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DLN: 93493205003292

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2011

Open to Public Inspection

			ndar year, or tax year beginning Name of organization		:012		D Emplo	yer id	entification number		
_	ress cha	ange	SAN ANTONIO LIVESTOCK EXPOSITION	INC			74-10				
— Nan	ne chan	nge	Doing Business As				E Teleph				
_	al retur		Number and street (or P O box if mail P O BOX 200230	is not delivered to street address) Room	n/suite	_		225- receipts	s \$ 34,125,726		
_	minated ended r		City or town, state or country, and ZIP	+ 4							
		pending	SAN ANTONIO, TX 78220	+ 4							
7,44	ileación	pending	F Name and address of princi	pal officer	H(a)	Is this	a grour	retur	n for		
			KEITH MARTIN 723 ATT CENTER PARKWAY		''(")	affiliate		recui	⊤Yes ▼No		
			SAN ANTONIO, TX 78219		Н(b)	Are all a	ffiliates	includ	ded?		
Tav	/-evemi	pt status	▼ 501(c)(3)	ort no)	_	-			(see instructions)		
			SARODEO COM	SECTIO) 4547(a)(1) 01 327	H(c)	Group	exemp	tion ni	umber ►		
				- Out b	1	6 6)40 T	M Chaha af lanal damanala T		
	rt I	Summ	Corporation Trust Association	Otner 📂	L Yes	ar of form	ation 19	948 1	M State of legal domicile T		
			cribe the organization's mission	or most significant activities							
a taovemance	A S -	AUCTIONS SAN ANTO	S, RODEOS, MIDWAY CARNIVA	UCTS AND IN CONNECTION TO ALL AND OTHER RELATED ACTIVED HELD EACH FEBRUARY Ontinued its operations or dispose	VITIES IT	SLARG	EST A	CTIVI	TY IS THE ANNUAL		
Acuvines &			•	body (Part VI, line 1a)		ciiaii 23	70 OT 103	, песа з	1:		
				the governing body (Part VI, line				4	1		
3				endar year 2011 (Part V, line 2a)			5	29		
			per of volunteers (estimate if nec					6 7a	5,000		
			ated business revenue from Part ed business taxable income fror					7a 7b			
				,		Prior \	/ear		Current Year		
a.	8	Contribu	tions and grants (Part VIII, line	1h)			4,987,	171	5,213,658		
Revenue	9						1,040,		21,898,830		
Æ	10 11		venue (Part VIII, column (A.), lin	·	536,224			696,257			
	12		enue—add lines 8 through 11 (m	line	2	6,564,	100	27,808,745			
	13			, column (A), lines 1–3)			4,590,		5,124,619		
	14	Benefits	paid to or for members (Part IX,	column (A), line 4)				0	C		
82	15	Salaries, 5-10)	other compensation, employee	benefits (Part IX, column (A), line	es		3,994,	730	4,195,640		
Expenses	16a	-	onal fundraising fees (Part IX, co	lumn (A), line 11e)		0			(
ž Š	ь	Total fundr	raising expenses (Part IX, column (D), li	ne 25) ► 0	_						
	17			es 11a-11d, 11f-24e)		18,111,435 18,93					
	18 19			equal Part IX, column (A), line 25 from line 12		2	6,696, -132,		28,260,212		
ზფ.						jinning o			End of Year		
Net Assets or Fund Balances	20	Total	sets (Part X, line 16)		<u> </u>	Yea	o,394,	101	42,095,858		
A B	21		oilities (Part X, line 26)				6,161,	_	18,233,701		
ž Ž	22			e 21 from line 20			4,232,		23,862,157		
	t II		ture Block								
Jnder	penalt edge a	ties of perj	ury, I declare that I have examined	this return, including accompanying claration of preparer (other than of	_	ed on all		,	•		
Sign		Signature of officer Date									
Here			MARTIN EXECUTIVE DIR/CEO								
		<u>'</u>		Date	Check If		Preparer	's taxna	ayer identification number		
Paid		Preparer's signature	ARTHUR L CAMPSEY	2012-07-03	self- employed		(see inst P000666	ructions			
Prepa	Arer's Firm's name (or yours HAASS LINDOW & CAMPSEY PC							EIN ▶ 74-2386663			
Use C	nly	ıf self-empl address, an		730		— ⊦					
			SAN ANTONIO, TX 7823	80			Phone n	o 🕨 (2	210) 697-0660		
1av t	he IRS	S discuss	this return with the preparer sho	wn above? (see instructions) .				_	▼Yes 「No		

Par	t III	Statement of Program S Check if Schedule O contains a				r	
1	Briefl	y describe the organization's mi	ssion				
EMP	HASIZ	NG SENTENCE IN SAN ANTO ES AGRICULTURE AND EDUCA JLL DESCRIPTION OF ITS MIS	ATION TO DEVELOP T				
2	the pr	e organization undertake any si ior Form 990 or 990-EZ?				┌ Yes ┌ No	
		s," describe these new services					
3	servi	e organization cease conducting		anges in how it cor	nducts, any program	┌ Yes ┌ No	
	If "Ye	s," describe these changes on S	chedule O				
4	exper	ribe the organization's program s ises Section 501(c)(3) and 501 s and allocations to others, the t	(c)(4) organizations and	l section 4947(a)(1) trusts are required to re	port the amount of	
4a	(Code	e) (Expenses \$	26,264,211 incl	uding grants of \$	5,124,619) (Revenue \$	21,898,830)	
	STOC THES EDUC 2012, OTHE THE H	INTONIO LIVESTOCK EXPOSITION (SALE K SHOW AND RODEO HELD EACH FEBR E EVENTS VARIOUS SCHOLARSHIPS AN ATIONS NET FUNDS FROM THESE AND THE PROGRAM INCLUDED 18 DAYS OF R COMPETITIONS, OVER 500 INDIVIDUATIONS SHOW COMPETITION, OVER 400 PETITORS IN THE STOCK SHOW STAMPER RIBUTED TO ITS OVERALL SUCCESS	UARY THERE ARE VARIOUS S D FUNDS ARE AWARDED TO I OTHER ACTIVITIES ARE USEI EVENTS THAT HAD AN ATTEN ALS WERE AWARDED SCHOLA COMPETITORS IN THE CALF	HOWS AND ACTIVITIES IN DIVIDUAL ENTRIES IN DOTO AWARD SCHOLAR IDANCE OF APPROXIMARSHIPS, THERE WERE SCRAMBLE, OVER 900	5 THAT HELP TO EDUCATE THE PL I THE STOCK SHOW WHICH ENAE SHIPS FOR THOSE QUALIFIED INI ATELY 1 5 MILLION PEOPLE DURI OVER 17,000 LIVESTOCK COMPE PARTICIPANTS IN THE JUNIOR LI	JBLIC IN THE MANY ASP BLES THEM TO EXTEND I DIVIDUALS DURING FEBI NG THE VARIOUS LIVEST TITORS, OVER 6,600 EN VESTOCK AUCTION, ANI	ECTS OF THEIR RUARY FOCK AND TRIES IN O OVER 800
	(Code	e) (Expenses \$	ınclı	iding grants of \$) (Revenue \$		
40) (Ехрепэсэ ф	meic	uning grants or \$) (Revenue \$)	
4 c	(Code) (Expenses \$	ınclu	ıdıng grants of \$) (Revenue \$)	
4d		er program services (Describe ii	•) (Dayan::- +	`	
_		enses \$	including grants of \$) (Revenue \$)	
4e	ıota	I program service expenses►\$	26,264,211				

CHECKIIST OF REGULE CO SCHEDULE	art IV	Checklist o	f Required	Schedule
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	·		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			
а	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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		No
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
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? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		F-(orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	• 1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 822			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠	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			1
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)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		No
ь	year?	3b		110
а	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
ь	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			
-	We also are a section as a section of a section of the section of	F-		N
a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
_	1. Tes to fine sa of say, and the organization merionin occur-1.	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
•	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
a	services provided to the payor?	, a	165	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
;	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	/ "		140
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	.		1
		8		
а	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 Enter the aggregate amount of reserves on hand.			
-	Enter the aggregate amount of reserves on hand 13c			1
	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		

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

Se	ection A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
b	Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .									
6	Did the organization have members or stockholders?	6	Yes							
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		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
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						
	ection B. Policies (This Section B requests information about policies not required by the Internal									
ке	evenue Code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	No						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		110						
	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," described 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?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b	Yes							
	If "Yes," to line 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								
Se	ection C. Disclosure									
17	List the States with which a copy of this Form 990 is required to be filed▶									

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

Own website Another's website V 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 FETTY ROST

723 ATT CENTER PARKWAY SAN ANTONIO, TX 78219 (210) 225-5851

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<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- ◆ 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

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) TRES KLEBERG VICE PRESIDENT	2 00	х						0	0	0
(2) STEVE BRIDGES CHAIRMAN OF THE BOARD	2 00	х						0	0	0
(3) FRED PETMECKY PRESIDENT	2 00	х						0	0	0
(4) JAMES F CLINGMAN VICE PRESIDENT	2 00	х						0	0	0
(5) TINA HAYNES VICE PRESIDENT	2 00	х						0	0	0
(6) JOE E HUTCHISON VICE PRESIDENT/SEC	2 00	х						0	0	0
(7) PAT FROST VICE PRESIDENT	2 00	х						О	0	0
(8) TOM LOEFFLER VICE PRESIDENT	2 00	х						0	0	0
(9) ELAINE VAN DE WALLE THOMPSON VICE PRESIDENT	2 00	х						0	0	0
(10) JOE SOULES VICE PRESIDENT	2 00	х						0	0	0
(11) CODY DAVENPORT VICE PRESIDENT	2 00	х						0	0	0
(12) JOHN ZACHRY VICE PRESIDENT	2 00	х						0	0	0
(13) R KEITH MARTIN EXECUTIVE DIRECTOR/CEO	50 00			Х				405,312	0	14,421
(14) BETTY ROST CFO	50 00			Х				143,785	0	7,427
(15) GLEN A PHILLIPS ASSISTANT EXECUTIVE DIRECT	50 00					х		144,946	0	7,497
(16) PAMELA J REW ASSISTANT EXECUTIVE DIRECT	50 00					х		141,843	0	7,311
(17) DEBBIE SCHRONK COO	50 00					х		155,089	0	8,105

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

	(A) Name and Title							Rep comp fro organi:	(D) ortable ensation im the zation (W-	(E) Reportable compensatior from related organizations (W- 2/1099-	ole Est tion amoun ted comp ons fro 99- organiz		ated of other sation the ion and	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			MISC)		relat organıza	
1b	Sub-Total							F						
c	Total from continuation sheets Total (add lines 1b and 1c) .				•	•		•		990,975		0		44,761
2	Total number of individuals (incl \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs) who	receive		an			,
													Yes	No
3	Did the organization list any for on line 1a? If "Yes," complete Sch											3		No
4	For any individual listed on line 1													110
	organization and related organization	ations greater th	nan \$1:	•	•	! T "Y	es," co • •	<i>mpie</i> •	ete Schea	ule I for su	cn • • • •	4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								_	•	or individual for •	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		Compe	
3201	SEUM ADVISORY BOARD E HOUSTON ST ANTONIO, TX 78219									PROPERTY R	ENTAL/SERVICES		1	,651,016
PO BO NASH	AR MONKEY TOURING INC DX 331549 VILLE, TN 37203									ENTERTAINN	1ENT			600,000
ONE A	MUNITY ARENAS MANAGEMENT ATT CENTER PARKWAY ANTONIO, TX 78219									MGMNT OF I	FACILITIES			547,254
SAN A	ATT CENTER PARKWAY ANTONIO, TX 78219									CONCESSIONS CONTRACT				390,717
LD SYSTEMS PO BOX 10620 HOUSTON, TX 77206								ENTERTAINMENT/EVENTS/SYSTEMS 372,70				372,705		

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 -29

Form 99	•		(D					Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts	1a	Federated cam	paigns 1a					
grain Our	ь	Membership du	es 1b					
ts,	С	_	ents 1c					
<u>a</u> a	d	Related organiz Government grants	zations 1d					
ons sim	e	_	ons, gifts, grants, and 1f					
ř. Fer	'	sımılar amounts no	ot included above					
Contributions, gifts, grants and other similar amounts	g	lines 1a-1f \$ _	butions included in ,000					
a G⊒	h	Total. Add lines	s 1a-1f	▶	5,213,658			
				Business Code				
Program Serwoe Revenue	2a	STOCK SHOW AND	RODEO	711300	20,864,259	20,864,259		
æ	ь	OTHER RELATED E	VENTS A	711300	1,034,571	1,034,571		
AC e	С							
Ser	d							
an	e	A.HI						
JDo,	*	All other progra	am service revenue					
	g		s 2a – 2f		21,898,830			
	3		ome (including dividen ar amounts)		482,636			482,636
	4		stment of tax-exempt bond		,			,
	5	Royalties		▶ ↑				
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss) (i) Securities	► (II) O ther				
	7a	Gross amount	6,335,602	195,000				
		from sales of assets other						
	ь	than inventory Less cost or	6,224,871	92,110				
		other basis and sales expenses						
	С	Gain or (loss)	110,731	102,890	213,621	1		213,621
	d 8a	Net gain or (los Gross income fi		ı · · · · · ·	213,021			213,021
ė		events (not inc						
Other Revenue		\$ of contributions	 s reported on line 1c)					
Ве		See Part IV, lin	ne 18 a					
ē	ь	Less direct ex	penses b					
₹	С		(loss) from fundraising	events 🗠				
	9a		rom gaming activities					
		See Part IV, lin	a					
	ь	Less direct ex	penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь		oods sold b					
	С	Net income or ((loss) from sales of inv	entory ► Business Code				
	11a	miscellaneous	a vescure	Dusiliess Code				
	ь							
	С							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total reverse	See Instructions .	·				
	**	iocai revenue.	See THRUMCHOUR .	• • • •	27,808,745	21,898,830	0	696,257

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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 5,124,619 5,124,619 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 406,975 990,975 584,000 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 2,279,369 2,162,051 117,318 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 495,715 495,715 Other employee benefits 216,740 96,740 120,000 212,841 167,201 45,640 10 Fees for services (non-employees) 11 Management 19,905 19,905 Legal 17,770 Accounting 17,770 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Advertising and promotion . . . 1,270,086 1,270,086 12 Office expenses 13 14 Information technology 15 Royalties . . 16 1,523,804 1,363,804 160,000 8,924 3,085 5,839 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 947,234 731,753 215,481 23 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) LIVESTOCK AUCTIONS PREM 4,201,663 4,201,663 **ENTERTAINMENT - RODEO** 3,660,745 3,660,745 RODEO PRODUCTION 1,931,853 1,931,853 TRASH REMOVAL/SHOW CLEA 608,422 608,422 d е All other expenses 4,749,547 4,535,214 214,333 25 Total functional expenses. Add lines 1 through 24f 28,260,212 26,264,211 1,996,001 0 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) (B) Beginning of year End of year 8,037,897 7,727,625 1 1 5.303.163 5.529.186 2 2 3 3 1,820,615 4 2.478.742 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 47.536 8 46.714 9 138,000 160.923 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis *Complete* 24,524,861 Part VI of Schedule D 10a 10b 11,170,618 b Less accumulated depreciation 13,806,746 10c 13,354,243 11,168,070 12,743,677 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 72,164 54,748 15 15 40,394,191 42,095,858 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,681,800 1,719,188 17 17 Accounts payable and accrued expenses . 18 9.374.689 18 10.734.636 19 26,170 19 32,204 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 5,078,972 25 5,747,673 D 26 16,161,631 26 18,233,701 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 23,745,572 23,350,445 Unrestricted net assets 257,052 28 281,776 28 Temporarily restricted net assets Fund 29 229,936 29 229,936 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 24.232.560 33 23.862.157 Total net assets or fund balances 40.394,191 34 Total liabilities and net assets/fund balances 34 42.095.858

	Check if Schedule O contains a response to any question in this Part XI	•		. [고				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		27,8	308,74			
2	Total expenses (must equal Part IX, column (A), line 25)	2			260,21			
3	Revenue less expenses Subtract line 2 from line 1	3		-4	51,46			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,2	232,56			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			81,06			
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		23,8	362,15			
Par	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							
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 to 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		2 c	Yes				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued						
	▼ Separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Νo			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b					

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Name of the organization SAN ANTONIO LIVESTOCK EXPOSITION INC						Employer	ident if icat io	n number			
SAN A	NTONIC	O LIVESTO	CK EXPOSITION	N INC					74-1075	466	
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	ganızatıons	must com	plete this p			
The	rganı	zatıon ıs	not a privat	te foundation becaus	eitis (For	lınes 1 throu	ıgh 11, check	only one b	ox)		
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	fchurches s	section 170(b)(1)(A)(i).			
2	\sqcap	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)				
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).		
4	Γ			n organization opera ity, and state	ted in conjun	iction with a	hospital des	cribed in sec	tion 170(b)	(1)(A)(iii). E	nter the
5	Γ	_	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	\sqcap	A feder	al, state, or	local government o	rgovernmen	tal unit desc	rıbed ın secti	ion 170(b)(1	l)(A)(v).		
7	Γ	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	Г	A com	munity trust	described in section	170(b)(1)(A)(vi) (Cor	nplete Part II	I)			
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
11 e	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). Chec the box that describes the type of supporting organization and complete lines 11e through 11h a						e III - Other fied persons				
h	following persons? (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? (iii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)					(i)					
(i) Name suppor		e of rted	e of (ii) (described on lines 1 - 9 above ation or IRC section		Is the organizat col (i) lis your gove	(iv) Is the organization in col (i) listed in your governing document?		tify the ion in your t?	(vi Is th organiza col (i) org in the l	ne tion in ganized	(vii) A mount of support?
				(see instructions))	Yes	No	Yes	No	Yes	No	
Tota	1										

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

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 organiz	<u>zation fails to q</u> i	ualify under the	e tests listed be	low, please co	mplete Part II.	.)
	ction A. Public Support ndar year (or fiscal year beginning						
Cuic	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")	788,931	774,539	1,618,597	4,987,171	5,213,658	13,382,896
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	22,116,458	23,059,603	23,425,938	21,040,713	21,898,830	111,541,542
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	22,905,389	23,834,142	25,044,535	26,027,884	27,112,488	124,924,438
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						0
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the						0
	year						0
8	Add lines 7a and 7b Public Support (Subtract line 7c from line 6)						124,924,438
Se	ction B. Total Support						
Cale	ndar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	beginning in) A mounts from line 6	22,905,389	23,834,142	25,044,535	26,027,884	27,112,488	124,924,438
10a	Gross income from interest, dividends, payments received on securities loans, rents,	1,050,929	764,878	490,606	448,502	482,636	3,237,551
b	royalties and income from similar sources Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	1,050,929	764,878	490,606	448,502	482,636	3,237,551
12	Dusiness is regularly carried on 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,	23,956,318	24,599,020	25,535,141	26,476,386	27,595,124	128,161,989
14	11 and 12) First Five Years If the Form 990 is check this box and stop here		, ,				
	ction C. Computation of Pub						
15	Public Support Percentage for 201	•		13 column (f))		15	97 470 %
16	Public support percentage from 20:					16	97 040 %
	ction D. Computation of Inv						
17	Investment income percentage for				(†))	17	2 530 %
18	Investment income percentage from					18	2 960 %
19a	33 1/3% support tests—2011. If the more than 33 1/3%, check this box						d line 17 is not ►⁄▽

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—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 **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

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID:

Software Version:

EIN: 74-1075466

Name: SAN ANTONIO LIVESTOCK EXPOSITION INC

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493205003292

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

2

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.

Name of the organization SAN ANTONIO LIVESTOCK EXPOSITION INC.

Employer identification number

74-1075466 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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

- Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c
- Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
- the taxable year ▶_ Number of states where property subject to conservation easement is located -
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- 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

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

- 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
- 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

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part	IIII Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	cal Tre	eası	ires, or C)the	r Similar As	sset	S (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	_		_			tion		
а	Public exhibition		d	Γ	Loan o	rexc	hange prog	rams	•			
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	/ furthe	r the	organızatıor	ı's ex	kempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	┌ Y	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the o	organiz	zatıo			es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribut	ions	or other ass	sets	not	┌ Y	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ble		г		T -			
									Aı	moun	t	
с	Beginning balance						}	1c				
d	Additions during the year						ļ	1d				
е	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							┌ Y	es	┌ No
	If "Yes," explain the arrangement in Part XIV											
Pai	t V Endowment Funds. Complete											
1.	Pagunning of year halance	(a) Current Year 327,353	(b)	Prior Y	ear 322,853	(c)Tv	vo Years Back 315,79	-	Three Years Back) 304,081	+ ` ´	our Ye	ars Back
la L	Beginning of year balance	327,333			322,033		313,79	+	304,061	}		
b	Contributions	2,134			4,500		7,05	6	11,716	+		
C C	Investment earnings or losses	2,134			-1,500		7,03	+	11,/10	—		
d e	Grants or scholarships Other expenditures for facilities							+		\vdash		
e	and programs											
f	Administrative expenses											
g	End of year balance	329,487			327,353		322,85	3	315,797	7		
2	Provide the estimated percentage of the yea	r end balance held a	as		<u> </u>			•		•		
а	Board designated or quasi-endowment											
b	Permanent endowment ▶											
	Term endowment											
с За	Are there endowment funds not in the posse:	ssion of the organiz	ation t	hat a	re held	and a	administere	d for	the			
	organization by				=			01			Yes	No
	(i) unrelated organizations								3a	(i)		No
	(ii) related organizations								За	` 		No
	If "Yes" to 3a(II), are the related organizatio							٠	3	b		
4	Describe in Part XIV the intended uses of th											
raï	VI Land, Buildings, and Equipme	ent. See Form 99	υ, Pa							. T		
	Description of property				Cost or o		(b) Cost or o		(c) Accumulated depreciation	1 (d) Boo	k value
1a l	and		•							\perp		
b E	Buildings		•				18,555	5,195	8,445,76	56	10	,109,429
c l	easehold improvements		•							\perp		
d E	quipment		•				5,969	9,666	2,724,8	52	3	3,244,814
ſotal	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colui	nn (B)	, line	10(c).)				•		13	3,354,243
otal	. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colui	nn (B)	, line	10(c).)					D (Fo		

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		d of valuation f-year market value
		Cost of elia-o	- 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		d of valuation
	(-, - : : : : : : : : : : : : : : : : : :	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	1		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	•	
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)	L	
		<u></u>	
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
CURRENT PORTION - SCHOLARSHIPS	3,879,500		
CALF SCRAMBLE CERTIFICATES	186,200		
DEFERRED COMPENSATION PAYABLE	1,681,973		
	1,001,575		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	5,747,673		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	27,808,745
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,260,212
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-451,467
4	Net unrealized gains (losses) on investments	4	81,064
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	81,064
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-370,403
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	27,845,656
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	81,064
3	Subtract line 2e from line 1	3	27,764,592
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	44,153
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	27,808,745
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	28,216,059
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
2 a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	28,216,059
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b 44,153		
c	Add lines 4a and 4b	4c	44,153
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	28,260,212
Par	t XIV Supplemental Information		· · ·
	Supplemental Information Supplemental Information Supplemental Information Supplemental Information Supplemental Information	art IV	lines 1 b and 2 b

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

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 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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	THE INITIAL PRINCIPAL CONTRIBUTION IS PERMANENTLY RESTRICTED AND THE EARNINGS FROM THIS IS TO BE USED TO FUND SCHOLARSHIPS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THERE ARE NO UNCERTAIN TAX POSITIONS UNDER FIN 48
		PART XII, LINE 4B - RECLASS OF SPECIAL EVENTS EXPENSES \$44,153 PART XIII, LINE 4C- RECLASS OF SPECIAL EVENTS EXPENSES \$44,153

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

Grants and Other Assistance to Organizations,

OMB No 1545-0047

DLN: 93493205003292

Department of the Treasury

Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Open to Public

Internal Revenue Service			F Attach to Folin 990				Inspection
Name of the organization SAN ANTONIO LIVESTOCK EXPOS	ITION INC					Employer identification	on number
						74-1075466	
Part I General Information							
Does the organization maintain the selection criteria used to av							√ Yes
2 Describe in Part IV the organiza							, , , , ,
Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	e 21 for any recip	nent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
	+						
	+						
	+						
							l
2 Enter total number of section 50	01(c)(3) and govern	ment organizations list	ed in the line 1 table .			-	
3 Enter total number of other orga		=				-	

						i age z
Part III	Grants and Other Assista Use Schedule I-1 (Form 990			. Complete if the organ	ization answered "Yes" to	Form 990, Part IV, line 22.
(a)⊤	ype of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book,	(f)Description of non-cash assistance

FMV, appraisal, other)

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	·	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION GIVES OUT GRANTS AND SCHOLARSHIPS TO SCHOOLS AND OTHER TAX EXEMPT ENTITIES TO FURTHER THEIR EXEMPT PURPOSE THE ORGANIZATION REQUIRES THE
IN THE U S		AWARDED ENTITIES TO SUBMIT REPORTS RELATED TO THE USEAGE OF THE FUNDS RECEIVED, WHICH HELPS IN
		THE DETERMINATION OF FUTURE AWARDS

Software ID: **Software Version:**

EIN: 74-1075466

Name: SAN ANTONIO LIVESTOCK EXPOSITION INC

Form 990,Schedu	le I, Part II	, Grants an	d Other As	sistance to	Governme	nts and Orga	anizations in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILENE CRHISTIAN UNIVERSITYACU BOX 29007 ABILENE,TX 79699	75- 0851900	501 (C)(3)	16,600				SCHOLARSHIPS FOR STUDENTS
ALAMO COLLEGES FOUNDATION INC 201 W SHERIDAN SUITE C-3 SAN ANTONIO,TX 78204	74- 2422589	501 (C)(3)	86,750				SCHOLARSHIPS FOR STUDENTS
ALAMO COMMUNITY COLLEGE DISTRICT201 W SHERIDAN SAN ANTONIO,TX 78204	74- 6002173	PUBLIC SCHOOL	104,615				SCHOLARSHIPS FOR STUDENTS
ANGELO STATE UNIVERSITYPO BOX 11015 SAN ANGELO,TX 76909	75- 6002403	PUBLIC SCHOOL	103,219				SCHOLARSHIPS FOR STUDENTS
BAYLOR UNIVERSITYONE BEAR PLACE WACO,TX 76798	74- 1159753	501 (C)(3)	9,706				SCHOLARSHIPS FOR STUDENTS
BEXAR COUNTY MASTER GARDENERS3355 CHERRY RIDGE DR 208 SAN ANTONIO,TX 78230	74- 2600978	501 (C)(3)	35,250				GENERAL SUPPORT
BLINN COLLEGE 902 COLLEGE AVE BRENHAM,TX 77833	74- 6000400	PUBLIC SCHOOL	73,250				SCHOLARSHIPS FOR STUDENTS
CLARENDON COLLEGEPO BOX 968 CLARENDON,TX 79226	75- 6055652	PUBLIC SCHOOL	10,250				SCHOLARSHIPS FOR STUDENTS
FRANK PHILLIPS COLLEGEPO BOX 5118 BORGER,TX 79008	75- 6001630	PUBLIC SCHOOL	5,250				SCHOLARSHIPS FOR STUDENTS
GRAYSON COUNTY COLLEGE6101 GRAYSON COLLEGE DENISON,TX 75020	75- 1169719	PUBLIC SCHOOL	7,250				SCHOLARSHIPS FOR STUDENTS
HOLLYCHASE LP DBA AVEDA INSTITUTE SAN ANTONIO 250 E GRAYSON ST SUITE 101 SAN ANTONIO,TX 78215	20- 1446359	PUBLIC SCHOOL	10,300				SCHOLARSHIPS FOR STUDENTS
HOWARD PAYNE UNIVERSITY1000 FISK AVE BROWNWOOD,TX 76801	75- 0800653	501 (C)(3)	11,500				SCHOLARSHIPS FOR STUDENTS
LUBBOCK CHRISTIAN UNIVERSITY5601 19TH ST LUBBOCK,TX 79407	75- 0950119	501 (C)(3)	10,000				SCHOLARSHIPS FOR STUDENTS
LYME ACADEMY OF FINE ARTS INC DBA LYME ACADEMY COLLEGE OF FINE ARTS84 LYME ST OLD LYME, CT 060942210	06- 0942210	501 (C)(3)	7,064				SCHOLARSHIPS FOR STUDENTS
MISS RODEO AMERICA SCHOLARSHIP FUNDATION 27906 CUMBRES PUEBLO, CO 81006	68- 0406740	501 (C)(3)	10,000				GENERAL SUPPORT/SCHOLARSHIPS FOR STUDENTS
NAVARRO COLLEGE3200 W 7TH AVE CORSICAN,TX 75110	75- 6002129	PUBLIC SCHOOL	12,050				SCHOLARSHIPS FOR STUDENTS
NORTH CENTRAL TEXAS COLLEGE 1525 W CALIFORNIA GAINESVILLE,TX 76240	75- 1050382	PUBLIC SCHOOL	8,000				SCHOLARSHIPS FOR STUDENTS
OUR LADY OF THE LAKE UNIVERSITY 411 SW 24TH ST SAN ANTONIO,TX 78207	74- 1109631	501 (C)(3)	83,000				SCHOLARSHIPS FOR STUDENTS
PRAIRIE VIEW A&M UNIVERSITY PO BOX 1005 PRAIRIE VIEW,TX 77446	74- 6001078	PUBLIC SCHOOL	22,375				SCHOLARSHIPS FOR STUDENTS
SAM HOUSTON STATE UNIVERSITYPO BOX 2537 HUNTSVILLE,TX 77341	74- 6001430	PUBLIC SCHOOL	79,500				SCHOLARSHIPS FOR STUDENTS

Form 990,Schedule	I, Part II,	Grants and	Other Ass	sistance to	Governme	nts and Orga	anizations in the United S
(a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN ANTONIO BOTANICAL SOCIETY555 FUNSTON PLACE SAN ANTONIO,TX 78209	74- 2178792	501 (C)(3)	5,875				GENERAL SUPPORT
SAN ANTONIO AREA FOUNDATION FOR YOUNG WOMEN'S LEADERSHIP ACADEMY110 BROADWAY SUITE 230 SAN ANTONIO,TX 78205	74- 6065414	501 (C)(3)	16,999				GENERAL SUPPORT
SAVANNAH COLLEGE OF ART & DESIGNPO BOX 2701 SAVANNAH, GA 31402	58- 1357177	501 (C)(3)	21,146				SCHOLARSHIPS FOR STUDENTS
SCHREINER UNIVERSITY2100 MEMORIAL BLVD KERRVILLE,TX 78028	74- 1193459	501 (C)(3)	61,157				SCHOLARSHIPS FOR STUDENTS
SOUTH PLAINS COLLEGE1401 S COLLEGE AVE LEVELLAND,TX 79336	75- 6004667		20,375				SCHOLARSHIPS FOR STUDENTS
ST MARY'S UNIVERSITYONE CAMINO SANTA MARIA SAN ANTONIO,TX 78228	74- 1143128	501 (C)(3)	12,500				SCHOLARSHIPS FOR STUDENTS
STEPHEN F AUSTIN STATE UNIVERSITY1936 NORTH ST NACOGDOCHES,TX 75962	75- 6002514	PUBLIC SCHOOL	9,000				SCHOLARSHIPS FOR STUDENTS
SUL ROSS STATE UNIVERSITYPO BOX C-144 ALPINE,TX 79832	74- 6000027		34,500				SCHOLARSHIPS FOR STUDENTS
SW TEXAS JUNIOR COLLEGE2401 GARNER FIELD RD UVALDE,TX 78801	74- 6002420	PUBLIC SCHOOL	22,000				SCHOLARSHIPS FOR STUDENTS
TARLETON STATE UNIVERSITY1333 W WASHINGTON STEPHENVILLE,TX 76401	75- 6001870		137,547				SCHOLARSHIPS FOR STUDENTS
TEXAS A&M FOUNDATION401 GEORGE BUSH DR COLLEGE STATION,TX 77840	74- 2245072	501 (C)(3)	44,000				GENERAL SUPPORT
TEXAS A&M UNIVERSITY401 GEORGE BUSH DR COLLEGE STATION,TX 77840	74- 6000531		725,146				SCHOLARSHIPS FOR STUDENTS
TEXAS A&M UNIVERSITY CORPUS CHRISTI 6300 OCEAN DR CORPUS CHRISTI, TX 78412	74- 1760663		11,000				SCHOLARSHIPS FOR STUDENTS
TEXAS A&M UNIVERSITY AT GALVESTONPO BOX 1675 GALVESTON,TX 77553	74- 2125225		5,500				SCHOLARSHIPS FOR STUDENTS
TEXAS A&M UNIVERSITY AT SAN ANTONIO 1450 GILLETTE BLVD SAN ANTONIO,TX 78224	26- 4168896	PUBLIC SCHOOL	12,625				SCHOLARSHIPS FOR STUDENTS
TEXAS A&M UNIVERSITY KINGSVILLE700 UNIVERSITY BLVD KINGSVILLE,TX 78363	74- 6001530		86,568				SCHOLARSHIPS FOR STUDENTS
TEXAS A&M SAN ANTONIO FOUNDATIONONE UNIVERSITY WAY SAN ANTONIO,TX 78224	26- 0895198	501 (C)(3)	15,000				GENERAL SUPPORT/SCHOLARSHIPS FOR STUDENTS
TEXAS CHRISTIAN UNIVERSITYPO BOX 297011 FORT WORTH,TX 76129	75- 0827465	501 (C)(3)	8,648				SCHOLARSHIPS FOR STUDENTS
TEXAS FFA FOUNDATION614 E 12TH ST AUSTIN,TX 78701	74- 2520515	501 (C)(3)	50,000				SCHOLARSHIPS FOR STUDENTS
TEXAS LUTHERAN UNIVERSITY1000 WEST COURT ST SEGUIN,TX 78155	74- 1109748	501 (C)(3)	11,750				SCHOLARSHIPS FOR STUDENTS

Form 990,Schedule	e I, Part II,	Grants and Othe	er Assistan	ce to Gover	nments and	l Organizatio	ns in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS PARKS AND WILDLIFE DEPARTMENT4200 SMITH SCHOOL ROAD AUSTIN,TX 78744	74- 1680372	GOVERNMENTAL UNIT	30,000		,		GENERAL SUPPORT
TEXAS STATE TECHNICAL COLLEGE REGENTS CIRCLE-WACO 3801 CAMPUS DR WACO,TX 76705	75- 2892470	501 (C)(3)	13,525				SCHOLARSHIPS FOR STUDENTS
TEXAS STATE UNIVERSITY601 UNIVERSITY SAN MARCOS,TX 78666	74- 6002248	PUBLIC SCHOOL	61,865				SCHOLARSHIPS FOR STUDENTS
TEXAS TECH FOUNDATIONPO BOX 42123 LUBBOCK,TX 79409	75- 6043842	501 (C)(3)	157,631				GENERAL SUPPORT
TEXAS TECH UNIVERSITYPO BOX 42123 LUBBOCK,TX 79409	75- 6002622	PUBLIC SCHOOL	299,170				SCHOLARSHIPS FOR STUDENTS
TEXAS WILDLIFE ASSOC - FOUNDATION2800 NE LOOP 410 SAN ANTONIO,TX 78218	74- 2605516	501 (C)(3)	172,200				GENERAL SUPPORT
TRINITY UNIVERSITY715 STADIUM DR SAN ANTONIO,TX 78212	74- 1109633	501 (C)(3)	40,750				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF HOUSTON SYSTEM 4800 CALHOUN RD HOUSTON, TX 77004	74- 6001399	PUBLIC SCHOOL	12,000				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF TEXAS AT ARLINGTON701 S NEDDERMAN DR ARLINGTON,TX 76019	75- 6000121	PUBLIC SCHOOL	6,000				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7758 UT STATION AUSTIN,TX 78713	74- 6000203	PUBLIC SCHOOL	47,356				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF TEXAS - PAN AMERICAN1201 WEST UNIVESITY DR EDINBURG,TX 78541	74- 6002942	PUBLIC SCHOOL	5,875				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF TEXAS AT SAN ANTONIO6900 N LOOP 1604 SAN ANTONIO,TX 78249	74- 1717115	PUBLIC SCHOOL	179,296				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SA7703 FLOYD CURL DR SAN ANTONIO,TX 78229	74- 1586031	PUBLIC SCHOOL	279,750				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF THE INCARNATE WORD4301 BROADWAY SAN ANTONIO,TX 78209	74- 1109661	501 (C)(3)	99,750				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF TEXAS AT TYLER 3900 UNIVERSITY DR TYLER,TX 75799	75- 1396988	PUBLIC SCHOOL	6,000				SCHOLARSHIPS FOR STUDENTS
WEATHERFORD COLLEGE225 COLLEGE PARK DR WEATHERFORD,TX 76086	75- 6002862	PUBLIC SCHOOL	7,200				SCHOLARSHIPS FOR STUDENTS
WEST TEXAS A&M UNIVERSITY WTAMU BOX 60939 CANYON,TX 79016	75- 6031405	PUBLIC SCHOOL	65,512				SCHOLARSHIPS FOR STUDENTS
WESTMONT COLLEGE955 LA PAZ ROAD SANTA BARBARA, CA 93108	95- 1684793	501 (C)(3)	13,326				SCHOLARSHIPS FOR STUDENTS

DLN: 93493205003292

OMB No 1545-0047

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.

Open to Public Inspection

► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** SAN ANTONIO LIVESTOCK EXPOSITION INC 74-1075466

Pa	art I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments 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		
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			
	Independent compensation consultant			
	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	on		
а	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?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			
	section 53 4958-6(c) ⁷	9		<u> </u>

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)(1)-(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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) R KEITH MARTIN (I)	325,312 0	80,000 0	0	14,421	0	419,733 0	0
(2) BETTY ROST (I)	123,785 0	20,000 0	0	7,427 0	0	151,212 0	0 0
(3) GLEN A PHILLIPS (II)	124,946 0	20,000	0	7,497 0	0	152,443 0	0
(4) DEBBIE SCHRONK (I)	135,089	20,000	0	8,105 0	0	163,194 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
	4B	THE FOLLOWING INDIVIDUALS WERE PARTICIPANTS IN THE SECTION 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN, FOR WHICH \$495,715 WAS EXPENSED DURING THE FISCAL YEAR ENDED MARCH 31, 2012 THE INDIVIDUALS ARE R KEITH MARTIN, GLEN A PHILLIPS, PAMELAR J REW, DEBBIE SCHRONK, AND BETTY ROSS (NO SPECIFIC AMOUNTS HAVE BEEN ALLOCATED TO THE EMPLOYEES)

Schedule J (Form 990) 2011

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Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493205003292

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

	of the organization ONIO LIVESTOCK EXPOSITION INC							E	mployer id	lent if icat	tion numbe	r	
									4-10754				
Part I											na 40h		
	Complete if the organizat	ion ans	wered	res on For		Part IV, line 25a (01 250,0	or Form	990-62,	Part V, III		(c)	
1	(a) Name of disqu	ualıfıed	person			(b) Desc	cription	of trans	action			ected?	
											Yes	No	
	ter the amount of tax impos	ed on tl	ne organ	nization man					-	-			
	ction 4958 ter the amount of tax, if any	• •								\$			
3 ⊑∏	ter the amount of tax, if any	, on line	2, abo	ve, reimburs	ed by th	ie organization .				* <u> </u>			
Part I													
	Complete if the organiz	zation a T	nswere	d "Yes" on F I	orm 990), Part IV, line 26 T	, or Forr I	n 990-E	т.	, line 38a	1		
			oan to				(e) 1	[n	(f) Approv	ed .	(g)Writt	en	
(a) Nan	ne of interested person and purpose	1	m the zation?	(c)Orig principal a		(d)Balance due	defau	lt?	by boar		agreeme	reement?	
	P 4. P 5 5 5	To	From				Yes	No	committee?		Yes	Na	
		10	FIOIII				res	140	Yes	No	res	No	
Total .		<u></u>		· · ·	▶ \$.							
Part II	Grants or Assistar Complete if the orga						/ line 2	7					
						een interested per							
1	(a) Name of interested pers	on	`			ganızatıon .		(c) A m	nount of gi	ant or ty	pe of assis	tance	

Part IV	Business	Transactions	Involvina	Interested	Persons

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

Complete if the organization answered Tes on Form 990, Part IV, line 20a, 20b, or 20c.								
(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	aring of zation's nues?			
	organization			Yes	No			
(1) TINA HAYNES	TINA HAYNES IS AN OFFICER/OWNER OF SANGER AND ALTGELT INSURANCE AGENCY	·	SALE HAS PROCURED INSURANCE FROM SANGER AND ALTGELT INSURANCE AGENCY FOR MANY YEARS, AND TINA HAS BECOME AN OFFICE WITH SALE DURING THE CURRENT FISCAL YEAR ENDED MARCH 31, 2011		No			
					<u> </u>			
					<u> </u>			
					<u> </u>			
					<u> </u>			

Part V Supplemental Information

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

DLN: 93493205003292

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization
SAN ANTONIO LIVESTOCK EXPOSITION INC

Employer identification number

,					74-1075466			
Pa	rt 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 de contribution	etermi	_	
	Art—Works of art							
_	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
5	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	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							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	CONSTRUCTION OF				STANDARD BILLIN	G RAT	ΓES FO	O R
25	Other►(<u>CABINETS</u>)	Х	1	6,000	SIMILAR PROJECT			
26	O ther ▶()							
	O ther ▶()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29			
							Yes	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?		'	30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or use contributions?	e third parti	ies or related organizations	to solicit, process, or sell	non-cash			
L	If "Yes," describe in Part II					32a		No
о 33	If the organization did not report	revenuesi	n column (c) for a type of n	roperty for which column (a) is checked.			
	describe in Part II	, cremues i	column (c) for a type of p	. opercy for which column (a	, is checked,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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DLN: 93493205003292

OMB No 1545-0047

Inspection

SCHEDULE 0 (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.

Name of the org	anization STOCK EXPOSITIO	ON INC	Employer identification number
			74-1075466
ldentifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION A, LINE 2	ONE OF THE DIRECTOR'S SPOUSE IS AN OFFICER OF A BANK THAT PROORGANIZATION	OVIDES SERVICES FOR THE
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS OR HAD AT LEAST 8,175 LIFE MEMBERS OVE THAT HAVE PAID ANYWHERE FROM \$100 OR \$200 IN TOTAL TO BECO 3/31/12, A TOTAL OF \$56,400 WAS RECEIVED FROM THE CURRENT LIFI BOARD HAS DESIGNATED THESE AND PREVIOUS FUNDS COLLECTED F SCHOLARSHIPS	ME A LIFE MEMBER DURING FYE E MEMBERS (282 NEW MEMBERS) THE
	FORM 990, PART VI, SECTION A, LINE 7A	DURING THE ANNUAL MEETING, THE ORGANIZATION ELECTS THE CURF SELECTED GROUP OF INDIVIDUALS NOMINATED BY THE ELECTION COM	
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE IS PRESENTED A COPY OF THE AUDIT PRIOR TO) IT BEING MAILED OUT
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE RETURN IS REVIEWED BY AT LEAST ONE MEMBER OF COMMITTEE.	THE ORGANIZATION'S AUDIT
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST STATEMENTS ARE CIRCULATED TO THE STAFF CONFLICTING INTERESTS ARE NOTED AND FOLLOWED	F AND DIRECTORS AND ANY
	FORM 990, PART VI, SECTION B, LINE 15	THE AUDIT COMPENSATION SUB-COMMITTEE DETERMINES AND RECOM AMOUNTS TO BE PAID TO THE EXECUTIVE DIRECTOR AND OTHER HIGH IS BASED ON REVIEW OF COMPARABLE SALARIES FOR RELATED INDU	ILY COMPENSATED EMPLOYEES (THIS
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION WILL FURNISH A COPY OF THEIR FORM 990 AND F	FORM 1023 UPON WRITTEN REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION WILL FURNISH A COPY OF THEIR GOVERNING DOOR POLICY AND FINANCIAL STATEMENTS UPON WRITTEN REQUEST	CUMENTS, CONFLICT OF INTEREST
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24E	EMS/TICKET MASTER/ OTHER PROGRAM SERVICE EXPENSES 493,034 EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 493,034 M PROGRAM SERVICE EXPENSES 418,782 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 422,315 WILDLIFE COMMITTEE EXPENSE 395,018 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXICAPITAL IMPROVEMENT FEE. PROGRAM SERVICE EXPENSES 385,855 I EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 385,855 I EXPENSES 319,034 MANAGEMENT AND GENERAL EXPENSES 14,805 FEXPENSES 313,633 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 314,805 FEXPENSES 313,363 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 311,635 FEXPENSES 313,575 MANAGEMENT AND GENERAL EXPENSES 311,636 FROGRAM SERVICE EXPENSES 311,575 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 311,635 FREMIUMS PAID PROGRAM SERVICE EXPENSES 315,435 FREMIUMS PAID PROGRAM SERVICE EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 AND SUPPLIES PROGRAM SERVICE EXPENSES 0 FUNDRAISING EXPENSES 0 AND SUPPLIES PROGRAM SERVICE EXPENSES 265,545 MANAGEMENT FUNDRAISING EXPENSES 0 TOTAL EXPENSES 266,311 MANAGEMENT AND GENERAL EXPENSES 267,545 MANAGEMENT FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 67,424 M 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 67,424 OTHER EXPENSES 50,269 MANAGEMENT AND GENERAL EXPENSES 55,28 EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 55,28 EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 55,28 EXPENSES 50,269 ASSOCIATION DUES AND FEES PROGRAM SERVICE EXPENSES 50	MATERIALS, DECO AND SUPPLIES EXPENSES 3,533 FUNDRAISING SES PROGRAM SERVICE EXPENSES PENSES 0 TOTAL EXPENSES 395,018 MANAGEMENT AND GENERAL JITILITIES PROGRAM SERVICE FUNDRAISING EXPENSES 0 TOTAL 77 MANAGEMENT AND GENERAL 540 REPAIRS AND MAINTENANCE EXPENSES 1,860 FUNDRAISING SERVICE EXPENSES 312,080 0 TOTAL EXPENSES 312,080 PRINTING I AND GENERAL EXPENSES 18,300 RVICES PROGRAM SERVICE EXPENSES IG EXPENSES 0 TOTAL EXPENSES IS 226,867 MANAGEMENT AND 226,867 CALF SCRAMBLE WINNER O GENERAL EXPENSES 0 FUNDRAISING OGRAM SERVICE EXPENSES 168,191 ES 155,150 MANAGEMENT AND 155,150 INVESTMENT FEES PROGRAM 7 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 TOTAL EXPENSES 168,191 ES 155,150 MANAGEMENT AND 155,150 INVESTMENT FEES PROGRAM 7 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,482 MANAGEMENT AND 9,482 DONATIONS PROGRAM
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED GAINS (NET) 81,064 TOTAL TO FORM 990, PART XI, LINE	5 81,064
CHANGE IN SELECTION PROCESS	FORM 990, PART XII, PAGE 12, LINE 2C	THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR IN THE OVERSIC PERFORMED BY THE BOARD IN REVIEWING THE AUDIT AND TAX RETUR AUDITING FIRM	