

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493311018263

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

2012

Open to Public Inspection

АГС	rtne	e ZUIZ Cai	endar year, or tax year beginning 04-01-2012 , 2012, and ending 03-31-	-2013			
		applicable	C Name of organization SAN ANTONIO LIVESTOCK EXPOSITION INC		D Emplo	yer identi	ification number
		change	Doing Business As		74-10	75466	
∏ Na							
			Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 200230	2	E Telepho	ne numbe	er
	rmınat				(210)	225-58	51
		d return	City or town, state or country, and ZIP + 4 SAN ANTONIO, TX 78220				
j Ap	plicatio	on pending	E. Nome and address of principal officer			•	37,642,246
			F Name and address of principal officer KEITH MARTIN		s this a group ffiliates?	return fo	or □ Yes 🔽 No
			723 ATT CENTER PARKWAY SAN ANTONIO,TX 78219	11/6			
			,				ed? \(\text{Yes} \(\text{No} \) see instructions)
I Ta	x-exe	empt status	✓ 501(c)(3)	_			•
J W	ebsit	te:► WW	W SARODEO COM	H(c)	Group exempt	ion num	ber ⊭
K For	m of o	organization	Corporation Trust Association Other ►	L Year	of formation 19	48 M St	tate of legal domicile TX
Pa	rt I	Sum	mary				
Activities & Governance		INSTRU LIVESTO AUCTIO	ZATION OWNED AND OPERATED BY ITS MEMBERS, WHICH WAS FO CT THE PUBLIC ON AGRICULTURAL MATTERS BY CONDUCTING AN OCK, POULTRY AND FARM PRODUCTS AND IN CONNECTION THERE NS, RODEOS, MIDWAY CARNIVAL AND OTHER RELATED ACTIVITI TONIO STOCK SHOW AND RODEO HELD EACH FEBRUARY	NUAL P EWITH T	UBLIC FAIR O CARRY OU	S AND E JT LIVE:	XHIBITIONS OF STOCK
26	2	Check th	his box $lacktriangledown$ if the organization discontinued its operations or disposed of	more tha	an 25% of its	net asse	ets
fles	3	Number	of voting members of the governing body (Part VI, line 1a)			з	12
E E			of independent voting members of the governing body (Part VI, line 1b)			4	12
đ	5	Total nui	mber of individuals employed in calendar year 2012 (Part V, line 2a) .			5	313
			mber of volunteers (estimate if necessary)			6	5,500
	1		related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34			7a	0
	┝	Necume	lated business taxable income nom Form 990-1, line 34	1	· · · Prior Year	7b 	0
							Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		5,213,6	558	Current Year 6,153,389
nue	8		butions and grants (Part VIII, line 1h)				
łayenue	9 10	Progra Invest	m service revenue (Part VIII, line 2g)		5,213,6	330	6,153,389 21,494,350 772,690
Revenue	9 10 11	Progra Invest Other	m service revenue (Part VIII, line 2g)		5,213,6 21,898,8	330	6,153,389 21,494,350
Revenue	9 10	Progra Invest Other Total r	m service revenue (Part VIII, line 2g)		5,213,6 21,898,8	330 257 0	6,153,389 21,494,350 772,690 1,044,345
Revenue	9 10 11 12	Progra Invest Other Total r 12) .	m service revenue (Part VIII, line 2g)		5,213,6 21,898,8 696,2	330 257 0 745	6,153,389 21,494,350 772,690 1,044,345 29,464,774
Revenue	9 10 11 12 13 14	Progra Invest Other Total r 12) Grants Benefi	m service revenue (Part VIII, line 2g)		5,213,6 21,898,8 696,2 27,808,7	330 257 0	6,153,389 21,494,350 772,690 1,044,345 29,464,774
	9 10 11 12	Progra Invest Other Total r 12) Grants Benefi	m service revenue (Part VIII, line 2g)		5,213,6 21,898,8 696,2 27,808,7	330 257 0 745 519	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212
	9 10 11 12 13 14	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10)	m service revenue (Part VIII, line 2g)		5,213,6 21,898,8 696,2 27,808,7 5,124,6	330 257 0 745 519	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212
Expenses Revenue	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu	m service revenue (Part VIII, line 2g)		5,213,6 21,898,8 696,2 27,808,7 5,124,6 4,195,6	330 257 0 745 519 0 540	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other	m service revenue (Part VIII, line 2g)		5,213,6 21,898,8 696,2 27,808,7 5,124,6 4,195,6	330 257 0 745 319 0 0 0 953	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149 0
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12). Grants Benefi Salarie 5-10) Profes Other Total fu	m service revenue (Part VIII, line 2g)		5,213,6 21,898,8 696,2 27,808,7 5,124,6 4,195,6	330 257 0 745 519 0 540 0	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149 0 19,026,770 28,578,131
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total r 12). Grants Benefi Salarie 5-10) Profes Other Total fu	m service revenue (Part VIII, line 2g)		5,213,6 21,898,8 696,2 27,808,7 5,124,6 4,195,6 18,939,9 28,260,2 -451,4	330 257 0 745 319 0 540 0	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149 0 19,026,770 28,578,131 886,643
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)		5,213,6 21,898,8 696,2 27,808,7 5,124,6 4,195,6 18,939,9 28,260,2 -451,4 ning of Currer	330 257 0 745 519 0 640 0	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149 0 19,026,770 28,578,131 886,643 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)	Begin	5,213,6 21,898,8 696,3 27,808,7 5,124,6 4,195,6 18,939,9 28,260,3 -451,4 ning of Currer Year 42,095,8	330 257 0 745 319 0 540 0 953 212 467 nt	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149 0 19,026,770 28,578,131 886,643 End of Year 44,804,743
	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)	Begin	5,213,6 21,898,8 696,2 27,808,7 5,124,6 4,195,6 18,939,9 28,260,2 -451,4 ning of Currer	330 257 0 745 319 0 540 0 953 212 467 nt	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149 0 19,026,770 28,578,131 886,643 End of Year 44,804,743
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Other Total r Reven Total a Total I Net as	m service revenue (Part VIII, line 2g)	Begin	5,213,6 21,898,8 696,2 27,808,7 5,124,6 4,195,6 4,195,6 18,939,9 28,260,2 -451,4 ning of Currer Year 42,095,8 18,233,7	330 257 0 745 319 0 540 0 953 212 467 nt	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149 0 19,026,770 28,578,131 886,643 End of Year 44,804,743 19,886,919
Sign of Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 12	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as Sign nalties of ledge and I has any kr	m service revenue (Part VIII, line 2g)	Begin Ing sche	5,213,6 21,898,8 696,3 27,808,7 5,124,6 4,195,6 18,939,9 28,260,3 -451,4 ning of Currer Year 42,095,8 18,233,7 23,862,3 dules and sta	330 257 0 745 319 0 340 0 953 212 467 nt 358 701 L57	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149 0 19,026,770 28,578,131 886,643 End of Year 44,804,743 19,886,919 24,917,824
Sign of Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 12	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total I Net as Sign nalties of edge and has any kr	m service revenue (Part VIII, line 2g)	Begin ing sche	5,213,6 21,898,8 696,3 27,808,7 5,124,6 4,195,6 18,939,9 28,260,3 -451,4 ning of Currer Year 42,095,8 18,233,7 23,862,3 dules and sta) is based on 2013-10-31 Date	330 257 0 745 319 0 0 353 212 467 nt 358 701 L57	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149 0 19,026,770 28,578,131 886,643 End of Year 44,804,743 19,886,919 24,917,824
A Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 12 13 14 15 16a 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total a Reven Total I Net as Sign nalties of pedge and I has any kr KEIII Type	m service revenue (Part VIII, line 2g)	Begin ing sche	5,213,6 21,898,8 696,2 27,808,7 5,124,6 4,195,6 4,195,6 18,939,9 28,260,2 -451,4 ning of Currer Year 42,095,8 18,233,7 23,862,2 dules and sta) is based on 2013-10-31 Date Check if self-employed	257 0 745 619 0 640 0 953 212 467 nt 157 tements all inform	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149 0 19,026,770 28,578,131 886,643 End of Year 44,804,743 19,886,919 24,917,824 , and to the best of nation of which
A hot Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 41 11 12 13 14 15 16a 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total I Net as I Sign nalties of pedge and I has any kr KEITI Type	m service revenue (Part VIII, line 2g)	Begin Ing sche	5,213,6 21,898,8 696,2 27,808,7 5,124,6 4,195,6 4,195,6 18,939,9 28,260,2 -451,4 ning of Currer Year 42,095,8 18,233,7 23,862,7 dules and sta) is based on 2013-10-31 Date Check ff	257 0 745 619 0 640 0 953 212 467 nt 157 tements all inform	6,153,389 21,494,350 772,690 1,044,345 29,464,774 4,887,212 0 4,664,149 0 19,026,770 28,578,131 886,643 End of Year 44,804,743 19,886,919 24,917,824 , and to the best of nation of which

Par	t III	Statement of Program S Check if Schedule O contains a				
1	Briefl	ly describe the organization's mis	sion			
ΞМР	HASIZ	ING SENTENCE IN SAN ANTON ES AGRICULTURE AND EDUCA ULL DESCRIPTION OF ITS MIS	TION TO DEVELO	P THE YOUTH OF TE	WEBSITE - "A VOLUNTEER C XAS" SUMS UP THERE MISSI	RGANIZATION THAT ON (SEE THE WEBSITE
2	the pr	ne organization undertake any sig 1or Form 990 or 990-EZ?				┌ Yes ┌ No
	If "Ye	s," describe these new services	on Schedule O			
3	servi	ne organization cease conducting ces?		t changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on So	chedule O			
4	exper	ribe the organization's program s nses Section 501(c)(3) and 501 otal expenses, and revenue, if any	(c)(4) organizations	are required to report		
4a	(Code	e) (Expenses \$	26,440,214	including grants of \$	4,887,212) (Revenue \$	22,216,441)
	STOC THES EDUC 2013, OTHE THE H	ANTONIO LIVESTOCK EXPOSITION (SALE) K SHOW AND RODEO HELD EACH FEBRU E EVENTS VARIOUS SCHOLARSHIPS AND ATIONS NET FUNDS FROM THESE AND THE PROGRAM INCLUDED 18 DAYS OF R COMPETITIONS, OVER 500 INDIVIDUA HORSE SHOW COMPETITION, OVER 400 PETITORS IN THE STOCK SHOW STAMPE RIBUTED TO ITS OVERALL SUCCESS	JARY THERE ARE VARIO DE FUNDS ARE AWARDED OTHER ACTIVITIES ARE EVENTS THAT HAD AN A LS WERE AWARDED SCI COMPETITORS IN THE C	DUS SHOWS AND ACTIVITIE TO INDIVIDUAL ENTRIES II USED TO AWARD SCHOLAF KITTENDANCE OF APPROXIM HOLARSHIPS, THERE WERE CALF SCRAMBLE, OVER 900	S THAT HELP TO EDUCATE THE PUBLIC N THE STOCK SHOW WHICH ENABLES ISHIPS FOR THOSE QUALIFIED INDIVIC ATELY 1 5 MILLION PEOPLE DURING T OVER 17,000 LIVESTOCK COMPETITOI PARTICIPANTS IN THE JUNIOR LIVEST	IN THE MANY ASPECTS OF THEM TO EXTEND THEIR DUALS DURING FEBRUARY HE VARIOUS LIVESTOCK AND RS, OVER 6,600 ENTRIES IN OCK AUCTION, AND OVER 800
4b	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4d		er program services (Describe in enses \$	Schedule O) including grants of	f \$) (Revenue \$)
4e	Tota	Il program service expenses 🕨	26,440,214			

art 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		No
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 for escrow or custodial account liability, 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^{\square}	9		No
LO	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	
l1	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, line 10? 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
С	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 and XII	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 and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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, Parts I and IV	14b		No
L 5	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 United States? If "Yes," complete Schedule F, Parts II and IV	15		No
L 6	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 United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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? <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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2012)

GI I	Statements Regarding Other 1RS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 822		163	140
	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			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
3	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	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2. 105/ to fine but of 55/ and the organization mention 0000-1. I I I I I I I I I I I I I I I I I I I	5c		
ı	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 as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	•		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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 year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		_	
	Enter the amount of reserves on hand]		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 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. 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					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
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? .						
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? \cdot	5		Νo		
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		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)		
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No		
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Yes			
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b				
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b				
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes			
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a	Yes			
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes			
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c	Yes Yes Yes			
b 11a b 12a b c 13	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes			
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes			
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes			
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes			
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes			
b 11a b 112a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Lif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No		
b 11a b 112a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No		
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "Wo," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No		

- 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 V Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►BETTY ROST 723 ATT CENTER PARKWAY SAN ANTONIO, TX (210) 225-5851

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 organization compensated any current officer, director, or trustee

		Ι								
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	check Highest compensated	ess er e)	(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
(1) RUSTY COLLIER	2 00					Č				
	2 00	x						0	0	0
VICE PRESIDENT (2) STEVE BRIDGES	2 00	-								
CHAIRMAN OF THE BOARD	2 00	х						0	0	0
(3) FRED PETMECKY	2 00	-								
VICE PRESIDENT		X						0	0	0
(4) JAMES F CLINGMAN	2 00	-								
VICE PRESIDENT		X						0	0	0
(5) TINA HAYNES	2 00									
VICE PRESIDENT		Х						0	0	0
(6) JOE E HUTCHISON	2 00									
PRESIDENT		X						0	0	0
(7) PAT FROST	2 00	1								
VICE PRESIDENT		X						0	0	0
(8) TOM LOEFFLER	2 00									
VICE PRESIDENT		X						0	0	0
(9) ELAINE VAN DE WALLE THOMPSON	2 00									
VICE PRESIDENT		X						0	0	0
(10) JOE SOULES	2 00								_	
VICE PRESIDENT		X						0	0	0
(11) CODY DAVENPORT	2 00	,						0	0	
VICE PRESIDENT/SECRETARY		X						0	0	0
(12) JOHN ZACHRY	2 00	х						0	0	0
VICE PRESIDENT								0	0	0
(13) R KEITH MARTIN	50 00			x				423,935	0	421,719
EXECUTIVE DIRECTOR/CEO				_^_				423,733		421,713
(14) BETTY ROST	50 00			×				157,500	0	67,807
CFO				ı^				137,300		
(15) GLEN A PHILLIPS	50 00				×			162,000	0	30,423
ASSISTANT EXECUTIVE DIRECT									-	
(16) PAMELA J REW	50 00				×			155,500	0	46,270
ASSISTANT EXECUTIVE DIRECT										,
(17) DEBBIE SCHRONK	50 00				×			169,800	0	47,338
C00								·		
										Form 990 (2012)

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

(A) Name and Title		(B) A verage hours per week (list any hours for related	more pers and	than on is a dir	one bot	note bo: th ai or/ti	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organization (W- 2/1099	on d s	(F Estim amount of compen from organiz	ated of other isation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)		and re organiz	lated
(18)	CHRISTOPHER M DERBY	50 00					V		106.5	20			10.047
EMPLO	DYEE						X		106,5	30	0		10,947
											_		
1b	Sub-Total			•			*						
С.	Total from continuation sheets to Part	•		•	•				1 175 225		0		624 F04
	Total (add lines 1b and 1c) Total number of individuals (including b					bove	e) who	rece	1,175,235 eived more thai		<u> </u>		624,504
	\$100,000 of reportable compensation	rom the organiz	zation	- 6									
												Yes	No
3	Did the organization list any former offi on line 1a? <i>If</i> "Yes," complete Schedule J			e, key •	/ em	1plo •	yee,o •	r hig • •	hest compensa	ted employee	3		No
4	For any individual listed on line 1a, is the organization and related organizations (
	ındıvıdual			•	•	•	•	•		• • • •	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?									· · · ·	5		No
Se	ection B. Independent Contracto	ors											
1	Complete this table for your five highes compensation from the organization Re	t compensated										tax vear	
		(A)			2416		, cui	Cita	<u> </u>	(B)	J	(C)
10ED1	Name and b S CONSTRUCTION 1390 E BITTERS SAN ANTONIO	usiness address								otion of services DN/BUILDINGS	\dashv	Comper	
	ES CONSTRUCTION 1390 E BITTERS SAN ANTONIO EUM ADVISORY BOARD 3201 E HOUSTON ST SAN									NTAL/SERVICES	\dashv		,169,345 ,724,328
	101 PRO RODEO DR COLORADO SPRINGS CO 809									RTAINMENT/ACTIVIT	IES		,325,488
	A'D PRODUCTIONS INC PO BOX 340020 NASHVILL								ENTERTAINME		\Box		600,000
	IUNITY ARENAS MANAGEMENT ONE ATT CENTER Total number of independent contractors					1050	lieter	d abo	MGMNT OF FA		\dashv		561,374
	\$100,000 of compensation from the orga		.50 11111	iceu t	.5 (11	.036	. 113121		ve) who receiv				

		Check if Schedul	e O contains a respor	ise to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
6 B	1a	Federated campa	aigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due	s 1b					
ا يِّا كَ	c	Fundraising ever	nts 1c	261,400				
ξ, μ	d	Related organiza	tions 1d					
ું <u>ફેં</u>	e	Government grants	(contributions) 1e					
sis	f	All other contribution		5,891,989]
tributions, Giffs, Grants Other Similar Amounts	•	sımılar amounts not	ıncluded above		ļ			
<u></u>	g	Noncash contributior 1a-1f \$	ns included in lines	275,793				
Cont	h	Total. Add lines	1a-1f	📦	6,153,389			
				Business Code				
Program Service Revenue	2a	STOCK SHOW AND F	RODEO	711300	20,261,654	20,261,654		
æ ≊	b	OTHER RELATED EVE	ENTS AND ACTIVITI	711300	1,232,696	1,232,696		
93	С							
er e	d							
ŝ	e							
<u> </u>	f	All other program	n service revenue					
Š	g	Total. Add lines	2a-2f	🛌	21,494,350			
	3		me (ıncludıng dıvıden		548,121			548,12
	4		r amounts) ment of tax-exempt bond					0.10,==
	5			· · · · · · · · · · · · · · · · · · ·				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental incom	e or (loss)					
	_	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	6,605,580	30,090				
	b	Less cost or other basis and	6,394,203	16,898				
	c	sales expenses Gain or (loss)	211,377	13,192				
	d	· · · L		· · · · · · · · · · · · · · · · · · ·	224,569			224,569
Other Revenue	8a	Gross Income from events (not Inclus) \$ 261,4 of contributions See Part IV, line	iding 100 reported on line 1c) 18					
ਜੂ 	ь	Less direct exp	a enses b	1,508,751 1,186,497				
5	c		oss) from fundraising		322,254			322,254
	9a	Gross income fro See Part IV, line						
	b	Less direct exp	a enses b	530,663				
	c		oss) from gaming activ	161,244 vities	369,419	369,419		
	10a	Gross sales of in returns and allov	nventory, less wances .	771,302				
	ь	Less cost of goo	a odssold b	418,630				
	c		oss) from sales of inve		352,672	352,672		
		Miscellaneous		Business Code				
	11a							
	b							
	c							
	d	All other revenue	L L					
	e	Total. Add lines	11a-11d	▶				
	12	Total revenue. S	ee Instructions	🕨	29,464,774	22,216,441	0	1,094,94

	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al				
	Check if Schedule O contains a response to any question in this Pa		(B)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	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	4,887,212	4,887,212		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,175,235	485,235	690,000	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,476,776	2,396,672	80,104	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	534,792		534,792	
9	Other employee benefits	241,011	111,011	130,000	
L O	Payroll taxes	236,335	185,657	50,678	
.1	Fees for services (non-employees)				
а	Management				
b	Legal	15,065		15,065	
c	Accounting	15,175		15,175	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
.2	Advertising and promotion	1,240,749	1,240,749		
3	Office expenses	1,210,713	1,210,713		
4	Information technology				
5	Royalties				
6	Occupancy	1,549,227	1,389,227	160,000	
7	Travel				
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,567	4,144	6,423	
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	951,293	707,010	244,283	
3	Insurance				
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	LIVESTOCK AUCTIONS PREM	4,964,921	4,964,921		
ь	ENTERTAINMENT - RODEO	3,550,371	3,550,371		
c	RODEO PRODUCTION	2,108,346	2,108,346		
d	TRASH REMOVAL/SHOW CLEA	691,724	691,724		
e	All other expenses	3,929,332	3,717,935	211,397	
25	Total functional expenses. Add lines 1 through 24e	28,578,131	26,440,214	2,137,917	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
		, , ,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	7,727,625	1	7,629,269
	2	Savings and temporary cash investments	5,529,186	2	4,398,792
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,478,742	4	3,224,154
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
60	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
Assets				6	
SSI	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use	46,714	8	47,997
	9	Prepaid expenses and deferred charges	160,923	9	162,969
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 25,303,885			
	ь	Less accumulated depreciation 10b 11,961,719	13,354,243	10c	13,342,166
	11	Investments—publicly traded securities	10,037,759	11	12,198,862
	12	Investments—other securities See Part IV, line 11	2,705,918	12	3,753,804
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	54,748	15	46,730
	16	Total assets. Add lines 1 through 15 (must equal line 34)	42,095,858	16	44,804,743
	17	Accounts payable and accrued expenses	1,719,188	17	1,902,790
	18	Grants payable	10,734,636	18	12,859,537
	19	Deferred revenue	32,204	19	19,937
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>ge</u>		persons Complete Part II of Schedule L		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	E 747 679	25	E 104 CEE
	2.	D	5,747,673 18,233,701		5,104,655 19,886,919
—	26	Total liabilities. Add lines 17 through 25	18,233,701	26	19,000,919
Fund Balance		lines 27 through 29, and lines 33 and 34.			- . -
<u>8</u>	27	Unrestricted net assets	23,350,445		24,352,719
ä	28	Temporarily restricted net assets	281,776	28	335,169
필	29	Permanently restricted net assets	229,936	29	229,936
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
\$ 52	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net A	33	Total net assets or fund balances	23,862,157	33	24,917,824
	34	Total liabilities and net assets/fund balances	42,095,858		44,804,743
	J-4	i otal navinties and het assets/lund valances	42,090,000	34	44,004,743

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29,4	164,774
2	Total expenses (must equal Part IX, column (A), line 25)	2		28.	578,131
3	Revenue less expenses Subtract line 2 from line 1	3			386,643
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				-
5	Net unrealized gains (losses) on investments	5			169,024
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		24,9	917,824
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493311018263

Employer identification number

OMB No 1545-0047

SCHEDULE A

Name of the organization

SAN ANTONIO LIVESTOCK EXPOSITION INC

(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.

2012

Open to Public Inspection

									74-107		
	rt I			blic Charity Sta					<u> </u>	instruction	ıs.
The c	rganı			te foundation becaus							
1	<u> </u>		•	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2		A scho	ol described	in section 170(b)(1	L)(A)(ii). (A	ttach Sched	dule E)				
3	Г	A hosp	ital or a cod	perative hospital se	rvice organi:	zatıon desc	rıbed ın sect i	on 170(b)(1)(A)(iii).		
4	Γ			h organization opera	ted ın conjur	nction with a	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	. Enter the
_	_			ty, and state	+ - f = 11 =						
5	ı	_	•	erated for the benefi	_	e or univers	ity owned or	operated by	/ a governme	ntai unit des	scribed in
_	_			(A)(iv). (Complete P	•			470(1)	(4)(4)(
6	<u> </u>			local government or						ć	
7	ı			at normally receives			s support from	n a governn	nental unit or	from the ge	neral public
8	\vdash			on 170(b)(1)(A)(vi). : described in sectio i			mplete Part	II)			
9	ज			at normally receives			-	-	ibutions me	mbershin fe	es and dross
_	'			ities related to its e							
				oss investment inco							
				ganızatıon after June						ı caxyıromı.	34311163363
10	\vdash			ganized and operated							
11	<u>'</u>	_		ganized and operated							t the nurnoses of
	'			ly supported organiz							
				bes the type of supp							
		а	┌ Type I	b	┌ Type II	I - Functio	nally integrat	ed d	Type III - I	Non-functioi	nally integrated
е	Γ	•	_	ox, I certify that the	_			•			•
				on managers and ot	her than one	or more pu	blicly suppor	ted organiz	ations descr	ıbed ın sectı	on 509(a)(1) or
f			n 509(a)(2) vrganization	received a written de	etermination	from the II	RS that it is a	Tyne I Ty	ne II or Tyn	e III sunno	rtıng organizatıon
•			this box	received a written a	cccimmacion	i iioiii ciic 1i	NO CHUC IC IS C	, , , pc 1, , ,	pc 11, 01 1 yp	сти зарро	
g		Since A	August 17, 2	2006, has the organ	ızatıon acce	pted any gif	ft or contribu	tion from an	y of the		,
			ng persons?								
				rectly or indirectly o				h persons d	escribed in (Yes No
				governing body of th		_	on?				lg(i)
				er of a person descr							.g(ii)
				lled entity of a perso						11	g(iii)
h		Provide	e the followi	ng information about	the support	ed organiza	tion(s)				
							1		1		1
_) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo		(vi) I:		(vii) A mount of monetary
	uppoi ganiz			organization (described on	organızat col (i) lıs		the organ		col (i) or		support
٠.	9			lines 1 - 9 above	your gove		suppo	`	in the		
				or IRC section	docume	_					
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
Total											

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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

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

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	774,539	1,618,597	4,987,171	5,213,658	5,966,480	18,560,445
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	23,059,603	23,425,938	21,040,713	21,898,830	23,798,221	113,223,305
3 4	Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	23,834,142	25,044,535	26,027,884	27,112,488	29,764,701	131,783,750
	Amounts 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 year						O
c	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from line 6)						131,783,750
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	A mounts from line 6	23,834,142	25,044,535	26,027,884	27,112,488	29,764,701	131,783,750
L0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	764,878	490,606	448,502	482,636	548,121	2,734,743
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	764,878	490,606	448,502	482,636	548,121	2,734,743
12	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part						
13	IV) Total support. (Add lines 9, 10c, 11, and 12)	24,599,020	25,535,141	26,476,386	27,595,124	30,312,822	134,518,493
14	First five years. If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) organ	ızatıon, ▶┌
	ction C. Computation of Pul						
15 16	Public support percentage for 201 Public support percentage from 20			13, column (f))		15 16	97 970 % 97 470 %
Se	ction D. Computation of Inv						
17	Investment income percentage for				nn (f))	17	2 030 %
18	Investment income percentage fro					18	2 530 %
19a	33 1/3% support tests—2012. If th	e organızatıon dıd	not check the bo	x on line 14, and	line 15 is more t	han 33 1/3%, and	line 17 is not

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

33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493311018263

Inspection

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

			74-	-1075466
art I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete
		(a) Donor advised funds		(b) Funds and other account
Tot	al number at end of year			
Αg	gregate contributions to (during year)			
Αg	gregate grants from (during year)			
Αg	gregate value at end of year			
	d the organization inform all donors and donor advisors are the organization's property, subject to the or		nor adv	vised Yes 「
us	d the organization inform all grantees, donors, and d ed only for charitable purposes and not for the benef nferring impermissible private benefit?			
	Conservation Easements. Complete if	the organization answered "Yes"	to For	m 990. Part IV. line 7.
Г Г с°	rpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space mplete lines 2a through 2d if the organization held a	or education) Preservation of a	certifie	ed historic structure
eas	sement on the last day of the tax year			
				Held at the End of the Yo
To	tal number of conservation easements		2a	
To	tal acreage restricted by conservation easements		2b	
Νu	mber of conservation easements on a certified histo	oric structure included in (a)	2c	
	mber of conservation easements included in (c) acc toric structure listed in the National Register	quired after 8/17/06, and not on a	2d	
Nu	mber of conservation easements modified, transferr	red, released, extinguished, or termina	ed by t	the organization during
the	e tax year 🛌			
Nu	mber of states where property subject to conservat	ion easement is located ►		
	es the organization have a written policy regarding to forcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling o	of violations, and
Sta	aff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements	during the year
A m	nount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easemen	ts durın	ng the year
Do	es each conservation easement reported on line 2(o d section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ection 1	.70(h)(4)(B)(ı)
bal	Part XIII, describe how the organization reports collance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financia		
		s of Art, Historical Treasures,	or Ot	ther Similar Assets.
	Complete if the organization answered "Y	'es" to Form 990, Part IV, line 8.		
If t		.16 (ASC 958), not to report in its reve ets held for public exhibition, education	, or rese	atement and balance sheet earch in furtherance of public
If t wo ser If t wo	Complete if the organization answered "Y the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse	.16 (ASC 958), not to report in its reve ets held for public exhibition, education to its financial statements that describ .16 (ASC 958), to report in its revenue ets held for public exhibition, education	, or rese es thes e staten	atement and balance sheet earch in furtherance of public se items ment and balance sheet
If t wo ser If t wo ser	Complete if the organization answered "Y the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse rvice, provide, in Part XIII, the text of the footnote t the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse rvice, provide the following amounts relating to thes	.16 (ASC 958), not to report in its reve ets held for public exhibition, education to its financial statements that describ .16 (ASC 958), to report in its revenue ets held for public exhibition, education	, or rese es thes e staten	atement and balance sheet earch in furtherance of public se items ment and balance sheet earch in furtherance of public
If t wo ser If t wo ser (i)	Complete if the organization answered "Y the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse rvice, provide, in Part XIII, the text of the footnote t the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse	.16 (ASC 958), not to report in its reve ets held for public exhibition, education to its financial statements that describ .16 (ASC 958), to report in its revenue ets held for public exhibition, education	, or rese es thes e staten	atement and balance sheet earch in furtherance of public se items ment and balance sheet

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	111 Organizations Maintaining Co	llections of Art	t, His	<u>storic</u>	<u>:al Tr</u>	<u>easures, or C</u>	<u>)the</u>	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	rds, cl	heck a	ny of t	the following that	are a	significant use	ofits	
а	Public exhibition		d	Γ	Loan	or exchange prog	rams	i		
b	Scholarly research		e	Γ	Other	-				
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and expla	ain ho	w they	furthe	er the organization	ı's ex	kempt purpose i	ın	
5	During the year, did the organization solicit of								_	_
	assets to be sold to raise funds rather than t								Yes	☐ No
Par	Part IV, line 9, or reported an an	ount on Form 99	90, P	art X	, line	21.			990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions or other ass	ets	not	┌ Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing ta	able	г		,		
						-		An	nount	
с	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, lin	e 217	?					│ Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pa	rt V Endowment Funds. Complete									
1a	Beginning of year balance	(a)Current year 329,487	(D	Prior y	ear 327,353	b (c) Two years back 322,85	_	315,797	(e)Four y	/ears back 304,081
b	Contributions	525,167				322,93	+	010,137		
c	Net investment earnings, gains, and losses									
_		1,665			2,134	4,50	0	7,056		11,716
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	331,152		3	329,487	327,35	3	322,853		315,797
2	Provide the estimated percentage of the curi	ent year end balan	ce (lır	ne 1g,	colum	n (a)) held as	•			
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment 🕨									
С	Temporarily restricted endowment ►									
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re hele	d and administere	d for	the		
	organization by								Yes	
	(i) unrelated organizations		•				•	3a(No No
b	(ii) related organizations						•	<u>3a(</u>	_	1
4	Describe in Part XIII the intended uses of th									
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa	art X,	line :	10.				
	Description of property				Cost or (invest			(c) Accumulated depreciation	(d) B	ook value
1a	Land									
b	Buildings					19,02	,682	8,963,69	1	10,057,991
c	Leasehold improvements									
d	Equipment					6,282	2,203	2,998,02	8	3,284,175
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	umn (E	3), line	10(c).)		🕨		13,342,166

art VIII Investments—Other Securities. Sec	3 1 01111 2 2 0 / 1 011 C 7 (111 1 0 2 2 2 1	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
)Financial derivatives		
)Closely-held equity interests		
)Other		
) FROST TOTAL RETURN BOND FUND INSTL	3,753,804	F
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)	3,753,804	
rt VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
	+	
otal. (Column (b) must equal Form 990. Part X. col (B) line 13)	P	
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, (a) Descri	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X, (a) Descri	line 15.	(b) Book value
Other Assets. See Form 990, Part X, (a) Description (b) must equal Form 990, Part X, col.(B) line in	line 15. ription	
otal. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part	Ine 15. ription 15.) X, line 25.	
Other Assets. See Form 990, Part X, (a) Description of liability Other Liability	line 15. ription	
otal. (Column (b) must equal Form 990, Part X, col.(B) line in the column (b) must equal Form 990, Part X, col.(B) line in the column (c) Description of liability deral income taxes	Ine 15. ription 15.) X, line 25.	
otal. (Column (b) must equal Form 990, Part X, col.(B) line in the column (b) must equal Form 990, Part X, col.(B) line in the column (c) Description of liability deral income taxes	Ine 15. ription 15.) X, line 25.	
tal. (Column (b) must equal Form 990, Part X, col.(B) line in the column of the column	15.) X, line 25. (b) Book value 2,694,637	
tal. (Column (b) must equal Form 990, Part X, col.(B) line and tal. (Column (b) must equal Form 990, Part X, col.(B) line and tal. (a) Description of liability deral income taxes RRENT PORTION - SCHOLARSHIPS LLF SCRAMBLE CERTIFICATES	15.) X, line 25. (b) Book value 2,694,637 184,800	
tal. (Column (b) must equal Form 990, Part X, col.(B) line in the column of the column	15.) X, line 25. (b) Book value 2,694,637	
tal. (Column (b) must equal Form 990, Part X, col.(B) line in the column (b) must equal Form 990, Part X, col.(B) line in the column (a) Description of liability deral income taxes URRENT PORTION - SCHOLARSHIPS ALF SCRAMBLE CERTIFICATES	15.) X, line 25. (b) Book value 2,694,637 184,800	
tal. (Column (b) must equal Form 990, Part X, col.(B) line in the column (b) must equal Form 990, Part X, col.(B) line in the column (a) Description of liability deral income taxes URRENT PORTION - SCHOLARSHIPS ALF SCRAMBLE CERTIFICATES	15.) X, line 25. (b) Book value 2,694,637 184,800	
tal. (Column (b) must equal Form 990, Part X, col.(B) line in the column (b) must equal Form 990, Part X, col.(B) line in the column (a) Description of liability deral income taxes URRENT PORTION - SCHOLARSHIPS ALF SCRAMBLE CERTIFICATES	15.) X, line 25. (b) Book value 2,694,637 184,800	
Other Assets. See Form 990, Part X, (a) Description of liability Indeed to the company of the	15.) X, line 25. (b) Book value 2,694,637 184,800	
ALF SCRAMBLE CERTIFICATES (a) Description of liability ALF SCRAMBLE CERTIFICATES	15.) X, line 25. (b) Book value 2,694,637 184,800	
ALF SCRAMBLE CERTIFICATES (a) Description of liability ALF SCRAMBLE CERTIFICATES	15.) X, line 25. (b) Book value 2,694,637 184,800	
ALF SCRAMBLE CERTIFICATES (a) Description of liability ALF SCRAMBLE CERTIFICATES	15.) X, line 25. (b) Book value 2,694,637 184,800	
otal. (Column (b) must equal Form 990, Part X, col.(B) line in Part X Other Assets. See Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part	15.) X, line 25. (b) Book value 2,694,637 184,800	
Other Assets. See Form 990, Part X, (a) Description of liability Indeed to the company of the	15.) X, line 25. (b) Book value 2,694,637 184,800	
Atal. (Column (b) must equal Form 990, Part X, col.(B) line atal. (Column (b) must equal Form 990, Part X, col.(B) line atal. (a) Description of liability deral income taxes JRRENT PORTION - SCHOLARSHIPS ALF SCRAMBLE CERTIFICATES	15.) X, line 25. (b) Book value 2,694,637 184,800	
tal. (Column (b) must equal Form 990, Part X, col.(B) line in the column of the column	15.) X, line 25. (b) Book value 2,694,637 184,800	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	30,661,023
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 XIII)		
e	Add lines 2a through 2d	2e	169,024
3	Subtract line 2e from line 1	3	30,491,999
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 XIII)		
C	Add lines 4a and 4b	4c	-1,027,225
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	29,464,774
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	29,605,356
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	29,605,356
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	-1,027,225
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	28,578,131

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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, LINE 2	THERE ARE NO UNCERTAIN TAX POSITIONS UNDER FIN 48
		PART XI, LINE 4B - RECLASS OF SPECIAL EVENTS EXPENSES \$45,392 DONATION OF RAFFLE NON-CASH PRIZES \$119,029 DONATION OF FUNDRAISING NON- CASH PRIZES \$186,909 FUNDRAISING EXPENSES \$(1,186,497) TOTAL \$(1,027,225) PART XII, LINE 4C- RECLASS OF SPECIAL EVENTS EXPENSES \$45,392 DONATION OF RAFFLE NON-CASH PRIZES \$119,029 DONATION OF FUNDRAISING NON-CASH PRIZES \$186,909 FUNDRAISING EXPENSES \$(1,186,497) TOTAL \$(1,027,225)

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

SAN ANTONIO LIVESTOCK EXPOSITION INC

DLN: 93493311018263

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

	• • • • • • • • • • • • • • • • • • • •	C 11		L USZ - USZ	74-10/5466	
Part I Fundraising Act						, line 17.
1 Indicate whether the organ	ızatıon raısed funds	through aı	ny of the 1			
a Mail solicitations			е		n-government grants	
b Internet and email soli	cıtatıons		f	Solicitation of gov		
c Phone solicitations			g	Special fundraisin	g events	
d In-person solicitations						
2a Did the organization have a or key employees listed in	a written or oral agre Form 990, Part VII)	ement witl) or entity	n any indi in connec	vidual (including officei tion with professional f	rs, directors, trustees fundraising services?	Г _{Yes} Г _{No}
b If "Yes," list the ten highes to be compensated at least			undraiser	rs) pursuant to agreeme	ents under which the fui	ndraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
-						
-						
			<u></u>			
3 List all states in which the licensing	organization is regis	tered or li	censed to	I o solicit funds or has be	I een notified it is exempt	I from registration or

Pa	t II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
		<u> </u>	(a) Event #1 GO RODEO GALA (event type)	(b) Event #2 FASHION SHOW (event type)	(c) O ther events 5 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	572,289			1,770,15:
Revenue	2	Less Contributions	120,814		140,586	
<u>~</u>	3	Gross income (line 1 minus line 2)	451,475			
	4	Cash prizes			500	500
(0	5	Noncash prizes	118,627		68,282	186,909
u L Sei	6	Rent/facility costs			97,328	97,328
Expenses	7	Food and beverages .	125,010	29,228	135,138	289,376
Direct	8	Entertainment	29,146	12,776	86,948	128,870
출	9	Other direct expenses .	65,997	38,589	378,928	483,514
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		(1,186,497
	11	Net income summary Combine li	ne 3, column (d), and line	10	•	322,254
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue		\$13,000 SH (SHIII 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rey	1	Gross revenue			530,663	530,663
မှာ	2	Cash prizes				
Expenses	3	Non-cash prizes			119,029	119,029
Direct B	4	Rent/facility costs				
<u></u>	5	Other direct expenses			42,215	42,215
	6	Volunteer labor	Г Yes	┌ Yes	✓ Yes100 000 %✓ No	
	7	Direct expense summary Add line	s 2 through 5 in column (d)		161,244
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	mn (d)	🛌	369,419
9 a		ter the state(s) in which the organiza				. 「Yes F No
b	If"	No," explain				
10a b	We	XAS DOES NOT REQUIRE REGIST re any of the organization's gaming Yes," explain	lıcenses revoked, suspen	ded or terminated during	the tax year?	· · 「Yes 「Vo

Doe	es the organization operate gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity operated in
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name ► BETTY ROST
	Address PO BOX 200230 SAN ANTONIO,TX 78220
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the
	amount of gaming revenue retained by the third party ▶ \$
c	If "Yes," enter name and address of the third party
	Name 🟲
	A ddress ►
16	Gaming manager information
	Name NONE
	Gaming manager compensation 🟲 \$
	Description of services provided THERE IS NO FORMAL GAMING MANAGER ALL IS VOLUNTEER WITH THE HELP OF THE STAFF
	☐ Director/officer ☐ Employee ☐ Independent contractor
L7	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	
	in the organization's own exempt activities during the tax year 🕨 \$
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	I dentifier Return Reference Explanation

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

Schedule I

(Form 990)

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

OMB No 1545-0047

2012

DLN: 93493311018263

Department of the Treasury Internal Revenue Service	Comple		Attach to Form 990	n 990, Part IV, line 21 or .	22.	,	Open to Public Inspection
Name of the organization SAN ANTONIO LIVESTOCK EXPOS	SITIONING					Employer id	lentification number
		J 6:-t				74-10754	66
Part I General Information 1 Does the organization maintain the selection criteria used to a Describe in Part IV the organization part IV the org	n records to substant award the grants or as	nate the amount of the sistance?					▼Yes 「N
				United States. Com art II can be duplicated			
(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) Descrip non-cash as	otion of (h) Purpose of gran sistance or assistance
See Additional Data Table	1	I	I	I I		ı	ı
2 Enter total number of section 5	501(c)(3) and govern	ment organizations list	ed in the line 1 table.			<u> </u>	
3 Enter total number of other org							

rt III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 23	2.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	1	1	I	1	I

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	·	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 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, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Par	rt II, Grants ar	nd Other Assistance	to Governments	and Organization	is in the United Sta	ites	
(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)	24,182	ı			SCHOLARSHIPS FOR STUDENTS
ALAMO COLLEGES FOUNDATION INC201 W SHERIDAN SUITE C-3 SAN ANTONIO,TX 78204	74-2422589	501 (C)(3)	108,500				SCHOLARSHIPS FOR STUDENTS
ANGELO STATE UNIVERSITYPO BOX 11015 SAN ANGELO,TX 76909	75-6002403	PUBLIC SCHOOL	108,586				SCHOLARSHIPS FOR STUDENTS
BAYLOR UNIVERSITYONE BEAR PLACE WACO,TX 76798	74-1159753	501 (C)(3)	11,706				SCHOLARSHIPS FOR STUDENTS
BEXAR COUNTY MASTER GARDENERS3355 CHERRY RIDGE DR 208 SAN ANTONIO,TX 78230	74-2600978	501 (C)(3)	36,600				GENERAL SUPPORT
BLINN COLLEGE902 COLLEGE AVE BRENHAM,TX 77833	74-6000400	PUBLIC SCHOOL	66,875				SCHOLARSHIPS FOR STUDENTS
CLARENDON COLLEGEPO BOX 968 CLARENDON,TX 79226	75-6055652	PUBLIC SCHOOL	6,000				SCHOLARSHIPS FOR STUDENTS
HAPPY HILL ACADEMY 3846 N HWY 144 GRANBURY,TX 76048	51-0236530	501 (C)(3)	50,000			I .	SCHOLARSHIPS FOR STUDENTS
HOWARD PAYNE UNIVERSITY1000 FISK AVE BROWNWOOD,TX 76801	75-0800653	501 (C)(3)	13,000			I .	SCHOLARSHIPS FOR STUDENTS
LINCOLN EDUCATIONAL SERVICES DBA LINCOLN COLLEGE OF TECHNOLOGY 2915 ALOUETTE DR GRAND PRAIRIE,TX 75052	22-2074593	PUBLIC SCHOOL	16,800			I .	SCHOLARSHIPS FOR STUDENTS
LUBBOCK CHRISTIAN UNIVERSITY5601 19TH ST LUBBOCK,TX 79407	75-0950119	501 (C)(3)	18,000				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
MCLENNAN COLLEGE1400 COLLEGE DR WACO,TX 76708	74-1541260	PUBLIC SCHOOL	10,250				SCHOLARSHIPS FOR STUDENTS
MCMURRY UNIVERSITY BOX 308 MCMURRY STATION ABILENE,TX 79697	75-0855633	501 (C)(3)	5,000				SCHOLARSHIPS FOR STUDENTS
NORTH CENTRAL TEXAS COLLEGE1525 W CALIFORNIA GAINESVILLE,TX 76240	75-1050382	PUBLIC SCHOOL	7,000			I .	SCHOLARSHIPS FOR STUDENTS
OUR LADY OF THE LAKE UNIVERSITY411 SW 24TH ST	74-1109631	501 (C)(3)	70,625				SCHOLARSHIPS FOR STUDENTS
SAN ANTONIO,TX 78207	74.6001078	500000000000000000000000000000000000000	20.125		-		COULCE A DOUBLE COR
PRAIRIE VIEW A&M UNIVERSITYPO BOX 1005 PRAIRIE VIEW,TX 77446	74-6001078	PUBLIC SCHOOL	39,125				SCHOLARSHIPS FOR STUDENTS
RICE UNIVERSITY6100 MAIN ST HOUSTON,TX 77005	74-1109620	501 (C)(3)	5,000			I .	SCHOLARSHIPS FOR STUDENTS
SAM HOUSTON STATE UNIVERSITYPO BOX 2537 HUNTSVILLE,TX 77341	74-6001430	PUBLIC SCHOOL	86,625				SCHOLARSHIPS FOR STUDENTS
SAN ANTONIO BOTANICAL SOCIETY555 FUNSTON PLACE SAN ANTONIO,TX 78209	74-2178792	501 (C)(3)	6,200				GENERAL SUPPORT

Form 990,Schedule I, Pa	rt II, Grants a	nd Other Assistance	ce to Governmen	ts and Organizati	ons in the United	States	
(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVANNAH COLLEGE OF ART & DESIGNPO BOX 2701	58-1357177	501 (C)(3)	24,231		other)	1	SCHOLARSHIPS FOR STUDENTS
SAVANNAH, GA 31402 SCHREINER UNIVERSITY 2100 MEMORIAL BLVD KERRVILLE, TX 78028	74-1193459	501 (C)(3)	60,405				SCHOLARSHIPS FOR STUDENTS
SOUTH PLAINS COLLEGE 1401 S COLLEGE AVE LEVELLAND, TX 79336	75-6004667	PUBLIC SCHOOL	22,875				SCHOLARSHIPS FOR STUDENTS
ST MARY'S UNIVERSITY ONE CAMINO SANTA MARIA SAN ANTONIO,TX 78228	74-1143128	501 (C)(3)	101,000				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	PUBLIC SCHOOL	38,750				SCHOLARSHIPS FOR STUDENTS
SW TEXAS JUNIOR COLLEGE2401 GARNER FIELD RD UVALDE,TX 78801	74-6002420	PUBLIC SCHOOL	12,250				SCHOLARSHIPS FOR STUDENTS
TARLETON STATE UNIVERSITY1333 W WASHINGTON STEPHENVILLE,TX 76401	75-6001870	PUBLIC SCHOOL	126,916				SCHOLARSHIPS FOR STUDENTS
TEXAS 4-H YOUTH DEVELOPMENT FOUNDATIONPO BOX 11020 COLLEGE STATION,TX 77842	74-6091147	501 (C)(3)	12,208				SCHOLARSHIPS FOR STUDENTS AND GENERAL SUPPORT
TEXAS A&M FOUNDATION 401 GEORGE BUSH DR COLLEGE STATION,TX 77840	74-2245072	501 (C)(3)	123,379				GENERAL SUPPORT
TEXAS A&M UNIVERSITY 401 GEORGE BUSH DR COLLEGE STATION,TX 77840	74-6000531	PUBLIC SCHOOL	792,094				SCHOLARSHIPS FOR STUDENTS
TEXAS A&M UNIVERSITY COMMERCEPO BOX 3011 COMMERCE,TX 75429	75-6001353	PUBLIC SCHOOL	8,000				SCHOLARSHIPS FOR STUDENTS
TEXAS A&M UNIVERSITY AT CORPUS CHRISTI6300 OCEAN DR CORPUS CHRISTI,TX 78412	74-1760663	PUBLIC SCHOOL	20,750				SCHOLARSHIPS FOR STUDENTS
TEXAS A&M UNIVERSITY AT SAN ANTONIO1450 GILLETTE BLVD SAN ANTONIO,TX 78224	26-4168896	PUBLIC SCHOOL	9,625			1	SCHOLARSHIPS FOR STUDENTS
TEXAS A&M SAN ANTONIO FOUNDATIONONE UNIVERSITY WAY SAN ANTONIO,TX 78224	26-0895198	501 (C)(3)	10,500				GENERAL SUPPORT/SCHOLARSHIPS FOR STUDENTS
TEXAS AGRILIFE EXTENSION SERVICE2147 TAMU COLLEGE STATION, TX 77843	74-6000531	PUBLIC SCHOOL	33,000				GENERAL SUPPORT
TEXAS CHRISTIAN UNIVERSITYPO BOX 297011 FORT WORTH,TX 76129	75-0827465	501 (C)(3)	18,311				SCHOLARSHIPS FOR STUDENTS
TEXAS LUTHERAN UNIVERSITY1000 WEST COURT ST SEGUIN, TX 78155	74-1109748	501 (C)(3)	16,664				SCHOLARSHIPS FOR STUDENTS
TEXAS STATE TECHNICAL COLLEGE REGENTS CIRCLE-WACO3801 CAMPUS DR WACO,TX 76705	75-2892470	501 (C)(3)	16,000				SCHOLARSHIPS FOR STUDENTS
TEXAS STATE UNIVERSITY 601 UNIVERSITY SAN MARCOS,TX 78666	74-6002248	PUBLIC SCHOOL	62,516				SCHOLARSHIPS FOR STUDENTS

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

Form 990,Schedule I, Par	t II, Grants ar	nd Other Assistance	e to Governments	and Organization	is in the United Sta	tes	
(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 TECH FOUNDATION PO BOX 42123 LUBBOCK,TX 79409	75-6043842	501 (C)(3)	213,966				GENERAL SUPPORT
TEXAS TECH UNIVERSITY PO BOX 42123 LUBBOCK,TX 79409	75-6002622	PUBLIC SCHOOL	355,167				SCHOLARSHIPS FOR STUDENTS
THE FOREVER FOUNDATION FOR TEXAS WILDLIFE2800 NE LOOP 410 SAN ANTONIO,TX 78218	74-2605516	501 (C)(3)	207,100				GENERAL SUPPORT
TRINITY UNIVERSITY715 STADIUM DR SAN ANTONIO,TX 78212	74-1109633	501 (C)(3)	36,250				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF MARY HARDIN BAYLOR900 COLLEGE ST BELTON,TX 76513	74-1161940	501 (C)(3)	6,000				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF NORTH TEXASPO BOX 311370 DENTON,TX 76203	75-6002149	PUBLIC SCHOOL	5,680				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF TEXAS AT AUSTINPO BOX 7758 UT STATION AUSTIN,TX 78713	74-6000203	PUBLIC SCHOOL	30,365				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF TEXAS AT SAN ANTONIO6900 N LOOP 1604 SAN ANTONIO,TX 78249	74-1717115	PUBLIC SCHOOL	142,754				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SA7703 FLOYD CURL DR SAN ANTONIO,TX 78229	74-1586031	PUBLIC SCHOOL	278,701				SCHOLARSHIPS FOR STUDENTS
UNIVERSITY OF THE INCARNATE WORD4301 BROADWAY SAN ANTONIO,TX 78209	74-1109661	501 (C)(3)	98,000				SCHOLARSHIPS FOR STUDENTS
WEATHERFORD COLLEGE 225 COLLEGE PARK DR WEATHERFORD,TX 76086	75-6002862	PUBLIC SCHOOL	7,250				SCHOLARSHIPS FOR STUDENTS
WEST TEXAS A&M UNIVERSITYWTAMU BOX 60939 CANYON,TX 79016	75-6031405	PUBLIC SCHOOL	50,764				SCHOLARSHIPS FOR STUDENTS
WESTMONT COLLEGE955 LA PAZ ROAD SANTA BARBARA, CA 93108	95-1684793	501 (C)(3)	13,326				SCHOLARSHIPS FOR STUDENTS
WHARTON COUNTY JUNIOR COLLEGE911 BOLING HWY WHARTON,TX 77488	74-6002562	PUBLIC SCHOOL	5,250				SCHOLARSHIPS FOR STUDENTS

DLN: 93493311018263

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

SAN	N ANTONIO LIVESTOCK EXPOSITION INC			
	74-107	5466		
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in F	-orm		
	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 resid	lence		
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, che	;f)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment of			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u> </u>		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all office directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	ers, 2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in F	Part III		
	✓ Compensation committee			
	Form 990 of other organizations Approval by the board or compensation compensation	ımıttee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing	organization		
	or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	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 II	I		
	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
	Any related organization?	5a 5b		No
	If "Yes," to line 5a or 5b, describe in Part III	35		110
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," described in Part III			
^	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Reg	8		No
9	- II- Tes- LO IIIIE O. QIQ LIIE OTQANIZALION AISO IONOW LIIE FEDULTADIE DFESUMDLION DFOCEDURE GESCRIDEG IN KEG	uiations I	1	1

section 53 4958-6(c)?

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)R KEITH MARTIN EXECUTIVE DIRECTOR/CEO	(i) (ii)	333,935 0	000,00 0	0 0	416,682 0	0 5,037	840,617 5,037	0
(2)BETTY ROST CFO	(i) (ii)	132,500 0	25,000 0	0 0	62,955 0	0 4,852	220,455 4,852	0 0
(3)GLEN A PHILLIPS ASSISTANT EXECUTIVE DIRECT	(i) (ii)	137,000 0	25,000 0	0	25,571 0	0 4,852	187,571 4,852	0
(4)PAMELA J REW ASSISTANT EXECUTIVE DIRECT	(i) (ii)	130,500 0	25,000 0	0 0	41,418 0	0 4,852	196,918 4,852	0
(5)DEBBIE SCHRONK COO	(i) (ii)	144,800 0	25,000 0	0 0	42,486 0	0 4,852	212,286 4,852	0 0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

A 130 Complete this part for any addition	1141 111101111411011	
Identifier	Return Reference	Explanation
	PART I, LINE 4B	IN 2008, THE AUDIT, FINANCE AND COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE
		OF SALE ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) FOR THE EXECUTIVE
		LEADERSHIP OF SALE WITH THE INTENT TO PROMOTE STABILITY, RETENTION, CAPABILITY, AND
		ATTRACTIVENESS TO THE EXECUTIVE LEADERSHIP SINCE THE EXECUTIVE DIRECTOR HAD BEEN
		WORKING AT SALE SINCE 1989 AND THE OTHERS FOR SHORTER PERIODS, SALE WAS HAVING TO
		ACCELERATE PAYMENTS TO FUND THE PLAN THE FOLLOWING INDIVIDUALS WERE PARTICIPANTS IN
		THE SECTION 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN, FOR WHICH \$534,792 WAS
		EXPENSED DURING THE FISCAL YEAR ENDED MARCH 31, 2013 THE INDIVIDUALS ARE R KEITH MARTIN,
		GLEN A PHILLIPS, PAMELA J REW, DEBBIE SCHRONK, AND BETTY ROSS IN ADDITION, AN ACCRUAL OF
		THESE BENEFITS WERE MADE FOR \$543,245 FOR THE FISCAL YEAR ENDED MARCH 31, 2013 INCLUDED
		IN PART II, COLUMN C (BUT ALSO INCLUDES THE EMPLOYER'S CONTRIBUTION TO THEIR RETIREMENT
		PLAN) ARE THE CURRENT YEAR DEFERRALS FOR THE SERP THE TOTALS ARE AS FOLLOWS R KEITH
		MARTIN - \$403,503, GLEN A PHILLIPS - \$17,351, PAMELA J REW - \$33,588, DEBBIE SCHRONK - \$33,798,
		AND BETTY ROST - \$55,005 A FEW OTHER THINGS CONSIDERED WHEN DRAFTING THE ARRANGEMENT
		TOOK INTO EFFECT 1) THE FUNDS ARE PAYABLE AT RETIREMENT AND SUBJECT TO SUBSTANTIAL RISK
		OF FORFEITURE 2) THE AUDIT, FINANCE AND COMPENSATION SUBCOMMITTEE HAS REVIEWED THE
		FORM 990, AND 3) SALE RELIED UPON REBUTTABLE PRESUMPTION GUIDELINES

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493311018263

OT TROOLEGE

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, line 38a or 40b.

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

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number Name of the organization SAN ANTONIO LIVESTOCK EXPOSITION INC 74-1075466 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(b) Relationship (c) Purpose (d) Loan to (e)Original (f)Balance (i)Written (a) Name of (h) **(g)** In interested with organization of loan or from the principal due default? Approved agreement? person organization? amount by board or committee? Τо From Yes No Yes No 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 and the organization

(b) Relationship between interested person and the organization

(c) A mount of assistance interested person and the organization

(d) Type of assistance interested person and the organization

Part W Business Transactions 1					
Complete if the organization	<u>n answered "Yes" on F</u>	<u>Form 990, Part IV, lın</u>	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				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 BEEN AN OFFICER WITH SALE THROUGH THE CURRENT FISCAL YEAR ENDED MARCH 31, 2013		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
------------	------------------	-------------

Schedule L (Form 990 or 990-EZ) 2012

Noncash Contributions

DLN: 93493311018263

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization SAN ANTONIO LIVESTOCK EXPOSITION INC

Employer identification number

				74-1075466	
Part I Types of Property		Т	Т	т	
	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contril	letermining
L Art—Works of art					
2 Art—Historical treasures .					
Art—Fractional interests					
Books and publications					
Clothing and household goods					
Cars and other vehicles					
Boats and planes					
Intellectual property					
Securities—Publicly traded $oldsymbol{.}$					
Securities—Closely held stock					
Securities—Partnership, LLC, or trust interests					
Securities—Miscellaneous					
Qualified conservation contribution—Historic					
structures Q ualified conservation					
contribution—Other					
Real estate—Residential .					
Real estate—Commercial					
Real estate—Other					
Collectibles					
Food inventory					
Drugs and medical supplies .					
Taxıdermy					
Scientific specimens					
Archeological artifacts					
Other • (
NSTRUCTION					
BINETS,ELECTRIC,				STANDARD BILLI	
GINEERING)	X	3	49,705	SIMILAR PROJEC	I S
ARCHITECT, GENERAL CONTRACTOR,					
FORM TOPS,				STANDARD BILLI	NG RATES FOR
Other►(<u>PAINTING</u>)	Х	4	39,179	SIMILAR PROJEC	ΓS
O ther ▶()					
O ther ► ()			<u> </u>	<u> </u>	
Number of Forms 8283 received for which the organization compl				29	
a During the year, did the organiz	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it	Yes N
must hold for at least three yea	rs from the	date of the initial contributi	on, and which is not require	d to be used	
for exempt purposes for the ent	ıre holdıng p	period?			30a N
b If "Yes," describe the arrangem	nent in Part :	II			
Does the organization have a gi			review of any non-standard	contributions?	31 N
Does the organization hire or us	se third part	ies or related organizations	to solicit, process, or sell	noncash	
					32a N
b If "Yes," describe in Part II					
If the organization did not report describe in Part II	t an amount	: in column (c) for a type of	property for which column (a) is checked,	

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493311018263

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization SAN ANTONIO LIVESTOCK EXPOSITION INC

Employer identification number 74-1075466

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	ONE OF THE DIRECTORS IS AN OFFICER/PART OWNER OF A BANK THAT PROVIDES SERVICES FOR THE ORGANIZATION

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS OR HAD AT LEAST 8,439 LIFE MEMBERS OVER THE COURSE OF THEIR EXISTENCE, THAT HAVE PAID ANYWHERE FROM \$100 TO \$200 IN TOTAL TO BECOME A LIFE MEMBER DURING FYE 3/31/13, A TOTAL OF \$52,800 WAS RECEIVED FROM THE CURRENT LIFE MEMBERS (264 NEW MEMBERS) THE BOARD HAS DESIGNATED THESE AND PREVIOUS FUNDS COLLECTED FROM THE LIFE MEMBERS FOR SCHOLARSHIPS ANNUALLY, THESE LIFE MEMBERS MEET AND CAS BALLOTS TO ELECT MEMBERS OF THE EXECUTIVE COMMITTEE, WHO PROVIDE FOR THE GOVERNANCE OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	DURING THE ANNUAL MEETING, THE LIFE MEMBERS ELECT THE CURRENT YEAR'S OFFICERS FROM A SELECTED GROUP OF INDIVIDUALS NOMINATED BY THE ELECTION COMMITTEE

Identifier	Return Reference	Explanation
	1	THE AUDIT COMMITTEE, A SUB-COMMITTEE OF THE FINANCE COMMITTEE/EXECUTIVE COMMITTEE, ALONG WITH SENIOR MANAGEMENT, REVIEWS THE FORM 990, AND ANY RECOMMENDATIONS ARE INCORPORATED IN THE RETURN, FOR WHICH THEY GIVE THEIR FINAL APPROVAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE RETURN IS REVIEWED BY AT LEAST ONE MEMBER OF THE ORGANIZATION'S AUDIT COMMITTEE.

Identifier	Return Reference Explanation	
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST STATEMENTS ARE CIRCULATED TO THE STAFF AND DIRECTORS EACH YEAR AND ANY CONFLICTING INTERESTS ARE NOTED AND FOLLOWED

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FINANCE SUB-COMMITTEE OF SAN ANTONIO LIVESTOCK EXPOSITION, INC (SALE) SERVES ALSO AS THE COMPENSATION COMMITTEE, AND DETERMINES AND RECOMMENDS TO THE EXECUTIVE COMMITTEE AMOUNTS TO BE PAID TO THE EXECUTIVE DIRECTOR AND OTHER EXECUTIVE LEADERS OF SALE. THE COMMITTEE USES OUTSIDE CONSULTANTS TO PERFORM COMPENSATION STUDIES TO HELP DETERMINE REASONABLE COMPENSATION AMOUNTS FOR ALL EMPLOYEES, BUT ESPECIALLY THE EXECUTIVE LEADERSHIP DURING 2008, THE COMMITTEE ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) FOR THE BENEFIT OF THE EXECUTIVE LEADERSHIP ITS PHILOSOPHY/PURPOSE WAS TO PROMOTE STABILITY, RETENTION CAPABILITY AND ATTRACTIVENESS TO THE EXECUTIVE LEADERSHIP, AND TO RECOGNIZE AND REWARD INDIVIDUAL AND GROUP EXCELLENCE. THE SERP PLAN DESIGN FOR THE EXECUTIVE DIRECTOR, INCLUDES A TARGETED BENEFIT/LUMP SUM PAYMENT ACCORDING TO TERMS SET OUT IN THE PLAN AGREEMENT. THE SERP PLAN DESIGN FOR THE OTHERS, WILL INCLUDE A DEFINED CONTRIBUTION BENEFIT. THE BENEFIT IS NOT PAYABLE UNTIL AGE 66 OR DEATH, AND IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE IF THEY LEAVE PRIOR TO AGE 66. THE EXECUTIVE DIRECTOR HAS BEEN EMPLOYED SINCE 1989, AND HAD SALE INITIATED A PLAN AT THAT TIME, THE ANNUAL COST WOULD HAVE BEEN MUCH LOWER WHILE THE OTHERS HAVE BEEN HERE FOR SHORTER PERIODS, THEIR INVOLVEMENT IS JUST AS CRITICAL TO SALE. OTHER PLANS FOR RETENTION WERE REVIEWED BY THE COMMITTEES, BUT AFTER MUCH RESEARCH AND ANALYSIS, THE CURRENT PLAN WAS ADOPTED. THE ANNUAL EXPENSE RELATED TO THE SERP PLAN WAS NOT INCLUDED IN THE FORM 990'S FROM PRIOR YEARS, AND SHOULD HAVE INCLUDED INFORMATION SINCE 2008.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION WILL FURNISH A COPY OF THEIR FORM 990 AND FORM 1023 UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION WILL FURNISH A COPY OF THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON WRITTEN REQUEST

ldentifier	Return Reference	Explanation
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART IX, LINE 24E	EMS/TICKET MASTER/ OTHER PROGRAM SERVICE EXPENSES 591,430 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 591,430 MATERIALS, DECO AND SUPPLES PROGRAM SERVICE EXPENSES 505,731 MANAGEMENT AND GENERAL EXPENSES 2,218 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 508,931 CAPITAL IMPROVEMENT FEE PROGRAM SERVICE EXPENSES 392,170 UTILITIES PROGRAM SERVICE EXPENSES 309,2170 MANAGEMENT AND GENERAL EXPENSES 31,302 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 392,170 UTILITIES PROGRAM SERVICE EXPENSES 303,0454 INSURANCE PROGRAM SERVICE EXPENSES 392,170 UTILITIES PROGRAM SERVICE EXPENSES 303,0454 INSURANCE PROGRAM SERVICE EXPENSES 392,170 UTILITIES PROGRAM SERVICE EXPENSES 303,0454 INSURANCE PROGRAM SERVICE EXPENSES 302,217 MANAGEMENT AND GENERAL EXPENSES 303,0454 INSURANCE PROGRAM SERVICE EXPENSES 302,217 MANAGEMENT AND GENERAL EXPENSES 304,658 REPAIRS AND MAINTENANCE PROGRAM SERVICE EXPENSES 30,607 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 30,607 PREMIUMS PAID PROGRAM SERVICE EXPENSES 312,265 COMMITTEE MEETINGS/OTHER PROGRAM SERVICE EXPENSES 312,265 OF FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 312,265 COMMITTEE MEETINGS/OTHER PROGRAM SERVICE EXPENSES 291,942 MANAGEMENT AND GENERAL EXPENSES 312,265 EXPENSES 304,400 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 201,942 PROGRAM SERVICE EXPENSES 304,500 EXPENSES 0 TOTAL EXPENSES 201,942 PROGRAM SERVICE EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 304,942 PRINTING AND SUPPLIES PROGRAM SERVICE EXPENSES 304,942 PRINTING AND SUPPLIES PROGRAM SERVICE EXPENSES 304,942 PRINTING AND SUPPLIES PROGRAM SERVICE EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 304,942 PRINTING AND SUPPLIES PROGRAM SERVICE EXPENSES 304,944 PRINTING AND SUPPLIES PROGRAM SERVICE EXPENSES 104,040 AND SUPPLIES PROGRAM SERVICE EXPENSES 104,040 AND SUPPLIES PROGRAM SERVICE EXPENSES 104,040 AND SUPPLIES PROGRAM SERVICE EXPENSES 0 TOTAL E

ldentifier	Return Reference	Explanation
CHANGE IN SELECTION PROCESS	FORM 990, PART XII, PAGE 12, LINE 2C	THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR IN THE OVERSIGHT OR SELECTION PROCESS PERFORMED BY THE BOARD IN REVIEWING THE AUDIT AND TAX RETURN AND THE SELECTION OF THE AUDITING FIRM