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OMB No. 1545-0047

Form **990****Return of Organization Exempt From Income Tax****2019****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2019 calendar year, or tax year beginning

, 2019, and ending

, 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **THE JOCKEY CLUB**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

40 EAST 52ND STREET

Room/suite

1500

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10022

D Employer identification number

13-0888345

E Telephone number

(212) 371-5970

G Gross receipts \$ 26,364,218**F** Name and address of principal officer: JAMES GAGLIANO

SAME AS C ABOVE

H(a) Is this a group return for subsidiaries? ☐ Yes ☒ No**H(b)** Are all subsidiaries included? ☐ Yes ☒ No

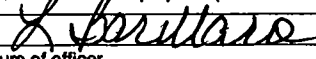
If "No," attach a list. (see instructions)

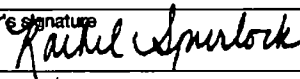
I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 627**J** Website: ▶ WWW.JOCKEYCLUB.COM**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1894**M** State of legal domicile: NY**Part I Summary**

| | | | | | | |
|-----------------------------|-----------|--|---|-------------|--------------|------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: THE JOCKEY CLUB IS THE BREED REGISTRY FOR THOROUGHBRED HORSES IN THE U.S., CANADA AND PUERTO RICO IT IS DEDICATED TO THE IMPROVEMENT (CONTINUED ON SCHEDULE O) | | | | |
| | 2 | Check this box <input type="checkbox"/> 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) | 3 | 9 | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 | | |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 41 | | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 9 | | |
| | | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 1,032,534 | |
| b | | Net unrelated business taxable income from Form 990-T, line 39 | 7b | (932,747) | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | 0 | Current Year | 0 |
| | 9 | Program service revenue (Part VIII, line 2g) | 9,212,476 | 9,304,648 | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,650,741 | 2,483,584 | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,059,272 | 2,010,764 | | |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,922,489 | 13,798,996 | | |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 1,794,450 | 3,392,083 | |
| | | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 | |
| | | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 4,647,229 | 4,591,933 | |
| | | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 | |
| | | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | 0 | | |
| | | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 7,950,776 | 9,234,862 | |
| | | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 14,392,455 | 17,218,878 | |
| 19 | | Revenue less expenses. Subtract line 18 from line 12 | (1,469,966) | (3,419,882) | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | 63,555,770 | End of Year | 70,021,542 |
| | 21 | Total liabilities (Part X, line 26) | 2,894,415 | 4,396,951 | | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 60,661,355 | 65,624,591 | | |

Part II 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.

| | | |
|------------------|---|------------------|
| Sign Here |  | 11-6-2020 |
| | Signature of officer | Date |
| | LAURA BARILLARO, EXECUTIVE VICE PRESIDENT | |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|---|--|----------------|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | RACHEL SPURLOCK |  | 11/3/2020 | | P00520729 |
| | Firm's name ▶ CROWN LLP | Firm's EIN ▶ | 35-0921680 | | |
| | Firm's address ▶ 488 MADISON AVENUE, FLOOR 3, NEW YORK, NY 10022-5702 | Phone no | (212) 572-5500 | | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1** Briefly describe the organization's mission:
THE ORGANIZATION IS DEDICATED TO THE IMPROVEMENT OF THOROUGHBRED BREEDING AND RACING. IT FULFILLS THAT MANDATE BY SERVING MANY SEGMENTS OF THE INDUSTRY THROUGH ITS SUBSIDIARY COMPANIES AND BY PROVIDING SUPPORT TO A WIDE RANGE OF INDUSTRY INITIATIVES.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE JOCKEY CLUB IS THE BREED REGISTRY FOR THOROUGHBRED HORSES IN THE UNITED STATES, CANADA, AND PUERTO RICO. THE JOCKEY CLUB WAS FORMED IN 1894 AND ASSUMED RESPONSIBILITY FOR MAINTAINING THE AMERICAN STUD BOOK TWO YEARS LATER. THE STUD BOOK ENSURES THE CORRECT PEDIGREE AND IDENTIFICATION OF EVERY THOROUGHBRED AND, AS SUCH, IS ESSENTIAL TO THE INTEGRITY OF THOROUGHBRED BREEDING AND RACING. NORTH AMERICAN OWNERS AND BREEDERS REGISTER APPROXIMATELY 21,500 THOROUGHBREDS ANNUALLY WITH THE JOCKEY CLUB. AN INCREASING NUMBER ARE DOING SO THROUGH THE CONVENIENCE OF THE INTERNET UTILIZING THE JOCKEY CLUB'S INTERACTIVE REGISTRATION™ (IR). THIS IS THE QUICKEST AND EASIEST WAY TO COMPLETE AND SUBMIT THE REQUIREMENTS FOR REGISTRATION AND NAMING OF FOALS, INCLUDING SUBMISSION OF DIGITAL PHOTOGRAPHS. THE ORGANIZATION IS EXPECTED TO REGISTER 21,000 THOROUGHBRED FOALS IN 2019.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

CONFERENCES: SINCE 1953, THE JOCKEY CLUB HAS HELD AN ANNUAL ROUND TABLE CONFERENCE ON MATTERS PERTAINING TO RACING IN SARATOGA SPRINGS, NY. THE TWO-HOUR CONFERENCE HAS FEATURED A MYRIAD OF IMPORTANT TOPICS AND PROMINENT SPEAKERS FROM THE UNITED STATES AS WELL AS ABROAD AND MORE THAN 300 INDUSTRY PARTICIPANTS NOW ATTEND. THE CONFERENCE EXAMINES INITIATIVES AND ACTIONS DESIGNED TO HELP THE THOROUGHBRED INDUSTRY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE PUBLICATION OF THE FACT BOOK, WHICH IS A COMPREHENSIVE STATISTICAL AND INFORMATIONAL GUIDE TO THE THOROUGHBRED INDUSTRY.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **0**

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 | ✓ |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | ✓ |
| 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 | ✓ |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | |
| 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 | ✓ |
| 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 | ✓ |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | ✓ |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | ✓ |
| 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 | ✓ |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | ✓ |
| 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | ✓ |
| 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 | ✓ |
| 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 | ✓ |
| 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 | ✓ |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | ✓ |
| 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 | ✓ |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | ✓ |
| 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 | ✓ |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | ✓ |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | ✓ |
| 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 | ✓ |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | ✓ |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | ✓ |
| 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? If "Yes," complete Schedule G, Part I (see instructions) | 17 | ✓ |
| 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 | ✓ |
| 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 | ✓ |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | ✓ |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | ✓ |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 25a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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): | <input type="checkbox"/> | <input type="checkbox"/> |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|------------|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 41 |
| 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 | ✓ |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | ✓ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | ✓ |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | ✓ |
| 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 | ✓ |
| 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). | | |
| a | 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 | |
| c | 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 | 7d | |
| e | 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | 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 | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 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 | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | ✓ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | ✓ |

Form 990 (2019)

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

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

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 | 1a | 9 |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| b Enter the number of voting members included on line 1a, above, who are independent | 1b | 9 |
| 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 | <input checked="" type="checkbox"/> |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | <input checked="" type="checkbox"/> |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | <input checked="" type="checkbox"/> |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | <input checked="" type="checkbox"/> |
| 6 Did the organization have members or stockholders? | 6 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | 8a | <input checked="" type="checkbox"/> |
| b Each committee with authority to act on behalf of the governing body? | 8b | <input checked="" type="checkbox"/> |
| 9 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 on Schedule O | 9 | <input checked="" type="checkbox"/> |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|-----|-------------------------------------|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | <input checked="" type="checkbox"/> |
| b 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? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | <input checked="" type="checkbox"/> |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | <input checked="" type="checkbox"/> |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | <input checked="" type="checkbox"/> |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | <input checked="" type="checkbox"/> |
| 13 Did the organization have a written whistleblower policy? | 13 | <input checked="" type="checkbox"/> |
| 14 Did the organization have a written document retention and destruction policy? | 14 | <input checked="" type="checkbox"/> |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | <input checked="" type="checkbox"/> |
| b Other officers or key employees of the organization | 15b | <input checked="" type="checkbox"/> |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)

19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records ►
 LAURA BARILLARO, 40 EAST 52ND STREET 15TH FLOOR, NEW YORK, NY 10022, (212) 371-5970, FAX: (212) 371-6123

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) STUART S. JANNEY, III CHAIRMAN | 1.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (2) WILLIAM M. LEAR JR VICE CHAIRMAN | 1.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (3) IAN HIGHET SECRETARY/TREASURER | 1.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (4) BARBARA BANKE STEWARD | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (5) C. STEVEN DUNCKER STEWARD | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (6) J. MICHAEL O'FARRELL JR. STEWARD | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (7) WILLIAM S. FARISH JR. STEWARD (THROUGH AUGUST 2019) | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (8) EVERETT R DOBSON STEWARD | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (9) JOHN W PHILLIPS STEWARD | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (10) VINNE VIOLA STEWARD (BEGINNING AUGUST 2019) | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (11) JAMES L. GAGLIANO PRESIDENT | 40.0 | | | ✓ | | | | 777,913 | 0 | 58,223 |
| (12) MATT IULIANO EXECUTIVE DIRECTOR | 40.0 | | | ✓ | | | | 394,309 | 0 | 54,943 |
| (13) LAURA BARILLARO EXECUTIVE VICE PRESIDENT | 40.0 | | | ✓ | | | | 370,395 | 0 | 35,310 |
| (14) MARC SUMMERS VICE PRESIDENT & GENERAL COUNSEL | 40.0 | | | | | ✓ | | 342,301 | 0 | 54,105 |

Form 990 (2019)

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) RICK BAILEY REGISTRAR | 40.0 | | | | | ✓ | | 152,497 | 0 | 29,589 |
| (16) ERICA LAPP CONTROLLER | 40.0 | | | | | ✓ | | 127,125 | 0 | 9,338 |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 2,164,540 | 0 | 241,508 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 2,164,540 | 0 | 241,508 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | ✓ |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | ✓ | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | ✓ |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report 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 |
|---|--------------------------------|---------------------|
| SSI ACCOUNTING DEPARTMENT, 211 N UNION STREET, SUITE 100, ALEXANDRIA, VA 22314 | CONSULTING SERVICES | 1,035,064 |
| XENOPHON STRATEGIES, INC., 1120 G STREET SW, SUITE 450, WASHINGTON, DC 20005 | PUBLIC RELATIONS | 372,372 |
| THE REGENTS OF U.C., UNIVERSITY OF CALIFORNIA DAVIS, PO BOX 989062, WEST SACRAMENTO, CA 95798 | DNA TYPING | 320,550 |
| NATIONAL ECONOMIC RESEARCH ASSOCIATES, INC., PO BOX 7247-6754, PHILADELPHIA, PA 19170 | ECONOMIC RESEARCH | 128,445 |
| STOLL KEENON OGDEN, PLLC, 300 WEST VINE ST, STE 2100, LEXINGTON, KY 40507-1801 | LEGAL SERVICES | 123,589 |
| 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 | 5 | |

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---|----------------|---|--|--------------------------------------|---|-----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f | | | 0 | | | |
| Program Service Revenue | | | | Business Code | | | | |
| | 2a | REGISTRY FEES | 900099 | 8,973,891 | 8,973,891 | | | |
| | b | DATA SALES | 561110 | 260,257 | 260,257 | | | |
| | c | MEMBERSHIP DUES | 900099 | 70,500 | 70,500 | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | 0 | 0 | 0 | 0 | |
| g | Total. Add lines 2a-2f | | | 9,304,648 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 397,416 | | | 397,416 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | (i) Real | (ii) Personal | | | | |
| | | | 6a | 687,400 | | | | |
| | | | b | Less: rental expenses | 6b | 634,840 | | |
| | c | Rental income or (loss) | 6c | 52,560 | 0 | | | |
| | d | Net rental income or (loss) | | | 52,560 | | | 52,560 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | 7a | 14,016,550 | | | | |
| | | | b | Less: cost or other basis and sales expenses | 7b | 11,930,382 | | |
| | c | Gain or (loss) | 7c | 2,086,168 | 0 | | | |
| | d | Net gain or (loss) | | | 2,086,168 | | | 2,086,168 |
| | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | b | Less: direct expenses | 8b | | | | | |
| | c | Net income or (loss) from fundraising events | | | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | | Business Code | | | | |
| | 11a | ADMINISTRATIVE SERVICES | 561110 | 1,032,534 | | 1,032,534 | | |
| | b | REIMBURSEMENTS | 900099 | 914,364 | 914,364 | | | |
| | c | MISCELLANEOUS REVENUE | 900099 | 11,306 | 11,306 | | | |
| | d | All other revenue | | 0 | 0 | 0 | 0 | |
| e | Total. Add lines 11a-11d | | | 1,958,204 | | | | |
| 12 | Total revenue. See instructions | | | 13,798,996 | 10,230,318 | 1,032,534 | 2,536,144 | |

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 3,371,083 | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 21,000 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,740,389 | | | |
| 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 | 2,339,464 | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 121,550 | | | |
| 9 Other employee benefits | 169,066 | | | |
| 10 Payroll taxes | 221,464 | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 717,058 | | | |
| c Accounting | 93,293 | | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 28,876 | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 1,286,539 | | | |
| 12 Advertising and promotion | 42,724 | | | |
| 13 Office expenses | 580,109 | | | |
| 14 Information technology | 2,657,551 | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 454,569 | | | |
| 17 Travel | 276,390 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 185,594 | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 446,637 | | | |
| 23 Insurance | 203,486 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a DNA LAB COSTS | 343,612 | | | |
| b THOROUGHbred INCENTIVE PROGRAM | 257,589 | | | |
| c PURCHASED DATA | 54,399 | | | |
| d MICROCHIP EXPENSE | 106,014 | | | |
| e All other expenses | 1,500,422 | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 17,218,878 | | | |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 600 | 1 | 600 |
| | 2 Savings and temporary cash investments | 7,270,316 | 2 | 5,427,612 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 182,130 | 4 | 145,101 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 6,300 | 8 | 2,706 |
| | 9 Prepaid expenses and deferred charges | 1,380,948 | 9 | 2,362,095 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 13,619,127 | | |
| | b Less: accumulated depreciation | 10b 8,915,713 | | |
| | 11 Investments—publicly traded securities | 25,053,733 | 11 | 29,840,417 |
| | 12 Investments—other securities. See Part IV, line 11 | 11,469,101 | 12 | 9,675,730 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 15,082,702 | 15 | 17,863,867 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 63,555,770 | 16 | 70,021,542 | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,521,034 | 17 | 4,060,730 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 71,839 | 19 | 56,243 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | 301,542 | 25 | 279,978 |
| | 26 Total liabilities. Add lines 17 through 25 | 2,894,415 | 26 | 4,396,951 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 60,661,355 | 27 | 65,624,591 |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 60,661,355 | 32 | 65,624,591 |
| 33 Total liabilities and net assets/fund balances | 63,555,770 | 33 | 70,021,542 | |

Form **990** (2019)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 13,798,996 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 17,218,878 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | (3,419,882) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 60,661,355 |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,581,963 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 3,801,155 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 65,624,591 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | <input checked="" type="checkbox"/> |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <input checked="" type="checkbox"/> | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | <input checked="" type="checkbox"/> | |
| 3a 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? | | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

Form **990** (2019)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|---|--|
| Name of organization THE JOCKEY CLUB | Employer identification number 13-0888345 |
|---|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Cat No. 50084S

Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|------------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 ✓ | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | ✓ |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | ✓ |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE JOCKEY CLUB

Employer identification number
13-0888345

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

| | |
|---|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. | Held at the End of the Tax Year |
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ | |
| 4 Number of states where property subject to conservation easement is located ▶ | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

| | |
|---|--|
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$ | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$ | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 200,000 | | 200,000 |
| b Buildings | | 4,100,000 | 3,969,841 | 130,159 |
| c Leasehold improvements | | 3,468,638 | 771,152 | 2,697,486 |
| d Equipment | | 3,394,241 | 2,683,572 | 710,669 |
| e Other | | 2,456,248 | 1,491,148 | 965,100 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 4,703,414 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) INVESTMENT IN SUBSIDIARIES | 2,749,463 | COST |
| (B) ALTERNATIVE INVESTMENTS | 6,926,267 | END OF YEAR MARKET VALUE |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 9,675,730 | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) INTERCOMPANY RECEIVABLE | 17,850,362 |
| (2) EMPLOYEE ADVANCES | 517 |
| (3) OTHER ASSETS | 12,988 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 17,863,867 |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DEFERRED RENT | 64,769 |
| (3) POST RETIREMENT MEDICAL ADJUSTMENT | 12,350 |
| (4) OTHER LIABILITIES | 202,859 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 279,978 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information.

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.

SEE STATEMENT

Part XIII

Supplemental Information. 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.

| Return Reference - Identifier | Explanation |
|--|--|
| SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE | <p>TJC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE AND IS ALSO EXEMPT FROM CERTAIN STATE AND LOCAL INCOME TAXES.</p> <p>TJC FILES FEDERAL, STATE AND LOCAL INCOME TAX RETURNS FOR ITS COMMERCIAL SUBSIDIARIES. TJC ACCOUNTS FOR INCOME TAXES USING THE LIABILITY METHOD, WHICH REQUIRES THE DETERMINATION OF DEFERRED TAX ASSETS AND LIABILITIES, BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL STATEMENT AND TAX BASES OF ASSETS AND LIABILITIES, USING ENACTED TAX RATES IN EFFECT FOR THE YEAR IN WHICH DIFFERENCES ARE EXPECTED TO REVERSE. THE NET DEFERRED TAX ASSET MAY BE ADJUSTED BY A VALUATION ALLOWANCE, IF, BASED ON THE WEIGHT OF AVAILABLE EVIDENCE, IT IS MORE LIKELY THAN NOT THAT SOME PORTION OR ALL OF THE NET DEFERRED TAX ASSET WILL NOT BE REALIZED.</p> <p>ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRESCRIBE RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TAX BENEFITS WILL BE RECOGNIZED ONLY IF THE TAX POSITION IS MORE LIKELY THAN NOT SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED WILL BE 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 WILL BE RECORDED. TJC HAS CONCLUDED THAT IT IS UNAWARE OF ANY TAX BENEFITS OR LIABILITIES TO BE RECOGNIZED AT DECEMBER 31, 2019 AND 2018.</p> <p>FOR MAJOR TAX JURISDICTIONS, TJC AND ITS SUBSIDIARIES ARE GENERALLY SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THE THREE TO FOUR YEARS AFTER A TAX RETURN IS FILED. TJC DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE SUBSIDIARIES OF TJC WOULD RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THERE WERE NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF DECEMBER 31, 2019 AND 2018.</p> |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization
THE JOCKEY CLUB

Employer identification number
13-0888345

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) NORTH AMERICA (CANADA & MEXICO ONLY) | 0 | 0 | PROGRAM SERVICES | SERVICE AGREEMENT | 37,000 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | 0 | 0 | | | 37,000 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 37,000 |

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

Cat. No. 50082W

Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Schedule F (Form 990) 2019

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 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) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990) ☐ Yes ☒ 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 ☒ No
- 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 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) ☐ Yes ☒ No
- 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2019

Part V

Supplemental Information. 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).

| Return Reference - Identifier | Explanation |
|---|---|
| SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL |

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE JOCKEY CLUB

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2019

**Open to Public
Inspection**

Employer identification number
13-0888345

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) RACING MEDICATION TESTING & CONSORTIUM 821 CORPORATE DRIVE, LEXINGTON, KY 40503 | 72-1559413 | 501(C)(3) | 50,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| (2) (SEE STATEMENT) | 20-4137857 | 501(C)(6) | 50,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| (3) (SEE STATEMENT) | 94-6050420 | 501(C)(3) | 25,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| (4) RACE TRACK CHAPLAINCY OF AMERICA 8146 4TH ST, DOWNEY, CA 90241 | 23-7181877 | 501(C)(3) | 7,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| (5) (SEE STATEMENT) | 45-4783644 | 501(C)(3) | 1,593,975 | 0 | N/A | N/A | GENERAL SUPPORT |
| (6) NATIONAL MUSEUM OF RACING, INC 181 UNION AVE, SARATOGA SPRINGS, NY 12856 | 14-1421321 | 501(C)(3) | 1,000,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| (7) COALITION FOR HORSE RACING INTEGRITY INC 40 E 52ND ST, NEW YORK, NY 10022 | 47-4413280 | 501(C)(4) | 636,908 | 0 | N/A | N/A | GENERAL SUPPORT |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5

3 Enter total number of other organizations listed in the line 1 table 2

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

Cat. No. 50055P

Schedule I (Form 990) (2019)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 SCHOLARSHIPS | 2 | 21,000 | 0 | N/A | N/A |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS. | <p>THE JOCKEY CLUB PROVIDES ASSISTANCE IN GENERAL SUPPORT OF ORGANIZATIONS THAT ARE DEDICATED TO THE IMPROVEMENT OF THOROUGHBRED BREEDING AND RACING AND IS REGULARLY PROVIDED UPDATES ON THE STATUS OF THE ORGANIZATION'S PROGRAMS.</p> <p>THE JOCKEY CLUB SCHOLARSHIP IS AWARDED ANNUALLY TO ONE RECIPIENT. THE RECIPIENT IS A CURRENT OR PROSPECTIVE STUDENT PURSUING A MINIMUM OF A BACHELOR'S DEGREE WITH AN EMPHASIS IN THE EQUINE OR APPLICABLE FIELD OF STUDY THAT COULD BE APPLIED IN THE EQUINE INDUSTRY, WITH PREFERENCE GIVEN TO CANDIDATES EXPRESSING A STRONG INTEREST IN A CAREER IN THE THOROUGHBRED INDUSTRY. THE JOCKEY CLUB REMITS THE SCHOLARSHIP FUNDS DIRECTLY TO THE SCHOLARSHIP RECIPIENT'S COLLEGE OR UNIVERSITY.</p> <p>THE JOCKEY CLUB JACK GOODMAN SCHOLARSHIP IS AWARDED ANNUALLY TO ONE STUDENT AT THE UNIVERSITY OF ARIZONA'S RACE TRACK INDUSTRY PROGRAM AND IS BASED ON ACADEMIC ACHIEVEMENT, A PROPOSED CAREER PATH IN THE THOROUGHBRED RACING INDUSTRY, AND PREVIOUS INDUSTRY INVOLVEMENT.</p> |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | <p>(2) RACING OFFICE AND ACCREDITATION PROGRAM</p> <p>821 CORPORATE DRIVE, LEXINGTON, KY 40503</p> |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | <p>(3) HUMANE SOCIETY OF THE UNITED STATES</p> <p>700 PROFESSIONAL DRIVE, GATHERSBURG, MD 20879</p> |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | <p>(5) THOROUGHBRED AFTERCARE ALLIANCE FOUNDATION</p> <p>821 CORPORATE DRIVE, LEXINGTON, KY 40503</p> |

**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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization
THE JOCKEY CLUB

Employer identification number
13-0888345

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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.

| | Yes | No |
|-----------|-----|----|
| 1b | ✓ | |

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

| | | |
|----------|---|--|
| 2 | ✓ | |
|----------|---|--|

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

| | | |
|-----------|--|---|
| 4a | | ✓ |
| 4b | | ✓ |
| 4c | | ✓ |

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

| | | |
|-----------|--|--|
| 5a | | |
| 5b | | |

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

| | | |
|-----------|--|--|
| 6a | | |
| 6b | | |

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

| | | |
|----------|--|--|
| 7 | | |
|----------|--|--|

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

| | | |
|----------|--|--|
| 8 | | |
|----------|--|--|

9 If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| LAURA BARILLARO | (i) | 259,577 | 109,300 | 1,518 | 16,800 | 18,510 | 405,705 | 0 |
| 1 EXECUTIVE VICE PRESIDENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MATT IULIANO | (i) | 261,852 | 128,100 | 4,357 | 16,800 | 38,143 | 449,252 | 0 |
| 2 EXECUTIVE DIRECTOR | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES L. GAGLIANO | (i) | 385,108 | 385,000 | 7,805 | 16,800 | 41,423 | 836,136 | 0 |
| 3 PRESIDENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RICK BAILEY | (i) | 135,057 | 16,800 | 640 | 9,466 | 20,123 | 182,086 | 0 |
| 4 REGISTRAR | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARC SUMMERS | (i) | 235,766 | 105,700 | 815 | 16,800 | 37,305 | 398,406 | 0 |
| 5 VICE PRESIDENT & GENERAL COUNSEL | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2019

Part III

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

| Return Reference - Identifier | Explanation |
|--|--|
| SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES AND TAX INDEMNIFICATION AND GROSS-UP PAYMENTS | THE PRESIDENT OF THE ORGANIZATION WAS A MEMBER OF A PRIVATE CLUB TO WHICH MEMBERSHIP DUES WERE PAID BY THE JOCKEY CLUB. REIMBURSEMENT FOR MEMBERSHIP IN THE PRIVATE CLUB WAS GROSSED UP TO COVER INCOME TAX OBLIGATIONS. THE TOTAL AMOUNT REIMBURSED WAS TREATED AS TAXABLE COMPENSATION TO THE PRESIDENT. |
| SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS | TRAVEL FOR COMPANIONS IS GENERALLY LIMITED TO ATTENDANCE BY AN EMPLOYEE'S SPOUSE AT MAJOR RACING EVENTS; HOWEVER, THERE MAY BE OTHER EVENTS WHERE IT IS APPROPRIATE FOR A SPOUSE TO BE PRESENT. REIMBURSEMENT IS LIMITED TO THE COST OF A COACH AIRLINE TICKET FOR THE EMPLOYEE'S SPOUSE. THE ORGANIZATION HAS DETERMINED THAT THIS REIMBURSEMENT IS NOT TAXABLE SINCE IT IS CONSIDERED TO BE A NECESSARY AND ORDINARY BUSINESS EXPENSE OF THE ORGANIZATION. IN 2019, RICK BAILEY AND JAMES GAGLIANO RECEIVED THIS BENEFIT. |

SCHEDULE O
(Form 990 or 990-EZ)Department of 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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the Organization
THE JOCKEY CLUBEmployer Identification Number
13-0888345

| Return Reference - Identifier | Explanation |
|---|--|
| FORM 990, PART I, LINE 1 - BRIEF MISSION | OF THOROUGHbred BREEDING AND RACING AND FULFILLS THAT MANDATE BY SERVING MANY SEGMENTS OF THE INDUSTRY THROUGH ITS SUBSIDIARY COMPANIES AND BY SUPPORTING INDUSTRY INITIATIVES |
| FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE | THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIRMAN, VICE CHAIRMAN, AND SECRETARY/TREASURER OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO PERFORM DUTIES INCLUDING MAKING DECISIONS ON BEHALF OF THE ORGANIZATION, APPROVING PRELIMINARY BUDGET, AND EVALUATING EXECUTIVE COMPENSATION, BEFORE SEEKING COMPLETE BOARD APPROVAL. |
| FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS | STEWARDS OF THE JOCKEY CLUB MAY HAVE ONGOING BUSINESS RELATIONSHIPS WITH EACH OTHER IN THE COURSE OF MANAGING THEIR THOROUGHbred INTERESTS; HOWEVER, THOSE BUSINESS RELATIONSHIPS DO NOT IMPACT THE JOCKEY CLUB OPERATIONALLY, NOR DO THEY HAVE ANY IMPACT ON ANY BOARD DECISIONS MADE ON THE JOCKEY CLUB'S BEHALF - BUSINESS RELATIONSHIP |
| FORM 990, PART VI, LINE 8 - CLASSES OF MEMBERS OR STOCKHOLDERS | THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION MADE UP OF DUES PAYING MEMBERS FROM THE EQUINE INDUSTRY. PERSONS SHALL BE ADMITTED TO MEMBERSHIP BY THE BOARD OF STEWARDS. |
| FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY | THE MEMBERS OF THE ORGANIZATION VOTE IN AN ANNUAL ELECTION FOR THE BOARD OF STEWARDS |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY | THE FORM 990 WAS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM. A COPY OF THE FORM WAS PRESENTED TO MANAGEMENT FOR REVIEW AND APPROVAL. IT WAS SUBMITTED TO THE FULL BOARD AND REVIEWED BY THE PRESIDENT AND CHIEF FINANCIAL OFFICER ON BEHALF OF THE BOARD PRIOR TO FILING WITH THE IRS. |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY | UPON HIRING, EVERY EMPLOYEE OF THE JOCKEY CLUB IS REQUIRED TO COMPLETE A FORMAL DISCLOSURE AND CONFLICT OF INTEREST REPORT. EMPLOYEES ARE REQUIRED TO INFORM THE JOCKEY CLUB OF ANY OWNERSHIP OF A THOROUGHbred (IN WHOLE OR IN PART), ANY VESTED INTEREST IN AN ORGANIZATION RELATED TO THE THOROUGHbred INDUSTRY, OR IF THEY PERFORM ANY THOROUGHbred INDUSTRY RELATED SERVICES OUTSIDE THEIR SCOPE OF EMPLOYMENT WITH THE JOCKEY CLUB. THIS IS AN ONGOING DOCUMENT AND THE EMPLOYEE IS REQUIRED TO UPDATE IT FOR ANY CHANGES THAT OCCUR ON A TIMELY BASIS. COMPLETION OF THE REPORT IS A CONDITION OF EMPLOYMENT BY THE JOCKEY CLUB. STEWARDS ALSO SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT AND RECUSE THEMSELVES FROM VOTING ON ISSUES FOR WHICH THERE EXISTS A CONFLICT. |
| FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | COMPENSATION FOR THE PRESIDENT CONSISTS OF TWO COMPONENTS: BASE SALARY AND INCENTIVE COMPENSATION. INCENTIVE COMPENSATION IS BASED ON ACHIEVEMENT OF A COMBINATION OF QUANTITATIVE AND QUALITATIVE GOALS THAT IS AT THE DISCRETION OF THE CHAIRMAN AND THE EXECUTIVE OFFICERS AND IS ULTIMATELY APPROVED BY THE BOARD OF STEWARDS. THE OBJECTIVE OF THE COMPENSATION PROGRAM IS THAT THE COMBINATION OF BASE PLUS INCENTIVE COMPENSATION AT 100% ACHIEVEMENT OF PRE-DETERMINED GOALS EQUATES TO MARKET BASED COMPENSATION. TOTAL COMPENSATION (BASE PLUS INCENTIVE) FOR THE PRESIDENT IS REVIEWED BY THE CHAIRMAN AND EXECUTIVE OFFICERS AND IS PRESENTED TO THE BOARD OF STEWARDS ANNUALLY FOR APPROVAL PRIOR TO INCLUSION IN THE ANNUAL BUDGET. COMPENSATION OF COMPARABLE POSITIONS ARE REVIEWED IN THE DETERMINATION OF THE PRESIDENT'S COMPENSATION. THE COMPENSATION COMPARABILITY ANALYSIS WAS COMPLETED IN 2015 AND IS USED BY THE ORGANIZATION TO REVIEW AND DETERMINE COMPENSATION ON AN ANNUAL BASIS. THIS PROCESS WAS LAST COMPLETED IN 2019. DETERMINATION OF INCENTIVE COMPENSATION INCLUDES THE EVALUATION OF QUANTITATIVE AND QUALITATIVE GOALS FOR THE YEAR. QUANTITATIVE GOALS ARE BASED PRIMARILY ON ACHIEVING CONSOLIDATED OPERATING RESULTS FOR THE JOCKEY CLUB, WHICH INCLUDES ITS FOR-PROFIT, TAXABLE SUBSIDIARIES. INCENTIVE COMPENSATION, ONCE DETERMINED, IS ACCRUED IN THE CURRENT YEAR BUT PAYMENT IS NOT MADE UNTIL THE FOLLOWING YEAR PENDING COMPLETION OF THE CONSOLIDATED AUDIT OF THE JOCKEY CLUB BY AN INDEPENDENT AUDITOR. THUS, INCENTIVE COMPENSATION PAID IN 2019 IS THE RESULT OF THE ACHIEVEMENT OF 2018 PERFORMANCE GOALS, INCLUDING THE RECOGNITION OF CONSOLIDATED OPERATING INCOME. |

| Return Reference - Identifier | Explanation | | | | | | |
|---|--|-----------------|------------|----------------------------------|-------|-----------------------------|-----------|
| FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES | <p>COMPENSATION FOR EACH OF THE JOCKEY CLUB'S OFFICERS AND KEY EMPLOYEES CONSISTS OF TWO COMPONENTS: BASE SALARY AND INCENTIVE COMPENSATION. INCENTIVE COMPENSATION IS BASED ON ACHIEVEMENT OF A COMBINATION OF QUANTITATIVE AND QUALITATIVE GOALS THAT ARE APPROVED BY THE BOARD OF STEWARDS AT THE BEGINNING OF EACH YEAR. THE OBJECTIVE OF THE COMPENSATION PROGRAM IS THAT THE COMBINATION OF BASE PLUS INCENTIVE COMPENSATION AT 100% ACHIEVEMENT OF PRE-DETERMINED GOALS EQUATES TO MARKET BASED COMPENSATION.</p> <p>TOTAL COMPENSATION (BASE PLUS INCENTIVE) IS REVIEWED BY THE PRESIDENT AND IS PRESENTED TO THE BOARD OF STEWARDS FOR APPROVAL ANNUALLY PRIOR TO INCLUSION IN THE ANNUAL BUDGET. COMPENSATION OF COMPARABLE POSITIONS ARE REVIEWED IN THE DETERMINATION OF THE OFFICERS AND KEY EMPLOYEES COMPENSATION. THE COMPENSATION COMPARABILITY ANALYSIS WAS COMPLETED IN 2015 AND IS USED BY THE ORGANIZATION TO REVIEW AND DETERMINE COMPENSATION ON AN ANNUAL BASIS. THIS PROCESS WAS LAST COMPLETED IN 2019.</p> <p>DETERMINATION OF INCENTIVE COMPENSATION INCLUDES THE EVALUATION QUANTITATIVE AND QUALITATIVE GOALS FOR THE YEAR. QUANTITATIVE GOALS ARE BASED PRIMARILY ON ACHIEVING CONSOLIDATED OPERATING RESULTS FOR THE JOCKEY CLUB, WHICH INCLUDES ITS FOR-PROFIT, TAXABLE SUBSIDIARIES. INCENTIVE COMPENSATION, ONCE DETERMINED, IS ACCRUED IN THE CURRENT YEAR BUT PAYMENT IS NOT MADE UNTIL THE FOLLOWING YEAR PENDING COMPLETION OF THE CONSOLIDATED AUDIT OF THE JOCKEY CLUB BY AN INDEPENDENT AUDITOR. THUS, INCENTIVE COMPENSATION PAID IN 2019 IS THE RESULT OF THE ACHIEVEMENT OF 2018 PERFORMANCE GOALS, INCLUDING THE RECOGNITION OF CONSOLIDATED OPERATING INCOME.</p> | | | | | | |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | <p>THE JOCKEY CLUB MAKES ITS FORM 990 AND IRS DETERMINATION LETTER AVAILABLE TO THE PUBLIC BY RETAINING A COPY OF EACH AT ITS CORPORATE OFFICE. ANY INDIVIDUAL REQUESTING A COPY OF THESE DOCUMENTS IS PROVIDED THAT COPY ON THE SAME BUSINESS DAY. THE ORGANIZATION'S FORM 990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION ON WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST, AND AT THE ORGANIZATION'S DISCRETION.</p> | | | | | | |
| FORM 990, PART VIII, LINE 11B - REIMBURSEMENT REVENUE | <p>AMOUNTS REPORTED AS REIMBURSEMENTS REPRESENT THE PERSONNEL (SALARY AND FRINGE BENEFITS) COSTS OF CERTAIN JOCKEY CLUB EMPLOYEES WHO PROVIDE SERVICES TO THE FOLLOWING ORGANIZATIONS:</p> <p>(A) GRAYSON JOCKEY CLUB RESEARCH FOUNDATION 501(C)(3) (B) THE JOCKEY CLUB SAFETY NET FOUNDATION 501(C)(3) (C) RACING OFFICIALS ACCREDITATION PROGRAM 501(C)(6) (D) THOROUGHBRED AFTERCARE ALLIANCE 501(C)(3)</p> <p>REIMBURSEMENTS ARE PURSUANT TO LETTER AGREEMENTS BETWEEN THE PARTIES. ADDITIONALLY, IN ACCORDANCE WITH THE NEW YORK STATE RACING AND WAGERING BOARD RULES, THE JOCKEY CLUB APPOINTS A RACETRACK STEWARD TO SUPERVISE EACH RACE MEETING UNDERTAKEN BY THE THOROUGHBRED RACETRACKS (I.E. NEW YORK RACING ASSOCIATION AND FINGER LAKES RACING ASSOCIATION). THESE PERSONNEL COSTS ARE REIMBURSED BY THE ORGANIZATION CONDUCTING THE RACE MEETING PURSUANT TO LETTER AGREEMENTS BETWEEN THE PARTIES.</p> | | | | | | |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES | <table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>POST RETIREMENT MEDICAL BENEFITS</td><td>1,155</td></tr> <tr> <td>DIVIDENDS FROM SUBSIDIARIES</td><td>3,800,000</td></tr> </table> | (a) Description | (b) Amount | POST RETIREMENT MEDICAL BENEFITS | 1,155 | DIVIDENDS FROM SUBSIDIARIES | 3,800,000 |
| (a) Description | (b) Amount | | | | | | |
| POST RETIREMENT MEDICAL BENEFITS | 1,155 | | | | | | |
| DIVIDENDS FROM SUBSIDIARIES | 3,800,000 | | | | | | |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE JOCKEY CLUB

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number
13-0888345

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) _____ | | | | | |
| (2) _____ | | | | | |
| (3) _____ | | | | | |
| (4) _____ | | | | | |
| (5) _____ | | | | | |
| (6) _____ | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) _____ | | | | | | | |
| (2) _____ | | | | | | | |
| (3) _____ | | | | | | | |
| (4) _____ | | | | | | | |
| (5) _____ | | | | | | | |
| (6) _____ | | | | | | | |
| (7) _____ | | | | | | | |

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

Cat. No. 50135Y

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) (SEE STATEMENT) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) (SEE STATEMENT) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e Loans or loan guarantees by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g Sale of assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i Exchange of assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| m Performance of services or membership or fundraising solicitations by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| o Sharing of paid employees with related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| r Other transfer of cash or property to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a–s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| INCOMPASS SOLUTIONS, INC | A | 30,800 | COST |
| (1) THE JOCKEY CLUB INFORMATION SYSTEMS, INC | A | 147,900 | COST |
| (2) THE JOCKEY CLUB TECHNOLOGY SERVICES, INC | A | 174,700 | COST |
| (3) BLOOD-HORSE LLC | A | 1,003 | COST |
| (4) TJC MEDIA VENTURES, INC | A | 4,900 | COST |
| (5) (SEE STATEMENT) | | | |
| (6) | | | |

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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 regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership (continued)

| (a) Name, address and EIN of related organization | (b) Primary Activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income related, unrelated, excluded from tax under sections 512-514 | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------|---|-------------------------------|---|---------------------------|---------------------------------|-----------------------------------|----|---|----------------------------------|----|--------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (i) BLOOD-HORSE LLC (47-3154845) 3101 BEAUMONT CENTER CIRCLE, SUITE 300, LEXINGTON, KY 40513 | PUBLISHING | KY | N/A | N/A | 33,254 | 1,691,610 | | ✓ | N/A | | ✓ | 51% |

Part IV
Identification of Related Organizations Taxable as a Corporation or Trust (continued)

| (a) Name, address and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C-corp, S-corp or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|----------------------|---|-------------------------------|--|---------------------------|---------------------------------|--------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) THE JOCKEY CLUB RACING SERVICES (13-3561964) 821 CORPORATE DRIVE, LEXINGTON, KY 40503 | DATA COLLECTION | KY | THE JOCKEY CLUB | C CORPORATION | 4,876,977 | 2,520,448 | 100% | ✓ | |
| (2) THE JOCKEY CLUB TECHNOLOGY SERVICES (31-1806729) 821 CORPORATE DRIVE, LEXINGTON, KY 40503 | TECHNOLOGY | KY | TJC HOLDINGS INC | C CORPORATION | 8,859,187 | 1,776,054 | 100% | ✓ | |
| (3) TJC HOLDINGS INC (22-2945037) 821 CORPORATE DRIVE, LEXINGTON, KY 40503 | HOLDING COMPANY | KY | THE JOCKEY CLUB | C CORPORATION | 653,762 | 4,749,385 | 100% | ✓ | |
| (4) INCOMPASS SOLUTIONS, INC. (72-1119283) 821 CORPORATE DRIVE, LEXINGTON, KY 40503 | SOFTWARE SALES | KY | TJC HOLDINGS INC | C CORPORATION | 5,428,766 | 4,181,550 | 100% | ✓ | |
| (5) THE JOCKEY CLUB INFORMATION SYSTEMS, INC (61-1363784) 821 CORPORATE DRIVE, LEXINGTON, KY 40503 | INFORMATION | KY | TJC HOLDINGS INC | C CORPORATION | 7,368,865 | 2,208,197 | 100% | ✓ | |
| (6) TJC MEDIA VENTURES, INC (45-4354839) 821 CORPORATE DRIVE, LEXINGTON, KY 40503 | FAN DEVELOPMENT | KY | TJC HOLDINGS INC | C CORPORATION | 331,612 | 414,187 | 100% | ✓ | |

Part V**Transactions with Related Organizations (continued)**

| (a) Name of other organization | (b) Transaction type (a-e) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------|---------------------|---|
| (6) INCOMPASS SOLUTIONS, INC | S | 152,479 | COST |
| (7) THE JOCKEY CLUB INFORMATION SYSTEMS, INC | S | 220,913 | COST |
| (8) THE JOCKEY CLUB RACING SERVICES, INC. | S | 1,818,809 | COST |
| (9) THE JOCKEY CLUB TECHNOLOGY SERVICES, INC | S | 218,139 | COST |
| (10) THE JOCKEY CLUB INFORMATION SYSTEMS, INC | O | 207,573 | COST |
| (11) THE JOCKEY CLUB RACING SERVICES, INC | O | 118,809 | COST |
| (12) THE JOCKEY CLUB TECHNOLOGY SERVICES, INC | O | 193,080 | COST |
| (13) INCOMPASS SOLUTIONS, INC | O | 151,756 | COST |
| (14) TJC HOLDINGS INC | F | 2,300,000 | COST |
| (15) THE JOCKEY CLUB RACING SERVICES, INC. | F | 1,500,000 | COST |
| (16) BLOOD-HORSE LLC | L | 101,000 | COST |