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990 -

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2009 ca	lendar yea	r, or tax year begin	ning 09-01-2009	and ending 08-31-201	0		
		pplicable	Please	C Name of organizatio	n			D Employer i	dentification number
┌ Add		• •	use IRS	HOUSTON LIVESTOCI	C SHOW AND RODE) INC		74-11428	351
┌ Nar	ne cha	inae	label or print or	Doing Business As				E Telephone	number
Init		_	type. See Specific					(832) 667	7-1000
_			Instruc-	Number and street (PO BOX 20070	or PO box if mail is	not delivered to street addre	ss) Room/suite	G Gross receip	ts \$ 109,243,966
Ter			tions.						
☐ Am	ended	return		City or town, state o HOUSTON, TX 7722		4			
☐ App	licatio	n pending		110031011, 17 7722	3				
			F Nan	ne and address of p	rıncıpal officer		H(a) Is th	■ ıs a group retı	ırn for
				ER HAZELTON				ates?	⊤Yes ▼ No
				ANNIN STREET ON,TX 77054					
			110001	011,17. 77.00 T			' '	II affiliates inclu	·
T Ta:	x-exen	npt status	▼ 501(c)	(3) 4 (insert no)	4947(a)(1) or	- 527	l _	o," attach a lis ip exemption i	st (see instructions)
	_ 1 14						H(c) Grou	ap exemption i	number P
	ebsit	e: F- wwv	v hlsr com				<u> </u>		
			Corporat	ion Trust Associa	tion Cother 🕨		L Year of fo	rmation 1932	M State of legal domicile TX
Pai	rt I	Sumr	mary						
	1	•		e organization's mis	sion or most sig	nıfıcant actıvıtıes			
φ.		ATTAC	HMENT 2						
Governance									
Ě									
8	2	Checkt	hıs box দ	fthe organization	discontinued its	operations or disposed	of more than	25% of its ne	t assets
	3	Number	of voting r	nembers of the gove	erning body (Pari	tVI, line 1a)			34
Activities &	4	Number	ofindepen	dent voting membe	rs of the governi	ng body (Part VI, line 1b)		4 32!
₽	5	Total nu	ımber of en	nployees (Part V , lii	ne 2a)				5 979
톭	6	Total nu	ımber of vo	lunteers (estimate	ıf necessary) .				6 22,000
र्व	7a			•	• •	I, column (C), line 12 .			7a 391,094
		_		ness taxable ıncom					7b -333,26!
						,	Pric	or Year	Current Year
	8	Contril	outions and	d grants (Part VIII	line 1h)			23,040,987	
횰	9							50,357,810	
Rayenue	10					, and 7d)		3,027,961	1,094,958
Æ	11					, 9c, 10c, and 11e)		-35,887	439,368
	12					, 90, 100, and 11e) art VIII, column (A), line	<u>, </u>	-35,867	439,308
	12				•	, , , , , , , , , , , , , , , , , , , ,	=	76,390,871	80,640,055
	13), lines 1-3)		3,701,700	3,445,100
	14	Benefit	s paid to o	r for members (Part	: IX, column (A),	line 4)		0	0
	15	Salarıe	s, other co	mpensation, emplo	yee benefits (Pa	rt IX, column (A), lines 5	5-		
Expenses		10)						10,817,045	11,958,115
ā	16a	Profes	sional fund	raising fees (Part I)	X, column (A), lır	ne 11e)		0	0
ੜੀ	ь	Total fur	ndraising exp	enses (Part IX, column ((D), line 25) ► 4,352	2,298			
	17	Other	expenses (Part IX, column (A)), lınes 11a–11d	, 11f-24f)		53,875,027	55,776,041
	18	Total e	xpenses A	Add lines 13–17 (m	ust equal Part I	X, column (A), line 25)		68,393,772	71,179,256
	19					2		7,997,099	
> 27 > 30			<u> </u>				Beginnin	g of Current	
Not Assets or Fund Balances							_	rear ear	End of Year
33.45 33.45 34.45	20	Totala	ssets (Par	t X, line 16)				128,930,975	149,463,051
恢	21	Totall	ıabılıtıes (F	Part X, line 26) .				32,569,067	40,645,145
ŽΞ	22	Netas	sets or fun	d balances Subtrac	t line 21 from lir	ne 20		96,361,908	108,817,906
Pai	t II	Sign	ature Blo	ock					
						turn, including accompanying			
		and belie	ef, it is true, o	correct, and complete L	eclaration of prepar	er (other than officer) is base	d on all informat	ion of which prep	arer has any knowledge
Sign	ı						2011	-07-08	
Here		Signa	ature of office	er			Date	-07-08	
		L JENN	ITEED HAZELT	ON CEO					
			IFER HAZELT or print nam						
			L			Date (Check If	Prenarer's idea	ntıfyıng number
D-! !		Preparer' signature				5	self-	(see instructio	
Paid		-	<u> </u>			•	empolyed 🕨 🦵		
Prepa		Firm's name (or yours PricewaterhouseCoopers LLP if self-employed),						EIN 🕨	
Use (חוע		and ZIP + 4	1201 Louisiana Sur	te 2900				
		<u>L</u> _		Houston, TX 7700	2			Phone no 🕨	(713) 356-4000
Mayt	he IR	S discus	s this retu	rn with the preparer	shown above? (see instructions)			✓ Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

HOUSTON LIVESTOCK SHOW AND RODEO WAS ORGANIZED FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES TO ENCOURAGE AND PROMOTE THE BREEDING, RAISING, AND MARKETING OF BETTER LIVESTOCK AND FARM PRODUCTS AT PUBLIC FAIRS AND TO PROMOTE AND MAINTAIN RESEARCH AND EDUCATIONAL FUNCTIONS IN CONNECTION WITH THE LIVESTOCK INDUSTRY IT IS THE GENERAL POLICY OF HLS&R TO UTILIZE, IN THE FISCAL YEAR SUBSEQUENT TO WHICH IT IS EARNED, THE EXCESS OF ITS REVENUE OVER EXPENSES FOR THE FURTHERANCE OF ITS EXEMPT PURPOSE, INCLUDING THE GRANTING AND/OR FUNDING OF SCHOLARSHIPS, EDUCATIONAL ENDOWMENTS, AGRICULTURAL RESEARCH PROJECTS AND OTHER SIMILAR PROGRAMS AND THE FUNDING OF RELATED CAPITAL ADDITIONS AND IMPROVEMENTS THE FUNDS OF HLS&R ARE USED EXCLUSIVELY TO MEET NECESSARY EXPENSES FOR ITS UPKEEP AND OPERATION AND IN FURTHERANCE OF THE EXEMPT PURPOSE OF THE ORGANIZATION

-	rotar program service expenses = \$	01,403,59	<i>J</i>		
4e	(Expenses \$ Total program service expenses►\$	including grants of 61,463,59) (Revenue \$)
4d	Other program services (Describe	•			
4c	(Code) (Expenses \$	3	including grants of \$) (Revenue \$)
	Houston Livestock Show and Rodeo makes of approximately \$11 3 million in scholarship			ck Show and Rodeo Educational F	fund (EIN 76 0260204) in support
4b	(Code) (Expenses s	3,445,100	including grants of \$	3,445,100) (Revenue \$)
4a	(Code) (Expenses \$ THE HOUSTON LIVESTOCK SHOW AND RODI EDUCATIONAL AREAS HLSR HOSTED MORE TURKEYS, LLAMAS, ALPACA, HORSES, MULE RANGE AND PASTURE PLANT IDENTIFICATIC CONTEST AND AGRICULTURAL MECHANICS TOUR OR FIELD TRIP IN CAPITAL ONE BANK THE WORLD OF AGRICULTURE THROUGH TI Rodeo junior auctions brought in \$1 million or records were broken More than 300,000 you and heritage Over \$5 million in premiums a contributed over \$3 4 million to the Houstor awards More than 22,000 volunteers on ne listed program accomplishments	EO ENTERTAINED A RECO THAN 27,000 LIVESTOCK S, AND DONKEYS HLSR H DN, DAIRY, HORSE, WILDL CONTESTS MORE THAN T AGVENTURE ANOTHER E HE PROCESS OF PRODUCT OF more The Grand Cham oung amateur artists partic and awards were paid to a Livestock Show and Rod	AND HORSE SHOW EXHIB- HOSTED JUDGING CONTEST JEF HABITAT EVALUATION, 75,000 CHILDREN RECEIVE EDUCATIONAL EXHIBIT, FU ING FARM PRODUCTS - FR ING FORM PRODUCTS - FR ING FORM FORM OF THE CIPATED IN THE SCHOOL ART PR UNIOR SHOW EXHIBITORS PARTI EO Educational Fund In SUPPLIED TO THE STATE HORST SHOW EXHIBITORS PARTI EO Educational Fund In SUPPLIED TO THE STATE HORST SHOW EXHIBITORS PARTI ED ED TO THE STATE OF	ITORS, INCLUDING CATTLE, SHEEL ITS INCLUDING LIVESTOCK, MEAT, FLORICULTURE, NURSERY LANDSED A HANDS-ON AGRICULTURAL EIN ON THE FARM, ENABLES NEARL ROM PLANTING TO MARKET Each I Champion Goat and Reserve Gram in 2010, submitting project icipating in the 2010 Show The Hoport of \$11 3 million in scholarshi	P, GOATS, SWINE, RABBITS, POULTRY, WOOL AND MOHAIR, SCAPE, TRACTOR TECHNICIAN DUCATION THROUGH A SCHOOL Y 80,000 VISITORS TO EXPLORE of the Houston Livestock Show and and Champion Barrow auction ts based on Western culture, history ouston Livestock Show and Rodeo p, grant, and educational program
 4a	(Code) (Expenses 9	58.018.495	including grants of \$) (Revenue \$)
4	Describe the exempt purpose achieves Section $501(c)(3)$ and $501(c)(4)$ orgallocations to others, the total expensions	anızatıons and sectio	on 4947(a)(1) trusts a	are required to report the an	
	If "Yes," describe these changes on S	Schedule O			
3	Did the organization cease conducting services?	g, or make significan	•	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
	the prior Form 990 or 990-EZ? .				┌ Yes ┌ No

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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? <i>If "Yes," complete Schedule D, Part II</i>	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 2	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		No
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		Νο
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		No
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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part 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	Yes	
С	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	Yes	
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

art V	Statements	Regarding	Other	TRS Filing	as and '	Tax Com	pliance
	ota to illoito	ive gar aring	•	-110 1 111111	goana	I GA COIII	Pilailee

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	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?	1 c	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	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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 ►			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
С	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		
а	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		
	Organizations that may receive deductible contributions under section 170(c).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	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?			N -
)	Sponsoring organizations maintaining donor advised funds.	8		Νο
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	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)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

8334 FANNIN STREET HOUSTON,TX 77054 (832) 667-1225

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	ction A. Governing Body and Management					
	etion A. Governing Body and Planagement				Yes	No
1a	Enter the number of voting members of the governing body	1a	347			
b	Enter the number of voting members that are independent	1b	325			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness •	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its organizational documents s filed?	ınce t	he prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	nızatı	on's assets?	5		No
6	Does the organization have members or stockholders?			6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		r more members of the	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the			
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,		annot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νo
	ction B. Policies (This Section B requests information about policies not venue Code.)	requi	red by the Internal			
ill	venue code.)				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		No
	If "Yes," does the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with those of the or			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governir	-				
		•		11		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
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 to conflicts?		-	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance wit describe in Schedule O how this is done			12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th		• •			
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	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	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		N o
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take	anızat	ion to evaluate its			
	organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure					<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data					
20	State the name, physical address, and telephone number of the person who possess	es the	books and records of th	ie orga	ınızatıor	n ►
	JENNIFER HAZELTON					

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										

1b Total	►	2,112,195	0	584,797

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? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	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		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ARAMARK FACILITY SERVICES 8701 KIRBY DRIVE	FOOD SERVICES	1,539,236
HOUSTON, TX 77054	TOOD SERVICES	1,339,230
LMI HHI LTD SMG 8400 KIRBY DRIVE HOUSTON, TX 77054	PROPERTY MANAGEMENT	1,873,879
LD SYSTEMS INC PO BOX 10620 HOUSTON, TX 77206	AUDIO/VIDEO SERVICES	3,241,178
TRANSPORTATION MANAGEMENT SERVICES 17810 MEETING HOUSE ROAD SUITE 200 SANDY SPRING, MD 20860	TRANSPORTATION	2,158,650
ARAMARK SPORTS AND ENTERTAINMENT 1101 MARKET ST 12TH FLOOR PHILADELPHIA, PA 19107	CLEANING SERVICES	2,396,493
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 1-50

Page 8

Form 990 (2009) Part VIII Statement of Revenue											
Part V	<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			
\$ 55	1a	Federated camp	paigns 1a					514			
Contributions, gifts, grants and other similar amounts	ь	•	es 1b	3,318,124							
₽Ğ	c	Fundraising eve		309,713							
ifts ¥ra	d	•	ations 1d								
s, g mik	e	Government grants (contributions) 1e									
ion Sign	f		ons, gifts, grants, and 1f	23,955,172				i			
but the	g	sımılar amounts no Noncash contri	t included above butions included in								
n d ii		lines 1a-1f \$	35,613								
ဝင်	h	Total. Add lines	s 1a-1f	· · · •	27,583,009						
<u> </u>				Business Code							
Program Service Revenue	2a	RODEO SHOW REC	EIPT	711,300	51,522,720	51,522,720					
æ	Ь										
M C e	С										
Ser	d										
E E	e f	All other progra	ım service revenue								
Togi	'	All other progra	iiii service revellue								
<u> </u>	g		s 2a-2f		51,522,720						
	3		ome (including dividendar ar amounts)	. 1	2,220,095			2,220,095			
	4		tment of tax-exempt bond	-	0			, ,			
	5	Royalties		▶	0						
			(ı) Real	(II) Personal							
	6a	Gross Rents	303,485								
	b	Less rental expenses	231,946								
	С	Rental income or (loss)	71,539								
	d	Net rental incor	me or (loss)		71,539		71,539				
	7a	Gross amount	(ı) Securities 25,550,000	(II) O ther							
	"	from sales of assets other	, ,								
	ь	than inventory Less cost or	26,675,137								
		other basis and sales expenses									
	С	Gain or (loss)	-1,125,137								
	d	Net gain or (los	s)	▶	-1,125,137			-1,125,137			
	8a	Gross income fi events (not incl									
Other Revenue		\$309,	<u>,713</u>								
⊕ >•		See Part IV, lin	reported on line 1c)								
Ģ.			а	182,980							
the	b		penses b	151,228	21 752	21 752					
Ò	c 9a	-	loss) from fundraising or rom gaming activities	events F	31,752	31,752					
		See Part IV, lin									
			а								
	b c		penses b loss) from gaming activ	vities F	0						
		Gross sales of i		vicies							
		returns and allo	wances .								
	ь	less cost of sa	a oods sold b	1,869,577							
	c		loss) from sales of inve	1,545,600 entory ►	323,977	16,522	307,455				
		Miscellaneous		Business Code							
	11a	COCA-COLA S	SPONSORSHIP	900,099	10,000		10,000				
	b	RELIANT ENER	RGY SPONSOR	900,099	2,100		2,100				
	С	BENEFIT									
	d	All other revenu	ue								
	e	Total. Add lines	s 11a-11d		12,100						
	4.	-		•	12,100						
	12	fotal revenue.	See Instructions .	▶[80,640,055	51,570,994	391,094	1,094,958			

	990 (2009)				Page 10
Part					
_	Section 501(c)(3) and 501(c)(4) organizations m			(5)	
	ll other organizations must complete column (A) but are not required to	complete columi	ns (B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 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, line 21	3,445,100	3,445,100		
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	1,504,579	776,374	593,575	134,630
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	191,972	70,655		121,317
7	Other salaries and wages	7,631,651	5,142,017	1,951,098	538,536
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	855,473	462,547	312,460	80,466
9	Other employee benefits	1,070,002	596,821	361,293	111,888
10	Payroll taxes	704,438	403,779	 	54,325
11	Fees for services (non-employees)	,	, , , , ,		
 a	Management	0			
h	Legal	281,653	270,350	11,303	_
c	Accounting	87,514	37,868	 	2,652
d	Lobbying	0,,514	37,000	40,554	2,032
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	158,817		158,817	
	Other	13,984,110	12 212 266	 	E02 129
g 12	Advertising and promotion	2,978,577	13,313,366 2,709,467	 	502,138 189,061
13	Office expenses	1,444,493	1,022,399	· · · · · ·	164,948
14	Information technology	321,313	8,815	+	2,687
15	Royalties	321,313	8,613	309,811	2,007
16	·	1,821,778	1,700,685		121,093
	Occupancy			 	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	97,430	25,278	56,749	15,403
19	Conferences, conventions, and meetings	16,276	4,085	10,436	1,755
20	Interest	828,321	828,321	10,430	1,733
21	Payments to affiliates	0	520,521		
22	Depreciation, depletion, and amortization	3,352,945	2,925,441	339,957	87,547
23	Insurance	796,573	459,894	· · ·	68,071
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	ENTERTAINER EXPENSES	8,660,971	8,653,602		7,369
Ь	CONTRIBUTIONS TO SHOW EXHIBITO	5,105,441	5,105,441	+ +	
c	EQUIPMENT RENTAL & MAINT	4,928,976	4,713,079	+ + +	154,916
	FOOD AND BEVERAGE SERVICES	4,484,721	3,094,102	' 	1,374,489
e	AWARDS - EXHIBITORS/PARTICIPAN	3,503,300	3,464,929	 	38,371
f	All other expenses	2,922,832	2,229,180		580,636
25	Total functional expenses. Add lines 1 through 24f	71,179,256	61,463,595	· · ·	4,352,298
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	, 1,1,7,230	01,703,333	3,303,303	7,332,270
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
-					(A) Beginning of year		(B)
	1	Cash—non-interest-bearing			9,660,523	1	End of year 19,498,800
	2	Savings and temporary cash investments			3,000,323	2	13,430,000
		, ,	•			\vdash	
	3	Pledges and grants receivable, net	•		4 400 045	3	0.440.050
	4	Accounts receivable, net			1,132,815	4	2,140,050
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	employees, and				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		1 4958(f)(1)) and			
		Schedule L				6	
spessi	7	Notes and loans receivable, net			0	7	0
Š	8	Inventories for sale or use			275,752	8	229,618
⋖	9	Prepaid expenses and deferred charges			447,182	9	652,560
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	63,791,582			
	Ь р	Less accumulated depreciation	10b	21,547,311	43,935,652	10c	42,244,271
	11	Investments—publicly traded securities	-		62,832,468	11	69,648,409
	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			10,646,583	15	15,049,343
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			128,930,975		149,463,051
	17	Accounts payable and accrued expenses .			1,417,560	17	2,302,073
	18	Grants payable				18	<u> </u>
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			10,950,000	20	9,925,000
Se	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	<u> </u>
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	
1	23	Secured mortgages and notes payable to unrelated third parties		_		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			20,201,507	25	28,418,072
	26	Total liabilities. Add lines 17 through 25			32,569,067	26	40,645,145
_		Organizations that follow SFAS 117, check here ▶ ▼ and comp	lete l	ines 27			· · ·
S e S		through 29, and lines 33 and 34.					
อมเ	27	Unrestricted net assets			96,361,908	27	108,817,906
- B	28	Temporarily restricted net assets				28	
Z	29	Permanently restricted net assets				29	
Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	d con	plet e			
- 		lines 30 through 34.					
	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	ınds			32	
Net	33	Total net assets or fund balances			96,361,908	33	108,817,906
	34	Total liabilities and net assets/fund balances			128,930,975	34	149,463,051

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
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			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Form **990** (2009)

3493193000371

OMB No 1545-0047

2000

ZUUJ Open to Bublic

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Employer identification number

HOUSTON LIVESTOCK SHOW AND RODEO INC 74-1142851 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 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 businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? Νo (ii) a family member of a person described in (i) above? 11g(ii) Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Νo h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of support	on in your	(vi) Is the organizati col (i) orga	on in inized	(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No]	
Total										

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)

(Complete only if you checked the box on line 9 of Part I.)

Se	ection A. Public Support			•				
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	18,073,295	21,880,144	24,376,396	23,050,987	27	,447,396	114,828,218
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	45,801,622	50,007,995	50,885,518	50,357,810	51	,658,333	248,711,278
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	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	Total. Add lines 1 through 5	63,874,917	71,888,139	75,261,914	73,408,797	79	,105,729	363,539,496
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	6,020,484	7,285,048	6,584,046	6,747,541	6	,963,114	33,600,233
b	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	Add lines 7a and 7b	6,020,484	7,285,048	6,584,046	6,747,541	6	,963,114	33,600,233
8	Public Support (Subtract line 7c from line 6)							329,939,263
	ction B. Total Support							
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
9	beginning in) A mounts from line 6	63,874,917	71,888,139	75,261,914	73,408,797	79	,105,729	363,539,496
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,415,294	3,609,293	3,414,304	3,329,674	4	,393,157	17,161,722
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	2,415,294	3,609,293	3,414,304	3,329,674	4	,393,157	17,161,722
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0	0
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,	66,290,211	75,497,432	78,676,218	76,738,471	83	,498,886	380,701,218
14	11 and 12) First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	, third, fourth, or	 fifth tax year as a	501(c)(3) organı	ization,
.	ection C. Computation of Pub	die Sunnert D	arcontage					
<u> </u>	Public Support Percentage for 200			13 column (f))		15		86 666 %
16	Public support percentage from 200			(.,,		16		87 240 %
-	,, ,		,				L	37 240 70
	ction D. Computation of Inv	a charact Tarac	ma Darcanta					

15	86 666	<u>%</u>
16	87 240	%

Section D. Computation of Investment Income Percentage

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

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

17	4 508	%
18	3 890	%

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

Software ID: Software Version:

EIN: 74-1142851

Name: HOUSTON LIVESTOCK SHOW AND RODEO INC

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posit t	(C tion (hat a	chec		II		(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	
CHARLES R ROBINSON CHAIRMAN OF THE BOARD	10 0	Х		Х							
JOSEPH T AINSWORTH MD EXECUTIVE COMMITTEE	2 5	Х									
JIM BLOODWORTH EXECUTIVE COMMITTEE	2 5	х									
DON A BUCKALEW EXECUTIVE COMMITTEE	2 5	х									
JOHN CAUSEY EXECUTIVE COMMITTEE	2 5	Х									
J M CLEPPER EXECUTIVE COMMITTEE	2 5	Х									
JOHN T COOK EXECUTIVE COMMITTEE	2 5	Х									
TILMAN J FERTITTA EXECUTIVE COMMITTEE	2 5	Х									
WAYNE HOLLIS JR EXECUTIVE COMMITTEE	2 5	Х									
DON D JORDAN EXECUTIVE COMMITTEE	2 5	Х									
H STUART LANG JR EXECUTIVE COMMITTEE	2 5	Х									
JACK A LYONS EXECUTIVE COMMITTEE	2 5	Х									
ED MCMAHON EXECUTIVE COMMITTEE	2 5	х									
LOUIS M PEARCE JR EXECUTIVE COMMITTEE	2 5	Х									
JOHN O SMITH EXECUTIVE COMMITTEE	2 5	Х									
PAUL G SOMERVILLE EXECUTIVE COMMITTEE	2 5	Х									
KEITH A STEFFEK EXECUTIVE COMMITTEE	2 5	Х									
RH STEVENS EXECUTIVE COMMITTEE	2 5	Х									
P MICHAEL WELLS EXECUTIVE COMMITTEE	2 5	Х									
JAMES M WINDHAM JR EXECUTIVE COMMITTEE	2 5	Х									
C A BEASLEY VICE PRESIDENT/DIRECTOR	5 0	Х		х							
WILLIAM C BOOHER DIRECTOR	1 0	Х									
M DAVID BOOTHE VICE PRESIDENT/DIRECTOR	5 0	Х		х							
CURTIS BRENNER VICE PRESIDENT/DIRECTOR	5 0	Х		х							
BRANDON LEE BRIDWELL VICE PRESIDENT/DIRECTOR	5 0	Х		x							

Compensated Employees, and Independent Contractors												
(A) Name and Title				che pply)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Truste	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
		 	ಸ್ಕ		-	# @						
GEORGE A BUSCHARDT VICE PRESIDENT/DIRECTOR	5 0	Х		х								
RUDY CANO VICE PRESIDENT/DIRECTOR	5 0	Х		х								
TOM C DAVIS VICE PRESIDENT/DIRECTOR	5 0	Х		х								
ANDREW DOW VICE PRESIDENT/DIRECTOR	5 0	Х		x								
JAMES C EPPS III VICE PRESIDENT/DIRECTOR	5 0	Х		х								
WARNER D ERVIN VICE PRESIDENT/DIRECTOR	5 0	Х		x								
CHARLENE CASEY FLOYD DIRECTOR	1 0	Х										
REY GONZALES VICE PRESIDENT/DIRECTOR	5 0	Х		х								
DARRELL N HARTMAN DIRECTOR	1 0	Х										
THOMAS LIPPINCOTT VICE PRESIDENT/DIRECTOR	5 0	Х		х								
KEN D MCGUYER VICE PRESIDENT/DIRECTOR	5 0	Х		х								
YANCE S MONTALBANO VICE PRESIDENT/DIRECTOR	5 0	Х		х								
JOHN ROGER MORTON VICE PRESIDENT/DIRECTOR	5 0	Х		x								
STEVEN L ROE VICE PRESIDENT/DIRECTOR	5 0	Х		x								
DARRYL A SCHROEDER VICE PRESIDENT/DIRECTOR	5 0	Х		x								
MARSHALL R SMITH III DIRECTOR	1 0	Х										
PAM SPRINGER VICE PRESIDENT/DIRECTOR	5 0	х		x								
JAMES A WINNE III DIRECTOR	1 0	Х										
JOHN V ABSHIER DIRECTOR	1 0	Х										
JJ A C Y DIRECTOR	1 0	Х										
EDUARDO AGUIRRE JR DIRECTOR	1 0	Х										
MARY JANE ALBERT DIRECTOR	1 0	Х										
JIMMIE ALLEN DIRECTOR	1 0	Х										
MARK A ANAWATY DIRECTOR	1 0	Х										
JERRY J ANDREW DIRECTOR	1 0	х										

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
MARIE DENISE ARCOS DIRECTOR	1 0	Х										
GEORGE CLAIR ARNOLD JR DIRECTOR	1 0	х										
BILL BAILEY DIRECTOR	1 0	×						15,800		0		
RANCE LEE BARHAM DIRECTOR	1 0	×										
LOUIS BART DIRECTOR	1 0	х										
RICHARD E BEAN DIRECTOR	1 0	х										
G M BECKER DIRECTOR	1 0	Х										
RO GER BETHUNE DIRECTOR	1 0	х										
JIM BILLINGS DIRECTOR	1 0	Х										
R C BLACK DIRECTOR	1 0	х										
TUCKER BLAIR DIRECTOR	1 0	х										
MIKE BLASINGAME DIRECTOR	1 0	х										
BILL R BLUDWORTH DIRECTOR	1 0	Х										
DANNY R BOATMAN DIRECTOR	1 0	Х										
TERRY BODKIN-AGRIS DIRECTOR	1 0	Х										
DOUGLAS B BOSCH DIRECTOR	1 0	Х										
CLAIR BRANCH DIRECTOR	1 0	Х										
JOHN R BRANIFF DIRECTOR	1 0	Х										
KAREN BRIDGES DIRECTOR	1 0	Х										
JIM BROCK DIRECTOR	1 0	Х										
TERRY MACK BROWN DIRECTOR	1 0	Х										
J C BURNHAM DIRECTOR	1 0	Х										
TIM BURNS DIRECTOR	1 0	Х										
PATRICIA ANN BURT DIRECTOR	1 0	Х										
JL BUTERA DIRECTOR	1 0	Х										

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) Reportable Reportable Es													
(A) Name and Title	(B) Average hours per			(che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
RICHARD B BUTLER DIRECTOR	1 0	Х											
MAX C BUTLER DIRECTOR	1 0	Х											
LARRY D BYARS DIRECTOR	1 0	x											
ROXIE REGAN CAMPBELL DIRECTOR	1 0	Х											
RO GER CAMPBELL DIRECTOR	1 0	Х											
ANDREW CANTU DIRECTOR	1 0	Х											
LARRY L CARROLL DIRECTOR	1 0	Х											
BRADY F CARRUTH DIRECTOR	1 0	Х											
MORELAND CHAPMAN DIRECTOR	1 0	Х											
JOSEPH E CHASTANG DIRECTOR	1 0	Х											
KELLEY CHISHOLM DIRECTOR	1 0	Х											
GENE W CLARK DIRECTOR	1 0	Х											
CHAD J CLAY DIRECTOR	1 0	Х											
MICHAEL E CLEPPER DIRECTOR	1 0	Х											
ERNIE BOYD COLLINS DIRECTOR	1 0	Х											
THOMAS R CONNER DIRECTOR	1 0	Х											
MIKE COOK DIRECTOR	1 0	Х											
JOHN L COOPER II DIRECTOR	1 0	Х											
HOWARD THOMAS CORDELL DIRECTOR	1 0	Х											
JOHN M COTTERELL DIRECTOR	1 0	Х											
J CRAIG COWGILL DIRECTOR	1 0	Х											
FRANK CRAPITTO DIRECTOR	1 0	Х											
TERRY CRAWFORD DIRECTOR	1 0	Х											
CHRIS CUNNINGHAM DIRECTOR	1 0	Х											
MICHAEL A CURLEY DIRECTOR	1 0	Х											

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) Reportable Reportable													
(A) Name and Title	(B) Average hours per			(che	′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
CHARLES M DALTON DIRECTOR	1 0	Х											
BECKY JONES DAMONE DIRECTOR	1 0	Х											
DAN D'ARMOND DIRECTOR	1 0	x											
ERNEST EDWIN DAVIS DIRECTOR	1 0	Х											
ROBERT N DAVIS DIRECTOR	1 0	Х											
CHUCK DAVIS DIRECTOR	1 0	Х											
GARY ALAN DEBAKEY DIRECTOR	1 0	Х											
GARY DEITCHER DIRECTOR	1 0	Х											
GEORGE A DEMONTROND III DIRECTOR	1 0	Х											
CARL DETERING JR DIRECTOR	1 0	Х											
CR DEVINE DIRECTOR	1 0	Х											
BEN L DODSON DIRECTOR	1 0	X											
TOM E DOMPIER DIRECTOR	1 0	Х											
ARTHUR J DORR DIRECTOR	1 0	Х											
RODNEY E DOUTEL DIRECTOR	1 0	Х											
DOUGLAS L DOYLE DIRECTOR	1 0	Х											
W T DUNN DIRECTOR	1 0	Х											
FREEMAN B DUNN DIRECTOR	1 0	Х											
JOHN L EBELING DIRECTOR	1 0	Х											
JAMIE EHRMAN DIRECTOR	1 0	Х											
ROY L ELLEDGE JR DIRECTOR	1 0	Х											
JOHN D ELLIS JR DIRECTOR	1 0	Х											
SUZANNE H EPPS DIRECTOR	1 0	Х											
RONNIE EUBANKS DIRECTOR	1 0	Х											
MELBA W EVELER DIRECTOR	1 0	Х											

Compensated Employees, and	Independ	lent C	ont	ract	tors	5				
(A) Name and Title	(B) Average hours per		tion ((che	')	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
AL FARRACK	1 0	Х								
DIRECTOR CAROLYN FAULK DIRECTOR	1 0	Х								
RIGO FLORES DIRECTOR	1 0	Х								
RICHARD LEE FUQUA II DIRECTOR	1 0	Х								
A L FURNACE DIRECTOR	1 0	Х								
LYNDAL D GARNER DIRECTOR	1 0	Х								
GARY T GARRISON DIRECTOR	1 0	Х								
DIANE GAUTREAUX DIRECTOR	1 0	Х								
GEORGE S GAYLE III DIRECTOR	1 0	Х								
GREG N GERHART DIRECTOR	1 0	Х								
W THAD GILLIAM DIRECTOR	1 0	Х								
GARY GLOVER DIRECTOR	1 0	Х								
MIKE GOLDEN DIRECTOR	1 0	Х								
CHARLES W GRANT DIRECTOR	1 0	Х								
RICKY A GREENE DIRECTOR	1 0	Х								
RED GRIFFIN DIRECTOR	1 0	Х								
SIDNEY GRISHAM DIRECTOR	1 0	Х								
JOHN B GUNN DIRECTOR	1 0	Х								
RICHARD GUSTAFSON DIRECTOR	1 0	Х								
MICHAEL J HAJOVSKY DIRECTOR	1 0	Х								
JERRY HAMILTON DIRECTOR	1 0	Х								
WILLIAM D HANNA DIRECTOR	1 0	Х								
JEFF HARRIS DIRECTOR	1 0	Х								
O L HARRIS DIRECTOR	1 0	Х								
MICHAEL HARTWIG DIRECTOR	10	Х								

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title A verage Position (check all Reportable Estimated													
(A) Name and Title	(B) Average hours per			(che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
CLIFF HAWTHORNE			*			<u> -</u>							
DIRECTOR	1 0	Х											
LANCE HEACOCK DIRECTOR	1 0	Х											
JACK HEARD JR DIRECTOR	1 0	Х											
BARNEY HEDRICK DIRECTOR	1 0	Х											
CORINNE C HEILIGBRODT DIRECTOR	1 0	Х											
THOMAS M HENDERSON DIRECTOR	1 0	Х											
SAM HENRY DIRECTOR	1 0	Х											
LINDA RENEE HENSON DIRECTOR	1 0	Х											
GARY WAYNE HETTENBACH DIRECTOR	1 0	Х											
JERRY H HICKMAN DIRECTOR	1 0	Х											
ROBERT B HIGGS DIRECTOR	1 0	Х											
JEFFREY D HILDEBRAND DIRECTOR	1 0	Х											
MICHAEL HILL DIRECTOR	1 0	Х											
NAOMI HINES DIRECTOR	1 0	X											
D SCOTT HINSLEY DIRECTOR	1 0	Х											
G RAY HINSLEY III DIRECTOR	1 0	Х											
F BARRON HOBBS DIRECTOR	1 0	Х											
ROBERT HODGE DIRECTOR	1 0	Х											
ROBERT V HOLLAND JR DIRECTOR	1 0	Х											
ROBERT M HOPSON DIRECTOR	1 0	Х											
DICK HUDGINS DIRECTOR	1 0	Х											
JP HUNNICUTT III DIRECTOR	1 0	Х											
PHILLIP MASON HUNT DIRECTOR	1 0	Х											
ROBERT E HUNTER DIRECTOR	1 0	Х											
JANICE HUTCHINSON DIRECTOR	1 0	Х											

Compensated Employees, and	Independ	lent C	ont	ract	tors	5				
(A) Name and Title	(B) Average hours per	Posi t	tion (that a	(che	')	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
JOHN A HUTCHISON DIRECTOR	1 0	Х								
ROBERT CHARLES HUX DIRECTOR	1 0	Х								
STEVEN EDWARD JACKSON DIRECTOR	1 0	Х								
KENNETH A JACOBSON DIRECTOR	1 0	Х								
LIZ PECKHAM JAMESON DIRECTOR	1 0	Х								
JIM J JANKE DIRECTOR	1 0	Х								
BARBARA JOHNSON DIRECTOR	1 0	Х								
MIKE JOLLEY DIRECTOR	1 0	Х								
WILLIAM M JONES DIRECTOR	1 0	Х								
RONALD A KAPCHE DIRECTOR	1 0	Х								
J GROVER KELLEY DIRECTOR	1 0	Х								
JD KENNEDY DIRECTOR	1 0	Х								
G W KENT DIRECTOR	1 0	Х								
JAMES ALAN KENT DIRECTOR	1 0	X								
LARRY RAY KERBOW SR DIRECTOR	1 0	Х								
ROBERT B KNEPPLER DIRECTOR	1 0	Х								
DOUG KNUTZEN DIRECTOR	1 0	Х								
MICHAEL JOHN KOCH DIRECTOR	1 0	Х								
JEANNY KOOP DIRECTOR	1 0	Х								
DANNY LANG JR DIRECTOR	1 0	Х								
WILLIAM L LAWLER DIRECTOR	1 0	Х								
CARL J LEE JR DIRECTOR	1 0	Х								
PHILLIP L LEGGETT MD DIRECTOR	1 0	Х								
DANIEL E LEHANE MD DIRECTOR	1 0	Х								
PAUL LEHNHOFF VICE PRESIDENT/DIRECTOR	5 0	Х		x						

Compensated Employees, and	Independ									
(A) Name and Title	(B) Average hours per		tion (that a	(che	′)		ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
EDGAR D LESTER VICE PRESIDENT DIRECTOR	5 0	x		×						
LAWRENCE S LEVY DIRECTOR	1 0	х								
JEFF LEWIS DDS DIRECTOR	1 0	x								
WA LEWIS DIRECTOR	1 0	Х								
JIM LIGHTFOOT DIRECTOR	1 0	Х								
ROBERT N LIVERMORE DIRECTOR	1 0	Х								
GLENN LILIE DIRECTOR	1 0	Х								
RONALD LOGAN DIRECTOR	1 0	Х								
P W LUCKY LONG DIRECTOR	1 0	Х								
GARY R LOOK DIRECTOR	1 0	Х								
JIMMY LYONS DIRECTOR	1 0	Х								
SAM J MAINORD DIRECTOR	1 0	Х								
WILLIS M MARBURGER DIRECTOR	1 0	Х								
DANNY MARBURGER DIRECTOR	1 0	Х								
ROSS D MARGRAVES JR DIRECTOR	1 0	Х								
BRADLEY H MARKS DIRECTOR	1 0	Х								
ROBERT A MARSH DIRECTOR	1 0	Х								
ROY A MARSH DIRECTOR	1 0	Х								
D WAYNE MCDONNELL DIRECTOR	1 0	Х								
S CAROLINE MCINTOSH DIRECTOR	1 0	Х								
MICHAEL S MCKINNEY VICE PRESIDENT / DIRECTOR	5 0	Х		х						
WAYNE L MCLEMORE DIRECTOR	1 0	Х								
ANDY MCLEOD DIRECTOR	1 0	Х								
GARY MCMULLEN DIRECTOR	1 0	Х								
MARK MELTON DIRECTOR	1 0	х								

Compensated Employees, and		ent Co			rs					Γ
(A) Name and Title	(B) Average hours per		tion (that a		')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
CHARLES W MELTON DIRECTOR	1 0	Х								
WILLARD MERCIER DIRECTOR	1 0	×								
GLENDA MICHAEL DIRECTOR	1 0	×								
GREGORY N MILLER DIRECTOR	1 0	Х								
ROBERT D MILLER DIRECTOR	1 0	Х								
DOROTHY M MITCHELL DIRECTOR	1 0	Х								
J ARTHUR MONCRIEF DIRECTOR	1 0	Х								
JOHN J MONTALBANO DIRECTOR	1 0	Х								
REED MORIAN DIRECTOR	1 0	Х								
ROBERT M MOSS DIRECTOR	1 0	Х								
KEN C MOURSUND SR DIRECTOR	10	Х								
DAVID EUGENE MOUTON MD DIRECTOR	1 0	Х								
SHELLY DOMPIER MULANAX DIRECTOR	1 0	Х								
PHILLIP E MURPHY DIRECTOR	1 0	Х								
JAMES MICHAEL MUSHINSKI DIRECTOR	1 0	Х								
DEMETRIUS NAVARRO DIRECTOR	1 0	Х								
ROBINSON K NEBLETT DIRECTOR	1 0	Х								
GARY RAYMOND NESLONEY DIRECTOR	1 0	Х								
DON W NEUENSCHWANDER DIRECTOR	1 0	Х								
DAVID R NEWCOMB DIRECTOR	1 0	Х								
TOM R NORTHRUP DIRECTOR	1 0	Х								
ROBERT A NORWOOD DIRECTOR	1 0	Х								
GERALD LYNN NUNEZ DIRECTOR	1 0	Х								
MICHAEL K O'KELLEY DIRECTOR	1 0	Х								
KELLY L O'SHIELES DIRECTOR	1 0	×								

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title A verage Position (check all Reportable Estimated													
(A) Name and Title	(B) Average hours per			che			ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
R L O'SHIELES DIRECTOR	1 0	x											
W ALLEN OWEN DIRECTOR	1 0	х											
OSCAR PADILLA JR DIRECTOR	1 0	×											
ROBERT E PAINE IV DIRECTOR	1 0	х											
SARAH RUTH PALMER DIRECTOR	1 0	х											
JAMES E PARISH DIRECTOR	1 0	х											
CLAY A PARKER DIRECTOR	1 0	х											
GARY M PEARCE DIRECTOR	1 0	х											
JOE ERNEST PEDIGO DIRECTOR	1 0	х											
RICHARD A PEEBLES DIRECTOR	1 0	х											
PATRICK D PENNINGTON DIRECTOR	1 0	х											
HARRY ALLEN PERRIN DIRECTOR	1 0	х											
PATRICK R PERRY DIRECTOR	1 0	х											
TRISHA HILLMAN PHILIPP DIRECTOR	10	х											
WE PHILLIPS DIRECTOR	1 0	х											
TIM PING VICE PRESIDENT / DIRECTOR	5 0	х		х									
GARRY L PLOTKIN DIRECTOR	1 0	Х											
OZELL PRICE DIRECTOR	10	Х											
GARY C PUGH DIRECTOR	1 0	Х											
STEPHEN J RADCLIFFE DIRECTOR	1 0	Х											
JOHN FRADER III DIRECTOR	1 0	Х											
RUSSELL J RAIA DIRECTOR	1 0	Х											
LON JUDE RANDAZZO DIRECTOR	1 0	Х											
JEN MARIE RAU DIRECTOR	1 0	Х											
GREGG M RAYMOND DIRECTOR	1 0	×											

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (check all Reportable Estimated													
(A) Name and Title	(B) Average hours per			che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
KEVIN K RECH DIRECTOR	1 0	×											
JOE H RENTZ JR DIRECTOR	1 0	х											
CHRIS RICHARDSON DIRECTOR	1 0	х											
W F ROBICHAUX DIRECTOR	1 0	х											
LEE ROUNTREE DIRECTOR	1 0	х											
PETE A RUMAN DIRECTOR	1 0	х											
MIKE G RUTHERFORD JR DIRECTOR	1 0	х											
JOHN ALAN SANDLING DIRECTOR	1 0	х											
MICHAEL J SARAGUSA DIRECTOR	1 0	х											
ANNE ELISE SARTWELLE DIRECTOR	1 0	х											
WILLIAM C SARTWELLE DIRECTOR	10	х											
JAMES D SARTWELLE JR DIRECTOR	1 0	х											
NANO K SCHERRIEB DIRECTOR	1 0	х											
VANESSA SCHILLACI DIRECTOR	1 0	Х											
JOE SCHINDLER DIRECTOR GREGORY ALLAN SCHRODER	1 0	Х											
DIRECTOR EDWARD B SCHULZ	1 0	Х											
DIRECTOR WILLIAM L SCOTT	1 0	Х											
DIRECTOR	1 0	Х											
ROSE MARIE SCOTT DIRECTOR	1 0	Х											
KEN SHAW DIRECTOR	10	Х											
BRENDA BAKER SHORT DIRECTOR	1 0	х											
JAMES H SHORT DIRECTOR SHARON D SIMMONS	1 0	Х											
DIRECTOR WESLEY SINOR	1 0	Х											
DIRECTOR KEN SLOAN	10												
DIRECTOR	1 0	X											

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F)													
(A) Name and Title	(B) Average hours per	Posi t		(che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
		ň	e			BHOC							
ROBBIE SMITH DIRECTOR	1 0	Х											
DAVID B SMITH SR DIRECTOR	1 0	Х											
BARRY SMOTHERMAN DIRECTOR	1 0	Х											
GEORGE WILLIAM STALLINGS DIRECTOR	1 0	Х											
LODIE STAPLETON JR DIRECTOR	1 0	Х											
ROBERT S STEELE DIRECTOR	1 0	Х											
HUGH DENNIS STEGER DIRECTOR	1 0	Х											
EDWARD STONE DIRECTOR	1 0	Х											
R HUGH SUTTON DIRECTOR	1 0	Х											
JAMES R TAYLOR DIRECTOR	1 0	×											
BILL T TEAGUE DIRECTOR	1 0	Х											
ARCHIE R THOMPSON DIRECTOR	1 0	Х											
ALAN L TINSLEY DIRECTOR	1 0	Х											
D WAYNE TURNER DIRECTOR	1 0	Х											
RICHARD TYLER DIRECTOR	1 0	Х											
MICHAEL J UPCHURCH DIRECTOR	1 0	Х											
JOHN A VAN DE WIELE DIRECTOR	1 0	Х											
JOE VAN MATRE DIRECTOR	1 0	Х											
JOE VARA DIRECTOR	1 0	Х											
ANDREW JOHN VAVRA JR DIRECTOR	1 0	Х											
JOEL M VERBOIS DIRECTOR	1 0	Х											
MARY ELLEN VERBOIS DIRECTOR	1 0	Х											
ROY E VERNON DIRECTOR	1 0	Х											
DENNIS A VICKERY DIRECTOR	1 0	Х											
JOHN PORTER WADE DIRECTOR	1 0	х											

Compensated Employees, and	Independ	lent C	ont	ract	tors	5				
(A) Name and Title	(B) Average hours per	Posi t	tion (that a	(che	')	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
TW WALD DIRECTOR	1 0	x								
TERRY WALKER DIRECTOR	1 0	Х								
MARKS WALLS DIRECTOR	1 0	х								
LARRY EUGENE WALTERS DIRECTOR	1 0	Х								
STEVE WATSON DIRECTOR	1 0	Х								
RICHARD WEIMAN DIRECTOR	1 0	Х								
P MICHAEL WELLS JR DIRECTOR	1 0	Х								
JUSTIN C WHITE DIRECTOR	1 0	Х								
GREGORY TEAL WILLBANKS DIRECTOR	1 0	Х								
GRIFFIN D WINN DIRECTOR	1 0	Х								
M BETH WOEHLER DIRECTOR	1 0	Х								
REED GLENN WOOD DIRECTOR	1 0	Х								
SALLY MAHAN WOODY DIRECTOR	1 0	Х								
WILLIAM A YATES DIRECTOR	1 0	Х								
ROBIN YOUNG-ELLIS DIRECTOR	1 0	Х								
TODD ZUCKER DIRECTOR	1 0	Х								
JOE BRUCE HANCOCK JR GENERAL MANAGER, DIRECTOR	50 0	Х			х			205,396		30,163
JIM VAN HOOZER VICE PRESIDENT / DIRECTOR	5 0	Х		х						
PAT WALKER VICE PRESIDENT / DIRECTOR	5 0	Х		х						
SCOTT ANDERSON DIRECTOR	1 0	Х								
STUART BEKEN DIRECTOR	1 0	Х								
ROY BROCK DIRECTOR	1 0	Х								
JILL CLEMENT DIRECTOR	1 0	Х								
JERRY M CREWS DIRECTOR	1 0	Х								
RONALD E GULIHUR DIRECTOR	1 0	Х								

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) (F) A verage Position (check all Reportable Reportable Estimated													
(A) Name and Title	A verage hours			che	')			(D) Reportable compensation from the	Reportable compensation	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			
KATHLEEN HERD DIRECTOR	1 0	Х											
KENNETH HUCHERSON DIRECTOR	1 0	Х											
JEFFREY M JONES DIRECTOR	1 0	Х											
RICHARD MARBURGER DIRECTOR	1 0	Х											
GARY E PARKS DIRECTOR	1 0	Х											
ERIC R POTTS DIRECTOR	1 0	Х											
TONY RICH DIRECTOR	1 0	Х											
C THOMPSON WELLS DIRECTOR	1 0	Х											
CONSTANCE WHITE DIRECTOR	1 0	Х											
RODNEY W WILLIAMS DIRECTOR	1 0	Х											
ROBERT N LIVERMORE DIRECTOR	1 0	X											
M LEROY SHAFER VICE PRESIDENT/COO, DIRECTOR	50 0			х				260,466		30,010			
IRVEN E WAGNER PRESIDENT/CEO, DIRECTOR	50 0			х				519,027		260,697			
JENNIFER W HAZELTON CHIEF FINANCIAL OFFICER	50 0			х				196,630		25,608			
Chris Ramey GENERAL COUNSEL	50 0			х				108,684		5,768			
ANDREW SLOAN CHIEF INFO OFFICER	50 0					х		238,659		59,658			
MARY S MARTIN EXECUTIVE DIRECTOR - MARKETING	50 0					х		151,282		63,297			
STEVE GUMERMAN MANAGING DIRECTOR - IS	50 0					Х		148,284		39,206			
JOEL COWLEY EXECUTIVE DIRECTOR - AGRICULTU	50 0					х		135,265		31,930			
MICHAEL DEMARCO EXECUTIVE DIRECTOR - OPERATION	50 0					х		132,702	0	38,460			

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
ENTERTAINER EXPENSES	8,660,971	8,653,602		7,369
CONTRIBUTIONS TO SHOW EXHIBITO	5,105,441	5,105,441		
EQUIPMENT RENTAL & MAINT	4,928,976	4,713,079	60,981	154,916
FOOD AND BEVERAGE SERVICES	4,484,721	3,094,102	16,130	1,374,489
AWARDS - EXHIBITORS/PARTICIPAN	3,503,300	3,464,929		38,371

DLN: 93493193000371

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

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

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

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

Na	ction 501(c)(4), (5), or (6) organ me of the organization	·		Employer ı	dentification number
HO	JSTON LIVESTOCK SHOW AND RODEO	INC		74-11428	E-1
ar	t I-A Complete if the or	ganization is exempt und	er section 501(
1	•	ganization's direct and indirect po			
2	Political expenditures	gamzation's unect and munect po	ontical campaign ac	ivities iii rait iv	r.
3	Volunteer hours			•	>
		ganization is exempt und			
1		e tax incurred by the organization			• \$
2		e tax incurred by organization ma		n 4955	* \$
3	If the organization incurred a	section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV			->	F04(-)(2)
_	•	ganization is exempt und			5U1(C)(3).
1	·	ended by the filing organization fo			*
2	exempt funtion activities	organization's funds contributed to	o other organization	s for section 52/	- \$
	exempt function activities				-
3	·	tures Add lines 1 and 2 Enter he	ere and on Form 112	0-POL, line 17b	• \$
3 4 5	Total exempt function expend Did the filing organization file State the names, addresses a	Form 1120-POL for this year? nd employer identification numbei	r (EIN) of all sectior	. 527 political organizat	
4	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organization file	Form 1120-POL for this year?	r (EIN) of all sectior from the filing organ I to a separate polit	ı 527 political organizat ızation's funds Also ent cal organization, such a	ions to which payments er the amount of political
1	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organization file	Form 1120-POL for this year? nd employer identification number tion listed, enter the amount paid to the promptly and directly delivered	r (EIN) of all sectior from the filing organ I to a separate polit	ı 527 political organizat ızation's funds Also ent cal organization, such a	ions to which payments er the amount of political is a separate segregated (e) A mount of political contributions receive
4	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid in the promptly and directly delivered in the (PAC) If additional space is	r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide in	1527 political organizat ization's funds Also ent ical organization, such a formation in Part IV (d) Amount paid fro filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
1	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid in the promptly and directly delivered in the (PAC) If additional space is	r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide in	1527 political organizat ization's funds Also ent ical organization, such a formation in Part IV (d) Amount paid fro filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid in the promptly and directly delivered in the (PAC) If additional space is	r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide in	1527 political organizat ization's funds Also ent ical organization, such a formation in Part IV (d) Amount paid fro filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid in the promptly and directly delivered in the (PAC) If additional space is	r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide in	1527 political organizat ization's funds Also ent ical organization, such a formation in Part IV (d) Amount paid fro filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid in the promptly and directly delivered in the (PAC) If additional space is	r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide in	1527 political organizat ization's funds Also ent ical organization, such a formation in Part IV (d) Amount paid fro filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid in the promptly and directly delivered in the (PAC) If additional space is	r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide in	1527 political organizat ization's funds Also ent ical organization, such a formation in Part IV (d) Amount paid fro filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid in the promptly and directly delivered in the (PAC) If additional space is	r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide in	1527 political organizat ization's funds Also ent ical organization, such a formation in Part IV (d) Amount paid fro filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid in the promptly and directly delivered in the (PAC) If additional space is	r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide in	1527 political organizat ization's funds Also ent ical organization, such a formation in Part IV (d) Amount paid fro filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid in the promptly and directly delivered in the (PAC) If additional space is	r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide in	1527 political organizat ization's funds Also ent ical organization, such a formation in Part IV (d) Amount paid fro filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organiza contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number Ition listed, enter the amount paid in the promptly and directly delivered in the (PAC) If additional space is	r (EIN) of all sectior from the filing organ d to a separate polit s needed, provide in	1527 political organizat ization's funds Also ent ical organization, such a formation in Part IV (d) Amount paid fro filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.

i Subtract line 1f from line 1c If zero or less, enter -0-

section 4911 tax for this year?

P	art II-A Complete if the organization under section 501(h)).	n is exempt under section 501(c)(3) an	d filed Form 5768	(election
	Check If the filing organization belongs to Check If the filing organization checked bo	an affiliated group ox A and "limited control" provisions apply		
	Limits on Lobbying (The term "expenditures" means a		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legis	lative body (direct lobbying)	150,000	
c	Total lobbying expenditures (add lines 1a and 1	b)	150,000	
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines 1	c and 1d)	150,000	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	30,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	7,500	
h	Subtract line 1g from line 1a If zero or less, en	ter -0-		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a	Lobbying non-taxable amount	0	0	22,576	30,000	52,576	
b	Lobbying ceiling amount (150% of line 2a, column(e))					78,864	
_с	Total lobbying expenditures	0	0	112,879	150,000	262,879	
d	Grassroots non-taxable amount	0	0	5,644	7,500	13,144	
e 	Grassroots ceiling amount (150% of line 2d, column (e))					19,716	
f	Grassroots lobbying expenditures	0	0	0	0	0	

120,000

┌ Yes ┌ No

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(a)		(b)	
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
b	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	- · · · · · · · · · · · · · · · · · · ·	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
а	• Current year	. ,		2a			
b	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493193000371

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

terna	Il Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.	Inspection				
	me of the organiz			Empl	oyer identification number			
пυι	USTON LIVESTUCK S	HOW AND RODEO INC		74-1	.142851			
Pa			dvised Funds or Other Similar Fu	unds	or Accounts. Complete if the			
	organiz	ation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds		b) Funds and other accounts			
	Total number at	r and of year	(a) Donor advised funds		Funds and other accounts			
,		ributions to (during year)						
3		ts from (during year)						
1	Aggregate value	, • ,						
5	Did the organiz	ation inform all donors and donor advi	sors in writing that the assets held in don organization's exclusive legal control?	oradvi	sed Yes No			
5	used only for cl	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar					
Pa	rt III Consei	r vation Easements. Complete	ıf the organization answered "Yes" to	o Form	1 990, Part IV, line 7.			
L 2	Preservation Preservation Complete lines	onservation easements held by the or on of land for public use (e g , recreati of natural habitat on of open space 2a–2d if the organization held a quali ne last day of the tax year	<u> </u>	ertified				
					Held at the End of the Year			
а		f conservation easements		2a				
b	_	estricted by conservation easements	ŀ	2b				
C		servation easements on a certified his	` '	2c				
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d				
3	Number of cons	·	rred, released, extinguished, or terminate	d by th	e organization during			
1		es where property subject to conserva						
5		nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, hand >	lling of	violations, and Yes No			
5			pecting and enforcing conservation easem					
7	•	-, .	ng, and enforcing conservation easements	_	the year ► \$			
3	170(h)(4)(B)(ı)	and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec		☐ Yes ☐ No			
•	balance sheet,		onservation easements in its revenue and :he footnote to the organization's financial nents					
ar			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Oth	ner Similar Assets.			
La	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	h ın fur				
b	historical treas	·	116, to report in its revenue statement a public exhibition, education, or research ii s		· · · · · · · · · · · · · · · · · · ·			
	(i) Revenues in	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	r financ				
а	Revenues inclu	ided in Form 990, Part VIII, line 1			► \$			

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	eası	ıres, or O	<u>the</u>	<u>r Similar</u>	Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing th	nat ar	e a significa	nt u	se of its co	llectio	n	
а	Public exhibition		d	Γ	Loan o	rexc	hange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y further	the	organızatıon	's ex	cempt purpo	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
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	Y" t	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	forc	ontribut	ions	or other ass	etsı	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			A mo	unt	
с	Beginning balance							1c				
d	Additions during the year											
e	The state of the s											
f	Distributions during the year Ending balance 16											
2a	Did the organization include an amount on Fo	orm 990 Part Y lin	e 212				L		<u> </u>		Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		· 1 ·							,		, 110
	rt V Endowment Funds. Complete		n ans	wer	ed "Yes	" to	Form 990	Par	t IV. line	10.		
	Endownent Fands Complete	(a)Current Year)Prior			vo Years Back		Three Years B		e) Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
С	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	and a	admınıstered	l for	the			
	organization by								Г		Yes	No
	(i) unrelated organizations		•			•		•		3a(i)		<u> </u>
	(ii) related organizations					•		•		3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•						•		3b		<u> </u>
	t VI Investments—Land, Buildings					10 D	art V line	1 0				
FŒI	t VI investments—Land, Buildings	s, and Equipme	ille. S						(=)			
	Description of investment				Cost or o		(b)Cost or ot basis (other		(c) Accumu depreciati		(d) Bo	ok value
1a	Land		•		62	2,400	6,719,	962				6,782,362
b	Buildings		•									
c	Leasehold improvements						27,350,	259	9,77	'8,560	1	.7,571,699
d	Equipment		•				14,856,	774	8,66	6,313		6,190,461
	Other						14,802,	187		2,438	1	1,699,749
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B), line	10(c).)				▶		4	2,244,271
									Sched	ule D (Form 9	90) 200

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation -year market value
Financial derivatives		Cost of ella-of	-year market value
Closely-held equity interests Other			
Other			
	 		
	 		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	.3.	
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		
(a) Descrip	tion		(b) Book value
DEBT ISSUANCE COSTS			398,758
DUE FROM AFFILIATES			14,650,585
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		15,049,343
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X			15,049,343
			15,049,343
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount		15,049,343
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 0		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES	, line 25. (b) Amount 0 43,950		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME	, line 25. (b) A mount 0 43,950 20,015,689		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850 1,743,580		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT DEPOSITS	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850 1,743,580		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT DEPOSITS	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850 1,743,580		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT DEPOSITS	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850 1,743,580		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT DEPOSITS	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850 1,743,580		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT DEPOSITS	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850 1,743,580	.	15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT DEPOSITS	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850 1,743,580		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT DEPOSITS	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850 1,743,580		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT DEPOSITS	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850 1,743,580		15,049,343
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNREDEEMED CERTIFICATES DEFERRED INCOME INTEREST SWAP AGREEMENT DEPOSITS	, line 25. (b) Amount 0 43,950 20,015,689 1,252,850 1,743,580	.	15,049,343

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1				
2	Total expenses (Form 990, Part IX, column (A), line 25)	2				
3	Excess or (deficit) for the year Subtract line 2 from line 1	3				
4	Net unrealized gains (losses) on investments	4				
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				
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10				
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p					
1	Total revenue, gains, and other support per audited financial statements	1				
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments					
ь	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				
3	Subtract line 2e from line 1	3				
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					
c	Add lines 4a and 4b	4c				
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5				
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return				
1	Total expenses and losses per audited financial statements	1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities					
ь	Prior year adjustments	1				
c	Other losses	1				
d	Other (Describe in Part XIV) 2d	1				
e	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1	3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIV) 4b]				
c	Add lines 4a and 4b	4c				
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)					
Par	t XIV Supplemental Information					
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t					

Identifier Return Reference Explanation

additional information

DLN: 93493193000371

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ► See separate instructions.

	ne of the organization USTON LIVESTOCK SHOW	V AND RODEO INC					Employer iden	tification number
							74-1142851	
Pa		tivities. Complers are not require			tion answered "Yes" is part.	to Form	990, Part IV	, line 17.
	Indicate whether the orga Mail solicitations Internet and e-mail so Phone solicitations In-person solicitation Did the organization have or key employees listed in If "Yes," list the ten highe to be compensated at lease	olicitations s a written or oral agr n Form 990, Part VI st paid individuals o	eement wi I) or entity r entities	e f g th any ind / in conne (fundraise	Solicitation of noi Solicitation of gov Special fundraising dividual (including office action with professional agreem	n-governr vernment ng events rs, direct fundraisir ents unde	ment grants grants ors, trustees ng activities? er which the fur	
	(i) Name of individual or entity (fundraiser)	(ii) A ctivity	(iii) Did fundraiser have custody or control of contributions? Yes No		(iv) Gross receipts from activity	(or re fundra	nount paid to stained by) ser listed in	(vi) A mount paid to (or retained by) organization
			1,55					
Γota	al			▶				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed.
			(a) Event #1 SILENT AUCTION (event type)	(b) Event #2 HERITAGE GALA (event type)	(c) 0 ther Events 5 (total number)	(d) Tot (Add col co		
₽ E	1	Gross receipts	126,161	. 88,220	278,312		49	2,693
Revenue	2	Less Charitable contributions	96,161	20,220	193,332		30	9,713
ш.	3	Gross income (line 1 minus line 2)	30,000	68,000	84,980		18	2,980
	4	Cash prizes			4,043			4,043
မှာ	5	Non-cash prizes	1,063	465	4,249			5,777
Direct Expenses	6	Rent/facility costs	22,868		25,455		4	8,323
ă	7	Food and beverages						
년 연	8	Entertainment						
Δ	9	Other direct expenses .	9,980	40,881	42,224		9	3,085
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🕨		15	1,228
	11	Net income summary Combine li						1,752
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	Г Yes			
	7	Direct expense summary Add line Net gaming income summary Com						
9 a	Is	ter the state(s) in which the organization licensed to operate			 .	· 9a	Yes	No
Ь	_	No," Explain						
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is	es the organization operate gaming the organization a grantor, beneficia med to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entity	11		
					Schedule G (Form 9	12 90 or 990-	L EZ) 20	09

		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						

General Information on Grants and Assistance

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

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

OMB No 1545-0047

2009

DLN: 93493193000371

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization
HOUSTON LIVESTOCK SHOW AND RODEO INC

Employer identification number

74-1142851

Form 990, Part I	V, line 21 for any	o Governments and recipient that received 90) if additional space i	more than \$5,000.	Check this box if no	one recipient rec	eived more than \$5,0)00. Use
(a) Name and address of organization or government	(Þ) 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 gra or assistance
OUSTON LIVESTOCK HOW & RODEO DUCATIONAL FUNDPO OX 20070 OUSTON,TX 77225	760260204	501(C)(3)	3,445,100				THE EDUCATION FUND SUPPORTS HLSR'S PURPOSE

Part III	Grants and Other Assist	ance to Individ	uals in the United	l States.	Complete if the or	ganızatıon	answered '	'Yes" to	Form 990,	Part IV,	line 22.
	Use Schedule I-1 (Form 99	0) if additional sp	ace 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
1 					

Part IV	Supplemental Information. Com	plete this part to provid	le the information req	uired in Part I, line 2, and	any other additional information.

Ident if ier	Return Reference	Explanation
GRANT POLICY	SCH I, PART I, QUESTION 2	HOUSTON LIVESTOCK SHOW AND RODEO MAKES GRANTS TO THE AFFILIATED ORGANIZATION HOUSTON LIVESTOCK SHOW AND RODEO EDUCATIONAL FUND (EIN 76-0260204) IN SUPPORT OF SCHOLARSHIP AND EDUCATIONAL GRANTS AWARDED

DLN: 93493193000371

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

HOUSTON LIVESTOCK SHOW AND RODEO INC

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			74-1142851			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive l			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations					
4	During the year, did any person listed in Form 990, P or a related organization	art VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	it?	4a	Yes	
Ь	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4ь	Yes	
С	Participate in, or receive payment from, an equity-bas			4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pro					
5	Only 501(c)(3) and 501(c)(4) organizations only mus For persons listed in form 990, Part VII, Section A, li 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, li compensation contingent on the net earnings of	ıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
Ь	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, I payments not described in lines 5 and 6? If "Yes," de			7	Yes	
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	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	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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
JOE BRUCE HANCOCK JR	(ı) (ıı)	202,484		2,912	0	30,163	235,559	
M LEROY SHAFER	(I) (II)	250,699		9,767	0	30,010	290,476	
IRVEN E WAGNER	(ı) (ıı)	417,642	100,000	1,385	200,000	60,697	779,724	
JENNIFER W HAZELTON	(ı) (ıı)	195,995		635	0	25,608	222,238	
A N D R E W S L O A N	(ı) (ıı)	236,851		1,808	0	59,658	298,317	
MARY S MARTIN	(ı) (ıı)	149,531		1,751	0	63,297	214,579	
STEVE GUMERMAN	(ı) (ıı)	147,822		462	0	39,206	187,490	
JO EL CO WLEY	(ı) (ıı)	134,641		624	0	31,930	167,195	
MICHAEL DEMARCO	(ı) (ıı)	131,479 0	0 0	1,223 0	0 0	38,460 0	171,162 0	

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	Return Reference	Explanation
COMPENSATION INFORMATION		SENIOR MANAGERS HAVE SPLIT DOLLAR LIFE INSURANCE POLICIES THE TAXABLE BENEFIT IS REPORTED ON W-2 AND SALARY IS GROSSED UP TO COVER THE TAX ON THIS BENEFIT NOT PROVIDED ON ANY OTHER BENEFITS THE PRESIDENT OF THE HOUSTON LIVESTOCK SHOW AND RODEO PARTICIPATES IN A DEFERRED COMPENSATION PLAN PURSUANT TO THE PLAN, MONIES ARE SET ASIDE EACH YEAR WHICH THEN VEST IN THREE YEARS CONTINGENT UPON THE PRESIDENT'S EMPLOYMENT
BONUS INFORMATION		THE PRESIDENT OF THE SHOW IS ELIGIBLE TO RECEIVE AN INCENTIVE PAYMENT UP TO \$100,000 EACH YEAR HIS CONTRACT IS IN EFFECT THE AMOUNT AWARDED IS BASED ON THE EXECUTIVE COMMITTEE'S EVALUATION OF THE PRESIDENT'S ACHIEVEMENT OF HIS GOALS AND OBJECTIVES

Schedule J (Form 990) 2009

DLN: 93493193000371

OMB No 1545-0047

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

► 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.

Transactions with Interested Persons

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

Open to Public Inspection

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 (a) Name of disqualified person (b) Description of transaction (c) Corrected Yes No Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958		the organization LIVESTOCK SHOW AND RODEO	INC								E	mployer i	dentificati	on numb	er
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 Yes No (b) Description of transaction (c) Corrected Yes No (d) Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (e) Corrected Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. (a) Name of interested person and purpose (b) Loan to or from Interested Persons. (c) Original purpose (b) Loan to or from the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38s (c) Original purpose (d) Balance due default? (e) In Approved default? (g) Written agreement? (g) Word or committee? Yes No Yes No Yes No Total (a) Name of interested person and or from the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (c) All Name of interested person of assistance answered "Yes" on Form 990, Part IV, line 27.															
1 (a) Name of disqualified person (b) Description of transaction (c) Corrected Yes No Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Loan to or from the organization? To From To From Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (c) Description of transaction (c) Corrected Yes No (d) Part III (d) Part IV, line 28, or Form 990-EZ, Part V, line 38a (e) In default? (f) Approved organization? (g) Written agreement? Yes No Yes No Yes No Total (a) Mame of interested person. (b) Relationship between interested person (c) Amount of great at this organization assistance.	Part I													o 40b	
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958						11 FOITH 990	, г						rait v, iiii		orrected
Section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Section 4958. 5 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Section 4958.	1	(a) Name of disq	lualified	pers	son			(b) Desc	rıptı	on of tr	ans	action			
Section 4958															
Section 4958															
Section 4958														_	
Section 4958															
Section 4958															
Section 4958															
Section 4958															
Section 4958															
Section 4958															
Section 4958	2 Ente	er the amount of tax imnos	ed on th	ne oi	rganization	managers	or	disqualified ners	ons	durina t	he v	zear unde	r		•
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose To From Total Cannot or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or from the organization? (c) Original principal amount (d) Balance due default? Yes No Yes No Yes No Total Total Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (c) Amount of grant or type of assistance		-			-	_				_		_	· s		
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose	3 Ente	er the amount of tax, If any	, on line	2,	above, reir	nbursed by	the	e organization .				🕨	• \$		
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose	D- 1 TT	1 1 1/	-			D									
(a) Name of interested person and purpose (b) Loan to or from the organization? To From (c) Original principal amount (d) Balance due default? Yes No Yes No Yes No Total	Part II	-						Part IV line 26	orl	Form 90	9 O - F	=7 Part V	line 38a		
(a) Name of interested person and purpose or from the organization? To From (c)Original principal amount (d)Balance due (e)III default? (b) y board or committee? (f) Written agreement? (f) Written agreement (f) Wri		Complete if the organi				011 1 01111 3	٦				, , ,				
purpose organization? Principal amount (d)Balance due organization? To From Principal amount (d)Balance due organization? Yes No Yes No Yes No Yes No Total	(a) Name	of interested person and				10 riginal								/	
To From Yes No Yes No Yes No Total	(a) italiic	•			\ -	-	I (distance dile i		de	tault?		'		agreement?	
Total			То	Fro	om				Ye	s N	lo			Yes	No
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person (c) A mount of grant or type of assistance												1	1		
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person (c) A mount of grant or type of assistance															
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person (c) A mount of grant or type of assistance															
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person (c) A mount of grant or type of assistance															
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person (c) A mount of grant or type of assistance															
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person (c) A mount of grant or type of assistance						. .									
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person (c) A mount of grant or type of assistance								Parconc							
(a) Name of interested person (b) Relationship between interested person (c) A mount of grant or type of assistance	Part III								/. lır	ne 27.					
		<u> </u>		-	T T										
	(a	a) Name of Interested pers	son		. ,					(c	:)A n	nount or g	rant or typ	e orassı	stance
										+					
Part IV Business Transactions Involving Interested Persons.	Part IV	Business Transact	tions I	inv	olving I	ntereste	d F	Persons.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.			anızatıo	n a	nswered	"Yes" on l	For	rm 990, Part IV	/, lır	ne 28a	, 28	b, or 28	c.		
(b) Relationship (e) Sharing o															
(a) Name of interested person between interested person and the contraction contraction between interested person and the contraction between interested person and the contraction between interested person and the contraction between interested person between interested person and the contraction between interested person between interested person and the contraction between interested person between interested person and the contraction between interested person and the contraction between interested person between interested person and the contraction between interested person and the contraction between interested person between interested person and the contraction between interested person between	(a)	Name of interested perso	on							(d) D	esc	rıptıon of	transactio	n I -	
organization Yes No								transaction						-	
MURPHY BUCKLE COMPANY OWNED BY BOARD 475,813 PROVIDER OF PRODUCT No	MURPHY	BUCKLE COMPANY		01	WNED BY I	BOARD	T	475,8	313	PROVI	DEF	OFPRO	DUCT		Νο
MEMBER				+			_								
SIGNTEX IMAGING OWNED BY BOARD 425,946 PROVIDER OF PRODUCT No	SIGNTEX	IMAGING				BOARD		425,9	946	PROVI	DEF	ROFPRO	DUCT		Νο
EXECUTIVE TOYS OWNED BY BOARD 264,651 PROVIDER OF PRODUCT No	EXECUTI	VE TOYS		+		BOARD	+	264 6	551	PRO V T	DFF	OFPRO	DUCT	\dashv	No
MEMBER 204,031 I ROVIDER OF TROBECT															
LONE STAR CONSTRUCTION OWNED BY BOARD 134,868 PROVIDER OF CONSTRUCTION SERVI	LONESTA	AR CONSTRUCTION				BOARD		134,8					== <u></u>		Νo

THE LARYAT COMPANY

LANDRY'S RESTAURANTS

OWNED BY BOARD

OWNED BY BOARD

MEMBER

MEMBER

128,442 PROVIDER OF PRODUCT

104,566 PROVIDER OF PRODUCT &

Νo

Νo

OMB No 1545-0047

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SCHEDULE M (Form 990)

> 2 Art—Historical treasures Art—Fractional interests

> > structures

describe in Part II

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

NonCash Contributions

Department of the Treasury ► Attach to Form 990. Internal Revenue Service Name of the organization

Employer identification number

TON LIVESTOCK SHO	W AND RODEO INC				
					74-1142851
rt I Types	of Property				
		(a)	(b)	(c)	(d)
		Check	Number of Contributions	Revenues reported on	Method of determining
		ıf		Form 990, Part VIII, line	revenues
		applicable		1 g	
Art-Works of ar	t				

4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded .	Х	2	138,340	VALUE ON RECEIPT
10	Securities—Closely held stock .				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic				

14 Qualified conservation contribution—Other . . . Real estate—Residential . Real estate—Commercial . . Real estate—Other . . . Collectibles 19 Food inventory . . .

20 Drugs and medical supplies . Taxidermy 21 Historical artifacts 22

23 Scientific specimens . . Archeological artifacts . . . 24

Other ► (_____) 25 O ther ▶(_____) 26

O ther ►(_____) 27 O ther **►** (___ 28

Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . .

			Yes	No
	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
Ь	If "Yes," describe the arrangement in Part II			ĺ
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,			ĺ

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

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As Filed Data -

DLN: 93493193000371

OMB No 1545-0047

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization HOUSTON LIVESTOCK SHOW AND RODEO INC **Employer identification number**

74-1142851

ldentifier	Return Reference	Explanation
REVIEW OF FORM 990	PART VI, SECTION B, QUESTION 11A	THE AUDIT COMMITTEE, A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE, ALONG WITH OUTSIDE TAX SPECIALISTS, REVIEW THE RETURN WITH SENIOR MANAGEMENT THE AUDIT COMMITTEE THEN RECOMMENDS APPROVAL OF THE TAX RETURNS INCORPORATING ANY CHANGES THEY SUGGEST TO THE EXECUTIVE COMMITTEE WHICH THEN GIVES FINAL APPROVAL

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	,	HLSR DISTRIBUTES A CONFLICT OF INTEREST / FORM 990 QUESTIONAIRE ANNUALLY THE COMPLETED QUESTIONAIRES ARE REVIEWED BY HLSR'S GENERAL COUNSEL AND ARE PROVIDED TO ACCOUNTING FOR DISCLOSURE ON THE TAX RETURN WHERE APPROPRIATE

ldentifier	Return Reference	Explanation
COMPENSATION POLICY	,	HLSR HAS A COMPENSATION COMMITTEE WHICH REVIEWS PERFORMANCE OF THE CEO ANNUALLY THE COMPENSATION COMMITTEE RECOMMENDS OR REVIEWS AND APPROVES COMPENSATION FOR THE CEO AND ALL OTHER SENIOR MANAGEMENT THE COMMITTEE USES COMPENSATION STUDIES DONE PERIODICALLY BY OUTSIDE CONSULTANTS IN THEIR DECISION MAKING PROCESS

ldentifier	Return Reference	Explanation
DOCUMENTS MADE AVAILABLE TO THE PUBLIC	· '	HLSR'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST IN ADDITION, SUMMARIZED FINANCIALS ARE AVAILABLE ON THE SHOW'S WEBSITE (WWW HLSR COM)

Identifier	Return Reference	Explanation
OFFICER AND DIRECTOR RELATIONS	PART VI, SECTION A, QUESTION 2	THE FOLLOWING OFFICERS AND DIRECTORS HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER WORK FOR PEARCE INDUSTRIES RICHARD BEAN LOUIS M PEARCE GARY M PEARCE JIM EPPS WORK FOR CASETECH INTERNATIONAL LARRY CARROLL LON RANDAZZO WORK FOR SIGNTEX IMAGING LP JM CLEPPER MICHAEL E CLEPPER BOARD MEMBERS OF ELVES AND MORE CHARITY TOMIC DAVIS JM CLEPPER PILLIP L LEGGETT, MD EMPROYED BY AND DVILN OWN TO TRUNCTION OV DOUGLAS MODIVEAULT RICKING, INC. RONALD BUDINN DIMPROYED BY BOUND TO TRUNCTION OV DOUGLAS MODIVEAULT RICKING, INC. RONALD BUDINN JM LIGHTFOOT PARTNERS IN JOINT REAL ESTATE VENTURES. TOM HENDERSON KEN JACOBSON GERALD LYNN NUIVEZ EMPLOYED BY HOMETRUST MORTGAGE KEN JACOBSON GERALD LYNN NUIVEZ EMPLOYED BY HOMETRUST MORTGAGE KEN JACOBSON GERALD LYNN NUIVEZ EMPLOYED BY HOMETRUST MORTGAGE KEN JACOBSON GERALD LYNN NUIVEZ EMPLOYED BY HOMETRUST MORTGAGE KEN JACOBSON GERALD LYNN NUIVEZ EMPLOYED BY HOMETRUST MORTGAGE KEN JACOBSON GERALD LYNN NUIVEZ EMPLOYED BY LANG INVESTIGATIONS DANNY LANG, SR DANNY LANG, SR DANNY LANG, SR DENNY LANG STORE SOF MY REPRODS FOUNDATION TO LUCKY LONG DON NEUENSCHWANDER OWNERS OF RM BROTHERS DEVELOPMENT, LLC ROY MARSH ROBERT MARSH OWNERS OF MELTON ELECTRIC, INC. CHARLES MELTON MARK MELTON OWNERS OF MONTALBAND JOHN MONTALBAND DEMPLOYED BY METRO VALUATION SECRET PAINE DIRECTORS OF HARRY CUNTY SPORTS & CONVENTION CORPORATION SHALL LONG SEGRALD LYNN NUIVEZ JAMES MUSHINSKI EMPLOYED BY JOHN L WORTHAM & SON, LP JACK LYONS ROBERT E PAINE DIRECTORS OF MARRY OUTHT DEVILOPMENT FOUNDATION ANDREW VAVRA TOM DAND HILL PLAGUE JOHN MONTALBAND DIRECTORS OF MARRY OUTHT SONG SONG SEARLD LYNN DIRECTORS OF MARRY OUTHT SONG SONG SEARLD LYNN DIRECTORS OF MARRY OUTHT SONG SONG SEARCH DAVIS

ldentifier	Return Reference	Explanation
EXPLANATION OF COMBINED AUDIT REPORT	PART XI, QUESTION 2D, PART IV, QUESTION 12	THE HOUSTON LIVESTOCK SHOW AND RODEO, INC , THE HOUSTON LIVESTOCK SHOW AND RODEO EDUCATIONAL FUND (EIN 76-0260204), CORRAL CLUB, INC (EIN 74-2079763), AND THE HOUSTON LIVESTOCK SHOW AND RODEO INSTITUTE FOR TEACHER EXCELLENCE (EIN 76-0539447) HAVE A COMBINED AUDIT REPORT THE HOUSTON LIVESTOCK SHOW AND RODEO, INC HAS AN AUDIT COMMITTEE CHARGED WITH RESPONSIBILITY FOR THE OVERSIGHT OF THE COMBINED AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT

ldentifier	Return Reference	Explanation
EXECUTIVE COMMITTEE EXPLANATION	PART VI, QUESTION 6, 7, 7B	AN EXECUTIVE COMMITTEE IS ELECTED BY THE HLSR BOARD OF DIRECTORS THE PURPOSE OF THE EXECUTIVE COMMITTEE IS TO GIVE IMMEDIATE AID, COUNSEL AND AUTHORITY TO THE OFFICERS AND MANAGERS OF HLSR AND TO CARRY OUT THE RULES, REGULATIONS, PURPOSES AND POLICIES OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE REPORTS TO AND IS RESPONSIBLE DIRECTLY TO THE BOARD OF DIRECTORS DURING THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE POSSESSES AND MAY EXERCISE THE POWERS OF THE BOARD OF DIRECTORS NECESSARY OR CONVENIENT FOR THE MANAGEMENT, CONTROL AND DIRECTION OF THE BUSINESS AND AFFAIRS OF HLSR

DLN: 93493193000371

2009

OMB No 1545-0047

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** HOUSTON LIVESTOCK SHOW AND RODEO INC 74-1142851 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) (c) (e) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity HLSR EDUCATIONAL FUND 8334 FANNIN ST SCHOLARSHIPS 11 ΤX 501(C)(3) HOUSTON, TX 77054 76-0260204 HLSR INSTITUTE FOR TEACHER EXCELLENCE 8334 FANNIN ST EDUCATION TX 501(C)(3) 11 HOUSTON, TX 77054 75-0539447 HLSR ENDOWMENT FOUNDATION 8334 FANNIN ST **EDUCATION** TX 501(C)(3) 11 HOUSTON, TX 77054 20-3612828

	_	s a Partnership (C d as a partnership d		Yes" on For	n 990, Part IV, line	34
	(c)			(h)	(i)	Г

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or ging
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CORRAL CLUB INC 8334 FANNIN ST HOUSTON, TX77054 74-2079763	BAR OPERATION	тх	NA	C CORP	0	0	0 %

(6)

	b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) g Purchase of assets from other organization(s) h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Sharing of paid employees o Reimbursement paid to other organization for expenses p Reimbursement paid by other organization for expenses q Other transfer of cash or property to other organization(s)			Yes	No						
1 D u	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	·IV?									
 a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity b Gift, grant, or capital contribution to other organization(s) 											
d Loans or loan guarantees to or for other organization(s)											
e	Loans or loan guarantees by other organization(s)		1e		No						
b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) g Purchase of assets from other organization(s) i Lease of facilities, equipment, or other assets to other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) n Sharing of facilities, equipment, mailing lists, or other assets n Sharing of paid employees o Reimbursement paid to other organization for expenses p Reimbursement paid to other organization for expenses q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold		1f		No							
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) g Purchase of assets from other organization(s) f Exchange of assets Lease of facilities, equipment, or other assets from other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) j Performance of services or membership or fundraising solicitations for other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets n Sharing of paid employees o Reimbursement paid to other organization for expenses p Reimbursement paid by other organization for expenses q Other transfer of cash or property to other organization(s) 1 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshol (b) Transaction threshol (b) Property to the property from other organization (s) Name of other organization					No						
h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s)											
f Sale of assets to other organization(s) g Purchase of assets from other organization(s) h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) l Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets n Sharing of paid employees o Reimbursement paid to other organization for expenses p Reimbursement paid by other organization for expenses		1 i		No							
_			4.5		N -						
-					No						
					No						
				Yes	No						
n	Sharing of paid employees		1n	Yes							
0	Reimbursement paid to other organization for expenses		10		No						
p	Reimbursement paid by other organization for expenses		1р	Yes							
q	O ther transfer of cash or property to other organization(s)		1q		No						
	Purchase of assets from other organization(s) Exchange of assets Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Exchange of assets Lease of facilities, equipment, or other assets from other organization(s) Exchange of facilities, equipment, or other assets from other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations by other organization(s) Experiormance of services or membership or fundraising solicitations by other organization(s) Experiormance of services or membership or fundraising solicitations by other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of services or membership or fundraising solicitations for other organization(s) Experiormance of servic										
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsl		holds								
	(a) Name of other organization	Transaction		c) involve	ed						
1) HLS	GR EDUCATIONAL FUND	В, М,		3,44	5,100						
2) CO	RRAL CLUB INC	M, N,		91	3,492						
3)											
4)											
5)	g Purchase of assets from other organization(s) Exchange of assets Lease of facilities, equipment, or other assets to other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Sharing of paid employees Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Q Other transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction (b) Transaction (type(a-r)) HISR EDUCATIONAL FUND RORPAL CLUB INC										

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	501(c organiz		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(H Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
									+-	╁
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