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Form **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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 04-01-2010 and ending 03-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
PO BOX 150

Room/suite

City or town, state or country, and ZIP + 4
FORT WORTH, TX 76101

D Employer identification number
75-0575065

E Telephone number
(817) 877-2400

G Gross receipts $ 19,547,844

F Name and address of principal officer
BRADFORD S BARNES
PO BOX 150
FORT WORTH, TX 76101

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW FWSSR COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1948

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE STOCK SHOW ENCOURAGES AND PROMOTES THE BREEDING, RAISING, AND MARKETING OF BETTER CATTLE, SWINE, SHEEP, HORSES, MULES, POULTRY AND OTHER LIVESTOCK AND FARM PRODUCTS BY THE EXHIBITION OF SAID STOCK AND FARM PRODUCTS AT PUBLIC FAIRS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	146
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	115
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	835
6	Total number of volunteers (estimate if necessary)	**6**	245
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	300,375	570,700
9	Program service revenue (Part VIII, line 2g)	13,310,035	13,728,854
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	430,034	250,767
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,271	5,271
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,045,715	14,555,592
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	835,176	618,844
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,388,548	2,470,581
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	9,322,911	11,417,797
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,546,635	14,507,222
19	Revenue less expenses Subtract line 18 from line 12	1,499,080	48,370

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	18,431,373	19,642,057
21	Total liabilities (Part X, line 26)	1,285,460	2,799,691
22	Net assets or fund balances Subtract line 21 from line 20	17,145,913	16,842,366

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** 2011-08-04
Signature of officer Date

BRADFORD S BARNES PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ WHITLEY PENN LLP				Firm's EIN ▶
Firm's address ▶ 1400 WEST 7TH STREET STE 400 FT WORTH, TX 76102				Phone no ▶ (817) 258-9100

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

THE STOCK SHOW ENCOURAGES AND PROMOTES THE BREEDING, RAISING, AND MARKETING OF BETTER CATTLE, SWINE, SHEEP, HORSES, MULES, POULTRY AND OTHER LIVESTOCK AND FARM PRODUCTS BY THE EXHIBITION OF SAID STOCK AND FARM PRODUCTS AT PUBLIC FAIRS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 13,888,621 including grants of $ 618,844) (Revenue $ 13,728,854)

EXHIBITION OF LIVESTOCK AND FARM PRODUCTS TO PUBLIC IN ORDER TO ENCOURAGE AND PROMOTE THE BREEDING, RAISING AND MARKETING OF BETTER CATTLE AND AGRICULTURAL PRODUCTS

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 13,888,621

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 (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	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 ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part 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**	Yes	
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 lines 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**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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)			
a	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	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *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)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	405		
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?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	835		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	146		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	115		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .			3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			5	No
6	Does the organization have members or stockholders?			6 Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .			7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

BRADFORD S BARNES
3400 BURNETT TANDY DRIVE
FORT WORTH, TX 76107
(817) 877-2400

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,466,439	0	189,995

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 7

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RAFTER G RODEO COMPANY 9140 CR 353 TERRELL, TX 75161	RODEO SHOW CONTRACTOR	413,000
DAVID HUDGINS 839 DEER TRAIL GORDON, TX 76453	MAINTENANCE SERVICES	190,740
INNOVADOR LLC PO BOX 471426 FORT WORTH, TX 76147	PUBLIC RELATIONS	184,071
SEDALCO INC 2554 E LONG AVENUE FORT WORTH, TX 76137	CONSTRUCTION CONTRACTOR	133,779
IESI - FORT WORTH PO BOX 650470 DALLAS, TX 75265	WASTE DISPOSAL CONTRACTOR	114,841

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 ▶ 6

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	570,700			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		570,700			
Program Service Revenue		Business Code				
	2a RODEO & LIVESTOCK SHOW	900099	13,728,854	13,728,854		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		13,728,854			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		344,401			344,401
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	5,271				
	b Less rental expenses					
	c Rental income or (loss)	5,271				
	d Net rental income or (loss) . . . . . ▶		5,271			5,271
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	4,895,078	3,540			
	b Less cost or other basis and sales expenses	4,989,962	2,290			
	c Gain or (loss)	-94,884	1,250			
	d Net gain or (loss) . . . . . ▶		-93,634			-93,634
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		14,555,592	13,728,854	0	256,038

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	355,194	355,194		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	263,650	263,650		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	699,000	559,200	139,800	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,291,188	1,162,069	129,119	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	210,340	176,686	33,654	
9 Other employee benefits				
10 Payroll taxes	270,053	240,347	29,706	
a Fees for services (non-employees) Management				
b Legal	154,203		154,203	
c Accounting	34,974	8,743	26,231	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	56,576		56,576	
g Other	15,000	15,000		
12 Advertising and promotion	500,599	500,599		
13 Office expenses	39,017	39,017		
14 Information technology	44,563	44,563		
15 Royalties				
16 Occupancy	193,561	193,561		
17 Travel	36,651	36,651		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	35,191	35,191		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,978	60,978		
23 Insurance	303,313	303,313		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a STOCK SHOW	4,312,733	4,312,733		
b LIVESTOCK SALE	3,805,070	3,805,070		
c RODEO	1,417,097	1,417,097		
d DEFINED BENEFIT PENSION	308,197	258,885	49,312	
e POSTAGE	62,383	62,383		
f All other expenses	37,691	37,691		
25 **Total functional expenses.** Add lines 1 through 24f	14,507,222	13,888,621	618,601	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		80,824	1	150,999
	2	Savings and temporary cash investments		1,510,226	2	1,108,067
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		92,709	4	130,321
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,437	9	18,218
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,447,797			
	b	Less accumulated depreciation	10b 1,028,019	331,403	10c	419,778
	11	Investments—publicly traded securities		14,638,087	11	16,152,168
	12	Investments—other securities See Part IV, line 11		1,764,375	12	1,662,067
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,312	15	439
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		18,431,373	16	19,642,057
Liabilities	17	Accounts payable and accrued expenses		105,036	17	287,593
	18	Grants payable		513,338	18	281,506
	19	Deferred revenue			19	960,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		356,000	23	168,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		311,086	25	1,102,592
	26	**Total liabilities.** Add lines 17 through 25		1,285,460	26	2,799,691
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		16,334,402	27	15,861,047
	28	Temporarily restricted net assets		811,511	28	981,319
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		17,145,913	33	16,842,366
	34	Total liabilities and net assets/fund balances		18,431,373	34	19,642,057

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	14,555,592
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,507,222
3	Revenue less expenses Subtract line 2 from line 1	3	48,370
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	17,145,913
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-351,917
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,842,366

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW

Employer identification number
75-0575065

Part I 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)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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

_____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 See **section 509(a)(4).**

11 ☐ 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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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 instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the 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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	308,218	305,035	289,550	300,375	570,700	1,773,878
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	12,205,808	12,514,467	12,525,252	13,310,035	13,728,854	64,284,416
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	12,514,026	12,819,502	12,814,802	13,610,410	14,299,554	66,058,294
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts 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			187,225	65,007	53,066	305,298
c Add lines 7a and 7b			187,225	65,007	53,066	305,298
8 **Public Support** (Subtract line 7c from line 6)						65,752,996

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	12,514,026	12,819,502	12,814,802	13,610,410	14,299,554	66,058,294
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	541,401	732,820	501,178	375,171	349,672	2,500,242
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	541,401	732,820	501,178	375,171	349,672	2,500,242
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	13,055,427	13,552,322	13,315,980	13,985,581	14,649,226	68,558,536

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	95 910 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	95 710 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	3 650 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	3 920 %

19a **33 1/3% support tests—2010.** 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 ▶☑

b **33 1/3% support tests—2009.** 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 ▶☐

20 **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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 75-0575065
Name: SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD P BASS CHAIRMAN OF THE BOARD	50	X		X				0	0	0
BRADFORD S BARNES PRESIDENT	40 00	X		X				358,522	0	63,139
W R WATT JR PRESIDENT EMERITUS	40 00	X		X				433,732	0	10,163
CHARLIE GEREN VICE PRESIDENT	50	X		X				1,800	0	0
CHARLES B MONCRIEF SECRETARY	50	X		X				0	0	0
RANDY RODGERS TREASURER	50	X		X				0	0	0
A B WHARTON DIRECTOR	50	X						0	0	0
A M MICALLEF DIRECTOR	50	X						0	0	0
A V CORPENING III DIRECTOR	50	X						0	0	0
ABEL SANCHEZ DIRECTOR	50	X						0	0	0
ALAN SCHUTTS DIRECTOR	50	X						0	0	0
ARVIL J LEWIS DIRECTOR	50	X						0	0	0
BARRY GREEN DIRECTOR	50	X						0	0	0
BEN FORTSON III DIRECTOR	50	X						0	0	0
BERT WILLIAMS DIRECTOR	50	X						0	0	0
BILL BARCLAY DIRECTOR	50	X						0	0	0
BILL POTEET III DIRECTOR	50	X						0	0	0
BILLY MINICK DIRECTOR	50	X						0	0	0
BOB BOLEN DIRECTOR	50	X						0	0	0
BOB GLENN DIRECTOR	50	X						400	0	0
BOB MOORHOUSE DIRECTOR	50	X						300	0	0
BOB R WRIGHT DIRECTOR	50	X						0	0	0
BRECK RAY DIRECTOR	50	X						0	0	0
CARL MULLINS DIRECTOR	50	X						0	0	0
CARTER KING DIRECTOR	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES R LASATER DIRECTOR	50	X						0	0	0
CHARLES R ROLLINS DIRECTOR	50	X						0	0	0
CHARLIE ROYER III DIRECTOR	50	X						0	0	0
CHRIS QUINN DIRECTOR	50	X						0	0	0
CHRIS SCHARBAUER DIRECTOR	50	X						0	0	0
CLAY MELTON DIRECTOR	50	X						0	0	0
CLIFF TEINERT DIRECTOR	50	X						0	0	0
CRAWFORD EDWARDS DIRECTOR	50	X						0	0	0
DAN CRAINE DIRECTOR	50	X						0	0	0
DAN L ADAMS DIRECTOR	50	X						0	0	0
DAN NANCE DIRECTOR	50	X						0	0	0
DANNY R SMITH DIRECTOR	50	X						0	0	0
DAVID J SIMONS DIRECTOR	50	X						0	0	0
DAVID MCDAVID DIRECTOR	50	X						0	0	0
DEBRA JOHNSON HEAD DIRECTOR	50	X						0	0	0
DEE KELLY JR DIRECTOR	50	X						0	0	0
ED FARMER BEGGS II DIRECTOR	50	X						0	0	0
EDDIE SANDOVAL III DIRECTOR	50	X						400	0	0
ELAINE B AGATHER DIRECTOR	50	X						0	0	0
ERLE NYE DIRECTOR	50	X						0	0	0
F HOWARD WALSH JR DIRECTOR	50	X						0	0	0
FLN NEVE DIRECTOR	50	X						0	0	0
FRANK H GOLDTHWAITE JR DIRECTOR	50	X						0	0	0
FRANK P TALLEY JR DIRECTOR	50	X						0	0	0
FRITZ-ALAN KORTH DIRECTOR	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
G MALCOLM LOUDEN DIRECTOR	50	X						0	0	0
G MARTIN PHILLIPS DIRECTOR	50	X						0	0	0
GARY RAY DIRECTOR	50	X						0	0	0
GEORGE BEGGS IV DIRECTOR	50	X						0	0	0
GEORGE M YOUNG JR DIRECTOR	50	X						250	0	0
GERALD H PERRY DIRECTOR	50	X						500	0	0
GILBERT GAMEZ JR DIRECTOR	50	X						400	0	0
HOLT HICKMAN DIRECTOR	50	X						0	0	0
HOWARD PENA DIRECTOR	50	X						0	0	0
J D JOHNSON DIRECTOR	50	X						0	0	0
J LUTHER KING JR DIRECTOR	50	X						0	0	0
J R WILLIAMS III DIRECTOR	50	X						0	0	0
J ROGER WILLIAMS DIRECTOR	50	X						0	0	0
J T DICKENSON DIRECTOR	50	X						0	0	0
J TYLER MORRIS DIRECTOR	50	X						0	0	0
JAMES A RYFFEL DIRECTOR	50	X						0	0	0
JAMES E LINK DIRECTOR	50	X						0	0	0
JAMES R PERRY DIRECTOR	50	X						0	0	0
JAMES WOOD DIRECTOR	50	X						0	0	0
JIM CALHOUN JR DIRECTOR	50	X						0	0	0
JIM KELLEY DIRECTOR	50	X						350	0	0
JOHN B COLLIER IV DIRECTOR	50	X						0	0	0
JOHN E DUDLEY DIRECTOR	50	X						0	0	0
JOHN EARL SEELIG DIRECTOR	50	X						0	0	0
JOHN F MCMICHAEL DIRECTOR	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN HERNANDEZ DIRECTOR	50	X						0	0	0
JOHN L LEWIS DIRECTOR	50	X						100	0	0
JOHN L MERRILL DIRECTOR	50	X						0	0	0
JOHN P BOSWELL DIRECTOR	50	X						0	0	0
JOHN PEARCE DIRECTOR	50	X						0	0	0
JOHN R THOMPSON JR DIRECTOR	50	X						50	0	0
JOHN T GAVIN DIRECTOR	50	X						0	0	0
JOHNNY SUMMEROUR DIRECTOR	50	X						0	0	0
JON BRUMLEY DIRECTOR	50	X						0	0	0
JONNY BRUMLEY DIRECTOR	50	X						0	0	0
JOSEPH A MONTELEONE DIRECTOR	50	X						0	0	0
KATE JOHNSON DIRECTOR	50	X						1,700	0	0
KELLY RILEY DIRECTOR	50	X						0	0	0
KENNETH K LEIBER DIRECTOR	50	X						400	0	0
KENNETH WALTRIP DIRECTOR	50	X						0	0	0
KIT MONCRIEF DIRECTOR	50	X						0	0	0
L J SADLOWSKI DIRECTOR	50	X						0	0	0
L O BRIGHTBILL III DIRECTOR	50	X						0	0	0
LARRY ANFIN DIRECTOR	50	X						0	0	0
LARRY B WHITE JR DIRECTOR	50	X						0	0	0
LEE M BASS DIRECTOR	50	X						0	0	0
LOUIS E MARTIN III DIRECTOR	50	X						0	0	0
MADELON L BRADSHAW DIRECTOR	50	X						0	0	0
MANUEL LOPEZ III DIRECTOR	50	X						0	0	0
MARCUS HILL DIRECTOR	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN C BOWEN DIRECTOR	50	X						0	0	0
MARTY RICHTER DIRECTOR	50	X						1,000	0	0
MARY BETH MILLETT DIRECTOR	50	X						200	0	0
MATTHEW CARTER DIRECTOR	50	X						400	0	0
MICHAEL B HARRISON DIRECTOR	50	X						400	0	0
MICHAEL D WARNER DIRECTOR	50	X						350	0	0
MIKE BERRY DIRECTOR	50	X						0	0	0
MIKE SANDS DIRECTOR	50	X						650	0	0
PAM MINICK DIRECTOR	50	X						0	0	0
PETE BONDS DIRECTOR	50	X						0	0	0
PHILIP C WILLIAMSON DIRECTOR	50	X						0	0	0
PHILIP L SCHUTTS DIRECTOR	50	X						3,000	0	0
R MIKE LANSFORD DIRECTOR	50	X						450	0	0
RALPH H DUGGINS DIRECTOR	50	X						0	0	0
RANDY UPSHAW DIRECTOR	50	X						500	0	0
RANDY WATSON DIRECTOR	50	X						0	0	0
RICHARD CONNOR DIRECTOR	50	X						0	0	0
ROB GREEN DIRECTOR	50	X						0	0	0
ROBERT H MERRILL DIRECTOR	50	X						0	0	0
ROBERT M LANSFORD DIRECTOR	50	X						400	0	0
ROBERT W SEMPLE DIRECTOR	50	X						0	0	0
RODNEY WOODSON DIRECTOR	50	X						0	0	0
RONNIE MCNUTT DIRECTOR	50	X						3,400	0	0
ROSS PEROT JR DIRECTOR	50	X						0	0	0
ROY J EATON DIRECTOR	50	X						1,200	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROY T PITCOCK DIRECTOR	50	X						0	0	0
S DALE OUSLEY DIRECTOR	50	X						900	0	0
SCOTT KLEBERG DIRECTOR	50	X						0	0	0
STEPHEN L BROTHERTON DIRECTOR	50	X						0	0	0
TERRY R DALLAS DIRECTOR	50	X						0	0	0
THOMAS B REYNOLDS DIRECTOR	50	X						0	0	0
THOMAS B SAUNDERS V DIRECTOR	50	X						66,987	0	0
TOM FELLER DIRECTOR	50	X						0	0	0
TREY QUINN DIRECTOR	50	X						0	0	0
VERNELL STURNS DIRECTOR	50	X						0	0	0
VON R BOX DIRECTOR	50	X						900	0	0
W CLAY JONES DIRECTOR	50	X						0	0	0
W CRAIG DOYLE DIRECTOR	50	X						0	0	0
WA SCHMID III DIRECTOR	50	X						0	0	0
WAYNE C JORDAN DIRECTOR	50	X						50	0	0
WILLIAM A LANDRETH JR DIRECTOR	50	X						0	0	0
WILLIAM C ANDERSON DIRECTOR	50	X						0	0	0
WILLIAM D RATLIFF III DIRECTOR	50	X						0	0	0
WILLIAM S DAVIS DIRECTOR	50	X						0	0	0
WILLIAM W MEADOWS DIRECTOR	50	X						0	0	0
WILSON MARTIN DIRECTOR	50	X						250	0	0
ANNE W MARION HONORARY VICE PRESIDENT	50			X				0	0	0
BERTRAND HONEA JR HONORARY VICE PRESIDENT	50			X				0	0	0
CLARENCE SCHARBAURER JR HONORARY VICE PRESIDENT	50			X				0	0	0
DEE J KELLY HONORARY VICE PRESIDENT	50			X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON E WEEKS HONORARY VICE PRESIDENT	50			X				0	0	0
EARL COX III HONORARY VICE PRESIDENT	50			X				0	0	0
EDWARD HUDSON JR HONORARY VICE PRESIDENT	50			X				0	0	0
EUGENE C SWENSON HONORARY VICE PRESIDENT	50			X				0	0	0
FRANK L NEVE III HONORARY VICE PRESIDENT	50			X				0	0	0
GARY H PACE HONORARY VICE PRESIDENT	50			X				0	0	0
GENE GRAY HONORARY VICE PRESIDENT	50			X				0	0	0
GEORGE BEGGS III HONORARY VICE PRESIDENT	50			X				0	0	0
HARRY G HANSEN HONORARY VICE PRESIDENT	50			X				0	0	0
I B CHAPMAN II HONORARY VICE PRESIDENT	50			X				0	0	0
JACK W FERRILL HONORARY VICE PRESIDENT	50			X				0	0	0
JOHN M STEVENSON HONORARY VICE PRESIDENT	50			X				0	0	0
JOHN V ROACH HONORARY VICE PRESIDENT	50			X				0	0	0
KAYE BUCK MCDERMOTT HONORARY VICE PRESIDENT	50			X				0	0	0
LEONARD PAUL HONORARY VICE PRESIDENT	50			X				0	0	0
MARSHALL T ROBINSON HONORARY VICE PRESIDENT	50			X				0	0	0
R A BROWN HONORARY VICE PRESIDENT	50			X				0	0	0
R A CANTRELL JR HONORARY VICE PRESIDENT	50			X				0	0	0
T E JERNIGAN HONORARY VICE PRESIDENT	50			X				600	0	0
THOMAS E RIDDLE HONORARY VICE PRESIDENT	50			X				0	0	0
TOM B SAUNDERS IV HONORARY VICE PRESIDENT	50			X				0	0	0
TOM L WOODWARD HONORARY VICE PRESIDENT	50			X				700	0	0
W A MONCRIEF JR HONORARY VICE PRESIDENT	50			X				0	0	0
WILLIAM C DONNELL HONORARY VICE PRESIDENT	50			X				0	0	0
WILLIAM E MCKAY HONORARY VICE PRESIDENT	50			X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE MCCARTY DEPARTMENT MANAGER	40 00					X		126,000	0	24,445
DANA LEWIS OFFICE MANAGER	40 00					X		103,220	0	30,159
GINNY BROWN ACCOUNTANT	40 00					X		106,500	0	24,506
MATT BROCKMAN EXECUTIVE ASSISTANT	40 00					X		136,400	0	19,802
PAM WRIGHT DEPARTMENT MANAGER	40 00					X		113,078	0	17,781

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW

Employer identification number
75-0575065

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				0
c Leasehold improvements		129,637	80,207	49,430
d Equipment		1,183,973	820,989	362,984
e Other		134,187	126,823	7,364
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				419,778

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET FUND	1,662,067	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,662,067	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-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, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFINED BENEFIT PLAN	1,102,592
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,102,592

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,555,592
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,507,222
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	48,370
4	Net unrealized gains (losses) on investments	4	1,164,951
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-1,516,868
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-351,917
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-303,547

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	15,663,967
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,164,951		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	1,164,951
3	Subtract line **2e** from line **1**			3	14,499,016
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,576		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	56,576
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	14,555,592

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	14,450,646
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	14,450,646
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,576		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	56,576
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	14,507,222

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
		SCHEDULE D, PART XI, LINE 7 THE PRIOR PERIOD ADJUSTMENTS REPRESENT CORRECTIONS TO RECORD AN OPERATING LEASE WITH ESCALATING PAYMENTS ON A STRAIGHT-LINE BASIS OF $1,040,000 AND TO INCREASE THE DEFINED BENEFIT PLAN PENSION OBLIGATION BY $476,868

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW

Employer identification number
75-0575065

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FORT WORTH ZOO-MUSEUM OF LIVING ART 1989 COLONIAL PARKWAY FORT WORTH,TX 76110	75-0991727	501(C)(3)	50,000				EDUCATION
(2) FW MUSEUM OF SCIENCE AND HISTORY 1501 MONTGOMERY ST FORT WORTH,TX 76107	75-0755335	501(C)(3)	150,000				EDUCATION
(3) UNT-JOHN J HERNANDEZ CENTERPO BOX 311340 DENTON,TX 76203	71-0986983	501(C)(3)	5,000				EDUCATION
(4) BOTANICAL RESEARCH INSTITUTE OF TEXAS INC 500 E 4TH ST FORT WORTH,TX 76102	75-2198196	501(C)(3)	100,000				EDUCATION
(5) MAKE-A-WISH FOUNDATION1407 TEXAS ST SUITE 101 FORT WORTH,TX 76102	75-1889666	501(C)(3)	5,000				EDUCATION
(6) NORTH TEXAS CUTTING CHAMPIONS777 TAYLOR ST SUITE 900 FORT WORTH,TX 76102	75-0275060	501(C)(6)	5,000				EDUCATION
(7) LONGHORN COUNCIL BOY SCOUTS OF AMERICA PO BOX 54190 HURST,TX 76054	75-6104103	501(C)(3)	5,000				EDUCATION
(8) NORTH TEXAS HIGH SCHOOL RODEO ASSOCIATIONPO BOX 79500 SAGINAW,TX 76179	23-7322039	501(C)(4)	5,000				EDUCATION
(9) SUSAN G KOMEN FOR THE CUREPO BOX 101328 FORT WORTH,TX 76185	75-1835298	501(C)(3)	11,600				EDUCATION
(10) NATIONAL MULTICULTURAL WESTERN HERITAGE MUSEUM2401 SCOTT AVENUE FORT WORTH,TX 76103	75-2961984	501(C)(3)	18,594				EDUCATION

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 8

3 Enter total number of other organizations . . . . . ▶ 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EQUINE SCHOLARSHIPS	32	35,000			
(2) VARIOUS SCHOLARSHIPS	17	24,400			
(3) CALF SCRAMBLE STUDENT AG AWARDS AND SCHOLARSHIPS	364	181,750			
(4) HEIFER BEEF CHALLENGE SCHOLARSHIPS	20	18,000			
(5) ART CONTEST SCHOLARSHIPS	20	4,500			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FOR ALL SCHOLARSHIPS ISSUED BY THE ORGANIZATION, THE SCHOLARSHIP COMMITTEE REVIEWS THE APPLICANTS AND KEEPS A WRITTEN FILE ON EACH STUDENT AFTER THE WRITTEN CRITERIA HAS BEEN REVIEWED BY THE COMMITTEE, PROOF OF ELIGIBILITY FROM THE EDUCATIONAL INSTITUTION MUST BE VERIFIED ON BEHALF OF THE STUDENT BEFORE ANY FUNDS ARE DISBURSED GRANTS TO PUBLIC CHARITIES ARE GENERALLY PROVIDED FOR SPECIFIC PURPOSES ONLY MANAGEMENT MONITORS THE PROJECTS THROUGH THEIR COMPLETION, BUT GENERALLY DOES NOT REQUIRE ANY FORMAL REPORTING FROM THE RECIPIENT ORGANIZATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW

Employer identification number
75-0575065

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRADFORD S BARNES	(i)	233,522	125,000	0	44,376	18,763	421,661	371,327
	(ii)	0	0	0	0	0	0	0
(2) W R WATT JR	(i)	57,577	325,000	51,155	0	10,163	443,895	476,247
	(ii)	0	0	0	0	0	0	0
(3) BRUCE MCCARTY	(i)	110,000	16,000	0	16,537	7,908	150,445	143,679
	(ii)	0	0	0	0	0	0	0
(4) MATT BROCKMAN	(i)	129,400	7,000	0	11,843	7,959	156,202	156,021
	(ii)	0	0	0	0	0	0	0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	COUNTRY CLUB DUES WERE PAID ON BEHALF OF BRADFORD BARNES AND W R WATT, JR IN ADDITION, BUSINESS CLUB DUES WERE PAID ON BEHALF OF W R WATT, JR THE ORGANIZATION'S BOARD OF DIRECTORS DO NOT RECEIVE ANY COMPENSATION FOR SERVING IN THEIR CAPACITY AS A BOARD MEMBER, BUT CERTAIN BOARD MEMBERS DO RECEIVE COMPENSATION FOR VARIOUS SERVICES THEY PERFORM DURING THE ANNUAL SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW AFTER SERVING THE ORGANIZATION FOR 47 YEARS, W R WATT, JR RETIRED EFFECTIVE MARCH 31, 2010 AND RECEIVED A $325,000 RETIREMENT BONUS FOR THOSE MANY YEARS OF SERVICE IN ADDITION, HIS REPORTABLE BASE COMPENSATION OF $57,577 REPRESENTS ONLY THREE MONTHS OF EMPLOYMENT

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW

Employer identification number
75-0575065

Part I 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

1	(a) Name of disqualified person	(b) Description of transaction	(c) 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 . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III 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 and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LARRY ANFIN	EMPLOYEE AND OFFICER OF COORS DISTRIBUTING COMPANY	174,125	COORS DISTRIBUTING COMPANY PROVIDED SPONSORSHIPS TO THE STOCK SHOW		No
(2) PHILIP WILLIAMSON	EMPLOYEE AND OFFICER OF WILLIAMSON-DICKIE MANUFACTURING COMPANY	135,525	WILLIAMSON-DICKIE PROVIDED SPONSORSHIPS TO THE STOCK SHOW		No
(3) AM MICALLEF	CHAIRMAN OF REATA RESTAURANT MANAGEMENT CO , LLC	101,961	OPERATED RESTAURANTS AND MEMBERSHIP CLUB ON THE STOCK SHOW GROUNDS UNDER A CONCESSION AGREEMENT		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW

Employer identification number
75-0575065

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		THERE ARE VARIOUS BUSINESS AND PERSONAL RELATIONSHIPS AMONG THE OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES SEE SCHEDULE L FOR DETAIL OF THE BUSINESS RELATIONSHIPS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		DAN L ADAMS AND BILL BARCLAY HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		MARTIN BOWEN, EDWARD P BASS, AND LEE BASS HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		JONNY BRUMLEY AND JON BRUMLEY HAVE A BUSINESS AND FAMILY RELATIONSHIP JONNY BRUMLEY ALSO HAS A BUSINESS RELATIONSHIP WITH MARTIN BOWEN AND ED BASS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		EDWARD P BASS AND LEE M BASS HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		GILBERT GAMEZ, JR AND CHARLIE GEREN HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		ROBERT M LANSFORD AND R MIKE LANSFORD HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		CHARLES B MONCRIEF HAS A FAMILY RELATIONSHIP WITH KIT MONCRIEF, BRAD BARNES, CHARLIE ROYER III, ED BEGGS II, AND GEORGE BEGGS IV

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		PAM MINICK AND BILLY MINICK HAVE A FAMILY AND BUSINESS RELATIONSHIP PAM MINICK AND BILLY MINICK ALSO HAVE A BUSINESS RELATIONSHIP WITH HOLT HICKMAN

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		KENNETH K LEIBER, PETE BONDS, CRAWFORD EDWARDS, DAVID J SIMONS, AND W R WATT, JR HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		CHRIS QUINN AND F D QUINN, III HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		RODNEY WOODSON AND BRAFORD S BARNES HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		JOHN P BOSWELL, CHARLIE GEREN, AND DEE KELLY, JR HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		MIKE BERRY AND ROSS PEROT, JR HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		TOM FELLER, RANDY WATSON, JOHN PEARCE, AND KELLY RILEY HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		JIM CALHOUN, JR AND THOMAS B SAUNDER, V HAVE A FAMILY AND BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		G MALCOLM LOUDEN AND F HOWARD WALSH, JR HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		LOUIS E MARTIN AND KATE JOHNSON HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		MATTHEW R CARTER AND EDWARD P BASS HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		ELAINE AGATHER AND DANNY SMITH HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		CRAWFORD EDWARDS, MARTY RICHTER, AND RANDY RODGERS HAVE A FAMILY RELATIONSHIP CRAWFORD EDWARDS, KENNETH LEIBER, AND RANDY RODGERS ALSO HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		MEMBERS ARE CHOSEN BY A MAJORITY VOTE FROM A NOMINATING COMMITTEE AND SELECTED BY A MAJORITY VOTE OF THE MEMBERS MEMBERS DO NOT RECEIVE ANY COMPENSATION FOR SERVING IN THEIR CAPACITY AS A MEMBER AND NO PART OF THE ORGNAIZATION'S EARNINGS OR ASSETS SHALL EVER INURE TO THE BENEFIT OF THE MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBERS ELECT THE BOARD OF DIRECTORS AT AN ANNUAL MEETING EACH YEAR

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE TAX RETURN IS REVIEWED IN DETAIL AND APPROVED BY THE AUDIT COMMITTEE, AND A COPY IS PROVIDED TO ALL MEMBERS OF THE EXECUTIVE COMMITTEE BEFORE FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE EXECUTIVE COMMITTEE MEETS ONCE A YEAR TO DETERMINE IF ANY ONE OR ANY TRANSACTION HAS VIOLATED THE CONFLICT OF INTEREST POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE, IN RECOMMENDING SUCH COMPENSATION, AND THE EXECUTIVE COMMITTEE, IN APPROVING SUCH COMPENSATION, SHALL FOLLOW THREE STEPS FIRST, EACH COMMITTEE SHALL MEET IN SESSIONS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT SECOND, EACH COMMITTEE SHALL OBTAIN AND RELY UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION THIRD, EACH COMMITTEE SHALL ADEQUATELY DOCUMENT THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING ITS DETERMINATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,164,951 PRIOR PERIOD ADJUSTMENTS -1,516,868 TOTAL TO FORM 990, PART XI, LINE 5 -351,917

Identifier	Return Reference	Explanation
		THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION PROCESS FOR AN INDEPENDENT ACCOUNTANT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW

Employer identification number
75-0575065

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) EVENT FACILITIES FORT WORTH INC 505 MAIN SUITE 240 FORT WORTH, TX 76102 26-0011624	PROVIDE SUPPORT TO THE SOUTHWESTERN EXPOSITION & LIVESTOCK SHOW	TX	501(C)(3)	11A, TYPE I			No
(2) AGRICULTURAL DEVELOPMENT FUND PO BOX 150 FORT WORTH, TX 76101 75-1824668	TO PAY A PREMIUM/BONUS TO OWNERS OF LIVESTOCK	TX	501(C)(3)	9			No

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

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

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During 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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AGRICULTURAL DEVELOPMENT FUND - LIVESTOCK PREMIUMS	P	3,456,443	FMV
(2) AGRICULTURAL DEVELOPMENT FUND - GENERAL & ADMINISTRATIVE EXPENSES	P	11,054	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation