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Form **990**

Department of the Treasury

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)

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

2009

OMB No 1545-0047

Open to Public

| Λ Fc | r the | 2009 calendar | year, or tax year beginnin | g 01-01-2009 and ending 12-31-200 | α | | Inspection | |
|--------------------------------|---|------------------------------------|--|--|-------------------|--------------------------------------|----------------------------|--|
| | | | C Name of organization | g 01-01-2009 And ending 12-31-200 | , | D Employer ide | entification number | |
| | dress ch | nange use IR | s | | | 75-600251 | .1 | |
| | me chai | label o | | | | E Telephone ni | ımber | |
| | tıal retui | type. S | _ | | No. | (214) 421- | 8701 | |
| | minate | Instru | | O box if mail is not delivered to street addre | ss) Room/suite | G Gross receipts | \$ 33,783,549 | |
| | nended i | | City or town, state or co | uintry, and 7ID ± 4 | | | | |
| | | n pending | DALLAS, TX 75315 | unitry, and zir + 4 | | | | |
| ј Ар | piication | | | | 1 | ı | | |
| | | | Name and address of prin ROLMCKOY | cipal officer | | is a group returi ates? | n for □ Yes 🔽 No | |
| | | | BOX 150009 | | | 1003 | , 165 / 110 | |
| | | dali | as,TX 75315 | | | II affiliates includ | · | |
| <u> </u> | x-exem | npt status 🔽 50 | 01(c) (3) 4 (insert no) | 4947(a)(1) or | _ | o," attach a list ip exemption nu | (see instructions) | |
| | | ::► www bigte> | | | H(c) Grou | ap exemption no | milder F | |
| | | | poration Trust Association | T out on the | | 4006 | # Charles of languages TV | |
| | m of org | Summary | poration Trust Association | Other F- | L Year of fo | rmation 1886 | State of legal domicile TX | |
| | | | e the organization's missi | on or most significant activities | | | | |
| 01 | | TO CONDUCT | AN ANNUAL EDUCATION | NAL AND AGRICULTURAL STATE I | AIR | | | |
| Governance | | - | | | | | | |
| <u> </u> | | | | | | | | |
| 臺 | 2 | Check this box | . ► If the organization di | scontinued its operations or disposed | of more than | 25% of its net | assets | |
| ŝ | | | • | ing body (Part VI, line 1a) | | | | |
| | | | | of the governing body (Part VI, line 1 | | | 5: | |
| Activities & | | | f employees (Part V, line | | , | | 1,63 | |
| Ē | | | of volunteers (estimate if r | | | 6 | | |
| ্ব ব | | | • | from Part VIII, column (C), line 12 | | | <u> </u> | |
| | | • | | rom Form 990-T, line 34 | • | 7. | | |
| | - | | sasmoss taxaste meeme i | | Pric | or Year | Current Year | |
| | 8 Contributions and grants (Part VIII, line 1h) | | | | | 3,544,117 | 3,032,430 | |
| ≗ | 9 Program service revenue (Part VIII, line 2g) | | | | | 33,097,306 | 29,443,531 | |
| Reveni | 10 | | · · · · · · · · · · · · · · · · · · · | (A), lines 3, 4, and 7d) | | 382,092 | 208,982 | |
| 歪 | 11 | | • | ines 5, 6d, 8c, 9c, 10c, and 11e) | | -703,739 | -653,199 | |
| | 12 | | | (must equal Part VIII, column (A), lin | e | 703,733 | 033,133 | |
| | | | | | | 36,319,776 | 32,031,744 | |
| | 13 | Grants and si | mılar amounts paıd (Part 1 | X, column (A), lines 1-3) | | 155,188 | 188,438 | |
| | 14 | | | (, column (A), line 4) | | 0 | 0 | |
| ø | 15 | Salaries, othe | r compensation, employe | e benefits (Part IX, column (A), lines ! | 5- | 7,689,853 | 7,538,806 | |
| Expenses | 16a | • | undraising fees (Part IX. o | column (A), line 11e) | | 0 | 0 | |
| ж Э | ь | | expenses (Part IX, column (D) | | | | | |
| Ш | 17 | | | nes 11a-11d, 11f-24f) | | 29,161,136 | 23,469,803 | |
| | 18 | | | t equal Part IX, column (A), line 25) | | 37,006,177 31,1 | | |
| | 19 | | | 8 from line 12 | | -686,401 | 834,697 | |
| <u>ত</u> | 1 | | | | Beginnin | g of Current | End of Year | |
| Not Assets or Fund Balances | | | | | <u> </u> | /ear | | |
| 888 E.B. | 20 | | (Part X, line 16) | | | 36,727,276 | 37,420,085 | |
| 2 m | 21 | | | | | 19,958,147 | 18,726,453 | |
| | 22 | | | ine 21 from line 20 | | 16,769,129 | 18,693,632 | |
| Pa | rt II | Signature | | | | | | |
| | | | | examined this return, including accompanying aration of preparer (other than officer) is base | | | | |
| | | | • | | | | | |
| Sigr | | ***** | | | | -11-09 | | |
| Her | е | Signature of o | officer | | Date | | | |
| | | lee d winton | | | | | | |
| | | Type or print | name and title | | | 1 | | |
| | | Preparer's | | | Check If self- | Preparer's identi | | |
| Paid | | signature P | | | empolyed 🕨 🦵 | (see instructions) | | |
| Prep | arer's | | | & ASSOC PC | | ETN: h | | |
| Use | Only | If self-employed) address, and ZIP | | PRESSWAY STF 1040 | | EIN Þ | | |
| | | | | | | Phone no ▶ (2 | | |
| | | İ | DALLAS, TX 75231 eturn with the preparer sh | | | | | |

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

IN KEEPING WITH ITS HISTORICAL COMMITTMENT TO THE PEOPLE OF TEXAS, THE STATE FAIR OF TEXAS FOLLOWS SOUND BUSINESS PRACTICES AND DEMONSTRATES CULTURAL SENSITIVITY TO PRODUCE AN ANNUAL EVENT, RECOGNIZED WITHIN THE COMMUNITY AND THROUGHOUT THE STATE FOR ITS QUALITY PROGRAMMING, PRICE ACCESSIBILITY AND SECURE ENVIRONMENT

| 2 | | ion undertake any signific 0 or 990-EZ? | | vices during the year | which were not listed on | ┌ Yes ┌ No |
|----|--------------------|--|-------------------|------------------------|--|--------------|
| | If "Yes," describe | these new services on S | chedule O | | | |
| 3 | | ion cease conducting, or | | changes in how it con | ducts, any program | ┌ Yes ┌ No |
| | If "Yes," describe | these changes on Sched | ule O | | | |
| 4 | Section 501(c)(3 | | tions and section | n 4947(a)(1) trusts ar | argest program services bre required to report the amervice reported | |
| | (Code |) (Expenses \$ | 26,368,498 | ıncludıng grants of \$ | 284,063) (Revenue \$ | 29,443,531) |
| | , | AL EDUCATIONAL AND AGRICUL | | | | 25,115,552 / |
| | | | | | · | |
| 4b | (Code |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| 4c | (Code |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 0.41 | | | | | |
| 4d | · • | ervices (Describe in Sch | • | |) (D | , |
| | (Expenses \$ | | luding grants of | · |) (Revenue \$ |) |
| 4e | Total program s | ervice expenses►\$ | 26,368,498 | } | | |

| art TV | Chack | list of | Deguired | Schedules |
|--------|-------|---------|----------|-------------------|
| | CHECK | MISL OI | Reuulleu | Julieuules |

| | | | 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | N o |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ 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. | | | |
| | ◆ 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. | | | |
| | ◆ 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. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ 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? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | Į | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νο |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Νο |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I | 14b | | Νο |
| 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 U S? If "Yes," complete Schedule F, Part II | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Νο |
| 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 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νo |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | Νo |
| 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 | | Νο |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 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 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | Νο |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | Yes | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Νο |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | Νο |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 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 | | Νο |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | No |
| | 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 | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 | Yes | |

| rt V | Statements | Regarding | Other | TRS F | ilinas | and ' | Tax | Comi | oliance |
|------|-----------------|--------------|-------|-------|--------|-------|-----|------|---------|
| | ota to illoiles | itegai aiiig | • | | | | | ~~ | J.: |

| | Outcome Regarding Conc. Like I mings and Tax Compilation | | 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 | | | |
| Ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | Νo |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| Ь | If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot . | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| ā | 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? | 6a | | Νo |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | . | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Νo |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 3 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | No |
| • | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | No |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | Νo |
| LO | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | |
| .1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders |] | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| L2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | <u> </u> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |

dallas,TX 75210 (214) 421-8701

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

| Se | ection A. Governing Body and Management | | | | | | |
|-----|---|----------------|----------|------------|--|--|--|
| | edon A. Governing body and Hanagement | | Yes | No | | | |
| | | | 103 | 110 | | | |
| | | | | | | | |
| 1a | Enter the number of voting members of the governing body 1a 52 | | | | | | |
| b | Enter the number of voting members that are independent 1b 51 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | | | | |
| 3 | | | | | | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was | | | | | | |
| 5 | filed? Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | Yes | Νο | | | |
| 6 | Does the organization have members or stockholders? | 6 | Yes | 110 | | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | 100 | | | | |
| , a | governing body? | 7a | Yes | | | | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | |
| а | The governing body? | 8a | Yes | | | | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | |
| 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 in Schedule O | 9 | | Νo | | | |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal | ' | | | | | |
| Re | venue Code.) | - | | | | | |
| | | | Yes | No | | | |
| 10a | Da Does the organization have local chapters, branches, or affiliates? | | | | | | |
| 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? | 10b | | | | | |
| 11 | 1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form | | | | | | |
| 11A | 1A Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | | | | |
| | bescribe in Schedule 5 the process, if any, asea by the organization to review the Form 550 | | | | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | | | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | | | | |
| 14 | | | | | | | |
| 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? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | | | | |
| | Other officers or key employees of the organization | 15b | Yes | | | | |
| - | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | - - | | | | | |
| | | | | | | | |
| 16a | ia Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | | | | | |
| b | b 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? | | | | | | |
| Se | ction C. Disclosure | 16b | | <u> </u> | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | | | | |
| | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply | | | | | | |
| | Own website Another's website V Upon request | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the LEE D WINTON | ne orga | nızatıor | n ► | | | |
| | 3921 MARTIN LUTHER KING JR BLVD | | | | | | |

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if the organization did i | not compen | sate any | y curi | rent | or fo | rmer | ffice | r, dırector, trustee | or key employee | |
|--|-------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours | (C) Position (check all that apply) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| See add'l data | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| 2 | Total number of individuals (including but not limited to those listed above) who received more than |
|---|--|
| | \$100,000 in reportable compensation from the organization▶10 |
| | |

| | | | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual | 3 | | No |
| 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 | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | 163 | No |

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

| (A) Name and business address | (B) Description of services | (C) Compensation | | |
|--|------------------------------------|---------------------|--|--|
| ACT FACILITIES MANAGEMENT INC PO BOX 463 ADDISON, TX 75501 | GROUNDS CLNG JANITOR | 1,229,584 | | |
| CITY OF DALLAS 1500 MARILLA ST DALLAS, TX 75201 | RENT POLICE UTILITY | 1,079,933 | | |
| HAAS WILKERSON PO BOX 2946 FAIRWAY, KS 66201 | insurance svcs | 725,638 | | |
| GLENN SMITH PRESENTS INC PO BOX 7814 HORSESHOE BAY, TX 78657 | ENTERTAINMENT SVCS | 639,500 | | |
| WELDON WILLIAMS LICK INC PO BOX 168 FORT SMITH, AR 72902 | TICKET PRINTING | 506,167 | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►28 | | | | |

| Form 99 | | | | | | | | Page 9 |
|---|-------------|---|---|---------------|----------------------|--|---|--|
| Part \ | <u>/##</u> | Statement o | of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513, or 514 |
| \$ £ | 1a | Federated camp | paigns 1a | | | | | |
| ᅙᇎ | ь | Membership du | es 1b | | | | | |
| s, g | c | Fundraising eve | ents 1 c | 493,196 | | | | |
| # <u>#</u> # | d | Related organiz | ations 1d | | | | | |
| Ę, | e | Government grants | s (contributions) 1e | | | | | |
| rtíon er s | f | All other contribution | ons, gifts, grants, and 1f | 2,539,234 | | | | |
| Contributions, gifts, grants and other similar amounts | g | Noncash contri | butions included in | | | | | |
| 걸 | ١. | lines 1a-1f \$ | 247,460 | | 3,032,430 | | | |
| <u> </u> | h | Total. Add lines | s 1a-1r | | 3,032,430 | | | |
| e E | | ADMISSIONS PARK | INC ENTRY | Business Code | 40.000.407 | 40.000.407 | | |
| wer | 2a b | | CIAL ATTRACTIONS | 900,099 | 10,922,187 | 10,922,187 | | |
| ου Έξ | , c | CONCESSIONS SPE | CIAL ATTRACTIONS | 900,099 | 18,521,344 | 18,521,344 | | |
| Z N | d | | | | | | | |
| R | _ _ e | | | | | | | |
| <u> </u> | f | All other progra | ım service revenue | | | | | |
| Program Serwce Revenue | | | | | | | | |
| | g 3 | | ome (including dividen | | 29,443,531 | | | |
| | | | ar amounts) | . F | 160,089 | | | 160,089 |
| | 4 | | tment of tax-exempt bond | F | 0 | | | |
| | 5 | Royalties | | ▶ | 0 | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents Less rental | 270,556 1,021,266 | | | | | |
| | Ь | expenses | | | | | | |
| | C | Rental income or (loss) | -750,710 | | | | | |
| | d | Net rental incor | me or (loss) | | -750,710 | | | -750,710 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities 682,431 | (II) O ther | | | | |
| | ь | Less cost or other basis and sales expenses | 633,538 | | | | | |
| | С | Gain or (loss) | 48,893 | | | | | |
| | d 8a | | s) | | 48,893 | | | 48,893 |
| Other Revenue | , oa | Gross income fi events (not incl \$ | luding .196 reported on line 1c) | 194,512 | | | | |
| her | ь | Less direct exp | penses b | 97,001 | | | | |
| ŏ | С | Net income or (| loss) from fundraising | events ► | 97,511 | | | 97,511 |
| | 9a | Gross income fi See Part IV, lin | rom gaming activities e 19 a | | | | | |
| | b c | | penses b loss) from gaming acti | vities | 0 | | | |
| | 10a | Gross sales of I returns and allo | • • | | | | | |
| | b c | Net income or (| loss) from sales of inve | | 0 | | | |
| | 11- | Miscellaneous | s Kevenue | Business Code | | | | |
| | 11a b | | | | | | | |
| | C | | | | | | | |
| | d | All other revenu | Je | | | | | |
| | e | Total. Add lines | | | | | | |
| | 12 | Total revenue. | See Instructions . | • | 0 32,031,744 | 29,443,531 | | -444,217 |

| Form | 990 (2009) | | | | Page 10 |
|------|---|-----------------------|-----------------------------|--|-------------------------|
| Part | t IX Statement of Functional Expenses | | | | |
| _ | Section 501(c)(3) and 501(c)(4) organizations m | | | (D) | |
| | ll other organizations must complete column (A) but are not required to | complete columi | (B), (C), and (B) | (D). (C) | (D) |
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$ | 188,438 | 188,438 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 2,667,769 | | 2,667,769 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 3,542,229 | 3,542,229 | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 441,003 | 160,885 | 280,118 | |
| 9 | Other employee benefits | 326,083 | 300,232 | | |
| 10 | Payroll taxes | 561,722 | 482,803 | | _ |
| 11 | Fees for services (non-employees) | 301,722 | 402,003 | 70,519 | |
| | | 152.762 | | 152.762 | |
| a | Management | 152,762 | | 152,762 | |
| D . | Legal | 388,388 | | 388,388 | |
| с | Accounting | 65,009 | | 65,009 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 2,747,523 | 2,747,523 | | |
| 12 | Advertising and promotion | 1,068,391 | 1,068,391 | | |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 40,210 | 40,210 | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 1,539,755 | 1,539,755 | | |
| 17 | Travel | 59,356 | 59,356 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 382,519 | 382,519 | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 3,038,888 | 3,038,888 | | |
| 23 | Insurance | 1,072,732 | | 1,072,732 | |
| 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 | SPECIAL ATTRACTIONS | 7,255,201 | 7,255,201 | | |
| ь | OPERATING AND SUPPLIES | 3,956,468 | 3,956,468 | | _ |
| c | EQUIPMENT RENTAL AND MAINT | 1,487,763 | 1,487,763 | t | |
| d | | 214,838 | 117,837 | | 97,001 |
| e | | 211,030 | 117,037 | | 27,001 |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 21 107 047 | 26 260 400 | 4 724 540 | 07.001 |
| | | 31,197,047 | 26,368,498 | 4,731,548 | 97,001 |
| 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 | | | | |
| | | | | | |

| Pa | rt X | Balance Sheet | | | | | |
|---------------|------|--|---------|-------------------|-------------------|-----|-------------|
| | | | | | (A) | | (B) |
| | 1 | | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest-bearing | | | 193,386 | | 437,859 |
| | 2 | Savings and temporary cash investments | • | | 10,484,665 | | 10,760,837 |
| | 3 | Pledges and grants receivable, net | • | | | 3 | |
| | 4 | Accounts receivable, net | | | 215,310 | 4 | 205,015 |
| | 5 | Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of | s, key | employees, and | | | |
| | | Schedule L | | | | 5 | |
| s | 6 | Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of | | n 4958(f)(1)) and | | | |
| | | Schedule L | | | | 6 | |
| ets | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 151,359 | 8 | 66,127 |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 172,948 | 9 | 147,193 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D | 10a | 39,288,818 | | | |
| | ь | Less accumulated depreciation | 10b | 22,627,018 | 18,165,916 | 10c | 16,661,800 |
| | 11 | Investments—publicly traded securities | | · | 6,724,695 | 11 | 8,099,601 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | | 618,997 | 15 | 1,041,653 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 36,727,276 | 16 | 37,420,085 |
| | 17 | Accounts payable and accrued expenses . | 314,801 | 17 | 216,718 | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| Se | 21 | Escrow or custodial account liability Complete Part IV of Schedul | eD. | | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | |
| <u></u> | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 11,622,552 | 23 | 9,946,526 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 8,020,794 | 25 | 8,563,209 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 19,958,147 | 26 | 18,726,453 |
| ٠, | | Organizations that follow SFAS 117, check here ▶ 🔽 and comp | let e l | ines 27 | | | |
| ġ | | through 29, and lines 33 and 34. | | | | | |
| an | 27 | Unrestricted net assets | | | 14,975,074 | 27 | 17,423,376 |
| 8 | 28 | Temporarily restricted net assets | | | 1,756,555 | 28 | 1,228,587 |
| Ξ | 29 | Permanently restricted net assets | | | 37,500 | 29 | 41,669 |
| Fund Balances | | Organizations that do not follow SFAS 117, check here ▶ ┌ ar | d con | ıplet e | | | |
| 10 | | lines 30 through 34. | | | | | |
| šts | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other fu | nds | | | 32 | |
| Net | 33 | Total net assets or fund balances | | | 16,769,129 | 33 | 18,693,632 |
| | 34 | Total liabilities and net assets/fund balances | | | 36,727,276 | 34 | 37,420,085 |

Part XI Financial Statements and Reporting

| | | | Yes | No | |
|----|---|----|-----|----|--|
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | | |
| c | If "Yes," to 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 in Schedule O | 2c | Yes | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No | |
| b | 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 in Schedule O and describe any steps taken to undergo such audits | | | | |

Form **990** (2009)

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE A (Form 990 or 990EZ)

> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection **Employer identification number**

STATE FAIR OF TEXAS

| | | | | | | | | 75-60025 | | | | |
|------------------------------------|--|--|---|--|--------------------------------|---|--------------------------------|---|--|--|------------------------------------|--|
| Part I | | | lic Charity Stat | | | | | | structions | | | |
| he organi: | | on is not a private foundation because it is (For lines 1 through 11, check only one box) | | | | | | | | | | |
| 1 _ | A church | , conventio | n of churches, or ass | sociation of | churches s | ection 170(b) |)(1)(A)(i). | | | | | |
| 2 | | | ın section 170(b)(1) | | | • | | | | | | |
| з _ | A hospita | ıl or a coop | erative hospital serv | /ice organiza | ition descri | bed in sectio i | n 170(b)(1) | (A)(iii). | | | | |
| 4 F | | | organization operate y, and state | ed in conjunc | tion with a | hospital desc | ribed in sec | tion 170(b)(1 | l)(A)(iii). Ento | ∍r the | | |
| 5 | | | rated for the benefit | | or universit | y owned or op | perated by a | governmenta | al unit describ | — ed ın | | |
| 6 F | | | ocal government or | , | d unit docc | ribad in casti e | on 170/b\/1 | \/ A \/ \/ \ | | | | |
| 7 | | | normally receives a | _ | | | | | om the genera | بالطييطا | - | |
| , , | described | d in | . Normany receives a .)(vi) (Complete Pa | | part or its | support from | a governine | ntal unit of ire | on the genera | i public | • | |
| 8 🗆 | | | lescribed in section | | .)(vi) (Con | nplete Part II |) | | | | | |
| 9 V .0 T .1 T e T | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) the box that describes the type of supporting organization and complete lines 11e through 11h a | | | | | | | | 6 of nesses purpos (a)(3). II - Otl d perso 09(a)(| ses of Check her ons 1) or | | |
| | (ii) a fam | ıly membei | of a person describ | ed in (i) abov | /e [?] | | | | 11g(ii) | | | |
| | (iii) a 35 | % controlle | ed entity of a person | described in | ı (ı) or (ıı) a | bove? | | | 11g(iii) | , | | |
| h | Provide t | he following | g information about t | he supporte | d organızatı | on(s) | | | | | | |
| (i) Name suppo organiz | e of rted | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizate col (i) list your gove docume | e ion in ted in rning | (v) Did you no organiza col (i) o suppo | otify the tion in f your | (vi Is t organiza col (i) or in the l | he Ition in ganized | A m | (vii) ount of oport? | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | es No | 1 | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| otal | | | | | 1 | I | 1 | 1 | 1 | 1 | | |

ınstructions

| P | Support Schedule (Complete only if yo | | | | | and 170(b) | (1)(A)(vi) |
|---------|--|--------------------------|--------------------|---------------------|---------------------|-----------------|------------------|
| S | ection A. Public Support | a checked tile | DOX OII IIIC 3, | ,, or o or rare. | ÷·/ | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2006 | (6) 2007 | (d) 2008 | (e) 2009 | (I) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual | | | | | | |
| _ | grants ") Tax revenues levied for the | | | | | | |
| 2 | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| | behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| _ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 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) Dublic Support Subtract line F from | | | | | | |
| 6 | Public Support. Subtract line 5 from line 4 | | | | | | |
| S | ection B. Total Support | 1 | | - | | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2000 | (6) 2007 | (d) 2008 | (e) 2009 | (1) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| 9 | sources Net income from unrelated | | | | | | |
| 9 | business activities, whether or | | | | | | |
| | not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 10 | Other income (Explain in Part | | | | | | |
| | IV) Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| 11 | Total support (Add lines 7 | | | | | | |
| 4.5 | through 10) | /5 | | | | | |
| 12 | Gross receipts from related activities | , | • | | | 12 | |
| 13 | First Five Years If the Form 990 is f | or the organizati | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga | inization, ▶□ |
| | check this box and stop here | | | | | | -1 |
| S | ection C. Computation of Pub | lic Support P | ercentage | | | | |
| 14 | Public Support Percentage for 2009 | | | 11 column (f)) | | 14 | |
| 15 | Public Support Percentage for 2008 | Schedule A . Pa | rt II. line 14 | | | 15 | |
| | 33 1/3% support test—2009. If the | • | , | v on line 13 and | line 14 is 33 1/30 | | k this hox |
| | and stop here. The organization qua | - | | · | IIIIC 14 13 33 1/3/ | o or more, ence | ▶ □ |
| ь | 33 1/3% support test—2008. If the | | | | 5a, and line 15 is | 33 1/3% or moi | |
| | box and stop here. The organization | | | | , | | ▶ |
| 17a | 10%-facts-and-circumstances test- | -2009. If the org | anızatıon dıd not | check a box on lı | ne 13, 16a, or 16 | b and line 14 | |
| | ıs 10% or more, and ıf the organizat | | | | | | |
| | in Part IV how the organization mee | ts the "facts and | l cırcumstances" | test The organiz | ation qualifies as | a publicly supp | |
| L | organization | _2009 Ifthe c== | onization did net | chack a bay as li | no 12 165 164 | or 17a and line | ▶□ |
| D | 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ | _ | | | | | |
| | Explain in Part IV how the organizat | | | | | | clv |
| | supported organization | | | | | | ▶ ┌ |
| 10 | Deiveta Farmdation Ifthe averages | on did not obselv | a hay an line 12 | 16- 16- 17- | 17 | hay and cas | • |

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

| į | (Complete oi | nly if you | checked the | box on line | 9 of Part I |
|---|--------------|------------|-------------|-------------|-------------|

| | (Complete only if yo | u checkeu the i | DOX OII IIIIE D OI | rait 1.) | | | |
|---------|--|--------------------|--------------------|---------------------|---------------------|-----------------|----------------|
| | ction A. Public Support | 1 | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 2,513,891 | 2,420,434 | 3,754,441 | 3,544,117 | 3,032,430 | 15,265,313 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 25,697,008 | 27,987,233 | 30,751,902 | 33,097,306 | 29,443,531 | 146,976,980 |
| 3 | Gross receipts from activities that are not an unrelated trade or | | | | | | |
| 4 | business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 7a | Total. Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified | 28,210,899 | 30,407,667 | 34,506,343 | 36,641,423 | 32,475,961 | 162,242,293 |
| b | persons A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the | | | | | | |
| | year | | | | | | |
| с 8 | Add lines 7a and 7b Public Support (Subtract line 7c | | | | | | 162,242,293 |
| | from line 6) | | | | | | 102,212,23 |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | A mounts from line 6 | 28,210,899 | 30,407,667 | 34,506,343 | 36,641,423 | 32,475,961 | 162,242,293 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 260,744 | 518,123 | 445,148 | 299,570 | 160,089 | 1,683,674 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 260,744 | 518,123 | 445,148 | 299,570 | 160,089 | 1,683,674 |
| 11 | Net income from unrelated business 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) | 28,471,643 | 30,925,790 | 34,951,491 | 36,940,993 | 32,636,050 | 163,925,967 |
| 14 | First Five Years If the Form 990 is check this box and stop here | for the organizati | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) organ | ızatıon, ▶┌ |
| Se | ction C. Computation of Pub | lic Support Po | ercentage | | | | |
| 15 | Public Support Percentage for 200 | | | 13 column (f)) | | 15 | 98 973 % |
| 16 | Public support percentage from 20 | 08 Schedule A, P | art III, line 15 | | | 16 | 98 969 % |

| 15 | 98 | 973 | % |
|----|----|-----|---|
| 16 | 98 | 969 | % |

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17 18

| 18 | 1 031 | % |
|----|-------|---|
| 17 | 1 027 | % |

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493319016390

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

| erna | Revenue Service ► Attach to | | orm 990. ► See separate instructions. | | Inspection | 1 |
|----------|--|--|--|--|----------------|-------|
| | me of the organi | zat ion | | Employer identifica | tion number | |
| SIA | ATE FAIR OF TEXAS | | | 75-6002511 | | |
| Pa | | | dvised Funds or Other Similar F | | . Complete if | f the |
| | organiz | ation answered "Yes" to Form 99 | · · | (1) 5 1 | | |
| | T. 4-1 | | (a) Donor advised funds | (b) Funds and o | ther accounts | |
| | Total number at | · | | | | |
| <u>.</u> | | ributions to (during year) ts from (during year) | | | | |
| • I | Aggregate value | , • • • | | | | |
| ; | Did the organiz | ation inform all donors and donor advi | L sors in writing that the assets held in don organization's exclusive legal control? | l ıor advısed | ┌ Yes ┌ | No |
| i | Did the organiz used only for ch | ation inform all grantees, donors, and | donor advisors in writing that grant funds efit of the donor or donor advisor, or for ai | • | ┌ Yes ┌ | No |
| a | rt III Consei | rvation Easements. Complete | ıf the organızatıon answered "Yes" t | <u>o Form 990, Part IV</u> | /, line 7. | |
| <u>.</u> | Preservation Preservation Complete lines | onservation easements held by the or on of land for public use (e g , recreating of natural habitat on of open space 2a-2d if the organization held a qualing te last day of the tax year | on or pleasure) Preservation of an | n historically important certified historic struct n of a conservation | • | |
| | | | | Held at the | End of the Yea | ar |
| а | Total number o | f conservation easements | | 2a | | |
| b | Total acreage r | estricted by conservation easements | | 2b | | |
| C | Number of cons | servation easements on a certified his | toric structure included in (a) | 2c | | |
| d | Number of cons | servation easements included in (c) a | cquired after 8/17/06 | 2d | | |
| 3 | Number of cons | servation easements modified, transfe | rred, released, extinguished, or terminate | ed by the organization | during | |
| | the taxable yea | r ► | | | | |
| Ļ | Number of state | es where property subject to conserva | ation easement is located ► | | | |
| i | | ization have a written policy regarding the conservation easements it holds? | g the periodic monitoring, inspection, hand | dling of violations, and | | No |
| • | Staff and volun | teer hours devoted to monitoring, insp | pecting and enforcing conservation easem | nents during the year 🕨 | - | |
| • | A mount of expe | enses incurred in monitoring, inspecti | ng, and enforcing conservation easements | s during the year 🟲 \$ _ | | |
| 3 | | servation easement reported on line 2 i and 170(h)(4)(B)(ii)? | (d) above satisfy the requirements of sec | tion: | ┌ Yes ┌ | No |
|) | balance sheet, the organization | and include, if applicable, the text of t n's accounting for conservation easen | | l statements that desc | rıbes | |
| ar | | | ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8. | or Other Similar | Assets. | |
| .a | If the organizat art, historical t | rion elected, as permitted under SFAS reasures, or other similar assets held | 116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it | ch in furtherance of pul | | |
| b | historical treas | · | 116, to report in its revenue statement a public exhibition, education, or research i ; | | • | |
| | (i) Revenues ir | ncluded in Form 990, Part VIII, line 1 | | ► \$ | | |
| | (ii) Assets incl | uded in Form 990, Part X | | - \$ | | |
| 2 | If the organizat | , | orical treasures, or other similar assets fo S 116 relating to these items | or financial gain, provid | de the | |

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| СL | TITL Organizations Maintaining Co | liections of Art | , HISTOR | caiir | eası | ires, or C | tne | r Similai | r Asse | ets (co | ntınued) |
|---------|---|------------------------------------|------------------------------------|----------------------------|--------|-----------------------------------|-----------|-------------------------|-----------|------------------|-----------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check any | y of the fol | lowing t | hat aı | re a significa | ant u | se of its co | ollection | n | |
| а | Public exhibition | | d [| Loan o | orexc | hange progi | rams | | | | |
| b | Scholarly research | | е Г | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| ı | Provide a description of the organization's co Part XIV | ollections and expla | ın how the | y furthe | rthe | organızatıor | ı's ex | empt purp | ose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | nılar | Г | Yes | ┌ No |
| Pai | t IV Escrow and Custodial Arrang | | | | | n answere | d "Y | es" to For | rm 990 |), | |
| | Part IV, line 9, or reported an an | | • | | | | | | | | |
| .a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | tions | or other ass | etsı | not | Γ | Yes | Г No |
| b | If "Yes," explain the arrangement in Part XIV | / and complete the | following t | able | | Г | | | | | |
| _ | | | | | | | _ | | A mou | ınt | |
| C _ı | Beginning balance | | | | | - | 1c | | | | |
| d | Additions during the year | | | | | - | 1d | | | | |
| e | Distributions during the year | | | | | - | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| а | Did the organization include an amount on Fo | | e 21? | | | | | | Г | Yes | No |
| b | If "Yes," explain the arrangement in Part XIV | | | | | | | | | | |
| æ | rt V Endowment Funds. Complete | f the organization (a)Current Year | <u>answer</u> (b) Prior | | | <u>Form 990,</u> wo Years Back | | Three Years | | NEour Ve | ars Back |
| a | Beginning of year balance | 37,500 | (B)I HOI | rear | (0)1 | WO TCUIS BUCK | 1 (4) | Tillee Tears | back (C | .ji odi 10 | dis back |
| b | Contributions | 4,169 | | 37,500 | | | + | | | | |
| c | Investment earnings or losses | 116 | | 180 | | | \dagger | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities | 116 | | 180 | | | | | | | |
| | and programs | | | | | | _ | | | | |
| f | Administrative expenses | | | | | | - | | | | |
| g | End of year balance | 41,669 | | 37,500 | | | | | | | |
| | Provide the estimated percentage of the yea | r end balance held a | as | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | % | | | | | | | | | |
| Ь | Permanent endowment 🕨 100 000 % % | | | | | | | | | | |
| c | Term endowment ► % | | | | | | | | | | |
| а | Are there endowment funds not in the posses organization by | ssion of the organiza | ation that | are held | anda | administere | d for | the | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | 163 | No |
| | (ii) related organizations | | | | | | | | 3a(ii) | | Νο |
| b | If "Yes" to 3a(II), are the related organizatio | ns listed as required | d on Sche | dule R? | | | | | 3b | | |
| | Describe in Part XIV the intended uses of th | e organization's end | dowment f | unds | | | | | | | |
| aI | t VI Investments—Land, Buildings | s, and Equipme | nt. See I | orm 99 | 90, P | art X, line | 10. | | | | |
| | Description of investment | | |) Cost or c is (investn | | (b)Cost or o basis (othe | | (c) Accumu depreciat | | (d) Boo | k value |
| a | Land | | | | | 4,809 | ,648 | | | | 1,809,648 |
| b | Buildings | | | | | 13,437 | ,523 | 9,4 | 40,789 | 3 | 3,996,734 |
| c | Leasehold improvements | | | | | 20,417 | ,918 | 12,8 | 07,843 | - | 7,610,07! |
| d | Equipment | | | | | 432 | 2,572 | 3: | 78,386 | | 54,186 |
| e | Other | | . - | · <u> </u> | | 191 | .,157 | | | | 191,157 |

16,661,800

| (a) Description of security or category | : Form 990, Part X, line 17 | (c) Method of valuation |
|--|-----------------------------------|----------------------------------|
| (including name of security) | (b)Book value | Cost or end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | F | |
| Part VIII Investments—Program Related. Se | ee Form 990, Part X, line | 13. |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| (a) b as an prior of the contract of the contr | (D) Book Talas | Cost or end-of-year market value |
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| ((-, | ▶ Ine 15 | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, I (a) Description | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, I (a) Description (b) Should equal Form 990, Part X, col.(B) line | 15.) | (b) Book value |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part | 15.) X, line 25. | |
| Part IX Other Assets. See Form 990, Part X, I (a) Description (b) Should equal Form 990, Part X, col.(B) line | 15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part | 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount 0 | |

| Pai | rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | าts | |
|--------|--|-------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 32,031,744 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 31,197,047 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 834,697 |
| 4 | Net unrealized gains (losses) on investments | 4 | 1,187,317 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 1,187,317 |
| 10 | | 10 | 2,022,014 |
| _ | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 TXII Reconciliation of Revenue per Audited Financial Statements With Revenue per Audited Financial Statements. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 30,005,450 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | 20,000,100 |
| – a | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | 1,187,317 |
| 3 | Subtract line 2e from line 1 | 3 | 28,818,133 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | · · · |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) 4b 3,213,611 | | |
| c | Add lines 4a and 4b | 4c | 3,213,611 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 32,031,744 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | per F | Return |
| 1 | Total expenses and losses per audited financial | | 28,080,947 |
| _ | statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| d | | | |
| u e | Other (Describe in Part XIV) | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 28,080,947 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | • | 20,000,947 |
| | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| a b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 3,116,100 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 3,110,100 |
| | rt XIV Supplemental Information | | 31,197,047 |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|--------------------------------------|---|--|
| REVENUE ITEMS ON BOOKS NOT ON RETURN | FORM 990, SCHEDULE D, PART XII, LINE 4B | RENT EXPENSE \$(1,021,266) CASH SPONSORSHIP CONTRIBUTIONS \$ 3,534,596 IN-KIND SPONSORSHIP CONTRIBUTIONS \$ 602,770 INCOME FROM FUNDRAISING EVENTS \$ 97,511 |
| EXPENSE ITEMS ON BOOKS NOT ON RETURN | FORM 990, SCHEDULE D, PART XIII, LINE 4B | RENT EXPENSE \$ 1,021,266 CASH SPONSORSHIP CONTRIBUTION \$ (3,534,596) IN-KIND SPONSORSHIP CONTRIBUTION \$ (602,770) |
| INTENDED USE OF ENDOWMENT FUND | FORM 990, SCHEDULE D, PART V, LINE 4 | THE ENDOWMENT IS RESTRICTED BY THE DONOR FOR PURPOSES OF LIVESTOCK AUCTION PREMIUMS AT THE ANNUAL YOUTH LIVESTOCK AUCTION |

Additional Data

Software ID:

(b) A mount

Software Version:

EIN: 75-6002511

Name: STATE FAIR OF TEXAS

Form 990, Schedule D, Part X, - Other Liabilities 1 (a) Description of Liability

| | (=) |
|----------------------------------|-----------|
| ACCRUED SCHOLARSHIPS PAYABLE | 543,125 |
| ACCRUED POLICE OT-CITY OF DALLAS | 575,400 |
| DEFERRED COMPENSATION-SEC 457 | 1,041,653 |
| ACCRUED RENT | 3,761,610 |
| ACCRUED LEGAL FEES | 14,963 |
| ACCRUED MANAGEMENT INCENTIVE PAY | 534,549 |
| ACCRUED AUDIT FEES | 63,000 |
| ACCRUED BANK ANALYSIS FEES | 31,219 |
| ACCRUED CREDIT CARD FEES | 6,202 |
| AUCTION SALES -2009 SEASON | 108,719 |
| ACCRUED INTEREST | 66,786 |
| ACCRUED FMV SWAP DERIVATIVE | 1,017,955 |
| ACCRUED UTILITIES | 543,131 |
| ACCRUED UNEARNED REVENUE | 55,000 |
| OTHER ACCRUED LIABILITIES | 199,897 |
| | |

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

DLN: 93493319016390

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Name of the organization STATE FAIR OF TEXAS

licensing

Department of the Treasury

Employer identification number

| | | | | | 75-6002511 | |
|---|-----------------------|-----------|---------------------------------------|--------------------------------------|--|--|
| Part I Fundraising Act Form 990-EZ filer | | | | | to Form 990, Part IV | , line 17. |
| 1 Indicate whether the organ | nization raised funds | through a | any of the | following activities Ch | eck all that apply | |
| a Mail solicitations | | _ | | Solicitation of nor | | |
| b Internet and e-mail sol | licitations | | f | Solicitation of gov | | |
| c Phone solicitations | | | а | _ | - | |
| d In-person solicitations | | | 3 | | | |
| 2a Did the organization have a or key employees listed in | _ | | • | , - | | Г _{Yes} Г _{No} |
| b If "Yes," list the ten highes to be compensated at leas | | | | | | |
| (i) Name of individual or entity (fundraiser) | (ii) Activity | contribi | er have dy or rol of utions? | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid to (or retained by) organization |
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | | | |
| 3 List all states in which th | e organization is rec | ustered o | rlicensed | t to solicit funds or has | been notified it is exem | nt from registration or |

| Pa | rt II | Fundraising Events. Commore than \$15,000 on Form | | | | | report | ed |
|---------------|-------|---|------------------------------|---------------------------|------------------------|-----------|--|-------|
| | | · · | (a) Event #1 LIVESTOCK AUC. | (b) Event #2 | (c) Other Events | (Add col | tal Ever (a) thr (c)) | |
| | | | (event type) | (event type) | (total number) | | | |
| Ę | 1 | Gross receipts | 687,708 | В | | | 687 | 7,708 |
| Revenue | 2 | Less Charitable contributions | 493,190 | 5 | | | 493 | 3,196 |
| | 3 | Gross income (line 1 minus line 2) | 194,51 | 2 | | | 194 | 4,512 |
| | 4 | Cash prizes | | | | | | |
| မွာ | 5 | Non-cash prizes | | | | | | |
| »Luse | 6 | Rent/facility costs | | | | | | |
| Expenses | 7 | Food and beverages | | | | | | |
| Direct | 8 | Entertainment | | | | | | |
| Δ | 9 | Other direct expenses . | 97,00 | 1 | | | 97 | 7,001 |
| | 10 | Direct expense summary Add lir | nes 4 through 9 ın columr | ı(d) | 🛌 | | 97 | 7,001 |
| | 11 | Net income summary Combine I | ines 3, column d, and line | 10 | | + | 97 | 7,511 |
| Par | t II | Gaming. Complete if the o \$15,000 on Form 990-EZ, li | | "Yes" to Form 990, Pa | rt IV, line 19, or rep | orted mor | e than | |
| | | , | (a) Bingo | (b) Pull tabs/Instant | (c) O ther gaming | 1 | tal gamı | _ |
| Revenue | | | | bingo/progressive bingo | | (Add col | (a) thr (c)) | ough |
| | 1 | Gross revenue | | | | | | |
| နှင့် မို့ | 2 | Cash prizes | | | | | | |
| Expenses | 3 | Non-cash prizes | | | | | | |
| | 4 | Rent/facility costs | | | | | | |
| Direct | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | ┌ Yes% | ┌ Yes <u>%</u> | ┌ Yes | • | | |
| | | | I No | I NO | I NO | | | |
| | 7 | Direct expense summary Add line | s 2 through 5 in column (| (d) | | | | |
| | 8 | Net gaming income summary Con | nbine lines 1, column d, a | nd line 7 | | | | |
| 9 | Ent | ter the state(s) in which the organiz | ation operator gaming as | tuutios | | | Yes | No |
| a | | the organization licensed to operate | | | | . 9a | | |
| b | If" | No," Explain | | | | | | |
| | | | | | | | | |
| 10a | We | re any of the organization's gaming | licenses revoked, susper | nded or terminated during | the tax year? | 10a | \sqcup | |
| b | If" | Yes," Explain | | | | | | |
| | | | | | | | | |
| 11 12 | | es the organization operate gaming the organization a grantor, beneficia | | | | 11 | <u> </u> | |
| | | med to administer charitable gamin | | | | . 12 | | |

| | | Yes | No |
|-----------|--|----------|----|
| 13 | Indicate the percentage of gaming activity operated in | | |
| а | The organization's facility | | |
| b | An outside facility | | |
| 14 | Enter 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? | , | |
| 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 | | |
| | | | |
| | Name 🟲 | | |
| | | | |
| | | | |
| | Address • | | |
| 16 | | | |
| 16 | Gaming manager information | | |
| | | | |
| | Name 🟲 | | |
| | Name F | | |
| | Gaming manager compensation 🕨 \$ | | |
| | | | |
| | Description of services provided - | | |
| | Director/officer Employee Independent contractor | | |
| | I Director/officer I Employee I Independent contractor | | |
| .7 | Mandatory distributions | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | <u> </u> | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent | | |
| | in the organization's own exempt activities during the tax year ▶ \$ | 1 | |

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No 1545-0047

2009

DLN: 93493319016390

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STATE FAIR OF TEXAS

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Employer identification number

75-6002511

| Part I General Inform | nation on Grants | and Assistance | | | | • | |
|--|-------------------------|---|------------------------------|---|--|--|---------------------------------------|
| Does the organization man the selection criteria usedDescribe in Part IV the or | d to award the grants o | rassistance? | · · · · · · · · | · | | | ▽ Yes ┌ N |
| Form 990, Part I | V, line 21 for any re | Governments and ecipient that received i) if additional space i | more than \$5,000. | Check this box if n | o one recipient rece | ived more than \$5,0 | 00. Use |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Blinn Junior College902 College Ave Brenham,TX 77833 | 756000400 | 115 | 6,250 | | FMV | | Education |
| Southern Methodist UniversityPOB 750196 Dallas,TX 75275 | 750800689 | 501(c)(3) | 5,625 | | FMV | | Education |
| Tarleton State UniversityBox T0310 Tarleton Station Stephenville,TX 76402 | 756001870 | 115 | 11,250 | | FMV | | Education |
| Texas A&M University - College StationThe Pavilion College Station,TX 77843 | 746000531 | 115 | 70,938 | | FMV | | Education |
| Texas A&M University - CommercePOB 3011 Commerce,TX 75429 | 756001353 | 115 | 5,625 | | FMV | | Education |
| Texas Christian University 2800 S University Dr Ft Worth,TX 76129 | 750827465 | 501(c)(3) | 5,625 | | FMV | | Education |
| Texas Tech UniversityPOB 45011 Lubbock,TX 79409 | 756002622 | 115 | 19,375 | | FMV | | Education |
| University of Texas at AustinPOB 7699 Austin,TX 78713 | 746000203 | 115 | 16,875 | | FMV | | Education |
| West Texas A&M University WTAMU Box 60939 Canyon,TX 76016 | 756031405 | 115 | 6,250 | | FMV | | Education |

Enter total number of section 501(c)(3) and government organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-----------------------------|--------------------------------------|--|---------------------------------------|
| | | | | | |

| Part IV Supplem | Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| Ident if ier | Return Reference | Explanation | | | | | | |
| PROCEDURE FOR MONITORING THE USE OF GRANTS IN THE US | FORM 990, SCHEDULE I, PART I, LINE 2 | The recipients of scholarships from the State Fair of Texas Youth Scholarship Fund must meet these five requirements 1) Compete in one of the State Fair of Texas competitive agriculture/livestock events, 2) Submit high school transcript (complete through third six weeks of senior year) including verified ACT and/or SAT scores and verified rank in graduating class and graduating class size, 3) Submit a completed application during the period March 1-15 4) Graduate from high school during the current year and begin college or university course work the following Fall Semester, 5) Attend an accredited college or university in Texas and take a minimum of 12-hour course load per term and maintain a minimum 2 5 grade point average. Scholarship awards are determined on the basis of financial need, academic performance and participation in extra-curricular activities, with preference given to those applicants who enroll in an agricultural and/or natural resources curriculum who show financial need. Additionally, scholarships are awarded to inner-city youth attending the five Dallas Independent School District high schools surrounding the Fair Park area (James Madison, Lincoln, North Dallas, Irma Rangel and Woodrow Wilson high schools). Such awards are based upon applications received from students at the five high schools and selection is based upon financial need, academic performance and participation in extra-curricular activities and the criteria listed in items two through five above | | | | | | |
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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493319016390

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

STATE FAIR OF TEXAS

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Employer identification number

75-6002511

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | , | (B) Breakdown of | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | |
|--------------------|---------------|--|--|--|--|------------------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| Errol W McKoy | (1) (11) | 299,338 0 | 210,000 | 26,539 | 55,800 | 151,584 0 | 743,261 | 609,247 |
| Lee D Winton | (I) (II) | 204,096 | 80,000 0 | 8,020 0 | 40,634 | 68,207 0 | 400,957 | 316,79 |
| Robert L Hilbun | (1) (11) | 148,428 0 | 44,000 | 8,938 0 | 21,846 | 16,674 0 | 239,886 | 210,93 |
| Ronald E Black | (1) (11) | 141,360 0 | 46,000 | | 41,026 | 21,685 0 | 260,107 0 | 205,284 |
| Mitchell S Glieber | (1) (11) | 131,441 0 | 44,000 | | 1 | 13,838 0 | 215,569 | 191,31 |
| Jaime Navarro | (1) (11) | 118,429 0 | 21,000 | | 18,619 | 16,828 0 | 175,304 | 142,162 |
| Eunice D Sloan | (1) (11) | 101,595 0 | 28,000 0 | 8,057 0 | 28,407 | 14,091 0 | 180,150 | 141,632 |
| Wanda S Gooding | (I) (II) | 90,618 | 22,381 | | 47,676 0 | 14,487 0 | 176,232 | |
| | | | | <u> </u> | | | | |
| | | <u> </u> | | <u> </u> | | | | |
| | | | | | | | 1 | |
| | ' | | | ' | | | <u> </u> | |
| | + | | | | | | | |
| | $\overline{}$ | | | | + | | | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Ident if ier | Ret urn Ref erence | Explanation |
|------------------|-----------------------|--|
| | · ' | THE PRESIDENT RECEIVES A CAR ALLOWANCE OF \$1,000 PER MONTH WHICH IS GROSSED UP THE CAR ALLOWANCE WAS APPROVED BY THE |
| REGARDING | SCHEDULE J, | EXECUTIVE COMMITTEE WITH APPROPRIATE DOCUMENTATION IN THE MINUTES OF ITS MEETING |
| PAYMENT OR | PART III, | |
| REIMBURSEMENT | LINE 1B | |
| PARTICIPATION IN | FORM 990, | In 2007, State Fair of Texas (SFT) adopted a nonqualified deferred compensation plan under IRC Section 457(f) and entered into deferred compensation |
| SUPPLEMENTAL | SCHEDULE J, | agreements with the President and CFO/Senior Vice President, Finance SFT's contributions to the nonqualified plan for services performed by the |
| NONQUALIFIED | PART I, LINE | executives in 2009 were as follows Employee Amount Errol McKoy \$130,000 Lee Winton \$ 50,000 |
| RETIREMENT PLAN | 4 B | |

Schedule J (Form 990) 2009

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DLN: 93493319016390

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** STATE FAIR OF TEXAS 75-6002511 **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes No 2 Enter the amount of tax imposed on the organization managers or disgualified persons during the year under **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)Original (d)Balance due default? by board or agreement? organization? purpose principal amount committee? From Yes Tο Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance

and the organization

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

No

ROBERT B SMITH

gen counsel & vchair/sec

300,054 ROUTINE LEGAL BUSINESS

Νo

DLN: 93493319016390

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

NonCash Contributions ▶Complete if the organization answered "Yes" on Form

990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open to Public Inspection

Internal Revenue Service Name of the organization STATE FAIR OF TEXAS

Employer identification number

| Pa | rt I Types of Property | | | | 75-6002511 | | | |
|-----|---|----------------------------------|--------------------------------|--|---------------------------------------|--------|--------------|----|
| | турогот поротсу | (a) Check If applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of de reven | etermı | ning | |
| 1 | Art—Works of art | аррисавис | | <u> </u> | | | | |
| _ | Art—Historical treasures . | | | | | | | |
| | Art—Fractional interests | | | | | | | |
| | Books and publications | | | | | | | |
| | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| 6 | Cars and other vehicles | Х | 31 | 66,475 | LEASE VALUE | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded . | | | | | | | |
| 10 | Securities—Closely held stock $\ .$ | | | | | | | |
| | Securities—Partnership, LLC, or trust interests | | | | | | | |
| | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| | Historical artifacts | | | | | | | |
| | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| | ADVERTISING AND | | 0 | 370,741 | FM\/ | | | |
| | Other ► (PROMOTIONS) | X | 0 | · · · · · · · · · · · · · · · · · · · | REPLACEMENT VA | 1115 | | |
| 26 | Other ► (<u>UNIFORMS</u>) EQUIPMENT | X | 0 | 28,030 | REPLACEMENT VA | LUE | | |
| 27 | Other ► (RENTAL) CELLULAR | X | 0 | 117,923 | REPLACEMENT VA | LUE | | |
| 28 | Other ► (TELEPHONE) | X | 0 | 19,601 | FMV | | | |
| 29 | Number of Forms 8283 received | by the org | anızatıon durıng the tax yea | ar for contributions | | | | |
| | for which the organization compl | eted Form 8 | 3283, Part IV, Donee Ackn | owledgement | 29 | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organiza | | | | | | | |
| | must hold for at least three year | | | on, and which is not require | d to be used | | | |
| | for exempt purposes for the enti | re holding p | eriod? | | | 30a | | No |
| Ь | If "Yes," describe the arrangeme | ent in Part I | Ι | | | | | |
| 31 | Does the organization have a gif | | | | | 31 | <u> </u> | No |
| 32a | Does the organization hire or use contributions? | e third parti | es or related organizations | to solicit, process, or sell i | non-cash | 32a | | Νo |
| ь | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization did not report | revenuesı | n column (c) for a type of p | roperty for which column (a |) is checked, | | | |
| | describe in Part II | | , , , , , , | . , | , | | | |

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990

Name of the organization STATE FAIR OF TEXAS

Employer identification number

75-6002511

| Li ce | D / | |
|---|--|--|
| ldentifier | Return Reference | Explanation |
| THE NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY | FORM 990, PART VI, SECTION A, LINE 1a | State Fair of Texas ("SFT") is governed by a 52 member Board of Directors elected by its stockholders (see Schedule O supplementary statement for Part VI - Section A - 6) Article V Section 1 of SFT's bylaw's provides for the establishment of an Executive Committee of the Board of Directors, as follow's "The Corporation shall have an Executive Committee consisting of the Chairman of the Board, acting ex officio as chairman of the Executive Committee, the President, the General Counsel, the Chief Financial Officer/Senior Vice President of Finance, each of the other Vice Chairmen, the Treasurer, the Secretary and the chairman of the Finance/Audit Committee. The Executive Committee shall have and exercise all of the authority and power of the Board of Directors in connection with the management, business and affairs of the Corporation, provided that the Executive Committee shall not be authorized to take any action which the Charter or the By Law's require to be taken by vote of a specified number of directors or any other action required or specified by the Texas Business Organizations Code or other applicable law to be taken by the Board of Directors Each officer of the Corporation shall report to the Executive Committee. The appointment of the Executive Committee and the delegation of authority thereto shall not operate to relieve the Board of Directors or any director of any responsibility imposed upon the Board of Directors or such director by law |
| DIRECTOR OR KEY EMPLOYEE FAMILY OR BUSINESS RELATIONSHIP | FORM 990, PART VI, SECTION A, LINE 2 | Name of Individuals Type of Relationship Roy Coffee and J Michael Lew is Business Roy Gene Evans and Pete Schenkel Business Roy Gene Evans and Rob Farrell Business Roy Gene Evans and Bruce Sifford Business Roy Gene Evans and Alan Walne Business Roy Gene Evans and Joel Williams, Jr Business Roy Gene Evans and Joel Williams III Business Joel Williams, Jr and Joel Williams III Family John W Carpenter III and J Michael Lew is Business Ruben Esquivel and Robert W Best Business |
| significant changes to its organizational doucuments | FORM 990, PART VI, SECTION A, LINE 4 | SFT adopted a Restated Certificate of Formation and amended its Bylaw's effective April 15, 2009, in order to adopt the Texas Business Organizations Code and to make certain other nonsubstantive changes |
| ORGANIZATION MEMBERS AND STOCKHOLDERS | FORM 990, PART VI, SECTION A, LINE 6 | SFT was originally chartered as a Texas corporation on May 27, 1904, prior to the enactment of the Texas Non-Profit Corporation Act. At the time of SFT's incorporation, all Texas corporations, whether for-profit or non-profit, were required to have capital stock. In accordance with the original charter, SFT has outstanding capital stock. All of the capital stock is one class without nominal or par value. The Restated Certificate of Formation and the Bylaws of SFT provide that no part of the net earnings shall inure to the benefit of any stockholder and upon dissolution of SFT, all of its assets shall be distributed to an organization or organizations organized and operated exclusively for charitable, educational, and/or public purposes and exempt from Federal income tax. Each stockholder is entitled to one vote per share of capital stock for each matter submitted at a meeting of the stockholders. The stockholders of SFT elect the Board of Directors, which manages the affairs of SFT. |
| MEMBERS AND OTHERS WHO ELECT MEMBERS OF THE GOVERNING BODY | FORM 990, PART VI, SECTION A, LINE 7A | SFT has a single class of stockholders which is entitled to elect the Board of Directors at each annual meeting of the stockholders and to fill vacancies on the Board of Directors which result from an increase in the number of directors |
| DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL | FORM 990, PART VI, SECTION A, LINE 7B | SFT has a single class of stockholders which has the authority to approve amendments to SFT's Restated Certificate of Formation and to approve the Board of Directors' recommendations of the distribution of assets upon the dissolution of SFT |
| PROCESS TO REVIEW FORM 990 | FORM 990, PART VI, SECTION A, LINE 11A | The Form 990 was reviewed in detail with the Finance/Audit Committee at its meeting on November 8, 2010, and the Executive Committee at is meeting on November 10, 2010. The Form 990 was then distributed to all members of the Board of Directors prior to filing. |
| CONFLICT OF INTEREST, WHISTLEBLOWER, DOCUMENT POLICY | FORM 990, PART VI, SECTION B, LINES 12-14 | SFT adopted a Conflicts of Interest and Ethics Policy (the "Policy") on April 15, 2009 The Policy also includes a Whistleblow er Policy for SFT SFT also adopted a Document Retention Policy on April 15, 2009 |

| ldentifier Return Reference | | Explanation |
|--|--|--|
| MONTIORING AND ENFORCING CONFLICT OF INTEREST POLICY | FORM 990, PART VI, SECTION B, LINE 12C | sft performs an annual survey of its directors, officers, and key employees regarding any business or family relationships with sft or with other of the organization's directors, officers and key employees any exceptions noted are reviewed by the finance/audit committee which recommends any necessary corrective action to the executive committee |

PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, SECTION B, LINE 15 In August 2010, SFT engaged an independent national accounting and consulting firm to update the previous compensation review which was last performed in 2006. Positions included in this compensation review were President, Senior Vice Presidents, Vice Presidents and Department Directors. The firm conducted market analyses for these positions' base and total cash compensation and advised sft that all amounts were within the competitive range. The President provides salary and bonus recommendations for all employees (other than the President), which are reviewed by the Finance/Audit Committee. The Chairman of the Board of Directors makes A recommendation of the President's salary and bonus, which is also reviewed by the Finance/Audit Committee Salary and bonus amounts are deliberated on by the Finance/Audit Committee without the presence of management and utilizing the compensation review referenced above, with recommendations then made to the Executive Committee of the Board of Directors for consideration, deliberation and decision. All such decisions of the Executive Committee are documented with contemporaneous minutes of its meetings, all of these recommendations, deliberations and decisions are made taking into account the independent review mentioned above HOW MAKE DOCUMENTS PUBLIC FORM 990, PART VI, SECTION C, LINE 19 SFT makes its governing documents, conflict of interest policy and financial statements available to the public by providing copies upon request and available for inspection at its administrative office. Additionally, the following documents are available to the general public on SFT's website at www bigtex com. Bylaws, Certificate of Formation, Conflict of Interest/Ethics Policy, Finance/Audit Committee Charter, Early Adoption of Business Organization Code and audited financial statements For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2009

Software ID: Software Version:

EIN: 75-6002511

Name: STATE FAIR OF TEXAS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|---|---------------------------------|----------------------------------|----------------------------|---|--------|----------------------------------|---------------------------------------|--|--|
| (B) A verage hours | | tıon (| ched |) | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | |
| per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 3.0 | ~ | | v | | | | 0 | 0 | 0 | |
| 3.0 | ^ | | ^ | | | | Ü | | | |
| 1 0 | Χ | | | | | | 0 | 0 | 0 | |
| 2 0 | X | | Х | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 1.0 | V | | | | | | 0 | 0 | 0 | |
| 1 0 | Χ. | | | | | | 0 | 0 | U | |
| 1 0 | Χ | | | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 3 0 | Х | | Х | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 3 0 | X | | X | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 6 0 | X | | х | | | | 0 | 0 | 0 | |
| 2 0 | X | | X | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 1 0 | X | | X | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| 1 0 | X | | | | | | 0 | 0 | 0 | |
| | (B) Average hours per week 1 0 3 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 | (B) Average hours per week 1 0 | (B) A verage hours per week 1 0 | (B) Average hours per week | (B) A verage hours per week (C) Position (check a that apply) Rey employee Officer 1 0 | CC | CC | Co | Column C | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|--------------------------------|-----------------------------------|----------------------------------|--|---|--|---|--|--|--|
| (A) Name and Title | (B) Average hours per | | (C) ition (chec that apply |) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | |
| | week | Individual trustee or director | Officer Institutional Trustee | Former Highest compensated employee Key employee | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations | | | |
| Richard Knight Jr Vice Chairman | 2 0 | Х | X | | 0 | 0 | 0 | | | |
| Kerney Laday Director | 1 0 | x | | | 0 | 0 | 0 | | | |
| Tom Lazo Director | 1 0 | Х | | | 0 | 0 | 0 | | | |
| J Michael Lewis Director | 1 0 | Х | | | 0 | 0 | 0 | | | |
| David G Little Director | 1 0 | X | | | 0 | 0 | 0 | | | |
| Steve Mancillas Director | 2 0 | Х | | | 0 | 0 | 0 | | | |
| Todd C Meier Director | 1 0 | Х | | | 0 | 0 | 0 | | | |
| James M Moroney III Vice Chairman | 1 0 | X | х | | 0 | 0 | 0 | | | |
| Alice Murray Vice Chairperson | 3 0 | X | X | | 0 | 0 | 0 | | | |
| Gina Norris Director | 3 0 | Χ | | | 0 | 0 | 0 | | | |
| Dan S Petty Director | 1 0 | Х | | | 0 | 0 | 0 | | | |
| Raymond F Quintanilla Director | 1 0 | Χ | | | 0 | 0 | 0 | | | |
| James C Roberts Director | 3 0 | Χ | | | 0 | 0 | 0 | | | |
| Rowland K Robinson Director | 1 0 | Х | | | 0 | 0 | 0 | | | |
| Pete Schenkel Vice Chairman | 3 0 | Χ | X | | 0 | 0 | 0 | | | |
| John Field Scovell Vice Chairman | 1 0 | Χ | X | | 0 | 0 | 0 | | | |
| Carl Sewell Director | 1 0 | Х | | | 0 | 0 | 0 | | | |
| George A Shafer Vice Chairman | 3 0 | Χ | X | | 0 | 0 | 0 | | | |
| Bruce A Sifford Vice Chairman | 3 0 | Х | X | | 0 | 0 | 0 | | | |
| Robert B Smith Vice Chairman/Secretary | 1 0 | Χ | X | | 0 | 0 | 0 | | | |
| Ronald G Steinhart Director | 1 0 | Х | | | 0 | 0 | 0 | | | |
| Doug Thompson Director | 1 0 | Х | | | 0 | 0 | 0 | | | |
| Alan Walne Vice Chairman/Treasurer | 3 0 | Х | X | | 0 | 0 | 0 | | | |
| A B Wharton Director | 1 0 | Х | | | 0 | 0 | 0 | | | |
| JL Williams Director | 1 0 | Х | | | 0 | 0 | 0 | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) A verage hours | Average Position (check all hours that apply) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|--|--------------------------|---|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| Joel T Williams III Director | 1 0 | Х | | | | | | 0 | (| 0 |
| Joel T Williams Jr Vice Chairman | 1 0 | Х | | Х | | | | 0 | (| 0 |
| Errol W McKoy President | 45 0 | | | Х | X | | | 535,877 | (| 207,384 |
| Lee D Winton CFO/SVP Finance | 45 0 | | | Х | Х | | | 292,116 | (| 108,841 |
| Robert L Hilbun SVP Maintenance Operations | 45 0 | | | | X | | | 201,366 | (| 38,520 |
| Ronald E Black SVP Food & Beverage | 45 0 | | | | Х | | | 197,396 | (| 62,711 |
| Mitchell S Glieber SVP Marketing/Public Relations | 45 0 | | | | X | | | 175,621 | (| 39,948 |
| Jaime Navarro VP Controller | 45 0 | | | | | Х | | 139,857 | (| 35,447 |
| Eunice D Sloan VP Exhibits | 45 0 | | | | | X | | 137,652 | (| 42,498 |
| Wanda S Gooding VP Public Relations | 45 0 | | | | | Χ | | 114,069 | (| 62,163 |
| Daryl E Real VP Livestock | 45 0 | | | | | X | | 115,578 | (| 26,990 |
| Russell W Fitzgerald dir midway operation/spec proj | 45 0 | | | | | X | | 116,001 | (| 17,734 |