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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
STATE FAIR OF TEXAS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 150009

City or town, state or country, and ZIP + 4
DALLAS, TX 75315

D Employer identification number
75-6002511

E Telephone number
(214)421-8701

G Gross receipts $ 42,279,717

F Name and address of principal officer
ERROL MCKOY
PO BOX 150009
dallas,TX 75315

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 bigtex com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 1886 | M State of legal domicile TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO CONDUCT AN ANNUAL EDUCATIONAL AND AGRICULTURAL STATE FAIR

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	55
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	54
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,622
6	Total number of volunteers (estimate if necessary)	6	100
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
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,264,292	3,536,345
	9	Program service revenue (Part VIII, line 2g)	39,003,395	36,880,945
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	380,105	213,361
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,924	34,003
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,725,716	40,664,654
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	215,603	237,375
	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)	8,682,205	8,845,548
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶196,983		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	25,181,484	26,186,852
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	34,079,292	35,269,775
	19	Revenue less expenses Subtract line 18 from line 12	8,646,424	5,394,879

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	47,788,746	54,663,302
	21	Total liabilities (Part X, line 26)	19,848,658	20,998,742
	22	Net assets or fund balances Subtract line 21 from line 20	27,940,088	33,664,560

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

****** | 2012-11-15
Signature of officer | Date

Jaime Navarro VP Controller
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ BRUCE E BERNSTIEN	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BRUCE E BERNSTIEN & ASSOC PC, 10440 N CENTRAL EXPRESSWAY STE 1040, DALLAS, TX 75231			EIN ▶
			Phone no ▶ (214) 706-0840

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

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 27,202,331 including grants of $ 237,375) (Revenue $ 36,880,945)

CONDUCTED ANNUAL EDUCATIONAL AND AGRICULTURAL STATE FAIR FROM SEPTEMBER 30 THROUGH OCTOBER 23, 2011

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** ▶ $ 27,202,331

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 instructions)?	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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part 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, Part 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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		No
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 owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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*	35b		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	671		
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	1,622		
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 or securities 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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		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		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		No
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		13a		
b	Enter the aggregate 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 aggregate 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: 55			
b	Enter the number of voting members included in line 1a, above, who are independent	1b: 54			
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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 made 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 made 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 ▶

JAIME NAVARRO
3921 MARTIN LUTHER KING JR BLVD
dallas, TX 75210
(214) 421-8701

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	2,217,915	0	624,286

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶9

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Intamin LTD 520 McCormick Dr Ste J GLEN BURNIE, MD 21061	Tower ride manufactu	2,932,364
City of Dallas PO Box 159090 DALLAS, TX 75315	police,utilities svc	1,224,853
USA Shade PO Box 560168 DALLAS, TX 75356	midway shade cover	1,204,837
ACT FACILITIES MANAGEMENT INC PO BOX 463 ADDISON, TX 75001	CLNG & janitorial	1,180,398
Weldon Williams Lick Inc PO BOX 168 FORT SMITH, AR 72902	TICKET PRINTING	776,208

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶42

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 533,240				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,003,105				
	g	Noncash contributions included in lines 1a-1f $ 1,430,512					
	h	**Total.** Add lines 1a-1f . . . . ▶		3,536,345			
Program Service Revenue			Business Code				
	2a	ADMISSIONS PARKING ENTRY	900099	14,299,642	14,299,642		
	b	CONCESSIONS SPECIAL ATTRACTIONS	900099	22,581,303	22,581,303		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		36,880,945			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		125,633			125,633
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	5,000 /				
	b	Less rental expenses					
	c	Rental income or (loss)	5,000 /				
	d	Net rental income or (loss) . . . . ▶		5,000			5,000
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,458,348 / 47,460				
	b	Less cost or other basis and sales expenses	1,418,080 /				
	c	Gain or (loss)	40,268 / 47,460				
	d	Net gain or (loss) . . . . ▶		87,728			87,728
	8a	Gross income from fundraising events (not including $ 533,240 of contributions reported on line 1c) See Part IV, line 18 . . . a	225,986				
	b	Less direct expenses . . . b	196,983				
	c	Net income or (loss) from fundraising events . . ▶		29,003			29,003
	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 . . . ▶		0			
	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 . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶		0			
	12	**Total revenue.** See Instructions . . . ▶		40,664,654	36,880,945		247,364

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	237,375	237,375		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,360,088		1,360,088	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,993,378	4,511,269	1,482,109	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	462,533	195,881	266,652	
9 Other employee benefits	396,309	336,237	60,072	
10 Payroll taxes	633,240	555,119	78,121	
11 Fees for services (non-employees)				
a Management	308,234		308,234	
b Legal	344,723		344,723	
c Accounting	71,720		71,720	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17* . .	0			
f Investment management fees	0			
g Other	2,908,951		2,908,951	
12 Advertising and promotion	1,424,676	1,424,676		
13 Office expenses	920,314	920,314		
14 Information technology	51,542	51,542		
15 Royalties . .	0			
16 Occupancy	1,530,986	1,530,986		
17 Travel	63,993	63,993		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	585,606	585,606		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,154,261	2,154,261		
23 Insurance	989,791		989,791	
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 SPECIAL ATTRACTIONS	8,060,381	8,042,383		17,998
b OPERATING AND SUPPLIES	4,842,000	4,663,015		178,985
c EQUIPMENT RENTAL AND MAINT	1,929,674	1,929,674		
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	35,269,775	27,202,331	7,870,461	196,983
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			783,727	1	426,556
	2	Savings and temporary cash investments			19,136,747	2	19,816,854
	3	Pledges and grants receivable, net			0	3	370,099
	4	Accounts receivable, net			166,362	4	283,443
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			57,873	8	82,121
	9	Prepaid expenses and deferred charges			162,411	9	213,172
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	48,504,242			
	b	Less accumulated depreciation	10b	26,081,166	17,003,029	10c	22,423,076
	11	Investments—publicly traded securities			9,077,242	11	9,560,299
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			1,401,355	15	1,487,682
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			47,788,746	16	54,663,302
Liabilities	17	Accounts payable and accrued expenses			154,278	17	242,593
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			8,733,997	23	7,594,358
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			10,960,383	25	13,161,791
	26	**Total liabilities.** Add lines 17 through 25			19,848,658	26	20,998,742
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			26,691,090	27	32,705,817
	28	Temporarily restricted net assets			1,207,329	28	917,074
	29	Permanently restricted net assets			41,669	29	41,669
		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			27,940,088	33	33,664,560
	34	Total liabilities and net assets/fund balances			47,788,746	34	54,663,302

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	40,664,654
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,269,775
3	Revenue less expenses Subtract line 2 from line 1	3	5,394,879
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	27,940,088
5	Other changes in net assets or fund balances (explain in Schedule O)	5	329,593
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	33,664,560

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

2011

Open to Public Inspection

Name of the organization
STATE FAIR OF TEXAS

Employer identification number
75-6002511

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 **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,754,441	3,544,117	3,032,430	3,264,292	3,469,745	17,065,025
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	30,751,902	33,097,306	29,443,531	40,365,364	36,880,945	170,539,048
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	34,506,343	36,641,423	32,475,961	43,629,656	40,350,690	187,604,073
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						187,604,073

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	34,506,343	36,641,423	32,475,961	43,629,656	40,350,690	187,604,073
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	445,148	299,570	160,089	135,411	125,633	1,165,851
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	445,148	299,570	160,089	135,411	125,633	1,165,851
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)	34,951,491	36,940,993	32,636,050	43,765,067	40,476,323	188,769,924

14 **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

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99 382 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99 130 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 618 %
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 869 %

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
STATE FAIR OF TEXAS

Employer identification number
75-6002511

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	41,669	41,669	37,500		
b Contributions			4,169	37,500	
c Investment earnings or losses	8	9	116	180	
d Grants or scholarships					
e Other expenditures for facilities and programs	8	9	116	180	
f Administrative expenses					
g End of year balance	41,669	41,669	41,669	37,500	

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

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)		No
(ii) related organizations	3a(ii)		No
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,389,074		5,389,074
b Buildings		13,517,767	10,617,357	2,900,410
c Leasehold improvements		10,820,489	6,701,440	4,119,049
d Equipment		14,688,310	8,762,370	5,925,940
e Other		4,088,603		4,088,603
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				22,423,076

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 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	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	13,161,791

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	40,664,654
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,269,775
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,394,879
4	Net unrealized gains (losses) on investments	4	358,596
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-29,003
9	Total adjustments (net) Add lines 4 - 8	9	329,593
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,724,472

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	37,285,347
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	358,596		
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	358,596
3	Subtract line **2e** from line **1**			3	36,926,751
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	3,737,903		
c	Add lines **4a** and **4b**			4c	3,737,903
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	40,664,654

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

1	Total expenses and losses per audited financial statements			1	31,560,875
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	
3	Subtract line **2e** from line **1**			3	31,560,875
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	3,708,900		
c	Add lines **4a** and **4b**			4c	3,708,900
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	35,269,775

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
other adjustment for reconciliation	form 990, schedule d, part xi, line 8	- Fundraising Net Income Reclassification $-29,003 revenue items on RETURN not on BOOKS form 990, schedule d, part xii, line 4b - rent expense $ -853,013 - CASH SPONSORSHIP CONTRIBUTIONS $ 3,846,390 - IN-KIND SPONSORSHIP CONTRIBUTIONS $ 715,523 - Net Income from Fundraising $ 29,003
EXPENSE ITEMS ON THE RETURN BUT NOT ON BOOKS	form 990, schedule d, part xiii, line 4B	- rent expense $ 853,013 - CASH SPONSORSHIP CONTRIBUTIONS $-3,846,390 - IN-KIND SPONSORSHIP CONTRIBUTIONS $ -715,523
intended use of endowment fund	FORM 990, SCHEDULE D, PART V, LINE 4	THE ENDOWMENT IS RESTRICTED BY THE DONOR FOR PURPOSES OF LIVESTOCK AUCTION PREMIUMS AT THE ANNUAL YOUTH LIVESTOCK AUCTION

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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2011

Open to Public Inspection

Name of the organization
STATE FAIR OF TEXAS

Employer identification number
75-6002511

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 LIVESTOCK AUCT (event type)	(b) Event #2 GOLF TURN (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	692,626	66,600		759,226
	2 Less Charitable contributions	533,240	0		533,240
	3 Gross income (line 1 minus line 2)	159,386	66,600		225,986
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	178,985	17,998		196,983
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(196,983)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				29,003

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ ☐ No	☐ Yes ____ ☐ No	☐ Yes ____ ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities ____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain ____

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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

2011

Open to Public Inspection

Name of the organization
STATE FAIR OF TEXAS

Employer identification number
75-6002511

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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) Texas Woman's UniversityP O Box 425408 DENTON,TX 76204	75-6002618	115	6,250				Education
(2) Southern Methodist UniversityP O Box 750196 Dallas,TX 75275	75-0800689	501 (c)(3)	8,750				Education
(3) Tarleton State University Box T 0310 Tarleton Station Stephenville,TX 76402	75-6001870	115	16,250				Education
(4) Texas A&M University - College StationThe Pavilion College Station,TX 77843	74-6000531	115	93,625				Education
(5) Texas A&M University - CommercePO Box 3011 TAMU Station Commerce,TX 75429	75-6001353	115	6,250				Education
(6) Texas Tech University PO Box 45011 Lubbock,TX 79409	75-6002622	115	29,687				Education
(7) University of Texas at AustinP O Box 7699 Austin,TX 78713	74-6000203	115	20,000				Education
(8) West Texas A&M UniversityWTAMU Box 60939 Canyon,TX 76016	75-6031405	115	6,250				Education

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 7

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

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 THE USE OF GRANTS IN THE US	FORM 990, SCHEDULE I, PART I, LINE 2	The recipients of scholarships from the State Fair of Texas Youth Scholarship Fund must meet these five requirements (1) Compete in one of the State Fair of Texas competitive agriculture/livestock events, (2) Submit high school transcript (complete through third six weeks of senior year) including verified ACT and/or SAT scores and verfied rank in graduating class and graduating class size, (3) Submit a completed application during the period March 1-15 (4) Graduate from high school during the current year and begin college or university course work the following Fall Semester, (5) Attend an accredited college or university in Texas and take a minimum of 12-hour course load per term and maintain a minimum 2 5 grade point average Scholarship awards are determined on the basis of financial need, academic performance and participation in extra-curricular activities, with preference given to those applicants who enroll in an agricultural and/or natural resources curriculum who show financial need Additionally, scholarships are awarded to inner-city youth attending the five Dallas Independent School District high schools surrounding the Fair Park area (James Madison, Lincoln, North Dallas, Irma Rangel and Woodrow Wilson high schools) Such awards are based upon applications received from students at the four high schools and selection is based upon financial need, academic performance and participation in extra-curricular activities and the criteria listed in items two through five above

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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.

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2011

Open to Public Inspection

Name of the organization
STATE FAIR OF TEXAS

Employer identification number
75-6002511

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**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	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? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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 Schedule J-1 if additional space needed.

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

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

(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) Errol McKoy	(i)	304,353	342,000	27,727	61,297	164,779	900,156	0
	(ii)	0	0	0	0	0	0	0
(2) Lee D Winton	(i)	207,397	129,000	9,732	43,226	70,578	459,933	0
	(ii)	0	0	0	0	0	0	0
(3) Robert L Hilbun	(i)	151,449	72,000	10,469	23,992	19,354	277,264	0
	(ii)	0	0	0	0	0	0	0
(4) Mitchell S Glieber	(i)	141,789	72,000	180	27,782	14,973	256,724	0
	(ii)	0	0	0	0	0	0	0
(5) Carey D Risinger	(i)	134,170	20,000	1,188	17,409	14,876	187,643	0
	(ii)	0	0	0	0	0	0	0
(6) Jaime Navarro	(i)	128,719	38,000	4,161	20,612	14,095	205,587	0
	(ii)	0	0	0	0	0	0	0
(7) Wanda S Gooding	(i)	109,461	39,000	6,615	31,452	22,144	208,672	0
	(ii)	0	0	0	0	0	0	0
(8) Daryl E Real	(i)	90,264	35,000	7,025	20,123	23,809	176,221	0
	(ii)	0	0	0	0	0	0	0
(9) Russell W Fitzgerald	(i)	103,802	32,000	414	20,759	13,026	170,001	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
written policy regarding payment of reimbursement	form 990, schedule j, part i, line 1b	THE PRESIDENT RECEIVES A CAR ALLOWANCE OF $1,000 PER MONTH WHICH IS GROSSED UP THE CAR ALLOWANCE WAS APPROVED BY THE EXECUTIVE COMMITTEE WITH APPROPRIATE DOCUMENTATION IN THE MINUTES OF ITS MEETING
participation in supplemental nonqualified retirement plan	form 990, schedule j, part i, line 4b	In 2007, State Fair of Texas (SFT) adopted a nonqualified deferred compensation plan under IRC Section 457(f) and entered into deferred compensation agreements with the President and CFO/Senior Vice President, Finance SFT's contributions to the nonqualified plan for services performed by the executives in 2011 were as follows Errol McKoy $130,000 Lee Winton $ 50,000

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

2011

Open to Public Inspection

Name of the organization
STATE FAIR OF TEXAS

Employer identification number
75-6002511

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) ROBERT B SMITH	gen counsel & vchair/sec	300,000	ROUTINE LEGAL BUSINESS		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
Business Transactions Involving Interested Persons	Schedule L, Part IV	State Fair of Texas made payments totaling $300,000 to Robert B Smith of Smith & Smith for legal services rendered Mr Smith serves as the organization's general legal counsel and is Vice-Chairman of the Executive Committee of the Board of Directors The organization conducts routine business with entities affiliated with members of its Board of Directors With respect to the organization and these entities, such transactions are conducted in the normal course of operations

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
STATE FAIR OF TEXAS

Employer identification number
75-6002511

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	26	60,956	LEASE VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CELLULAR TELEPHONE)	X	0	19,481	FMV
26 Other ▶ (UNIFORMS)	X	0	28,230	REPLACEMENT VALUE
27 Other ▶ (ADVERTISING & PROMOTION)	X	0	438,768	REPLACEMENT VALUE
28 Other ▶ (EQUIPMENT RENTAL)	X	0	229,044	REPLACEMENT VALUE

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

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

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

Identifier	Return Reference	Explanation

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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

2011

Open to Public Inspection

Name of the organization
STATE FAIR OF TEXAS

Employer identification number
75-6002511

Identifier	Return Reference	Explanation
THE NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY	FORM 990, PART VI, SECTION A, LINE 1a	State Fair of Texas ("SFT") is governed by a 55 member Board of Directors elected by its stockholders (See schedule O Supplementary Statement for Part VI - Section A - 6) Article V Section 1 of SFT's bylaws provides for the establishment of an Executive Committee of the Board of Directors, as follows "The Corporation shall have an Executive Committee consisting of the Chairman of the Board, acting ex officio as chairman of the Executive Committee, the President, the General Counsel, the Chief Financial Officer/Senior Vice President of Finance, each of the other Vice Chairmen, the Treasurer, the Secretary and the chairman of the Finance/Audit Committee The Executive Committee shall have and exercise all of the authority and power of the Board of Directors in connection with the management, business and affairs of the Corporation, provided that the Executive Committee shall not be authorized to take any action which the Charter or the ByLaws require to be taken by vote of a specified number of directors or any other action required or specified by the Texas Business Organizations Code or other applicable law to be taken by the Board of Directors Each officer of the Corporation shall report to the Executive Committee The appointment of the Executive Committee and the delegation of authority thereto shall not operate to relieve the Board of Directors or any director of any responsibility imposed upon the Board of Directors or such director by law

Identifier	Return Reference	Explanation
DIRECTOR OR KEY EMPLOYEE FAMILY OR BUSINESS RELATIONSHIP	FORM 990, PART VI, SECTION A, LINE 2	Name of Individuals Type of Relationship Roy Coffee and J Michael Lewis Business Roy Gene Evans and Pete Schenkel Business Roy Gene Evans and Rob Farrell Business Roy Gene Evans and Bruce Sifford Business Roy Gene Evans and Alan Walne Business Roy Gene Evans and Joel Williams, Jr Business Roy Gene Evans and Joel Williams III Business Joel Williams, Jr and Joel Williams III Family John W Carpenter III and J Michael Lewis Business Ruben Esquivel and Robert W Best Business

Identifier	Return Reference	Explanation
Signıficant changes ot ıts governıng documents	FORM 990, PART VI, SECTION A, LINE 4	On Aprıl 20, 2011, the board of dırectors (the Board) approved a recommendatıon to the stockholders that the faır convert ıts corporate form from a nonprofıt charıtable corporatıon wıth stockholders to a nonprofıt charıtable corporatıon wıth no stockholders or members The stockholders approved the adoptıon of a restated certıfıcate of formatıon convertıng the faır from a nonprofıt charıtable corporatıon wıth stockholders to a nonprofıt charıtable corporatıon wıth no stockholders or members Members and stockholders FORM 990, PART VI, SECTION A, LINE 6 On Aprıl 20, 2011, the board of dırectors (the Board) approved a recommendatıon to the stockholders that the faır convert ıts corporate form from a nonprofıt charıtable corporatıon wıth stockholders to a nonprofıt charıtable corporatıon wıth no stockholders or members The stockholders approved the adoptıon of a restated certıfıcate of formatıon convertıng the faır from a nonprofıt charıtable corporatıon wıth stockholders to a nonprofıt charıtable corporatıon wıth no stockholders or members

Identifier	Return Reference	Explanation
MEMBERS AND OTHERS WHO ELECT MEMBERS OF THE GOVERNING BODY	FORM 990, PART VI, SECTION A, LINE 7A	Prior to April 20, 2011, SFT had a single class of stockholders which was entitled to elect the Board of Directors at each annual meeting of the stockholders and to fill vacancies on the Board of Directors which result form an increase in the number of directors On April 20, 2011, the board of directors (the Board) approved a recommendation to the stockholders that the fair convert its corporate form from a nonprofit charitable corporation with stockholders to a nonprofit charitable corporation with no stockholders or members The stockholders approved the adoption of a restated certificate of formation converting the fair from a nonprofit charitable corporation with stockholders to a nonprofit charitable corporation with no stockholders or members

Identifier	Return Reference	Explanation
DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL	FORM 990, PART VI, SECTION A, LINE 7B	Prior to April 20, 2011, SFT had a single class of stockholders which had the authority to approve amendments to SFT's Restated Certificate of Formation and to approve the Board of Directors' recommendations of the distribution of assets upon the dissolution of SFT On April 20, 2011, the board of directors (the Board) approved a recommendation to the stockholders that the fair convert its corporate form from a nonprofit charitable corporation with stockholders to a nonprofit charitable corporation with no stockholders or members The stockholders approved the adoption of a restated certificate of formation converting the fair from a nonprofit charitable corporation with stockholders to a nonprofit charitable corporation with no stockholders or members

Identifier	Return Reference	Explanation
PROCESS TO REVIEW FORM 990	FORM 990, PART VI, SECTION b, LINE 11B	The Form 990 was reviewed in detail with the Finance/Audit Committee at its meeting on November 12, 2012 The Form 990 was then distributed to all members of the Board of Directors prior to filing

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST, WHISTLEBLOWER, DOCUMENT POLICY	FORM 990, PART VI, SECTION B, LINES 12-14	SFT adopted a Conflicts of Interest and Ethics Policy (the "Policy") on April 15, 2009 The Policy also includes a Whistleblow er Policy for SFT SFT also adopted a Document Retention Policy on April 15, 2009

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

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15	In August 2010, SFT engaged an independent national accounting and consulting firm to update the previous compensation review which was last performed in 2006 Positions included in this compensation review were President, Senior Vice Presidents, Vice Presidents and Department Directors The firm conducted market analyses for these positions' base and total cash compensation and advised sft that all amounts were within the competitive range The President provides salary and incentive pay recommendations for all employees (other than the President), which are reviewed by the Finance/Audit Committee The Chairman of the Board of Directors makes A recommendation of the President's salary and incentive pay, which is also reviewed by the Finance/Audit Committee Salary and incentive pay amounts are deliberated on by the Finance/Audit Committee without the presence of management and utilizing the compensation review referenced above, with recommendations then made to the Executive Committee of the Board of Directors for consideration, deliberation and decision All such decisions of the Executive Committee are documented with contemporaneous minutes of its meetings

Identifier	Return Reference	Explanation
HOW MAKE DOCUMENTS PUBLIC	FORM 990, PART VI, SECTION C, LINE 19	SFT makes its governing documents, conflict of interest policy and financial statements available to the public by providing copies upon request and available for inspection at its administrative office Additionally, the following documents are available to the general public on SFT's website at www bigtex com Bylaws, Certificate of Formation, Conflict of Interest/Ethics Policy, Finance/Audit Committee Charter, Early Adoption of Business Organization Code and audited financial statements

Identifier	Return Reference	Explanation
Reconciliation of Net Assets	Form 990, Part XI, Line 5	Unrealized gain on investments totals $358,596 Fundraising Net Income Reclassification $-29,003

Additional Data

Software ID:
Software Version:
EIN: 75-6002511
Name: STATE FAIR OF TEXAS

Form 990, Special Condition Description:

Special Condition Description

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			
Joe Alcantar Director	1 0	X						0	0	0
Billy R Allen Vice Chairman	3 0	X		X				0	0	0
Marissa R Anchia Director	1 0	X						0	0	0
Norman P Bagwell Director	1 0	X						0	0	0
Robert W Best Director	1 0	X						0	0	0
Jan Hart Black Director	1 0	X						0	0	0
Albert C Black Jr Director	1 0	X						0	0	0
Sam P Burford Jr Director	1 0	X						0	0	0
John W Carpenter III Director	1 0	X						0	0	0
April Box Chamberlain Director	1 0	X						0	0	0
Roy C Coffee Jr Vice Chairman	3 0	X		X				0	0	0
John F Crawford Director	1 0	X						0	0	0
Dianne A Curry Director	1 0	X						0	0	0
Terry R Dallas Director	1 0	X						0	0	0
Levi H Davis Director	1 0	X						0	0	0
Thomas M Dunning Vice Chairman	3 0	X		X				0	0	0
Walter Elcock Director	1 0	X						0	0	0
Randall R Engstrom Director	1 0	X						0	0	0
Ruben E Esquivel VICE Chairman	2 0	X		X				0	0	0
Robert Estrada Director	1 0	X						0	0	0
Roy Gene Evans Vice Chairman	2 0	X		X				0	0	0
Rob Farrell Director	1 0	X						0	0	0
Lois Finkelman Vice Chairperson	1 0	X		X				0	0	0
J Guadalupe V Garcia Director	1 0	X						0	0	0
Gary Griffith Director	1 0	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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Donna Halstead Director	1 0	X						0	0	0
Douglas D Hawthorne Director	1 0	X						0	0	0
Alfred Herron Director	1 0	X						0	0	0
Richard Knight Jr Vice Chairman	2 0	X		X				0	0	0
Kerney Laday Director	1 0	X						0	0	0
Tom Lazo Director	1 0	X						0	0	0
J Michael Lewis Director	1 0	X						0	0	0
Wendy Lopez Director	1 0	X						0	0	0
Steve Mancillas Director	2 0	X						0	0	0
Todd C Meier Director	1 0	X						0	0	0
James M Moroney III Vice Chairman	1 0	X		X				0	0	0
Alice Murray Vice Chairperson	3 0	X		X				0	0	0
Gina Norris Director	3 0	X						0	0	0
Raymond F Quintanilla Director	1 0	X						0	0	0
James C Roberts Director	3 0	X						0	0	0
Rowland K Robinson Director	1 0	X						0	0	0
Pete Schenkel Vice Chairman	3 0	X		X				0	0	0
John Field Scovell Treasurer/Vice Chairman	3 0	X		X				0	0	0
Carl Sewell Director	1 0	X						0	0	0
George A Shafer Vice Chairman	3 0	X		X				0	0	0
Bruce A Sifford Vice Chairman	3 0	X		X				0	0	0
Robert B Smith Corporate Secretary/General Co	1 0	X		X				0	0	0
Doug Thompson Director	1 0	X						0	0	0
Alan Walne Chairman	6 0	X		X				0	0	0
AB Wharton Director	1 0	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			
JL Williams Director	1 0	X						0	0	0
Joel T Williams III Director	1 0	X						0	0	0
Joel T Williams Jr Vice Chairman	1 0	X		X				0	0	0
Clark Willingham Director	1 0	X						0	0	0
Craig A Woodcook Director	3 0	X						0	0	0
Errol McKoy President	45 0			X				674,080	0	226,076
Lee D Winton CFO/SVP Finance	45 0			X				346,129	0	113,804
Robert L Hilbun SVP Maintenance Operations	45 0					X		233,918	0	43,346
Mitchell S Glieber SVP Marketing/Public Relations	45 0					X		213,969	0	42,755
Carey D Risinger SVP Food & Beverage	45 0					X		155,358	0	32,285
Jaime Navarro VP Controller	45 0					X		170,880	0	34,707
Wanda S Gooding VP Public Relations	45 0					X		155,076	0	53,596
Daryl E Real VP Livestock	45 0					X		132,289	0	43,932
Russell W Fitzgerald Director Midway Operations/Spe	45 0					X		136,216	0	33,785

Additional Data

Software ID:
Software Version:
EIN: 75-6002511
Name: STATE FAIR OF TEXAS

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
ACCRUED SCHOLARSHIPS PAYABLE	606,875
ACCRUED POLICE OT-CITY OF DALL	1,125,400
DEFERRED COMPENSATION-SEC 457	1,482,152
ACCRUED RENT	5,153,370
ACCRUED LEGAL FEES	24,114
ACCRUED MANAGEMENT INCENTIVE	1,020,018
ACCRUED AUDIT FEES	85,655
ACCRUED BANK ANALYSIS FEES	47,904
ACCRUED CREDIT CARD FEES	1,800
AUCTION SALES-2011 SEASON	83,213
ACCRUED INTEREST	59,263
ACCRUED FMV SWAP DERIVATIVE	1,076,325
ACCRUED UTILITIES	480,000
LIVESTOCK BUILDING CENTER CONTRIBUTIONS	1,349,825
OTHER ACCRUED LIABILITIES	336,209
LONG-TERM PLEDGES	229,668

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
University of Texas at AustinP O Box 7699 Austin,TX 78713	74-6000203	115	20,000				Education
West Texas A&M UniversityWTAMU Box 60939 Canyon,TX 76016	75-6031405	115	6,250				Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Texas A&M University - CommercePO Box 3011 TAMU Station Commerce,TX 75429	75-6001353	115	6,250				Education
Texas Tech UniversityPO Box 45011 Lubbock,TX 79409	75-6002622	115	29,687				Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Tarleton State UniversityBox T 0310 Tarleton Station Stephenville,TX 76402	75-6001870	115	16,250				Education
Texas A&M University - College StationThe Pavilion College Station,TX 77843	74-6000531	115	93,625				Education

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 75-6002511
Name: STATE FAIR OF TEXAS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Texas Woman's UniversityP O Box 425408 DENTON,TX 76204	75-6002618	115	6,250				Education
Southern Methodist UniversityP O Box 750196 Dallas,TX 75275	75-0800689	501 (c)(3)	8,750				Education