

## 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



Department of the Treasuly 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)

OMB No 1545-0047

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

A F	or the	2012 calendar year, or tax year beginning JUN 1, 2012 and e	nding M	AY 31, 2013	<del>-  </del>	
B c	heck if	C Name of organization	-	D Employer identifi		
	Addres change	WALKER COUNTY FAIR ASSOCIATION				
	Name change			74-2	061931	
	Initial		Room/suite	E Telephone numbe	<del></del>	
	Termin ated	P.O. BOX 1817			291-8763	
<u></u>	Amend	City, town, or post office, state, and ZIP code	!	G Gross receipts \$	1,073,359.	
L	Application pendin	HONIBVIEDE, IX 77342		H(a) Is this a group re		
	pendin	F Name and address of principal officer: DEB1 HARRELL		for affiliates?	Yes X No	
		P.O. BOX 1817, HUNTSVILLE, TX 77342		H(b) Are all affiliates inc		
		mpt status. X 501(c)(3)	r 527	1	list. (see instructions)	
		e: ► WWW.WALKERCOUNTYFAIR.COM		H(c) Group exemptio		
		organization X Corporation	L Year	of formation 1978 N	A State of legal domicile TX	
128		Summary	DE CO	HOT ADCHED	mo volimilo	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities PROVI	DE SC	HOLARSHIPS	TO YOUTHS	
i.	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as		
ON I	3	Number of voting members of the governing body (Part VI, line 1a)		3	9	
<u>ن</u> ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9	
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5_	0	
<u>zi</u>	6	Total number of volunteers (estimate if necessary)		6	500	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		8,890.	0.	
ē	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		529.	628.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		217,736.	291,990.	
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		227,155.	292,618.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	0.	
		Benefits paid to or for members (Part IX, column (A) line 4)	_	0.	0.	
ses		Salaries, other compensation, employee benefits (PartiX, column (A), lines 5-10)	-	0.	0	
ens		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25) 6 7 013	_	0.	0.	
Expenses			0.	252 660	270 200	
_		Other expenses (Part IA, Column (A), lines   1a-11d, 111-24e)	<u> </u>	252,668. 252,668.	279,280. 279,280.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<del> </del>	<25,513.		
- S	19	Revenue less expenses. Subtract line 18 from Inc. 12 EN, U				
Net Assets or Fund Balances		T (D	_ RB	ginning of Current Year 977,766.	End of Year 997, 493.	
SS	20	Total assets (Part X, line 16)		13,636.	20,025.	
ng t	21	Total liabilities (Part X, line 26)	<b>-</b>	964,130.	977,468.	
i De	22 ert II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		704/130.	37774001	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and belief it is	
D true	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on all information of whi			y kilomoago ana beliet, k lo	
3	COTTCC	Mariel	ion propurer	incounty innovations	<del></del>	
true, Sign	•	Signature of officer		Date	<del></del>	
Her		DEBI HARRELL, TREASURER		9/1	0-13	
$\boldsymbol{\mathcal{C}}$	C	Type or print name and title			<u></u>	
<u></u>		Print/Type preparer's name	1	Date Check	PTIN	
€ <b>₽</b> aid	: [	JOE BRYAN BICKLEY	4	9-1,7 If self-employ	P00318981	
€ <sub>Prep</sub>		Firm's name BICKLEY, PRESCOTT & CO., P.C.		Firm's EIN	76-0108147	
≥Ùse		Firm's address 901 NORMAL PARK, SUITE 206				
	•	HUNTSVILLE, TX 77320-3770		Phone no 9	36-295-9193	
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	

Form 990 (2012)

	990 (2012) WALKER COUNTY FAIR ASSOCIATION /4-2061931 Page 2
Pal	t III Statement of Program Service Accomplishments
	Check, if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	PROVIDE SCHOLARSHIPS TO YOUTH OF WALKER COUNTY, TX
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 219,797 • including grants of \$) (Revenue \$)
	PROVIDE SCHOLARSHIPS TO YOUTH OF WALKER COUNTY, TX
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code / (Expenses > including grants of > / (Nevertue >
4c	(Code) (Expenses \$
	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 219,797.
<u>4e</u>	
	Form <b>990</b> (2012

Form 990 (2012) WALKER COUNT
Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ı
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			i
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			ĺ
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			İ
а		11a	х	
<b>.</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		-	
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			
٠	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			İ
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	gan	(2012)
		LOM	JJU	(2012)

_	•		Yes	No
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		X
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 27 If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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			v
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c 24d		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		<del> </del>
230	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	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		Х
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		X
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			ļ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
a		28a		X
þ		28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		`	U.
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ ^_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
21	contributions? If "Yes," complete Schedule M	30	<u> </u>	<del></del>
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<del></del>
02	Schedule N, Part II	32	ļ	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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_		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u></u>	X
ь	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1_		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
_	Note. All Form 990 filers are required to complete Schedule O	38 Form		(2012)
		FOILI	227	(4014)

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<sub>1a</sub>   283		.03	1.00
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
ь	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit		'	1
	any contributions that were not tax deductible as charitable contributions?		6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts			
	were not tax deductible?		6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<u> </u>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required		1	١,,
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	<del></del>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	<del></del>	<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		<del>                                     </del>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations of cars, boats, airplanes, or other vehicles, did the organizations.		7h	-	<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		8	ĺ	1
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	-	· · · ·	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.		9a	İ	1
a	Did the organization make any taxable distributions under section 4966?		9b		<del>                                     </del>
10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter.				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	· ·	1		
	Gross income from members or shareholders	11a			1
_	Gross income from other sources (Do not net amounts due or paid to other sources against				
-	amounts due or received from them.)	116			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
ь	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans	13b			
С		13c		ļ.,_	1
14a	the same of the sa		14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b		<u> </u>
			Earn	. 000	(2012)

WALKER COUNTY FAIR ASSOCIATION 74-2061931 Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X 8ь **b** Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Another's website Own website 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. DEBI HARRELL - 936-291-8763

232006 12-10-12

Form 990 (2012)

HUNTSVILLE, TX

Form 990 (2012)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0· in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organiza  (A)  Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) BOBBY LANE	2.00										
PRESIDENT		$ldsymbol{ld}}}}}}$	<u> </u>				L_	0.	0.	0	
(2) COLT CHRISTIAN	2.00									•	
VICE PRESIDENT			-				_	0.	0.	0	
(3) MARK MORGAN	2.00	1							_	•	
VICE PRESIDENT						-	<u> </u>	0.	0.	0	
(4) BRENDA KING	2.00	-							_	0	
VICE PRESIDENT		-	-	<u> </u>			_	0.	0.	0	
(5) CAROL BROWN	2.00							0.	0.	0	
VICE PRESIDENT	2.00	<u> </u>	┝			-		· · · · · ·		0	
(6) CINDY MARKHAM	2.00	1						0.	0.	0	
VICE PRESIDENT (7) SANDY HOOKS	2.00	-	├								
VICE PRESIDENT	2.00	1						0.	0.	0	
(8) STEVEN GREGORY	2.00	$\vdash$			$\vdash$	<u> </u>					
PAST TREASURER		1						0.	0.	0	
(9) DAVID MOORMAN	2.00					1					
SECRETARY		İ						0.	0.	0	
(10) DEBI HARRELL	2.00					1					
TREASURER		1						0.	0.	0	
		-	_								
		_									
						-				_	
							_				
		_		-							
		$\left\{ \right.$									

232007 12-10-12

1241	(A) Section A. Officers, Directors, Trus	(B)	(C) Position					st C	Compensated Employe (D)	es (continued) (E)	7	(F)	
	Name and title	Average hours per week	box	, unle	heck ss pe	more erson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related		Estimate amount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)   ;	ompensa from the organizate and relate organizate	ation e ion ied
			-	-		Ť	1 0						
							<del> </del>				_		
		<u> </u>	<u> </u>			<u> </u>	┝	_					
						<u> </u>				· · · · · · · · · · · · · · · · · · ·			
			}										
							ļ						
				<u> </u>	ļ I	$\vdash$	$\vdash$	ļ-					
										· · · · · · · · · · · · · · · · · · ·	_		
				<u> </u>									
		<u> </u>	}										
			-										
1b	Sub-total Sub-total		L		L	<u> </u>	<b></b>	i	0.	· · · · · · · · · · · · · · · · · · ·	5.		0.
	Total from continuation sheets to Part V	II, Section A					<b>•</b>		0.		),		0.
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) wh	ho r	<del></del>	<u> </u>	<i>y</i> •		0.
	compensation from the organization								· · · · · · · · · · · · · · · · · · ·			Yes	0 No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		res	NO
	line 1a? If "Yes," complete Schedule J for s	such individual			-						3		X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	•		•						tne organization	4		X_
5	Did any person listed on line 1a receive or	-						relat	ed organization or indiv	idual for services			х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J 1	tor s	<u>ucn</u>	per:	son_				_   5		
1	Complete this table for your five highest co										ensatio	n from	
	the organization. Report compensation for (A)	tne calendar y	ear	ena	ing v	with	or w	/ILINII	(B)			(C)	
	Name and business	address	N	INC	E.				Description of s	services	Com	pensatio	<u> </u>
		<del></del>											
					_			-	<u> </u>				<del></del>
2	Total number of independent contractors (		ot li	mite	d to		_	stec	above) who received n	nore than			
	\$100,000 of compensation from the organi	zation P					0					000	2010)

		Check if Schedule O cont	ains a response	to any question i	741	(B)	(0)	
	•	•			(A) Total revenue	Related or	(C) Unrelated	(D) Revenue excluded
					, 514	exempt function	business	i from tax under
00						revenue	revenue	sections 512, 513, or 514
unt au		Federated campaigns	1a			Ĭ		
حَ ق	b	•	1b			[		
r A	С	•	1c			•		
[돌]		Related organizations	1d			[		
Sign	e	Government grants (contribut				į		
漢널	f		I I					
£\$		similar amounts not included abo						
Contributions, Gifts, Grants and Other Similar Amounts	9		i 1a-1f \$	<del></del>				
0 8	<u>h</u>	Total. Add lines 1a-1f	···	<u> </u>				
	_			Business Code		1		1
ا <u>ق</u>	2 a							
E e	b	·						
E 9	С						<del></del>	
Reg	d		<del></del>				····	
Program Service Revenue	е						***	
_		All other program service reve	enue	<u> </u>			······································	
-+		Total. Add lines 2a-2f	<del> </del>					
J	3	Investment income (including	dividends, intere	est, and	620	620		)
		other similar amounts)			628.	628.		
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		<u></u>				
1		_	(i) Real	(II) Personal		[		
	6 a		78,521.					
'n	b	•	23,087.					
	С	, ,	55,434.	L	EE 434	EE 434		
	d	, , , , , , , , , , , , , , , , , , , ,		<b>•</b>	55,434.	55,434.		
	7 a	Gross amount from sales of	(i) Securities	(II) Other		•		
		assets other than inventory				Į.		
j	b	Less cost or other basis	}	]				
		and sales expenses						
-	C	• •		L				
į	C	` '		<u> </u>				
e l	8 a	Gross income from fundraisin						
Other Reven		including \$	of					
Re		contributions reported on line	•	1				
Ē	_	Part IV, line 18	a					
ਰੋ∣		Less direct expenses	<b>b</b>	L				
		Net income or (loss) from fund	~	<b>&gt;</b> _			······································	
	9 a	Gross income from gaming ac						
- 1	_	Part IV, line 19	a	<u></u>				
		Less: direct expenses	b	L		ŀ		
		Net income or (loss) from gan	-	<b>&gt;</b>			<del></del>	
1	10 a	Gross sales of inventory, less		000 100				
	_	and allowances		990,109.				
İ		Less: cost of goods sold		757,654.	222 455	222 455		1
-		Net income or (loss) from sale			232,455.	232,455.		1
}		Miscellaneous Revenu	ie	Business Code	4 101	4 101		
		MISCELLANEOUS		900099	4,101.	4,101.	<del></del>	
ĺ	b			<del></del>				<del></del>
	C					- <del></del>		ļ
	d	All other revenue		L	4 101	<del></del>		<del> </del>
		Total. Add lines 11a-11d			4,101. 292,618.	292,618.	0.	0.
- 1	12	Total revenue. See instructions			232,010.	232,010.	<u> </u>	Form <b>990</b> (2012)

# Form 990 (2012) WALKER COUNTY FAIR ASSOCIATION Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon		s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
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	<u> </u>		······································	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	İ			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			i	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			·	·
9	Other employee benefits			·	
10	Payroll taxes				
11	Fees for services (non-employees):			ľ	
а	Management				
b	Legal	6,075.		6,075.	
С	Accounting	0,073.		0,073.	···
d	Lobbying			,	
e	Professional fundraising services See Part IV, line 17				<del></del>
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	15,933.	15,933.	-	
12	Advertising and promotion	6,661.	515.	6,146.	<del></del>
13	Office expenses	0,001.	3131		
14	Information technology				<del></del>
15	Royalties	69,092.	47,819.	21,273.	
16 17	Occupancy Travel	457.		457.	
18	Payments of travel or entertainment expenses				<del> </del>
10	for any federal, state, or local public officials			1	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	71,438.	60,722.	10,716.	
23	Insurance				
24	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 ()				
а	REPAIRS & MAINTENANCE	83,888.	71,305.	12,583.	
b	SCHOLARSHIP EXPENSES	12,250.	12,250.		
C	SECURITY/SAFETY	4,111.	3,494.	617.	
d	PHOTOGRAPHY	3,612.	3,612.		
е	All other expenses	5,763.	4,147.	1,616.	
25	Total functional expenses. Add lines 1 through 24e	279,280.	219,797.	59,483.	0.
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)				

Form 990 (2012)
Part X Balance Sheet

Part 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	112,938.	1	249,200. 46,461.
2	Savings and temporary cash investments	171,985.	2	46,461.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	21,973.	4	70,114.
5	Loans and other receivables from current and former officers, directors,			
ł	trustees, key employees, and highest compensated employees. Complete			
1	Part II of Schedule L		5	
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 instr) Complete Part II of Sch L	<u></u>	6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	<u></u>
9	Prepaid expenses and deferred charges	<del>-1</del>	9	
108				
	basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a 1,751,945.  10b 1,120,227.			
ı	Less: accumulated depreciation 10b 1,120,227.	670,870.	10c	631,718.
11	Investments · publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	···
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	977,766.	16	997,493 8,408
17	Accounts payable and accrued expenses	2,264.	17	8,408
18	Grants payable		18	11 (17
19	Deferred revenue	11,372.	19	11,617
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	~ ·r · · · · · · · · · · · · · · · · · ·
21	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
•	Complete Part II of Schedule L	<u></u>	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 D	12 626	25	20 025
26	Total liabilities. Add lines 17 through 25	13,636.	26	20,025
	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
S	complete lines 27 through 29, and lines 33 and 34.	026 016		056 200
27	Unrestricted net assets	936,016.	27	956,388 21,080
28	Temporarily restricted net assets	28,114.	28	21,000
29	Permanently restricted net assets	,	29	<del></del>
2	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
g   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	064 120	32	077 460
Z 33	Total net assets or fund balances	964,130.	33	977,468
34	Total liabilities and net assets/fund balances	977,766.	34	997,493. Form <b>990</b> (2012

Form **990** (2012)

	1990 (2012) WALKER COUNTY FAIR ASSOCIATION	74-206	1931	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<del></del>		_	
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96	4,1	<u>30.</u>
5	Net unrealized gains (losses) on investments	5			
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			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	97	7,4	<u>68.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		_		ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	ıle O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa	rate basis,			
	consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in S	chedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		l

Form **990** (2012)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** WALKER COUNTY FAIR ASSOCIATION 74-2061931 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III · Non-functionally integrated b \_\_\_ Type II c \_\_\_\_ Type III - Functionally integrated a Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No 11g(i) the governing body of the supported organization? A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iv) is the organization (vi) is the (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col in col (i) listed in your organization in col (described on lines 1-9 organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

**Total** 

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

PE	ert II Support Schedule for	Organization:	s Described ir	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(	vi)
	(Complete only if you checke	d the box on line	5, 7, or 8 of Part I	or if the organization	on failed to qualify	under Part III. If th	e organization
	fails to qualify under the tests	s listed below, plea	ase complete Part	111.)			
Se	ction A. Public Support	·			<del></del>		
	indar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	Ì					
	membership fees received. (Do not						
_	include any "unusual grants.")		ļ	ļ		<u> </u>	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf	<u> </u>	<del></del>				
3	The value of services or facilities						
	furnished by a governmental unit to	1			}		1
_	the organization without charge		<del> </del>	ļ	<del></del>	+	
4	Total. Add lines 1 through 3		1				
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)						
6	Public support. Subtract line 5 from line 4	<del></del>	<del>                                      </del>		······································	······································	
	ction B. Total Support	<u> </u>	.1	<u> </u>	<u> </u>	. <del>!</del>	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1-7	1-7-2-2-2		1	1	(7 . J.L.
8	Gross income from interest,						
	dividends, payments received on	1			ļ		
	securities loans, rents, royalties						
	and income from similar sources		l				
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			<u> </u>			
10	Other income. Do not include gain						:
	or loss from the sale of capital	1					
	assets (Explain in Part IV.)						
11	<b>Total support.</b> Add lines 7 through 10		1	<u></u>	<u> </u>		
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	. —
<u>~</u>	organization, check this box and sto					<del></del>	▶∟_
	ction C. Computation of Publ	<del></del>		<del></del>	<del> </del>	<del></del>	
14	Public support percentage for 2012 (			column (f))		14	
15	Public support percentage from 2011					15	%
168	33 1/3% support test - 2012. If the				14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies		•		15 - 25 - 20 - 40		▶∟
t	33 1/3% support test - 2011. If the	-			ine 15 is 33 1/3	% or more, check t	nis box
47	and stop here. The organization qual				- 40 40 401		<b>P</b>
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art iv now the orgai	nization
	meets the "facts-and-circumstances"					17a and has 15 is	10% or
	10% -facts-and-circumstances tes more, and if the organization meets tl	-	=				
	who is the organization inects the	,		wild box allu	THE PROPERTY LANGE		•

Schedule A (Form 990 or 990-EZ) 2012

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sa	qualify under the tests listed b	elow, please comp	olete Part II.)		<del></del>		<del></del>
		(-) 0000	43.0000	4-1 0040	12221	4 ) 0040	
	indar year (or fiscal year beginning in)	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	12,050.	1,800.	10,833.	8,890.		22 572
^	•	12,030.	1,000.	10,033.	0,090.	<del></del>	33,573.
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	930,223.	857,580.	878,453.	883,403.	994,210.	4543869.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
А	Tax revenues levied for the organ-						<del></del>
•	ization'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	942,273.	859,380.	889,286.	892,293.	994,210.	4577442.
78	Amounts included on lines 1, 2, and		·			- <del></del> -	
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)			ii ii			4577442.
	ction B. Total Support	<u> </u>			`		
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	942,273.	859,380.	889,286.	892,293.	994,210.	4577442.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102,030.	63,873.	71,022.	70,022.	79,149.	386,096.
ŧ	Unrelated business taxable income			I		i	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b	102,030.	63,873.	71,022.	70,022.	79,149.	386,096.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	1044303.	923,253.	960,308.	962,315.	1073359.	4963538.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u>▶</u>
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2012 (	ine 8, column (f) d	ivided by line 13, o	column (f))		15	92.22 %
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	91.65 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	112 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	7.78 %
18	Investment income percentage from 2	2011 Schedule A,	Part III, line 17			18	<u>8.35 %</u>
19	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a						ightharpoons X
ŧ	33 1/3% support tests - 2011. If the		-				and
	line 18 is not more than 33 1/3%, che	ck this box and sf	top here. The orga	anization qualifies a	as a publicly suppo	orted organization	▶
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	<b>&gt;</b>
					0.4	A /F 00	0 000 EZ 2012

### **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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

	WALKER COUNTY FAIR					7 <u>4-2061</u>	
Pa	TI Organizations Maintaining Donor Advise	ed Funds o	r Other Similar Fund	ls or A	ccounts	Complete if t	he
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.					
		(a) Do	onor advised funds	(	b) Funds ar	nd other acco	unts
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that th	e assets held in donor adv	sed fun	ds	-	
	are the organization's property, subject to the organization's	-				Yes	□ No
6	Did the organization inform all grantees, donors, and donor a	-		e used d	only		
	for charitable purposes and not for the benefit of the donor						
	Impermissible private benefit?		,, pp			Yes	☐ No
Pa		rganization ans	swered "Yes" to Form 990.	Part IV.	line 7.		
1	Purpose(s) of conservation easements held by the organizat			<u>-</u>			
	Preservation of land for public use (e.g., recreation or		Preservation of an h	ıstorıcali	v important	l land area	
	Protection of natural habitat	,	Preservation of a ce		• •		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	lified conserva	tion contribution in the form	n of a co	nservation	easement on	the last
	day of the tax year.						
					Held	at the End of t	he Tax Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified historic sti	tructure includ	ed in (a)		2c	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Number of conservation easements included in (c) acquired			ture			
_	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re	eleased, extino	uished, or terminated by t	ne organ		ng the tax	
	year ▶		, ,			.0	
4	Number of states where property subject to conservation ea	asement is loc	ated ▶				
5	Does the organization have a written policy regarding the pe			f			
	violations, and enforcement of the conservation easements					Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing	g conservation easements	during t	he year 🕨		
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) abo						
	and section 170(h)(4)(B)(ii)?					Yes	☐ No
9	In Part XIII, describe how the organization reports conservat	tion easement	s in its revenue and expens	se stater	nent, and b	alance sheet,	, and
	include, if applicable, the text of the footnote to the organization						
	conservation easements.						
Pa	t III Organizations Maintaining Collections of	of Art, Histo	orical Treasures, or (	Other	Similar A	ssets.	
	Complete if the organization answered "Yes" to Form	n 990, Part IV,	line 8.				
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not t	o report in its revenue state	ement ar	nd balance	sheet works	of art,
	historical treasures, or other similar assets held for public ex	xhibition, educ	ation, or research in furthei	rance of	public serv	ice, provide, i	n Part XIII,
	the text of the footnote to its financial statements that descri	ribes these ite	ms.				
þ	If the organization elected, as permitted under SFAS 116 (A	SC 958), to re	port in its revenue stateme	nt and b	alance she	et works of ar	t, historical
	treasures, or other similar assets held for public exhibition, e	education, or r	esearch in furtherance of p	ublic se	rvice, provid	de the followir	ng amounts
	relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1				<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X				<b>&gt;</b> \$		
2	If the organization received or held works of art, historical tre	easures, or oth	ner similar assets for financ	ıal gaın,			
	the following amounts required to be reported under SFAS 1						
а	Revenues included in Form 990, Part VIII, line 1	·			<b>&gt;</b> \$		
b	Assets included in Form 990, Part X				<b>▶</b> \$		
-	,						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?			COUNTY FAI								Page 2
Check all that apply :   a	Par	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures, c	r Other	Simila	ar Asse	ts(continu	red)
a	3	Using the organization's acquisition, accession	on, and other record	ls, check a	any of the	following that	are a sigi	nficant	use of its	collection	items
b											
b Scholarly research c	а	Public exhibition	d	Lo	an or excl	hange progra	ms				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	е								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		ellections and explain	n how the	y further th	ne organizatio	n's exem	ot purpo	se in Pari	XIII.	
to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV	5										
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										Yes	☐ No
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  E Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  C Net investment earnings, gains, and losses of Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  c Temporarily restricted endowment  %  The percentages in lines 2a, 2b, and 2c should equal 100%.	Par						Yes" to Fo	orm 990	, Part IV, I	ine 9. or	
on Form 990, Part X?  b     'Yes,' explain the arrangement in Part XIII and complete the following table:    C   Beginning balance     1c   Amount					•						
on Form 990, Part X?  b     'Yes,' explain the arrangement in Part XIII and complete the following table:    C   Beginning balance     1c   Amount	1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ntribution	s or other as:	sets not in	cluded			
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance										Yes	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back organizations and programs c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % Trepporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%.	ь	, in the second	and complete the fo	llowing tal	ble:				-		
d Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Diff 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back dering from the truncation of the contributions of Grants or scholarships of Grants or scholarships of Grants or scholarships of Administrative expenses  End of year balance for facilities and programs  Administrative expenses  End of year balance from 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back dering from years back derin	_									Amount	
d Additions during the year e Distributions during the year f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	c	Beginning balance						1c	·		
E Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  Contributions  Net investment earnings, gains, and losses  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment   Means the stricted endowment   Means the stricted endowner   Means the stricted endowner   Means the stricted endowner   Means the stricted endowner   Means the stricted endowner   Means the stricted endowner   Means the stricted endowner   Means the stricted endowner   Means the								-			
the Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back		_ ·						<del></del>			
Did the organization include an amount on Form 990, Part X, line 21?    b   ff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	_										
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to Contributions  c Net investment earnings, gains, and losses d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  c Temporarily restricted endowment  %  The percentages in lines 2a, 2b, and 2c should equal 100%.		_	orm 990 Part X line	217				<u></u>		Yes	□ No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  % b Permanent endowment  % c Temporarily restricted endowment  % The percentages in lines 2a, 2b, and 2c should equal 100%.		•			has been	provided in F	Part XIII			00	<b>=</b>
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (e) Four years back  (e) Four years back  (f) Three years back  (e) Four years back  (f) Three years back  (f) Three years back  (f) Three years back  (g) Four years back  (h) Prior year (c) Two years back  (g) Three years back  (h) Three years back  (h) Prior year (c) Two years back  (h) Three years back  (h) Four years back  (h) Prior year back  (h) Prior year (c) Two years back  (h) Three years back  (h) Four years back  (h) Prior year  (h) Prior											<u> </u>
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	<u></u>								ears back	(e) Four	ears back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Reginning of year balance	(b) Carront year	<u> </u>	. <u>, , , , , , , , , , , , , , , , , , ,</u>	<b>307</b> 1.110 700.1	10000	,		<u> </u>	0010 0001
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		Ì						<del></del>		<del></del>	
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		<b>-</b>									
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages in lines 2a, 2b, and 2c should equal 100%.		· ,			<del></del> .						
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  b Permanent endowment  c Temporarily restricted endowment  multiple for the current year end balance (line 1g, column (a)) held as:  %  Temporarily restricted endowment  multiple for the current year end balance (line 1g, column (a)) held as:  %  Temporarily restricted endowment  multiple for the current year end balance (line 1g, column (a)) held as:  %  Temporarily restricted endowment  multiple for the current year end balance (line 1g, column (a)) held as:  %  Temporarily restricted endowment  multiple for the current year end balance (line 1g, column (a)) held as:  %  Temporarily restricted endowment  multiple for the current year end balance (line 1g, column (a)) held as:  %  Temporarily restricted endowment  multiple for the current year end balance (line 1g, column (a)) held as:  ### Administrative expenses  ### Administrativ	e	·									
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment		· ·				<del> </del>	<del> </del> -				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶%  b Permanent endowment ▶%  c Temporarily restricted endowment ▶%  The percentages in lines 2a, 2b, and 2c should equal 100%.		·	<del></del>								
a Board designated or quasi-endowment ►%  b Permanent endowment ►%  c Temporarily restricted endowment ►%  The percentages in lines 2a, 2b, and 2c should equal 100%.		•	rent year and balance	e /line 1a	column (s	)) held as:					
b Permanent endowment ►% c Temporarily restricted endowment ►% The percentages in lines 2a, 2b, and 2c should equal 100%.			ent year end balanc		COIDITIT (C	iji neid as.					
c Temporarily restricted endowment ▶% The percentages in lines 2a, 2b, and 2c should equal 100%.		·	04	_″							
The percentages in lines 2a, 2b, and 2c should equal 100%.		<del></del>									
	C										
3a. Are there and summer funds not in the necrossion of the examination that are held and administered for the organization	20			ation that	aro beld a	nd administe	red for the	organi	zation		
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  Yes No.	Ja		ssion of the organiz	ation that	ale lielu a	nd administe	ied for the	Organiz	ation	[·	Yes No
		•									163 110
		••									<del>-   -</del>
		-	listed as required a	n Cahadu	lo D2						<del></del>
	_	• • • • • • • • • • • • • • • • • • • •	•							[ 30 ]	
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.										-	
	Fai					ar athor	(a) A a a	mlota	<u></u>	/d\ Pook	
Description of property  (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment)  basis (other)  depreciation		Description of property							<b>I</b>	(u) book	value
201 500		11	Dasis (investi	nony			Gebi			201	500
012 670 909 200 104 470				<del>-  -</del>			Ωί	18 2	00		
		_				210130	- 0	0,2	<del></del>		12/30
c Leasehold improvements		•	<del> </del>	+		<del></del>				<del></del>	
d Equipment e Other 637,766. 312,027. 325,739		• •		<del></del>	63	7 766	<u>2</u>	12 0	27	225	730
e Other   637,766.  312,027. 325,739  Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10(c)   631,718			gual Form 000. Bost	Y column				/ -			

#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization **Employer identification number** WALKER COUNTY FAIR ASSOCIATION 74-2061931 SECTION B, LINE 11: THE ORGANIZATION PROVIDES FORM 990 FOR REVIEW TO THE GOVERNING BODY AT THE BOARD MEETINGS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

## 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Business or activity to which this form relates

990

Identifying number

	KER COUNTY FAIR AS					AGE 10		74-2061931
Par	t Election To Expense Certain Prope	erty Under Section 1	79 Note: If you have	e any listed	property, c	omplete Part	V before y	
	Maximum amount (see instructions)						1	500,000.
2 T	otal cost of section 179 property plac	ced in service (see	instructions)				2	
3 T	hreshold cost of section 179 propert	y before reduction	in limitation				3	2,000,000.
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	o or less, enter -0-				4	
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from lin	e 1 If zero or less, enter	r-0- If marned filing sepa	rately, see inst	tructions		_ 5	
6	(a) Description of p	roperty	(b) C	ost (business	use only)	(c) Elected	cost	
						<del></del> ,-		
	isted property. Enter the amount fron				7		T	
	otal elected cost of section 179 prop	•	s in column (c), line	s 6 and 7			8	
	entative deduction. Enter the <b>smalle</b>						9	
	Carryover of disallowed deduction from	=					10	
	Business income limitation. Enter the			•			11	
	Section 179 expense deduction. Add				· ——		12	
	Carryover of disallowed deduction to 2				13			
Par	: Do not use Part II or Part III below fo	<del></del>						
	special depreciation allowance for qua	alitied property (ot	ner than listed prof	peπy) piace	a in service	auring		
	he tax year						14	
	Property subject to section 168(f)(1) el	lection					15	71,438.
	Other depreciation (including ACRS)  THE MACRS Depreciation (Do not)	et in aliuda liatad n	roporty \ /Coo instri	uotiono \			16	71,430.
FOI	t tit MACAS Depreciation (Do in	ot include listed p	Section				<del></del>	<del></del>
17 A	MACRS deductions for assets placed	In contino in toy v				<u> </u>	17	
	•	•	• •				٦	······································
10 11	you are electing to group any assets placed in se Section B - Asset:					eral Deprecia	tion Syste	em
	Oction D Asset	(b) Month and	(c) Basis for deprec		(d) Recovery	1		
	(a) Classification of property	year placed in service	(business/investme only - see instruct		period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					<del> </del>		<del> </del>
<u> </u>	5-year property	7	<u> </u>					
	7-year property	7						<del> </del>
d	10-year property	-						
	15-year property					<u> </u>		
1	20-year property	7				<del></del> -		_ <del></del>
g	25-year property	7			25 yrs.		S/L	
		/			27.5 yrs.	ММ	S/L	
h	Residential rental property	,			27.5 yrs.	MM	S/L	<del> </del>
		,	<del> </del>		39 yrs.	MM	S/L	
i	Nonresidential real property	<del>-                                    </del>				MM	S/L	<del>-,,</del>
	Section C - Assets	Placed in Service	During 2012 Tax	Year Using	the Alterr			stem
 20a	Class life						S/L	
b	12-year				12 yrs.	-	S/L	
<del>_</del>	40-year	7	1 -		40 yrs.	ММ	S/L	<del> </del>
	rt IV Summary (See instructions.)		<del></del>			<u></u>		<del></del>
	Isted property. Enter amount from lin	<del></del>					21	
	otal. Add amounts from line 12, lines		nes 19 and 20 in co	olumn (a), a	nd line 21.			
	inter here and on the appropriate line					r <b>.</b>	22	71,438.
	for assets shown above and placed in	=					:	· · · · · · · · · · · · · · · · · · ·
	portion of the basis attributable to sec				23_			
21625			separate instruct	ions.				Form <b>4562</b> (2012)

Part VI Amortization (f) (b) (c) (d) (e) Amortizable amount Description of costs period or percentage begins 42 Amortization of costs that begins during your 2012 tax year 43 43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

216252 12-28-12

Form 4562 (2012)

Current Year Deduction	0	29,344.	0	0	0	0.	0	2,127.	489.	734.	2,250.	0	309.	602.	233.	862.	0	1,325.
Current Sec 179													-		•			
Accumulated Depreciation	1	760,422.	939.	100,829.	13,953.	19,121.	14,649.	16,307.	3,423.	5,566.	15,375.	1,474.	1,906.	3,712.	1,184.	4,382.	6,840.	5,963.
Basis For Depreciation	201,500.	850,984.	939.	100,829.	13,953.	24,727.	14,649.	61,695.	7,329.	11,006.	45,000.	1,474.	6,186.	9,027.	3,500.	12,925.	7,200.	26,500.
* Reduction In Basis																		
Bus % Excl																		
Unadjusted Cost Or Basis	201,500.	850,984.	939.	100,829.	13,953.	24,727.	14,649.	61,695.	7,329.	11,006.	45,000.	1,474.	6,186.	9,027.	3,500.	12,925.	7,200.	26,500.
Line No		9000	16	0016	16	9 =	16	3116	0016	0016	0016	9	0016	0016	0016	0016	16	0016
Life		29.0(	5.00	15.0(	5.00	5.00	5.00	29.001	15.00	15.0(	20.00	5.00	20.00	15.0(	15.00	15.0(	5.00	20.00
Method		SI	SI	SI	SL	SI	$_{ m SI}$	SI	$_{ m SI}$	SI	$_{ m SI}$	SI	SI	SI	$_{ m SI}$	SL	$_{ m SI}$	
Date Acquired	111588L	111588SL	111597SL	111597SL	111597SL	111596SL	111599SL	100704SL	053105SL	103104SL	073105SL	033106SL	G041406	031706SL	042707SL	S041707SL	022207SL	nt 2 1 30 7
Description	LAND	<i></i>	SEQUIPMENT	SIGNS AND EXHIBED 4EQUIPMENT		GIMPROVEMENTS	7OFFICE EQUIPMENT	BROOF	9ROAD IMPROVEMENT	10SCOREBOARD	11BUILDING	12LAP TOP COMPUTER	13DOORS-MAIN BUILDING041406SL	14LIGHTS-FRONT LOT	15ROAD IMPROVEMENT	16HOUSTON LIVESTOCK	17FLOOR MACHINE	18GROUNDS IMPROVEMENT 12 1307 SL
Asset No	1	7	m	ゼ	Ŋ	φ	7	Φ.	9	10	11	12	13	14	15	16	17	18

228102 05-01-12

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Current Year Deduction	1,091.	1,591.	1,192.	608.	1,125.	276.	79.	1,731.	193.	453.	608.	362.	3,432.	174.	341.	781.	64.	1,216.	ation Deduction
Current Sec 179										······································						<del></del>	•••		nercial Revitaliza
Accumulated Depreciation	4,728.	6,762.	4,867.	2,837.	4,781.	1,104.	296.	6,058.	643.	1,470.	1,875.	1,207.	7,150.	363.	881.	1,692.	139.	2,939.	age, Bonus, Comr
Basis For Depreciation	21,817.	31,825.	17,885.	4,255.	11,250.	1,932.	550.	12,115,	1,350.	3,172.	4,255.	1,810,	51,474.	870.	2,388.	5,470.	320.	8,510.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Reduction In Basis		*******			***			***************************************	<del> ,</del>		- **4			<del>,, </del>					* ITC,
Bus % Excl								<del></del>	<del></del>										
Unadjusted Cost Or Basis	21,817.	31,825.	17,885.	4,255.	11,250.	1,932.	550.	12,115.	1,350.	3,172.	4,255.	1,810.	51,474.	870.	2,388.	5,470.	320.	8,510.	(D) - Asset disposed
S o	016	9	0016	91	0016	91	16	91	16	16	16	9	0016	16	16	9	16	16	7·(Q)
Life	20.00	20.001	15.00	7.00	10.00	7.00	7.00	7.00	7.00	7.00	7.00	5.00	15.00	5.00	7.00	7.00	5.00	7.00	
Method			ı.	<u></u>				#	7;	13		Н	ı.			ij		13	
Date Acquired	LIVESTO011808SL	J021808	042408SL	100407SI	031408SL	052808SL	TS806060	112108SL	020309SL	030309ET	042909SL	020309SL	042310SL	042310SL	110109SL	033010ST	040810SL	121809SL	
Description	10 .	20RESTROOMS - MAIN BU021808SI	BUILDING	D U		FUNITURES		26BUSINESS INTERIORS	<.−	NEW CARFET - MAIN 28BUILDING		30SOFTWARE	31ROAD IMPROVEMENT	COMPUTENT MONITORY SO 32FTWARE	33PA SYSTEM	34SOUND SYSTEM	35CONFERENCE TABLE	36AIR CONDITIONING	
Asset	13	20	21	22	23	24	25	26	27	7	25	3(	31	35	33	34	3.5	36	228102 05-01-12

Current Yo Deductio		9		<del>}***</del> (		7 (
Current Sec 179						
Accumulated Depreciation		1,484.		254.		3003
 Basis For Depreciation		4,300.		792.		10 050
Reduction in Basis						
Bus % Excl						
Unadjusted Cost Or Basis		4,300.		792.		10 050
No		19		16		7 4
Life		7.00 16		7.00 16		7 00 0
Method				SI		
Date Acquired		010710SL		030110EC	<u></u>	10 2/2 0/2 0/2
Description	CEILING TILE	37REPLACEMENT	RODEO ARENA	38HANDICAP RAMP	CEILING TILE FOR MB	מיט תואולוס כ
Asset No		37		38		000

	•	•		<del></del>	•	-		•	<del></del>	***	•	•	•	•	•		•
Current Year Deduction	614	113	2,693	911	643	252	2,493	500	195	1,681	2,150	619	342	2,971	190	819	71,438
Current Sec 179																	0
Accumulated Depreciation	1,484.	254	5,835.	1,898.	1,072.	420.	4,986.	833.	390.	1,821.	3,046.	113,	57.	743.			1048789.
Basis For Depreciation	4,300.	792.	18,850.	6,375.	4,500.	1,761.	17,450.	3,500.	2,928.	11,769.	15,050.	4,750.	2,394.	44,569.	23,686.	8,600.	1751945.
Reduction in Basis		***************************************			***					*****							0
Bus % Excl	-						<del></del>								<del></del>		
Unadjusted Cost Or Basis	4,300.	792.	18,850.	6,375.	4,500.	1,761.	17,450.	3,500.	2,928.	11,769.	15,050.	4,750.	2,394.	44,569.	23,686.	8,600.	1751945.
No	16	9	16	9 =	16	91	16	9	0016	91	16	9	16	0016	0016	9#	
Lrfe	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	15.00	7.00	7.00	7.00	7.00	15.00	15.00	7.00	
Method	SI	SI	$^{1S}$	SI	$_{ m SI}$	SI	$^{1S}$	SI	$_{\rm SI}$	1SI	1SI	SI	SI	SI	SI	SI	
Date Acquired	010710SL	030110SL	031910SL	050610SL	092310SL	100710SL	060210SL	092410SL	060110SL	042911	011311	032212SL	041112SL	030712SL	113012SL	101112SL	········
Description	IG TILE	47 C.C.	TILE FOR MB	UPGRADE	4 JFOR MB	42GUTTERS FOR MB	43RODEO ARENA CHUTES (	QUIPMENT	45IMPROVEMENTS	<b>×</b>	BUILDING OF	48MAIN BUILDING	SILVER	50PAVED PARKING LOT	5 1PAVING	52MOWER + MOMAT DOO DAGE 10	TOTALL 330 FAGE
Asset No	37	38	39	40	4 1	42	43	44	45	46	47	48	49	50	51	52	- <del> </del>

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction