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Department of the Treasury Internal Revenue Service

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

08

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u> I	or th	e 2008 calendar year, or tax year beginning $JUL 1$, 2008 and ending	3 JUN 30, 2009	
В	Check if	Please C Name of organization	D Employer identifi	cation number
Г	Addre	usoino		
	Name	type D : D	75-1	790417
	Initial return	See Number and street (or P O box if mail is not delivered to street address) Room/s		
	Termi ation	Instruc-	(817	
느	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,142,395.
L	Application pendi		H(a) Is this a group re	
	•	F Name and address of principal officer: HOWARD PENA	for affiliates?	Yes X No
		same as C above empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	H(b) Are all affiliates inc	
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 te: ► www.fwsss.com	H(c) Group exemptio	list. (see instructions)
			Year of formation 1980	
	ert I	Summary	rear or formation 22 00 j to	otate or legal definence ====
		Briefly describe the organization's mission or most significant activities: TO PROVI	DE MEANS FOR	
Activities & Governance	[AGRICULTURAL YOUTH TO FURTHER THEIR EDUCATION	NAL AND VOCAT	IONAL
EL.		Check this box If the organization discontinued its operations or disposed of r		
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
2	4	Number of independent voting members of the governing body (Part VI, line 1b)	. 4	14
es	5	Total number of employees (Part V, line 2a)	5	0
ivit	ł	Total number of volunteers (estimate if necessary)	6	110
Act		Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b_	Net unrelated business taxable income from Form 990-T, line 34	7b	
		Contributions and greats (Dark VIII. line 11b)	Prior Year 222,997.	Current Year 180,082.
Jue .		Contributions and grants (Part VIII, line 1h)	39,298.	100,002.
Revenue	l	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,364.	32,750.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,777,192.	1,610,158.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,089,851.	1,822,990.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,803,067.	1,730,000.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		
Ş	l .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
xpe	b	Total fundraising expenses (Part IX, column (D) line 25) 45, 105.		
ш	17	Other expenses (Partix control VA) Hires 11a-11d, 11f-24f)	55,966.	73,259.
		Total expenses. Add lines 13-17 (must equal Cart IX, column (A), line 25)	1,859,033.	1,803,259.
- 8	19_	Revenue less expenses. Subtract line 18 from the 12	230,818.	19,731.
ts or		Total assets (Philit V line 16)	Beginning of Year	End of Year
SSE	20	Total assets (Farty, line 10)	1,283,038.	1,302,769.
Net Assets or Fund Balances	21	Total liabilities (Part x) line 26 1	1,283,038.	1,302,769.
Þ	22 irt 11	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	1,203,030.	1,302,703.
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my knowledge	ge and belief, it is true, correct,
⊇ ⊃ Sigr		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowl	edge 12	
⊃ `Sigr	n	Loward ten	10/0	9
Her		Signature of officer	Date	
•		HOWARD PENA, CHAIRMAN		
		Type or print name and title	I a	
Paid	1	Preparer's Date	Check if Prepare	er's identifying number structions)
	arer's	signature Wallton Group LLC	employed	
		The matricol group, the	EIN P	
Use	ا	self-employed), address, and Fort Worth Toyas 76109	D	17_721_1155
DNA.		Fort Worth, Texas 76109	Phone no	17-731-1155 X Yes No
) ,,,,a,		RS discuss this return with the preparer shown above? (see instructions)	instructions	X Yes No Form 990 (2008)
6320	01 12-1	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	maductions.	(2000)

1	Briefly describe the organization's mission:		_
	FORT WORTH STOCK SHOW SYNDICATE SUPPORTS THE JUNIOR LIVESTOCK THE SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW.	SHOW OF	···
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 [2	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
4	If "Yes", describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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)
	SUPPORT THE JUNIOR LIVESTOCK SHOW OF THE SOUTHWESTERN EXPOSIT LIVESTOCK SHOW. RESALE PROCEEDS ARE CONTRIBUTED TO OTHER 501(
	ORGANIZATIONS.	-1131	
			
4b)
4b	THE JAMES M. "JIM BOB" NORMAN SCHOLARSHIP FUND GRANTS & SCHOLARSHIP)
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4b	THE JAMES M. "JIM BOB" NORMAN SCHOLARSHIP FUND GRANTS & SCHOLA EACH YEAR (LIMITED TO EIGHT SEMESTERS PER SCHOLARSHIP) TO 4-H)
4b	THE JAMES M. "JIM BOB" NORMAN SCHOLARSHIP FUND GRANTS & SCHOLA EACH YEAR (LIMITED TO EIGHT SEMESTERS PER SCHOLARSHIP) TO 4-H)
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	THE JAMES M. "JIM BOB" NORMAN SCHOLARSHIP FUND GRANTS & SCHOLA EACH YEAR (LIMITED TO EIGHT SEMESTERS PER SCHOLARSHIP) TO 4-H)
4 c	THE JAMES M. "JIM BOB" NORMAN SCHOLARSHIP FUND GRANTS & SCHOLEACH YEAR (LIMITED TO EIGHT SEMESTERS PER SCHOLARSHIP) TO 4-H (Code:)(Expenses \$ including grants of \$)(Revenue \$)
	THE JAMES M. "JIM BOB" NORMAN SCHOLARSHIP FUND GRANTS & SCHOLEACH YEAR (LIMITED TO EIGHT SEMESTERS PER SCHOLARSHIP) TO 4-H (Code:)(Expenses including grants of)(Revenue))

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		1	
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
-	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
47	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
17		18	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21	X	-21
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	22	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		
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 questions 24b-24d and complete Schedule K.	04		X
	If "No", go to question 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	'		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>
		Form	990 (2	2008)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
ь	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		<u> X</u>
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ <u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?] .		
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>_X</u>
34	Was the organization related to any tax-exempt or taxable entity?	}		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
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	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ليبا	<u> X</u>
		Earm	000 /	יםחחבי

	The state of the s				
		-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	0			ĺ
b	•	0			
C			-		ļ
	(gambling) winnings to prize winners?	ļ.	1c		X
2 a	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	0			İ
Ь		-	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	1			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a		X
ь		-	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-	4a		
D	If "Yes," enter the name of the foreign country:		- 1		ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and				ĺ
. .	Financial Accounts.	1		- 1	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u> </u> -	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	tod -	30		
Ç	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohib Tax Shelter Transaction?	neu	5c	}	
8-	Did the organization solicit any contributions that were not tax deductible?	<u> </u>	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
Ü	were not tax deductible?		6ь		
7	Organizations that may receive deductible contributions under section 170(c).				
a	The state of the s	1	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Γ	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	Γ			
•	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		1		
	benefit contract?	L	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	L	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	L	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)		1		
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		- 1		ĺ
	excess business holdings at any time during the year?	<u> </u>	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		- 1		Ė
а	Did the organization make any taxable distributions under section 4966?	Ļ	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	9b		
10	Section 501(c)(7) organizations. Enter: N/A				ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12				É
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1		
11	Section 501(c)(12) organizations. Enter: N/A			İ	į
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)		_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ļ.	12a		-
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			000	0000
			rorm	990 (ZUU8)

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				
	•			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,				
	processes, or changes in Schedule O. See instructions.				
1a	Enter the number of voting members of the governing body	14			
b	Enter the number of voting members that are independent . 1b	14			
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?	L	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	Ī			
	of officers, directors or trustees, or key employees to a management company or other person?	L	3 _		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	L	4		<u>X</u> _
5	Did the organization become aware during the year of a material diversion of the organization's assets?	L	5		X
6	Does the organization have members or stockholders?	L	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body? .	L	7a		<u>X</u> _
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:				
а	The governing body?	L	8a	X	
b	Each committee with authority to act on behalf of the governing body?	L	8ь	X	
9a	Does the organization have local chapters, branches, or affiliates?		9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	- }			
	and branches to ensure their operations are consistent with those of the organization?	_	9b_		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			1	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	-	10	_X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		<u>X</u>
<u>Sec</u>	tion B. Policies				
		Γ-		Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	-	12a		<u>X</u> _
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	J			
	to conflicts?	-	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	l			
	in Schedule O how this is done	-	12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?	-	14		Х
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:				v
	The organization's CEO, Executive Director, or top management official?		15a_		<u>X</u>
Ь	Other officers or key employees of the organization?	-	15b		X
	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	ŀ			v
	taxable entity during the year?	-	16a		X
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation				
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	able f	or		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	y, and	d fina	ncıal	
	statements available to the public.		_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nızatı	on: 🕨		
	HOWARD PENA - 817-222-7208				
2200	3430 MCCART, FORT WORTH, TX 76110				

832006 12-18-08

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	Position (check all that apply)					(V)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual frustee or director	Institutional frustice	Officer	Key employee	Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
HOWARD PENA	1 00								•	^
CHAIRMAN	1.00	X	-		L	├	<u> </u>	0.	0.	0.
TREY GORDON VICE CHAIRMAN: MEMBERSHI	1.00	X						0.	0.	0.
JOE MONTELEONE										i
VICE CHAIRMAN: SCHOLARSH	1.00	X				_	<u> </u>	0.	0.	0.
BLAIR NORMAN VICE CHAIRMAN: SPONSORSH	1.00	x						0.	0.	0.
JOHN PEARCE		-		Ì	_	-				
VICE CHAIRMAN: SPECIAL E	1.00	X		<u> </u>				0.	0.	0.
SCOTT PRINCE										_
VICE CHAIRMAN: FINANCE	1.00	X		}	_		<u> </u>	0.	0.	0.
LARRY ANFIN COMMITTEE MEMBER	1.00	X						0.	0.	0.
EDDIE ARGUIJO										
COMMITTEE MEMBER	1.00	X	ļ_	<u> </u>		ļ		0.	0.	0.
DOUG CASSIDY COMMITTEE MEMBER	1.00	x						0.	0.	0.
BRYAN KING		-		1			-			
COMMITTEE MEMBER	1.00	X						0.	0.	0.
KORTNEY PAUL										
COMMITTEE MEMBER	1.00	X	_	ļ	<u> </u>	_	-	0.	0.	0.
JAMES RAINBOLT COMMITTEE MEMBER	1.00	x		1		1		0.	0.	0.
SCOTT SMITH	1.00	^	├	╁	-	\vdash	-			
COMMITTEE MEMBER	1.00	Х		1				0.	0.	0.
PHIL THOMAS								<u> </u>		
COMMITTEE MEMBER	1.00	X	_	-	_	-		0.	0.	0.
		ļ 				_	_			
		_	_			_	_			

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	the organization. NONE		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including those in 1) who rece from the organization ▶ 0	ived more than \$100,000 in compensation	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	olete column (A) but are	not required to comple	ete columns (B), (C), and	
	not include amounts reported on lines 6b, 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 governments and				
	organizations in the U.S. See Part IV, line 21	_1,715,000.	1,715,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	15,000.	15,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			·	
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees):				
а	Management _				
b	Legal .				
С	Accounting	1,255.		1,255.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,000.			2,000.
13	Office expenses	6,016.		6,016.	
14	Information technology	480.		480.	
15	Royalties				
16	Occupancy .				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 270			29,270.
19	Conferences, conventions, and meetings	29,270.			29,270.
20	Interest			_ 	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,080.		4,080.	
23	Insurance .	4,080.		4,000	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below)				
а	PARADES	7,701.			7,701.
b	RODEO TICKETS	6,134.			6,134.
c	CONTRACT LABOR	3,763.		3,763.	
d					
е					
f	All other expenses	12,560.		12,560.	
25	Total functional expenses. Add lines 1 through 24f	1,803,259.	1,730,000.	28,154.	45,105.
26	Joint Costs. Check here If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Pa	rt X	Balance Sheet				
			-	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		83,365.	1	58,405
	2	Savings and temporary cash investments		73,812.	2	85,753.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4_	
	5	Receivables from current and former officers, director	ors, trustees, key			
		employees, or other related parties. Complete Part I	of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ned under section			
	1	4958(f)(1)) and persons described in section 4958(c)	(3)(B). Complete			
		Part II of Schedule L		6		
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	•		8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost basis 10	a			
	ь	Less: accumulated depreciation. Complete				
		Part VI of Schedule D	o		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		1,125,861.	12	1,158,611.
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal lines)	e 34)	1,283,038.	16	1,302,769.
	17	Accounts payable and accrued expenses	ļ	17		
	18	Grants payable		18	<u> </u>	
	19	Deferred revenue .		19		
Liabilities	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability. Complete Part IV of Schedu		21		
	22	Payables to current and former officers, directors, tru				
iab		highest compensated employees, and disqualified p				
_		of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated	third parties .		23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check here	and complete			
Ses	[lines 27 through 29, and lines 33 and 34.				
auc	27	Unrestricted net assets			27	
Bal	28	Temporarily restricted net assets			28	
Net Assets or Fund Balance	29	Permanently restricted net assets	► [ए] .		29	
Ē		Organizations that do not follow SFAS 117, check	here X and			
S		complete lines 30 through 34.		0.		0.
set	30	Capital stock or trust principal, or current funds		0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or equipm		1,283,038.	31	1,302,769.
Š	32	Retained earnings, endowment, accumulated incom-	a, or other tunds	1,283,038.	33	1,302,769.
	33	Total net assets or fund balances		1,283,038.	34	1,302,769.
Dat	34	Total liabilities and net assets/fund balances Financial Statements and Reporting		1/205/050.	34	1/302/103.
* 441	K / (4)	Financial Statements and Reporting				Yes No
1	۸۵۵۵	unting method used to prepare the Form 990:	Cash Accrual	Other		
2а		the organization's financial statements compiled or re				2a X
		-		accountant .		2b X
b		the organization's financial statements audited by an		 	oud#	
C		es" to lines 2a or 2b, does the organization have a con-		•	, audil	, 2c
3-		w, or compilation of its financial statements and selected the following statements and selected the compilation requires		مرد ماد		
Ja		result of a federal award, was the organization require and OMB Circular A-133?	o to undergo an addit of ad	ions as sectorul in the Sing	ne Auc	3a X
h		and OMB Circular A-133 r es," did the organization undergo the required audit or	· audite?			3b A
	11 12-18		auditai			Form 990 (2008)
	. 12-10	~~				. 5 554 (2000)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

			ORTH STOCK SI						75	<u> –1790</u>	417	
Part I	Reason	for Public Cha	rity Status (Ali organi	zations mu	ist comple	te this pai	t.) (see ins	tructions)				
The organ	ization is not a	a private foundation	because it is: (Please cl	heck only o	one organi	zation.)						
1 🔲	A church, co	nvention of churche	es, or association of chui	rches desc	ribed in se	ection 170)(b)(1)(A)(ī).				
2	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach So	chedule E.)	ı							
з 🗀	A hospital or	a cooperative hosp	ıtal service organizatıon	described	in section	170(b)(1)	(A)(iii) . (At	tach Sche	dule H.)			
4 🔲	A medical res	search organization	operated in conjunction	with a hos	spital desci	ribed ın s e	ection 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nan	ıe,
	city, and stat	e:										
5 🗀	An organizati	ion operated for the	benefit of a college or u	níversity o	wned or op	perated by	a governi	mental unr	t describe	d in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🔲	A federal, sta	ite, or local governm	nent or governmental un	ıt describe	d in sectio	n 170(b)(1)(A)(v).					
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (Comple	ete Part II.)									
8	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	-	-	ceives: (1) more than 33									
			nctions - subject to certa									
	income and u	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	nızatıon af	ter June 3	0, 197	' 5.
_		509(a)(2). (Complete	•									
10 🖳			perated exclusively to te									
11 📖			perated exclusively for ti									or
	more publicly	supported organization	ations described in secti	ion 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a	a)(3). Chec	k the box	that	
		- *	organization and compl									
	a L Type I				e III - Func	_	-			Type III - C		
e			at the organization is not									n
			than one or more publicl						(a)(1) or se	ection 509	(a)(2).	
f			tten determination from	the IRS th	at it is a Ty	pe I, Type	il, or Type	e III				
		rganization, check t				_			_			
9	_		organization accepted a									
			irectly controls, either a	lone or tog	ether with	persons o	described	in (ii) and (i	III) below,	44.0	Yes	No
	•		upported organization?			•				11g(i)		
		-	n described in (i) above?		•					11g(ii)	 -	<u> </u>
_		•	person described in (i)							11g(iii)	L	<u> </u>
h	Provide the fo	ollowing information	about the organizations	s the organ	lization sup	oports.						
			(iii) Type of	() A la Aba		(a) Did us		(11) 10	tha			
	of supported	(li) EIN	organization	, ,	organizatıon sted ın your			Lorganizatio	on in col l	(iiv)		f
orga	nization		(described on lines 1-9		document?		r support?	(1) organiz	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(555 111511511511517)	-	-		 	-		· · · · · · · · · · · · · · · · · · ·		
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Total												
	rivacy Act an	d Panerwork Redu	ction Act Notice, see t	he Instruc	tions for E	Form agn	<u>1</u>	Schedul	e A (Form	990 or 99	0-F <i>7</i>	2008
	TITELY MULAN	upui Muin Meuu	.~ ~~. :101166, 388 l			J			~ ~ 1. ~	~~~ ~ · · · ·		

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P	Support Schedule for (Complete only if you checked)(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	/i)
Sa	ction A. Public Support	ed the box on line	5, 7, 01 6 01 Fart 1.	<u>'</u>			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(a) 2006	(4) 2007	(-) 0000	(0 T-1 1
	Gifts, grants, contributions, and	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
•	membership fees received. (Do not			1	}	1	
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		 		 		
-	ization's benefit and either paid to						
	or expended on its behalf]]	J		
3	The value of services or facilities				 		
Ŭ	furnished by a governmental unit to			1			
	the organization without charge	ſ	[[
4	Total. Add lines 1 · 3					 	
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		[
6	Public Support. Subtract line 5 from line 4						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4				<u></u>	<u> </u>	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	ļ	1				
	and income from similar sources						
9	Net income from unrelated business	}	}		}	}	
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital	ļ	ļ		ļ		
	assets (Explain in Part IV.)	·····					
11	Total support. Add lines 7 through 10	<u></u>		<u> </u>		<u> </u>	
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and sto						<u>▶</u>
	ction C. Computation of Pub					T., [
	Public support percentage for 2008 (•		column (f))		14	%
	Public support percentage from 2007	•	•			15	%
16a	33 1/3% support test - 2008. If the				14 is 33 1/3% or i	more, check this bo	x and
	stop here. The organization qualifies		<u>=</u>				▶
t	33 1/3% support test - 2007. If the	-			t line 15 is 33 1/39	% or more, check th	is box
	and stop here. The organization qua		· · · · · · · · · · · · · · · · · · ·				▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art IV how the organ	ization
	meets the "facts-and-circumstances"	~	·		-		▶∟
t	10% -facts-and-circumstances tes	-					
	more, and if the organization meets t						,
	organization meets the "facts-and-cir		-				₹;
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2008

	ction A. Public Support	<u>Jrganizations</u>	Described in	Section Susta	(Complete only	if you checked the b	ox on line 9 of Part I
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	10 T-4-1
	Gifts, grants, contributions, and	(a) 2004	(b) 2005	(6) 2006	(0) 2007	(e) 2006	(f) Total
•	membership fees received. (Do not					}	
	include any "unusual grants.")	302 336	160,068.	223 708	262,295.	180,082.	1128489.
•	Gross receipts from admissions,	3027330.	100,000.	223,700.	202,293.	100,002.	1120409.
2	merchandise sold or services per-	ļ		ı			1
	formed, or facilities furnished in	ļ					
	any activity that is related to the	1618265.	2047672.	2270804.	1970650.	1929563.	9836954.
_	organization's tax-exempt purpose	1010203.	204/0/2.	2270804.	1970030.	1929363.	9030934.
3	Gross receipts from activities that	}				}	
	are not an unrelated trade or bus-						
	iness under section 513		<u> </u>				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ı İ					
	the organization without charge	1000001	2207740	2404512	222245	2100645	10065443
	Total. Add lines 1 · 5	1920601.	2207740.	2494512.	2232945.	2109645.	10965443.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
þ	Amounts Included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of 1% of the total of lines 9,					i i	
	10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b			· · · · · · · · · · · · · · · · · · ·			10065140
	Public support (Subtract line 7c from line 6)						10965443.
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	1920601.	2207740.	2494512.	2232945.	2109645.	10965443.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	14 000	20 100	22 222	E0 264	22 750	160 245
	and income from similar sources	14,098.	30,100.	33,033.	50,364.	32,750.	160,345.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					30 750	160 045
	Add lines 10a and 10b	14,098.	30,100.	33,033.	50,364.	32,750.	160,345.
11	Net income from unrelated business	ı	i]	
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)			 		<u> </u>	11125788.
14	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						. ▶□
Sec	tion C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2008 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	98.56 %
16	Public support percentage from 2007	Schedule A, Part	IV-A, line 27g		<u>-</u>	16	98.93 %
Sec	tion D. Computation of Inves	stment Income	e Percentage			,	
17	Investment income percentage for 20	08 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	1.44 %
18	Investment income percentage from 2	2007 Schedule A, I	Part IV-A, line 27h			18	1.07 %
19a	33 1/3% support tests - 2008. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	$\triangleright X$
b	33 1/3% support tests - 2007. If the						and _
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	structions	
_					Sch	edule A (Form 99	0 or 990-E Z) 2008

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization **Employer identification number** FORT WORTH STOCK SHOW SYNDICATE 75-1790417 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a-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 Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ 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)? In Part XIV, 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" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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 (i) Revenues included in 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 SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2008

Sche	edule D (Form 990) 2008 FORT WOR	TH_STOCK	SHOW	SYND	CATE				75-17	9041	7 p	age 2
Pa	rt III Organizations Maintaining Co	ollections of A	rt, Hist	orical T	reasures,	or Oth	er S)
3	Using the organization's accession and other i											
	that apply):									,		
а	Public exhibition		d 🔲 L	oan or exc	change prog	rams						
b	Scholarly research			ther								
С	Preservation for future generations											
4	Provide a description of the organization's coll	ections and expla	In how the	y further t	the organizat	tion's ex	empt p	ourpe	ose in Par	t XIV.		
5	During the year, did the organization solicit or i											
	to be sold to raise funds rather than to be main	ntained as part of	the organ	<u>ızatıon's c</u>	ollection?					Yes_		No
Pa	Trust, Escrow and Custodial	Arrangements	. Comple	te if organ	ization answ	vered "Ye	es" to	Form	1990, Par	t IV, line	9, or	
	reported an amount on Form 990, Part	X, line 21.										
1a	is the organization an agent, trustee, custodiar	n or other interme	diary for c	ontribution	ns or other a	ssets no	t inclu	ded				
	on Form 990, Part X?									Yes] No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	ollowing ta	ıble:								
										Amount	t	
C	Beginning balance	•						1c	_ 			
d	Additions during the year	•					Ŀ	1 <u>d</u>				
е	Distributions during the year						Ŀ	1e				
f	Ending balance						L_	1f				
2a	Did the organization include an amount on Form	m 990, Part X, line	21?							Yes		No
	If "Yes," explain the arrangement in Part XIV.											
Pa	† V Endowment Funds. Complete if o	rganization answe	ered "Yes	to Form 9	990, Part IV,	line 10.						
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Th	ree y	ears back	(e) Four	years	back
1a	Beginning of year balance											
b	Contributions			·····								
C	Investment earnings or losses											
ď	Grants or scholarships						·····					
• е	Other expenditures for facilities											
	and programs											********
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year e	end balance held a	as:									
а	Board designated or quasi-endowment		_%									
b	Permanent endowment ▶	%										
C	Term endowment ▶%											
За	Are there endowment funds not in the possess	ion of the organiz	ation that	are held a	ind administe	ered for t	the org	ganız	ation	_		
	by:										Yes	No_
	(i) unrelated organizations							-		3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organizations li	sted as required o	n Schedu	le R?						3b		
4	Describe in Part XIV the intended uses of the o											
Par	t VI Investments - Land, Buildings	, and Equipm	<u>ent. See</u>	Form 990	, Part X, line	10.						
	Description of investment	(a) Cost or o			or other	(c) [)eprec	atio	n	(d) Book	value	Э
		basis (investr	nent)	basis	(other)							
	Land	 				ļ						
b	Buildings											
C	Leasehold improvements .					<u> </u>						
	Equipment .					<u> </u>						
е	Other	<u> </u>				l						
T-4-1	And the second of the Continues of the solid and the Continues of the cont	- 000 D-4VL		- 40/-11								Λ

Schedule D (Form 990) 2008

under FIN 48. 832053 12-23-08

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization	DMU CMOCK CHOR CVA	7D T C	a mr	•			ntification number
	RTH STOCK SHOW SYN Complete if the organization answ				line 1	75-1790 7.	41/
Indicate whether the organization rais	sed funds through any of the following and solicitate and solicitate and solicitate and solicitate art VII) or entity in connection with products or entities (fundraisers) pure	ing activition of attion of attion of attion of attion of attional	vities. non-g gover ising ding o tonal to	Check all that apply covernment grants ment grants events fficers, directors, trusting services? ements under which	stees the f	or Yes	
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) fundi have con contribu	aiser istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ded in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	·						
- Fotal	▶				İ		
3 List all states in which the organizatio		funds	or has	been notified it is ex	empt	from registrati	on or licensing.
HA For Privacy Act and Panenwork Po	dustion Act Notice and the leater	etions	for F	orm 990	Sobo-	tule G (Form)	90 or 990-EZ) 2001

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events LIVESTOCK None (Add col. (a) through AUCTION col. (c)) (event type) (event type) (total number) Revenue Gross receipts 2,043,939 2,043,939. 114,376 114,376. 2 Less: Chantable contributions 1,929,563. 1,929,563 Gross revenue (line 1 minus line 2) Cash prizes Direct Expenses Non-cash prizes 6 Rent/facility costs 319,405 319,405. Other direct expenses 319,405₀ Direct expense summary. Add lines 4 through 7 in column (d) 1,610,158. Net income summary. Combine lines 3 and 8 in column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Non-cash prizes Rent/facility costs Other direct expenses Yes Yes % Yes % No Volunteer labor No 6 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Schedule G (Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 FORT WORTH STOCK SHOW SYNDICATE 75-1790	041		age 3
13 Indicate the percentage of gaming activity operated in: a The organization's facility		Yes	No
b An outside facility 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address:			
Address			***************************************
Gaming manager compensation ▶ \$ Description of services provided ▶			
Description of services provided P			
Director/officer Employee Independent contractor			
Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			

SCHEDULE			And officers.	Grants and Other Assistance to Organizations	to Organizations			OMB No 1545-0047
(rorm 990)			Govern	Governments, and Individuals in the U.S.	uals in the U.S.			2008
Department of the Treasury Internal Revenue Service		▼ Compl	► Complete if the organizatio	n answered "Yes," on F ► Attach to Form 990.	" on Form 990, Pa n 990.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.		Open to Public
Name of the organization	ion FORT WORTH	STOCK	SHOW SYNDICATE	TE		7.00		
Part General In		1						
1 Does the organiz	Does the organization maintain records to substantiate the amount of	substantiate the		or assistance, the	grantees' eligibility	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	stance, and the select	[
criteria used to a	criteria used to award the grants or assistance?	tance?		funds in the United	States			Yes X No
Part It Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	sovernments and	Organizations in the	e United States. C	omplete if the orga	inization answered "Y	es* on Form 990, Part	IV, line 21, for any
1	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipier	nt received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed
1 (a) Name and ac or gov	1 (a) Name and address of organization or government	(p) 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 non-cash assistance	(h) Purpose of grant or assistance
AGRICULTURAL DEVELOPMENT FUND	ILOPMENT FUND							TO PROVIDE MEANS FOR AGRICULTURAL YOUTH TO
P.O. BOX 150								FURTHER EDUCATIONAL /
FORT WORTH, TX 76101	101	75-1824668	501(c)3	1,715,000.	0.			VOCATIONAL OPPORTUNITIES.
	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					
3 Enter total numb	Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice	see the Instructions	for Form 990.				Schedule I (Form 990) 2008

FORT WORTH STOCK SHOW SYNDICATE Schedule | (Form 990) 2008

Page 2

75-1790417

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR STUDENTS WHO ATTEND A TEXAS COLLEGE OR UNIVERSITY TO PURSUE AGRICULTURAL OR LIPE SCIENCES DEGREE.	4	15,000.	•0		•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	n required in Part I,	line 2, and any other	additional information.	

Schedule I (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization	FORT WORTH STOCK SHOW SYNDICATE	Employer identification number 75–1790417
Form 990, Part	I, Line 1, Description of Organization Mis	sion:
OPPORTUNITIES.		
	VI, Section A, line 2: TWO PAST CHAIRMEN A	RE FATHER AND
SON, FRANK AND	FLN NEVE.	
Form 990, Part	VI, Section A, line 10: EXECUTIVE COMMITTE	E REVIEW
Form 990, Part	VI, Section C, Line 19: AVAILABLE UPON REQU	UEST