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#### Return of Organization Exempt From Income Tax

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

DLN: 93493302011373 OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 02-01-2012 , 2012, and ending 01-31-2013 Name of organization BREEDERS' CUP LIMITED D Employer identification number **B** Check if applicable Address change 13-3082904 Doing Business As Name change ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (859) 223-5444 Amended return City or town, state or country, and ZIP + 4 Lexington, KY 40544 Application pending **G** Gross receipts \$ 47,125,250 Name and address of principal officer **H(a)** Is this a group return for CRAIG FRAVEL ┌ Yes ┌ No affiliates? 2525 Harrodsburg Road Lexington, KY 40504 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► Website: ► WWW BREEDERSCUP COM L Year of formation 1980 M State of legal domicile NY Part I Summary Briefly describe the organization's mission or most significant activities TO SUPPORT BREEDERS BY PROMOTING THE GROWTH OF THE THOROUGHBRED RACING INDUSTRY AND IMPROVING BUSINESS CONDITIONS FOR BREEDERS THROUGH THE STAGING OF THE BREEDERS' CUP COMPETITION Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 13 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 12 5 36 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . Total number of volunteers (estimate if necessary) . . . . . . . 6 48 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 . **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) . . 0 Program service revenue (Part VIII, line 2g) . . . . 767,666 40,169,816 29,985 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 663,834 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 19,621 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 797,651 40,853,271 O 13 100,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 3,389,274 Expenses 312,221 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ 377,659 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 39,397,692 689,880 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 42,886,966 19 Revenue less expenses Subtract line 18 from line 12 . 107,771 -2,033,695 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . . 49,482,022 52,892,349 21 Total liabilities (Part X, line 26) . . . . . . 5,813,520 7,890,480 22 Net assets or fund balances Subtract line 21 from line 20 43,668,502 45,001,869

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

		*****			2013-10-23				
Sign Here	7	Signature of officer		Date					
		MICHAEL NEWMAN TREASURER							
	-   7	Type or print name and title							
Paid		Print/Type preparer's name Deborah K Haaker	Preparer's signature	Date	Check If self-employed	PTIN P00163071			
Palu Prepar	er	Firm's name F CROWE HORWATI	H LLP	Firm's EIN ►					
Use Or		Firm's address ► 144 North Broadw	ay		Phone no (859	) 252-6738			
		Lexington, KY 40	507						

	220 (	2012)				raye Z
Par	1111	Statement of Program Check if Schedule O conta				
1	Brief	ly describe the organization's	s mission			
		RT BREEDERS BY PROMOT NS FOR BREEDERS THROU			RACING INDUSTRY AND IMPR OMPETITION	OVING BUSINESS
	Dıd th	ne organization undertake an	y significant program se	rvices during the year wi	hich were not listed on	
	the pr	rior Form 990 or 990-EZ? s," describe these new servi				┌ Yes ┌ No
3	servi	ne organization cease conductes?			ucts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes	on Schedule O			
4	exper		501(c)(4) organizations	are required to report th	e largest program services, as m ne amount of grants and allocation	
4a	(Code	e ) (Expens	es \$	including grants of \$	) (Revenue \$	)
	LIMIT PROM HORS MORE ORGA	ED PROMOTES THE THOROUGHBR MOTION OF BREEDERS' CUP RACES SE PARK EXHIBIT, AND OTHER PRO E THAN 89,000 SPECTATORS ATTEN	ED INDUSTRY BY ENHANCING , TELEVISION, RADIO AND INT MOTIONAL CAMPAIGNS ARE A IDED THE 2012 BREEDERS' C	PUBLIC AWARENESS OF THOR ERNET PROMOTIONS, NEWSF LL USED TO INCREASE PUBLIC UP CHAMPIONSHIPS WHICH G	TAKES PROGRAM, AND NOMINATIONS P ROUGHBRED RACING AND THE INDUSTI FEEDS, PRESS CONFERENCES, PRESS R C AWARENESS AND PROMOTE THE THOI SENERATED OVER \$25 MILLION IN REVE TION TO FUND NEARLY \$29 MILLION IN	RY IN GENERAL TRACK ELEASES, THE KENTUCKY ROUGHBRED INDUSTRY NUES FOR THE
4b	(Code	e ) (Expens	es \$	ıncludıng grants of \$	) (Revenue \$	)
4c	(Code	e ) (Expens	es \$	including grants of \$	) (Revenue \$	)
4d		er program services (Describ				
		enses \$	including grants of	<b>\$</b>	) (Revenue \$	)
4e	Tota	l program service expenses l	<b>+</b>			

#### 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 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	Yes	
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	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line $1^2$ If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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 Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the 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 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Pai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   159		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		20		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	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 organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	]		
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
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		_	
С	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	441		
		10b		
1.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	
	the form?		Yes	
12a	the form?		Yes Yes	
12a b	the form?	11a		
12a b	the form?	11a	Yes	
12a b	the form?	11a 12a 12b	Yes Yes	
12a b c	the form?	11a 12a 12b	Yes Yes Yes	
12a b c	the form?	11a 12a 12b 12c 13	Yes Yes Yes	
12a b c 13 14 15	the form?	11a 12a 12b 12c 13	Yes Yes Yes	
12a b c 13 14 15	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
12a b c 13 14 15	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
12a b c 13 14 15 a b	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
12a b c 13 14 15 a b	the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed ►KY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Michael Newman 2525 HARRODSBURG ROAD LEXINGTON, KY (859) 223-5444

# <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	(W- 2/1099- (W- 2/1099- MISC) MISC)  Highest compensated		(W- 2/1099- MISC)	from the organization and related organizations		
(1) CRAIG FRAVEL	40 00	х		х				595,369	0	39,093	
PRESIDENT/CEO											
(2) JERRY CRAWFORD VICE CHAIRMAN	2 00	х		х				0	0	C	
(3) ROBERT M WATT	2 00										
SECRETARY		×		Х				0	0	C	
(4) ANTONY BECK	2 00	-									
DIRECTOR		x						0	0	C	
(5) BARRY WEISBORD	2 00	-									
	2 00	х						0	0	C	
DIRECTOR (6) BRET JONES	2 00										
	2 00	x						0	0	C	
DIRECTOR (7) CLEM MURPHY	2 00										
	2 00	х						0	0	C	
DIRECTOR  (a) PANTO NATIONAL											
(8) DAVID WILLMON	2 00	x						0	0	C	
DIRECTOR (PARTIAL YEAR)											
(9) HELEN C ALEXANDER	2 00	l x						0	0	C	
DIRECTOR											
(10) OLIVER TAIT	2 00	x						0	0	(	
DIRECTOR (PARTIAL YEAR)								<u> </u>			
(11) RICHARD T SANTULLI	2 00									C	
DIRECTOR		X						0	0	·	
(12) ROBERT T MANFUSO	2 00	.,								_	
DIRECTOR		X						0	0	C	
(13) ROY JACKSON	2 00										
DIRECTOR		X						0	0	C	
(14) SATISH K SANAN	2 00										
DIRECTOR (PARTIAL YEAR)		X						0	0	C	
(15) TOM LUDT	2 00										
DIRECTOR		x						0	0	C	
(16) WILLIAM S FARISH JR	2 00	-		$\vdash$							
	2 00	x						0	0	C	
DIRECTOR (17) MICHAEL NEWMAN	40.00										
(11) LITCHWEE MEANINM	40 00			х				108,284	0	29,503	
TREASURER											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	Name and Title  A verage hours per more than one box, unless week (list person is both an officer any hours and a director/trustee)  A verage hours per more than one box, unless compensation from relate organization organization organization (W-2/1009-1009-1009-1009-1009-1009-1009-1009								Reportable compensation from related organizations	Estim amount comper from	nated of other nsation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	lated
(18) ROBERT N ELLISTON	40 00			х				182,240			24,349
EXECUTIVE VP & COO (19) CARTER R CARNEGIE	40 00										
SR VP SALES					Х			468,255	I	0	16,452
(20) DORA J DELGADO SR V P RACING & NOMINATIONS	40 00				х			245,835		D .	39,093
(21) PETER ROTONDO V P MEDIA & ENTERTAINMENT	40 00				х			216,036	216,036		15,097
(22) HEATHER HIGGINS V P CORPORATE PARTNERSHIPS	40 00					х		124,261		0 15,42	
(23) JUSTIN N MCDONALD SR DIRECTOR MARKETING & DIGITAL MEDIA	40 00					х		130,227		0 7,1	
(24) MICHAEL SPARKS V P INFORMATION TECHNOLOGY	40 00					х		136,614		o l	31,491
(25) STEFANIE A PALMIERI SR DIRECTOR SPECIAL EVENTS & COMMUNITY RELATIONS	40 00					х		110,114		0	14,439
(26) TIM SCHRAM V P FINANCE & HR	40 00					х		122,338		0	15,279
1b Sub-Total	t VII. Section A		•			    ►					
d Total (add lines 1b and 1c)						▶		2,439,573	0		247,372
Total number of individuals (including l \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than			
3 Did the organization list any <b>former</b> off on line 1a? If "Yes," complete Schedule.			e, key	/ em	nplo	yee, o	r hıç	ghest compensate	d employee	Yes	No No
4 For any individual listed on line 1a, is to organization and related organizations individual									om the	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization?									ndividual for	;	No
Section B. Independent Contract	ors										
1 Complete this table for your five highes		ındepe	nden	t co	ntra	ctors	tha	t received more tl	nan \$100,000 of		

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
KEN KIRCHNER 2197 LAKESIDE DRIVE LEXINGTON KY 40502	SIMULCAST CONSULTING	114,999
MORGAN STANLEY 1585 BROADWAY NEW YORK NY 10036	INVESTMENT MANAGER	110,000
- <del> </del>		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►2

Part V	TTT	Statement of Revenue Check if Schedule O contains a respo	nse to any question i	in this Part VIII .			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
u e	1a	Federated campaigns 1a					
ant I	ь	Membership dues 1b					
0E	С	Fundraising events 10					
şĒ	d	Related organizations 1d					
E =							
ış iğ	е	Government grants (contributions) 1e		ļ	ļ		ļ
ê La	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above					
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines		i	i		
1 t		1a-1f \$					
<u>5 E</u>	h	Total. Add lines 1a-1f	· · · · •	0			
œ.			Business Code				
eun	2a	NOMINATIONS FEES	900099	14,340,743	14,340,743		
Be	b	RIGHTS & ROYALTIES	900099	2,208,579	2,208,579		
93	С	SIMULCAST FEES & HOST TRACK CONTRIBUTIONS	900099	15,310,494	15,310,494		
Program Service Revenue	d	ENTRY FEES	900099	8,310,000	8,310,000		
အ ခြ	е			0			
Grai	f	All other program service revenue		0	0	0	0
<u>₹</u>			L.				
	g 3	<b>Total.</b> Add lines 2a-2f Investment income (including divider		40,169,816			
		and other similar amounts)		384,646			384,646
	4	Income from investment of tax-exempt bond	proceeds -	0			
	5	Royalties	🕨	0			
	_	(ı) Real	(II) Personal				
	6a	Gross rents Less rental					
	b	expenses					
	С	Rental income 0 0 or (loss)	0				
	d	Net rental income or (loss)		0			
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of 6,551,167 assets other than inventory					
	b	Less cost or other basis and 6,271,979					
		sales expenses					
	C	Gain or (loss) 279,188		279,188			279,188
	d 8a	Net gain or (loss) Gross income from fundraising		279,100			279,188
Other Revenue		events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>	_	a					
¥	b	Less direct expenses <b>b</b>		0			
٠	C Qa	Net income or (loss) from fundraising	events				
	90	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses <b>b</b>					
	с 10а	Net income or (loss) from gaming act Gross sales of inventory, less returns and allowances .	ivities	0			
		а					
	b	Less cost of goods sold ${f b}$					
	С	Net income or (loss) from sales of inv		0			
		Miscellaneous Revenue	Business Code	10.634	10.634		
	11a	OTHER REVENUE	900099	19,621	19,621		
	b			0			
	С			0	_1	_	_
	d	All other revenue		0	0	0	0
	е	Total. Add lines 11a-11d	•	19,621			
	12	<b>Total revenue.</b> See Instructions .		40,853,271	40,189,437	0	663,834

	Check if Schedule O contains a response to any question in this Pa	rt IX		<u></u>	<u> </u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	100,000			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,549,367			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	264,550			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	144,890			
9	Other employee benefits	285,465			
0	Payroll taxes	145,002			
1	Fees for services (non-employees)				
а	Management				
b	Legal	164,686			
C	Accounting	50,073			
d	Lobbying	24,000			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	228,369			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	235,524			
2	Advertising and promotion	4,276,528			
3	Office expenses	74,352			
Ļ	Information technology	134,458			
;	Royalties	0			
•	Occupancy	578,926			
7	Travel	521,811			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
•	Conferences, conventions, and meetings	49,787			
)	Interest	39,531			
L	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	128,940			
3	Insurance	107,913			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PURSE EXPENSES	29,077,970			
b	TELEVISION EXPENSES	2,062,768			
c	DIRECT EVENT OPERATIONS	1,242,056			
d	MEMBERSHIP DUES TO NTRA	400,000			
e	All other expenses	0			
5	Total functional expenses. Add lines 1 through 24e	42,886,966	0	0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Total	ance Sheet ck if Schedule O contains a response to any question in this Part X			
2 Saving 3 Pledge 4 Account 5 Loans emplo Sched 6 Loans section emplo benefit 7 Notes 8 Invent 9 Prepa 10a Land, Part V b Less 11 Inves 12 Inves 13 Inves 14 Intang 15 Other 16 Total 17 Account 18 Grants 19 Deferr 20 Tax-e 21 Escro 21 Escro 22 Loans key er person 23 Secur 24 Unsect 25 Other and of D c. 26 Total		(A) Beginning of year		(B) End of year
3 Pledge 4 Accounts 5 Loans emplo Sched 6 Loans section emplo benefit 7 Notes 8 Inven 9 Prepa 10a Land, Part V b Less 11 Inves 12 Inves 13 Inves 14 Intang 15 Other 16 Total 17 Accounts 18 Grants 19 Deferr 20 Tax-e 21 Escro 21 Escro 22 Loans key er person 23 Secur 24 Unsec 25 Other and of D Corgan	h—non-interest-bearing		1	
4 Accordance 5 Loans emplo Sched 6 Loans section emplo benefit 7 Notes 8 Inven 9 Prepa 10a Land, Part V b Less 11 Inves 12 Inves 13 Inves 14 Intang 15 Other 16 Total 17 Accord 18 Grants 19 Deferr 20 Tax-e 21 Escro 21 Escro 22 Loans key er persol 23 Secur 24 Unsec 25 Other and ot D . 26 Total	ings and temporary cash investments	604,530	2	1,521,447
Figure 21 Escrous 22 Loans key er persou 23 Secur 24 Unsecure 25 Other and ot D . 26 Total	dges and grants receivable, net		3	
6 Loans section employ benefit   7 Notes   8 Inven   9 Prepa   10a Land, Part V   b Less   11 Inves   12 Inves   13 Inves   14 Intang   15 Other   16 Total   17 Account   18 Grants   19 Deferr   20 Tax-e   21 Escro   22 Loans   24 Unsec   25 Other   and of   D .   26 Total    7 Organ	ounts receivable, net	2,804,948	4	2,043,772
7 Notes 8 Inven 9 Prepa 10a Land, Part V b Less 11 Inves 12 Inves 13 Inves 14 Intang 15 Other 16 Total 17 Accou 18 Grants 19 Deferr 20 Tax-e 21 Escro 22 Loans key er person 23 Secur 24 Unsec 25 Other and ot D . 26 Total	ns and other receivables from current and former officers, directors, trustees, key ployees, and highest compensated employees Complete Part II of edule L	,	5	0
9 Prepa 10a Land, Part V b Less 11 Inves 12 Inves 13 Inves 14 Intang 15 Other 16 Total 17 Accou 18 Grants 19 Deferr 20 Tax-e 21 Escro 22 Loans key er persor 23 Secur 24 Unsec 25 Other and of D . 26 Total	ns and other receivables from other disqualified persons (as defined under tion 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing bloyers and sponsoring organizations of section 501(c)(9) voluntary employees' eficiary organizations (see instructions) Complete Part II of Schedule L		6	0
9 Prepa 10a Land, Part V b Less 11 Inves 12 Inves 13 Inves 14 Intang 15 Other 16 Total 17 Accou 18 Grants 19 Deferr 20 Tax-e 21 Escro 22 Loans key er persor 23 Secur 24 Unsec 25 Other and of D . 26 Total	es and loans receivable, net		7	
9 Prepa 10a Land, Part V b Less 11 Inves 12 Inves 13 Inves 14 Intang 15 Other 16 Total 17 Accou 18 Grants 19 Deferr 20 Tax-e 21 Escro 22 Loans key er person 23 Secur 24 Unsec 25 Other and ot D . 26 Total	es and loans receivable, het		8	
10a Land, Part V b Less 11 Inves 12 Inves 13 Inves 14 Intang 15 Other 16 Total 17 Accou 18 Grants 19 Deferr 20 Tax-e 21 Escro 22 Loans key er persor 23 Secur 24 Unsec 25 Other and of D . 26 Total		171,747	9	183,949
b Less 11 Inves 12 Inves 13 Inves 14 Intang 15 Other 16 Total 17 Accou 18 Grants 19 Deferr 20 Tax-e 21 Escro 22 Loans key er persor 23 Secur 24 Unsec 25 Other and ot D . 26 Total	paid expenses and deferred charges	·	9	100,949
11 Invest 12 Invest 13 Invest 14 Intang 15 Other 16 Total 17 Account 18 Grants 19 Deferr 20 Tax-e 21 Escro 22 Loans key er person 23 Secur 24 Unsecut 25 Other and of D . 26 Total	s accumulated depreciation	147,536	100	268,977
12 Inves 13 Inves 14 Intang 15 Other 16 Total 17 Account 18 Grant 19 Deferr 20 Tax-e 21 Escro 22 Loans key er person 24 Unsec 25 Other and ot D . 26 Total	estments—publicly traded securities	32,767,807	11	32,607,980
13 Invest 14 Intang 15 Other 16 Total 17 Account 18 Grants 19 Deferr 20 Tax-e 21 Escro 22 Loans key er persol 23 Secur 24 Unsec 25 Other and ot D . 26 Total	estments—other securities See Part IV, line 11	7,758,802	12	10,825,028
14 Intangular   15 Other   16 Total   17 Accounts   18 Grants   19 Deferr   20 Tax-e   21 Escrool   22 Loans   key er   persol   23 Securiar   24 Unsecut   25 Other   and other   D   .   26 Total   Organiar   15	estments—program-related See Part IV, line 11	7,700,002	13	0
15 Other 16 Total 17 Account 18 Grants 19 Deferr 20 Tax-e 21 Escro 22 Loans key er person 23 Secur 24 Unsec 25 Other and ot D . 26 Total	angible assets	9.018	14	7,218
16 Total   17 Accounts   18 Grants   19 Deferr   20 Tax-e   21 Escro   22 Loans   key er   person   23 Securi   24 Unsecurity   25 Other   and other   D   26 Total   Organ	er assets See Part IV, line 11	5,217,634	15	5,433,978
17 Accounts 18 Grants 19 Deferre 20 Tax-e 21 Escro 22 Loans key er person 23 Secur 24 Unsecut 25 Other and of D . 26 Total	al assets. Add lines 1 through 15 (must equal line 34)	49,482,022	16	52,892,349
18 Grant: 19 Deferr 20 Tax-e 21 Escro 22 Loans key er persor 23 Secur 24 Unsec 25 Other and ot D . 26 Total	counts payable and accrued expenses	755,925	17	986,047
19 Deferr 20 Tax-e 21 Escro 22 Loans key er persor 23 Secur 24 Unsec 25 Other and ot D . 26 Total	nts payable	700,020	18	300,047
20 Tax-e 21 Escro 22 Loans key er persor 23 Secur 24 Unsec 25 Other and ot D . 26 Total	erred revenue		19	
21 Escro 22 Loans key er persor 23 Secur 24 Unsec 25 Other and ot D . 26 Total	-exempt bond liabilities		20	
22 Loans key er person 23 Secur 24 Unsecur 25 Other and ot D. 26 Total	row or custodial account liability Complete Part IV of Schedule D		21	
24 Unsection 25 Other and ot D . 26 Total	· · ·		21	
24 Unsection 25 Other and ot D . 26 Total	ns and other payables to current and former officers, directors, trustees, employees, highest compensated employees, and disqualified			0
24 Unsection 25 Other and ot D . 26 Total	sons Complete Part II of Schedule L	E 040 0EE	22	0
25 Other and ot D . 26 Total  Organ	ured mortgages and notes payable to unrelated third parties	5,040,855	23	6,889,793
and ot D .  26 Total  Organ	secured notes and loans payable to unrelated third parties		24	
26 Total Organ	er liabilities (including federal income tax, payables to related third parties, other liabilities not included on lines 17-24) Complete Part X of Schedule	16,740	25	14,640
ு Organ	al liabilities. Add lines 17 through 25	5,813,520	26	7,890,480
27 Unres 28 Tempo	anizations that follow SFAS 117 (ASC 958), check here ▶ 🌠 and complete s 27 through 29, and lines 33 and 34.			_
28 Tempe	estricted net assets	43,603,502	27	44,936,869
· ·	nporarily restricted net assets	65,000	28	65,000
ত <b>29</b> Perma	manently restricted net assets		29	
Organ	anizations that do not follow SFAS 117 (ASC 958), check here ► □ and nplete lines 30 through 34.			
•   • • • • •	oital stock or trust principal, or current funds		30	
<u>₽</u>	d-in or capital surplus, or land, building or equipment fund		31	
32 Retain	ained earnings, endowment, accumulated income, or other funds		32	
	al net assets or fund balances	43,668,502	33	45,001,869
<b>34</b> Total	al liabilities and net assets/fund balances	49,482,022	34	52,892,349

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		40.8	353,271
2	Total expenses (must equal Part IX, column (A), line 25)				
_		2		42,8	86,966
3	Revenue less expenses Subtract line 2 from line 1	3		-2,0	33,695
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			42.6	
5	Net unrealized gains (losses) on investments	4		43,6	68,502
,	Net unrealized gains (1035es) on investments	5		3,3	67,062
6	Donated services and use of facilities	6			
7	Investment expenses	$\dashv$			
•		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	1			
	_	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		45,0	01,869
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	ofthe	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b		

DLN: 93493302011373

OMB No 1545-0047

Open to Public

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Inspection

	me of the organization EDERS' CUP LIMITED	-	Employer identi	fication number
DKI	EEDERS COP LIMITED		13-3082904	
Pa	rt I Organizations Maintaining Donor Ad		unds or Accou	nts. Complete if the
	organization answered "Yes" to Form 990	(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at end of year	(a) Donor advised lands	(b) Tulius a	na other accounts
2	Aggregate contributions to (during year)			
- 3	Aggregate grants from (during year)			
4	Aggregate value at end of year			_
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the or		nor advised	 ☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?	onor advisors in writing that grant funds		Γ Yes Γ No
Pa	rt II Conservation Easements. Complete If	the organization answered "Yes" t	o Form 990 Par	
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held is	anization (check all that apply) or education) Preservation of an Preservation of a	n historically import	tant land area
	easement on the last day of the tax year	·		
			Held at	the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histo	` '	2c	
d	Number of conservation easements included in (c) acc historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by the organizat	on during
	the tax year 🗠			
4	Number of states where property subject to conservat	ion easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations,	and Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments during the ye	ear
7	A mount of expenses incurred in monitoring, inspecting	a, and enforcing conservation easements	s during the year	
,	<b>▶</b> \$	,,		
8	Does each conservation easement reported on line 2( and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 170(h)(4)(B)(	□)
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial		
Par	Organizations Maintaining Collection Complete if the organization answered "Y		or Other Simila	ar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	.16 (ASC 958), not to report in its reven ets held for public exhibition, education,	or research in furth	
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		or financial gain, pr	
а	Revenues included in Form 990, Part VIII, line 1	·	<b>►</b> \$	
	, ,		· <del>-</del>	

**b** Assets included in Form 990, Part X

Part	<b>111</b> Organizations Maintaining Co	llections of Art	t, His	stori	ical T	reasu	res, or O	<u>the</u>	<u>r Similar Ass</u>	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recoi	rds, cl	heck	any of	the follo	owing that a	re a	significant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	nange progra	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furth	er the o	rganızatıon	's ex	empt purpose II	า	
5	During the year, did the organization solicit of	or receive donation:	s of a	rt, his	storical	treasu	res or other	sım	ılar		
	assets to be sold to raise funds rather than t									Yes	<u> </u>
Par	Part IV, line 9, or reported an an						answered	1 "Y	es" to Form 9 ————	90, ——	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	y for o	contribi	utions o	r other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table		_				
									Am	ount	
<b>c</b>	Beginning balance						-	1c			
d	Additions during the year							1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 217	?					Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatı	on has	been pr	ovided in P	art X	(III		Г
Pa	rt V Endowment Funds. Complete										
4-	Danis and the same and the same	(a)Current year	(b	)Prior	year	<b>b (c)</b> Tv	vo years back	(d)1	Three years back	<b>(e)</b> Four y	ears back
1a L	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
f	and programs										
g	End of year balance										
_	Provide the estimated percentage of the curi	cant was mand halan		1 .		<u> </u>	ald ac				
2		rent year end balan	ce (III	ne rg	i, coluii	III (a)) I	ieiu as				
a	Board designated or quasi-endowment										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	are hel	d and a	dministered	l for	the	Yes	No.
	(i) unrelated organizations								3a(i		No
	(ii) related organizations								3a(i		<del>                                     </del>
b	If "Yes" to 3a(II), are the related organization								3b		<u> </u>
4	Describe in Part XIII the intended uses of th	ne organızatıon's er	ndown	nent f	unds						
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa		•		lasa .			1	
	Description of property				a) Cost o		(b)Cost or o basis (othe		(c) Accumulated depreciation	( <b>a</b> ) B	ook value
1a	Land										0
b	Buildings		•								0
C	Leasehold improvements						42	,329	40,80	)1	1,528
d	Equipment						917	,499	650,05	50	267,449
	Other										0
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		X, colι	umn (	B), line	10(c).)					268,977

Part VIII Investments—Other Securities. See	e Form 990, Part X, line 12		
(a) Description of security or category	( <b>b)</b> Book value		d of valuation
(Including name of security) (1)Financial derivatives	6,875,043	Cost of elia-of	-year market value F
(2)Closely-held equity interests	0,073,043		<u>'</u> F
(3)Other			
(A) VENTURE CAPITAL	1,449,985		F
(B) INVESTMENT IN BCL PROPERTIES	2,500,000		С
(5) 111 2011 211 212 21 21 21 21 21 21 21 21 21 21	2,000,000		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	10,825,028		
Part VIII Investments—Program Related. Se		<u> </u>  3.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
		Cost or end-of	-year market value
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, I	Ine 15		
(a) Descr			(b) Book value
(1) NON QUALIFIED PENSION INVESTMENTS			91,777
(2) INTERCOMPANY ACCOUNTS RECEIVABLE			5,342,201
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1			5,433,978
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
DEFERRED COMPENSATION PAYABLE	14,640		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	14,640		

	,		
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	leturn
1	Total revenue, gains, and other support per audited financial statements	1	43,991,964
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII ) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,367,062
3	Subtract line <b>2e</b> from line <b>1</b>	3	40,624,902
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 228,369		
b	Other (Describe in Part XIII ) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	228,369
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	40,853,271
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	42,658,597
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	42,658,597
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 228,369		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	228,369
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	42,886,966

#### Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	IN RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED THE COMPANY'S FOR-PROFIT SUBSIDIARY IS SUBJECT TO U S FEDERAL INCOME TAX AS WELL AS STATE INCOME TAXES THE COMPANY IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE DE¬CEMBER 31, 2009 THE COMPANY DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE OVER THE NEXT 12 MONTHS (SEE NOTE 6) THE COMPANY RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE COMPANY DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JANUARY 31, 2013 AND JANUARY 31, 2012

DLN: 93493302011373

OMB No 1545-0047

Open to Public

Inspection

#### **SCHEDULE F** (Form 990)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**Employer identification number** 

	EDERS' CUP LIMITED					13-3082904	
Pa	General Informatio "Yes" to Form 990, Pa			<b>he United States.</b> C	omplete	ıf the organıza	ition answered
1	<b>For grantmakers.</b> Does the assistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assi	stance, and the select	ion criteri	ıa used to awar	rd
2	For grantmakers. Describe in the United States.	n Part V the o	rganızatıon's p	procedures for monitor	ing the u	se of grant fun	ids outside
3	Activites per Region (The follow	ving Part I, line	3 table can be o	duplicated if additional sp	ace is nee	eded)	
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program , spe	ity listed in (d) is a service, describe cific type of e(s) in region	<b>(f)</b> Total expenditures for and investments in region
	CENTRAL AMERICA AND THE CARIBBEAN		-	INVESTMENTS			8,325,00
	EUROPE (INCLUDING ICELAND AND GREENLAND)		2	PROGRAM SERVICES	CONSUL	TING	46,00
	EAST ASIA AND THE PACIFIC		1	PROGRAM SERVICES	CONSUL	TING	10,00
	EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	A DVERT	ISING	69,50
	EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	CONSUL	TING	71,32
	EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	NOMINA	TIONS	167,50
	SOUTH AMERICA			PROGRAM SERVICES	NOMINA	TIONS	20,00
	NORTH AMERICA (CANADA & MEXICO ONLY)			PROGRAM SERVICES	NOMINA	TIONS	10,00
Э.	Sub-total				İ		

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

8,719,323

Part I	<b>Grants</b> Part IV,	and Other As line 15, for any	sistance to Organ y recipient who rece	izations or Entiti Ived more than \$5,	<b>es Outside the Ur</b> 000. Part II can be	nited States. Comp duplicated if addition	olete if the organizational space is needed	tion answered "Yes' l.	' to Form 990,
	Name of anization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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2 Er ta	iter total nu x-exempt b	mber of recipie y the IRS, or fo	ent organizations list or which the grantee	ed above that are in or counsel has pro	recognized as charit ovided a section 501	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as 	
3 Er	nter total nu	mber of other	organizations or ent	cities					
								Schedule F	(Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		<del>                                     </del>		+
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			<del></del>		<u> </u>		
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			<del> </del>		<u> </u>	<del> </del>	
						1	

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ত	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	⊽	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	V	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u>~</u>	Νo

Schedule F (Form 990) 2012

#### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

	complete this part to provide any t	additional information (see instructions).
Identifier	ReturnReference	Explanation
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL SOUTH AMERICA ACCRUAL
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL SOUTH AMERICA ACCRUAL
		Schedule F (Form 990) 2012

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Schedule I (Form 990)

Department of the Treasury

### Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

2012

DLN: 93493302011373

Open to Public

Internal Revenue Service   Name of the organization				-		Fundamentifi	Inspection
BREEDERS' CUP LIMITED						Employer identifi	cation number
Dowley Company I Trafour		and Anniatana				13-3082904	
Does the organization mathe selection criteria use Describe in Part IV the o	d to award the grants or rganization's procedur	tantiate the amount of the or assistance? es for monitoring the use	of grant funds in the U				▽ Yes □
		Governments and recipient that received					Tyes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THOROUGHBRED AFTERCARE ALLIANCE FOUNDATION INC 821 CORPORATE DRIVE LEXINGTON, KY 40503	45-4783644	501(C)(3)	100,000		N/A	N/A	EQUINE FACILITY SUPPORT
2 Entertetal number of cos	tion F01(c)(3) and co.	ornment organizations	isted in the line 1 table		•		

Enter total number of other organizations listed in the line 1 table . . . . . .

rt III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization answered "Yes" to Form 990, Part I	V, line 22.
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I. line 2. Part III. column (b), and any other additional information

Complete this part to provide	e the illiormation required in Fart 1, i	me 2, Fart 111, Column (b), and any other additional information
Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	, ,	GRANTS ARE APPROVED BY THE BOARD AND ARE CONSISTENT WITH THE BREEDERS' CUP LIMITED'S MISSION TO PROVIDE THE INTEGRITY OF THE THOROUGHBRED INDUSTRY GRAYSON JOCKEY CLUB RESEARCH FOUNDATION PROVIDES AN ANNUAL REPORT WITH A SUMMARY OF THE ORGANIZATION'S RESULTS AND ACCOMPLISHMENTS DURING THE YEAR AS WELL AS FORECAST OF THE COMING YEARS PROJECTS AND OBJECTIVES

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DLN: 93493302011373

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization BREEDERS' CUP LIMITED

**Employer identification number** 

13-3082904

Pai	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee     ▼ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

#### 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 in 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 are not 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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		compensation incentive reportab		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)CRAIG FRAVEL PRESIDENT/CEO	(i) (ii)		50,000 0	20,369 0	17,150 0	21,943 0	634,462	0
(2)PETER ROTONDO V P MEDIA & ENTERTAINMENT	(i) (ii)		30,000	361 0	15,097 0	0	231,133	0
(3)DORA J DELGADO SR V P RACING & NOMINATIONS	(i) (ii)	180,250 0	65,000 0	585 0	17,150 0	21,943 0	284,928	0
(4)MICHAEL SPARKS V P INFORMATION TECHNOLOGY	(i) (ii)	120,650 0	15,750 0	214	9,548 0	21,943 0	168,105 0	0
(5)CARTER R CARNEGIE SR VP SALES	(i) (ii)		100,000	265,255 0	14,210	2,242	484,707	0
(6)ROBERT N ELLISTON EXECUTIVE VP & COO	(i) (ii)	166,666 0	0	15,574 0	11,017 0	13,332	206,589	0

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 Page 3

#### Part III Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
Severance or change-of-control	Schedule J, Part I, Line 4a	CARTER R CARNEGIE RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$265,255 DURING 2012
<u>payment</u>		THIS AMOUNT IS INCLUDED IN OTHER COMPENSATION IN SCHEDULE J, COLUMN B(III)

Schedule J (Form 990) 2012

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization BREEDERS' CUP LIMITED

Employer identification number

13-3082904

Identifier	Return	Explanation
PRIOR YEAR/CURRENT YEAR COMPARABILITY	Reference FORM 990, PART I, LINE 9	THE ORGANIZATION IMPLEMENTED A CHANGE IN YEAR END FROM A CALENDAR YEAR TO A FISCAL YEAR ENDING JANUARY 31, EFFECTIVE JANUARY 31, 2012 FOR TAX PURPOSES A SHORT PERIOD RETURN WAS FILED FOR YEAR OF CHANGE WHICH ACCOUNTS FOR ONE MONTH OF ACTIVITY, JANUARY 2012 THEREFORE, FOR COMPARATIVE PURPOSES, THE PRIOR YEAR COLUMN ONLY REFLECTS ACTIVITY FOR ONE MONTH WHEREAS THE CURRENT COLUMN PROVIDES A FULL FISCAL YEAR OF ACTIVITY FOR FISCAL YEAR ENDING JANUARY 31, 2013
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	FORM 990, PART VI, LINE 2	THE BOARD OF TRUSTEES AND DIRECTORS OF BREEDERS' CUP LIMITED CONSISTS PRIMARILY OF INDIVIDUALS INVOLVED IN MANY FACETS OF THE THOROUGHBRED INDUSTRY, INCLUDING THE BREEDING AND RACING OF THOROUGHBRED HORSES BREEDERS' CUP LIMITED'S TRUSTEES AND DIRECTORS MAY OWN HORSES DIRECTLY OR THROUGH PARTNERSHIPS THAT ARE ELIGIBLE FOR BREEDERS' CUP PURSES OR AWARDS CERTAIN TRUSTEES, DIRECTORS OR THEIR FARMS ARE MANAGERS WITH RESPECT TO CERTAIN STALLIONS AND FOALS THAT COLLECTIVELY GENERATE A MAJORITY OF THE STALLION AND FOAL NOMINATION FEES ON BEHALF OF BREEDERS' CUP LIMITED
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THROUGH BREEDERS' CUP CHAMPIONSHIPS, BREEDERS' CUP CHALLENGE SERIES, YEAR ROUND STAKES PROGRAM, AND NOMINATIONS PROGRAM, BREEDERS' CUP LIMITED PROMOTES THE THOROUGHBRED INDUSTRY BY ENHANCING PUBLIC AWARENESS OF THOROUGHBRED RACING AND THE INDUSTRY IN GENERAL TRACK PROMOTION OF BREEDERS' CUP RACES, TELEVISION, RADIO AND INTERNET PROMOTIONS, NEWSFEEDS, PRESS CONFERENCES, PRESS RELEASES, THE KENTUCKY HORSE PARK EXHIBIT, AND OTHER PROMOTIONAL CAMPAIGNS ARE ALL USED TO INCREASE PUBLIC AWARENESS AND PROMOTE THE THOROUGHBRED INDUSTRY MORE THAN 105,000 SPECTATORS ATTENDED THE 2011 BREEDERS' CUP CHAMPIONSHIPS WHICH GENERATED OVER \$27 MILLION IN REVENUES FOR THE ORGANIZATION THE FINANCIAL SUCCESS OF THE 2011 CHAMPIONSHIPS ENABLED THE ORGANIZATION TO FUND NEARLY \$28 MILLION IN PURSES AND NOMINATOR AWARDS FOR THE YEAR
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THERE ARE 48 MEMBERS MEMBERS HAVE THE RIGHT TO CHANGE CORPORATE BY LAWS AND TO ELECT THE GOVERNING BODY
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	DECISIONS REQUIRING APPROVAL BY MEMBERS INCLUDE ONLY CHANGES TO BYLAWS
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	REVIEWED BY SENIOR FINANCIAL MANAGERS, FINANCE & AUDIT COMMITTEE, AND THE GOVERNING BODY DURING OCTOBER 2013 AFTER THEIR REVIEW, A FINAL DRAFT OF THE FORM 990 IS DISTRIBUTED VIA EMAIL TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS THE REVIEW ALSO INCLUDED A BOARD SUMMARY REPORT OF FORM 990 PROVIDED BY ITS TAX PREPARER
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED BY EACH BOARD MEMBER ANNUALLY EMPLOYEES ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO CONTACT THE HUMAN RESOURCES DEPARTMENT SHOULD A CONFLICT ARISE. POTENTIAL CONFLICTS ARE REVIEWED BY OUTSIDE LEGAL COUNSEL TO DETERMINE IF ADDITIONAL FOLLOW-UP AND REVIEW IS APPROPRIATE. IF A CONFLICT IS IDENTIFIED, THE INDIVIDUALS INVOLVED IN THE CONFLICT MUST REMOVE THEMSELVES FROM THE DECISION MAKING PROCESS ASSOCIATED WITH THE CONFLICT.
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE COMPANY UTILIZES THIRD PARTY COMPENSATION SURVEY INFORMATION IN REVIEWING COMPENSATION FOR TOP MANAGEMENT A THIRD PARTY CONSULTANT WAS ENGAGED IN THE DESIGN OF THE COMPANY'S INCENTIVE COMPENSATION SYSTEM FOR 2012 THE COMPENSATION COMMITTEE REVIEWS THE COMPANY'S ANNUAL COMPENSATION BUDGET PRIOR TO THE REVIEW AND APPROVAL OF COMPENSATION BY THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS REVIEWS AND APPROVES YEAR-END BONUSES FOR SENIOR MANAGERS ON AN INDIVIDUAL BASIS
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	A THIRD PARTY CONSULTANT REVIEWED COMPANY'S COMPENSATION FOR KEY MANAGEMENT EMPLOYEES FOR 2012 THE COMPENSATION COMMITTEE REVIEWS THE COMPANY'S ANNUAL COMPENSATION BUDGET PRIOR TO THE REVIEW AND APPROVAL OF COMPENSATION BY THE BOARD OF DIRECTORS THE COMPENSATION COMMITTEE REVIEWS YEAR-END BONUSES FOR ALL EMPLOYEES THE BOARD OF DIRECTORS REVIEWS AND APPROVES YEAR-END BONUSES FOR SENIOR MANAGERS ON AN INDIVIDUAL BASIS
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	ANNUAL AUDITED FINANCIALS ARE PUBLISHED ON COMPANY WEB PAGE. GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR REVIEW UPON REQUEST AT THE ORGANIZATION'S CORPORATE OFFICE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493302011373

2012

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

## **SCHEDULE R** (Form 990)

Name of the organization

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

BREEDERS' CUP LIMITED				13-3	082904			
Part I Identification of Disregarded Entities (Complete	te ıf the organızatıor	n answered "Yes" to	Form 990, Pa	•				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year a	ssets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	 ations (Complete ıf e tax year.)	the organization ai	nswered "Yes"	to Form 9	90, Part IV	, line 34 because i	t had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	le section Public charity (if section 501		(f) Direct controlling entity	Section (13) co	<b>g)</b> n 512(b ontrolle tity?
(1) BREEDERS' CUP CHARITIES INC	FUNDRAISING	DE	501(C)(3)	7		NA	Yes Yes	No
PO BOX 4230								
LEXINGTON, KY 40544								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013				Schedule R (For	000) 5	1012

Part III Identification of Related because it had one or more							zatıon ar	swered "Ye	es" to	Form	າ 990,	Part 1	[V, lı	ne 34		
( <b>a)</b> Name, address, and related organization	EIN of on	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predo Income unre exclud tax sectio	(e) cominant c(related, clated, ded from under ons 512-	(f) Share of total incom	(g) Share of e end-of-year assets		ortionate	(i Code \ amount 20 Schedu (Form	/—UBI in box of le K-1		ral or     aging	<b>(k</b> Percen owner	itage
									Yes	No			Yes	No		
					<u> </u>											
Part IV Identification of Related line 34 because it had one									swere	ed "Ye	s" to F	orm (	990,	Part 1	IV,	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or for country)	eign	Direct co	d) ontrolling tity	Type o	e) f entity , S corp, rust)	(f) Share of total Income		(g) e of end year assets	l-of-	(h) Percen owner	tage	C	(i) ection 5 (b)(13 ontrolle entity	3) led
(1) BREEDERS' CUP PROPERTIES LLC	ADVERTISING			NA		C CORPC	RATION	1,424,466	5	228,	606	100 %			es es	No
2525 HARRODSBURG ROAD LEXINGTON, KY 40504 61-1348517		DE														

(4) BREEDERS' CUP PROPERTIES LLC

(5) BREEDERS' CUP PROPERTIES LLC

Par	Transactions With Related Organizations (Complete if the organization	n answe	ered "Yes" to Form	990, Part IV, lin	e 34, 35b, or 36.)				
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					7	res	No	
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions with one or	more rela	ited organizations lis	ted in Parts II-IV?	Γ	丁			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1.	а		No	
b	Gift, grant, or capital contribution to related organization(s)				1	b		No	
C	Gift, grant, or capital contribution from related organization(s)				1	c		No	
d	d Loans or loan guarantees to or for related organization(s)								
e	Loans or loan guarantees by related organization(s)				1	e		No	
f	Dividends from related organization(s)				1	f		No	
g	Sale of assets to related organization(s)				1	g		No	
h									
i E	i Exchange of assets with related organization(s)							No	
j l	ease of facilities, equipment, or other assets to related organization(s)				1	j_		No	
k	_ease of facılıtıes, equipment, or other assets from related organization(s)				1	k		No	
I Performance of services or membership or fundraising solicitations for related organization(s)								No	
m F	erformance of services or membership or fundraising solicitations by related organization(s)				1	m		No	
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1	n Y	res		
0	Sharing of paid employees with related organization(s)				1	o Y	⁄es		
р	Reimbursement paid to related organization(s) for expenses				1	p Y	res		
q	Reimbursement paid by related organization(s) for expenses				10	q Y	⁄es		
r (	Other transfer of cash or property to related organization(s)				1	r Y	res		
s	Other transfer of cash or property from related organization(s)				1:	s Y	res		
2	f the answer to any of the above is "Yes," see the instructions for information on who must co	omplete th	his line, including co	vered relationships	and transaction thresholds				
	(a) Name of other organization		<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining amour	nt inv	olved		
(1) BRE	EDERS' CUP CHARITIES INC	F	₹	108,247	FMV				
(2) BRE	EDERS' CUP PROPERTIES LLC	N	V	335,307	FMV				
(3) BRE	EDERS' CUP PROPERTIES LLC		)	264,709	FMV				

S

955,000 FMV

466,682 FMV

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Additional Data Return to Form

**Software ID:** 12000266

**Software Version:** v2012.1.0

**EIN:** 13-3082904

Name: BREEDERS' CUP LIMITED

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