0 box P.O. BOX 12110	x, see ii	istructions.		(See	instructions)				
		City or town, state or province, country, and ZIP or	r forma	n noctal code							
408A530(a)		LEXINGTON, KY 40580-23		n postar code		532	420				
C Book value of all assets		F Group exemption number (See instructions)									
at end of year 1.676.9	, 912. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust										
			1		the only (or first) un	 related					
	-	EE STATEMENT 1			complete Parts I-V.						
		ace at the end of the previous sentence, complete Pa	rts I an								
business, then complete				, '							
		poration a subsidiary in an affiliated group or a paren	nt-subs	diary controlled group?	▶ [Y	es X No				
	-	tifying number of the parent corporation									
		SHARON LEONARD		Teleph	one number > 8	<u> 59 -</u>	233-2362				
Part Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net				
1a Gross receipts or sale	es				TO THE PARTY OF TH	E SEATE					
b Less returns and allo		c Balance ▶	1c								
2 Cost of goods sold (S			2		阿勒斯斯斯		MARK SOMETHING SEE				
3 Gross profit Subtrac			3			kaj.					
4 a Capital gain net incor			4a								
		Part II, line 17) (attach Form 4797)	4b		********	<u>k</u> kky					
	Capital loss deduction for trusts					""					
•		ship or an S corporation (attach statement)	5		VANCONT TO THE	作画 を で で で で で で で で で で で に に に に に に に に に に に に に					
6 Rent income (Schedu		,	6	27,298.	9,5	51.	17,747.				
7 Unrelated debt-finance		me (Schedule E)	7								
•		and rents from a controlled organization (Schedule F)	8								
9 Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9								
10 Exploited exempt acti			10								
11 Advertising income (· · · · · · · · · · · · · · · · · · ·	11								
12 Other income (See in		· ·	12			TAX.					
13 Total. Combine lines			13_	27,298.	9,5	51.	17,747.				
Part II Deduction	ns No	ot Taken Elsewhere (See instructions fo	r limita	ations on deductions)							
(Except for	contribu	utions, deductions must be directly connected	with t	he unrelated business	income)						
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14					
15 Salaries and wages		RECF	IVE	D		15					
16 Repairs and mainter	nance	Parameter annual survey of the		1001		16					
17 Bad debts		S INN 2	7 20			17					
18 Interest (attach sche	dule) (s	ee instructions) - JAN &		1881		18					
19 Taxes and licenses		The same of the sa				19					
Taxes and licenses Charitable contribution Charitable contribution Depreciation (attach Less depreciation claration Depletion Contributions to def	ons (See	e instructions for limitation rules) GGDE	ΞN,_			20					
Depreciation (attach	Form 45	562)		21		加坡					
22 Less depreciation cl	aimed or	n Schedule A and elsewhere on return		22a		22b					
723 Depletion						23					
	erred co	mpensation plans				_24					
25 Employee benefit pr	ograms					_25					
26 Excess exempt expe	nses (So	chedule I)				26					
27 Excess readership of						27					
28 Other deductions (at					ļ	28					
29 Total deductions A						29	0.				
		ncome before net operating loss deduction. Subtract				30	17,747.				
	_	loss arising in tax years beginning on or after Januar	y 1, 20	18 (see instructions)	31	31					
32 Unrelated business t	axable ır	ncome Subtract line 31 from line 30			2	32	17,747.				

Form 990-	(2018) EQUESTRIAN EVENTS, INC.		61-0	899468	Page 2
Part l					
33	√otal of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructi	ons)	33	17,747.
34	Amounts paid for disallowed fringes		,	34	
~35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	ctions)	STMT 2	35	17,747.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su				
30	lines 33 and 34	01		36	
07			!	38 37	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	00	`	30 3"	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 3	30,			0.
100 - 224 B	enter the smaller of zero or line 36			38	
	V₂ Tax Computation				0.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)			39	
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 38	from	表情	
	Tax rate schedule or Schedule D (Form 1041)			40	
41	Proxy tax See instructions			▶ 41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income See instructions			43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part N	Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
C	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
_	Total credits Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 [Other (attach schedu	- I	
48	Total tax Add lines 46 and 47 (see instructions)		Ottion (attack bollock	48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
49	- · ·	50a		20	
	Payments A 2017 overpayment credited to 2018	50a			
	2018 estimated tax payments				
	Tax deposited with Form 8868	50c			
	Foreign organizations Tax paid or withheld at source (see instructions)	50d			
	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶	50g			
51	Total payments Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	<u> </u>
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			▶ 54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	55	
Part.\	Statements Regarding Certain Activities and Other Information	n (see i	nstructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of	or other a	uthority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fi	oreign co	untry		
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to	o, a foreign trust?		X
0,	If "Yes," see instructions for other forms the organization may have to file		.,		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \blacktrianglerights.				
	Linder penalties of person, I declare that I have examined this return, including accompanying schedules and state	ements, an	d to the best of my kn	owledge and be	lief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer to	has any kno	owledge		
Here	MAR (MM 1/11/20 N PRESIDER	NΤ			discuss this return with
	Signature of officer Date Title	14.1		instructions)	shown below (see
			Chapte		
	Print/Type preparer's name	۲ ا	Check	_ if PTIN	
Paid	ALLIGON G. GARMER MILLANGE / // IZ	1/10/	self- emplo	, I	11212112
Prepa	rer	-, , -,	_•		1242412
Use C	only Firm's name ► DEAN DORTON ALLEN FORD, PLLC		Firm's EIN		7-3858252
	106 W. VINE STREET, SUITE 600			/ O = C \	055 0341
	Firm's address ► LEXINGTON, KY 40507		Phone no	(859)	255-2341
823711 01	09-19				Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	Ā				
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold S	Subtract I	line 6			
3 Cost of labor	3		from line 5 Enter here	and in f	Part I,			
4 a Additional section 263A costs		.	line 2			7		
(attach schedule)	4a		8 Do the rules of section	n 263A (1	with respect to		Ye	s No
b Other costs (attach schedule)	4b		property produced or	acquired	I for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income	(From Real	Property and	Personal Property l	_ease	d With Real Prop	erty)		
(see instructions)	.			.				
1 Description of property								
(1) EQUIPMENT	_							
(2)								
(3)								
(4)	2 Rent receiv	ed or accrued			T			
(a) From personal property (if the per			and personal property (if the percenta	age	3(a) Deductions directly	connec	ted with the income	· ın
rent for personal property is morn 10% but not more than 50%	e than	of rent for p	personal property exceeds 50% or if nt is based on profit or income)		columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 3			
(1)			27,2	98.			9,	551.
(2)	•							
(3)					_			
(4)								
Total	0.	Total	27,2	98.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, colum		ter	27,2	0.0	(b) Total deductions Enter here and on page 1,		ο. Ι	551.
Schedule E - Unrelated Del		Income (see	instructions)	90.	Part I, line 6, column (8)		<u> </u>	<u> </u>
	· · · · · · · · · · · · · · · · · · ·		<u>,</u>		3 Deductions directly con to debt-finance			
1 Description of debt-fr			2 Gross income from or allocable to debt-	cable to debt- (a) Straight line depreciation		(b) Other deductions		
Description of debt-fi	manced property		financed property	` ′	(attach schedule)		` (attach schedule	
(1)				-		1		
(2)			<u> </u>					-
(3)				1		-		-
(4)					_ ·	1	<u>-</u> .	
4 Amount of average acquisition		adjusted basis	6 Column 4 divided		7 Gross income	1	8 Allocable deduc	
debt on or allocable to debt-financed property (attach schedule)	debt-fina	allocable to nced property h schedule)	by column 5		reportable (column 2 x column 6)	'	column 6 x total of c 3(a) and 3(b)	
(1)			%					
(2)			%					
(3)			%					
(4)			%		-			
					nter here and on page 1 Part I, line 7, column (A)		Enter here and on pa	-
Tabels				'	0	1		0.
Totals Total dyudende-received deductions III	noludod in ooliimi	. 0	•	<u></u>		•	·	

Schedule J - Advertising Income (see instructions)

Parts Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gróss advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(3)						
Totals (carry to Part II, line (5))	0.	0.				0.

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

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

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	•
(4)		%	
Total Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

PERSONAL PROPERTY RENTAL OF EQUIPMENT

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING	LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR
09/30/16 09/30/17	10,713.		0.	10,713. 8,387.	10,713. 8,387.
NOL CARRYOV	VER AVAILABLE THIS	YEAR		19,100.	19,100.

FORM 990-T	DEDUCTIONS CONNECTED WI	TH RENTAL	INCOME	STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
STORAGE DEPRECIATION	- SUBTOTAL -	1	6,000. 3,551.	9,551.
TOTAL TO FORM	990-T, SCHEDULE C, COLUMN	3		9,551.