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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2012
Open to Public Inspection

AI	or th	e 2012 calendar year, or tax year beginning $$	ending (JUN 30, 2013	
В	Check If	C Name of organization		D Employer identific	cation number
ā	applicab				
	Addre	FORT WORTH STOCK SHOW SYNDICATE	_	_	
	Name	Doing Business As		75-1	790417
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	· '	
	Termi	P.O. BOX 17005		(817	
	Amen	ded Ct., taum annual office state and ZID code		G Gross receipts \$	<u>3,373,835.</u>
	Appli	FORT WORTH, IX 70102		H(a) Is this a group re	
	pend	F Name and address of principal officer. SCOTT PRINCE		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates incl	luded? Yes No
1	Гах-өх	empt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) o	or 52	If "No," attach a	list (see instructions)
		te:▶www.fwsss.com		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 1980 N	State of legal domicile: TX
P	art [Summary	OUTD	T MEANO HOD	
e	1	Briefly describe the organization's mission or most significant activities. TO PF			T () 17 7
Governance		AGRICULTURAL YOUTH TO FURTHER THEIR EDUCA			
err		Check this box if the organization discontinued its operations or dispos	sed of mor	1 1	
é	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
Activities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
Ξ	6	Total number of volunteers (estimate if necessary)		6	0
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<u> </u>	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
.2n5 2013	_			Prior Year	Current Year
rca e	8	Contributions and grants (Part VIII, line 1h)		404,851.	472,483.
⊘ e	9	Program service revenue (Part VIII, line 2g)		0.	0.
>ế	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		42,073.	38,665.
Žď S	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	2,279,327.	2,346,310.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,726,251.	2,857,458.
EXEGSONNED	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,542,225.	2,551,480.
Z	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	0.	<u> </u>
ζĝ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. –	0.	0.
Yes	b	Total fundraising expenses (Part IX, column (D), line 25)	/**		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		87,732.	103,297.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25) Revenue less expenses. Subtract line 18 from line 12		$0^{2,629,957}$	2,654,777.
. 0	19	110101100 1000 01 politico mile 10 mem 12 1 1 1(11), 1 41	/1111 	S 96,294.	202,681.
SOT		lΨl	L B	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	- , ,_	≝ 1,648,516.	1,851,197.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	_U I⊢	0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		-1 1,648,516.	<u>1,851,197.</u>
	art II	Signature Block			
		illies of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	r has any knowledge	/
		Santa			2013
Sig	n	Signature of officer		Date /	
Her	e	SCOTT PRINCE, CHAIRMAN		,	
		Type or print name and title		Data = =================================	
		Print/Type preparer's name		Date Check	PTIN
Paid		Mark L Walton	9	10-31-13 If self-employe	
	parer	Firm's name The Walton Group, LLC		Firm's EIN	75-2947680
Use	Only	Firm's address 6100 Southwest Blvd # 300			'
_		Fort Worth, TX 76109		Phone no. 8:	17-731-1155
Ma	the I	RS discuss this return with the preparer shown above? (see instructions)		.	X Yes No
2320	01 12-	0-12 LHA For Paperwork Reduction Act Notice, see the separate instructio	ns.		Form 990 (20. 1 2)

	990 (2012) FORT WORTH STOCK SHOW SYNDICATE 75-179	0417	Page 2
Pai	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:	GIIOLI	0.5
	FORT WORTH STOCK SHOW SYNDICATE SUPPORTS THE JUNIOR LIVESTOCK	SHOW	OF'
	THE SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	if "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	v expense:	9
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of		
	revenue, if any, for each program service reported	, Apenises,	and
		120	072
4a		3,138,	
	SUPPORT THE JUNIOR LIVESTOCK SHOW OF THE SOUTHWESTERN EXPOSITI		עו
	LIVESTOCK SHOW. RESALE PROCEEDS ARE CONTRIBUTED TO OTHER 501(C	<u>;)(3)</u>	
	ORGANIZATIONS.		
			.
			
	(2 550) (2 550) (0.2	100 \
4b	(Code) (Expenses \$ 62,550. including grants of \$ 62,550.) (Revenue \$		<u>123.</u>)
	THE JAMES M. "JIM BOB" NORMAN SCHOLARSHIP FUND GRANTS FUNDS FO		
	SCHOLARSHIPS EACH YEAR (LIMITED TO EIGHT SEMESTERS PER SCHOLAR		
	THROUGH THE TEXAS 4-H YOUTH DEVELOPMENT FOUNDATION AND THE TEX		
	FOUNDATION. THESE TWO ORGANIZATIONS CHOOSE THE RECIPIENTS FOR	THES	E
	SCHOLARSHIPS.	······	
			•
40	/o-t- \/5		
4c	(Code) (Expenses \$) (Revenue \$)		<i>'</i>
			· · · · · · · · · · · · · · · · · · ·
			-
			
	Others are an area (Decorbe in Cohedula O.)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	_)	
<u>4e</u>	Total program service expenses ► 2,551,480.		
		Form 🤄	90 (2012)

Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		3,5	
_	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		X
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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			X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		-23
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, 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	ا ا		v
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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	46		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		^
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Form 990 (2012) FORT WORTH STOCK SHOW SYNDICATE
Part IV Checklist of Required Schedules (continued)

			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 2? 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			
	Schedule K. If "No", go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		<u>X</u>
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		<u> </u>
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		<u> </u>
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			77
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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):	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	260		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_23		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	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			
-	Schedule N, Part II	32		X
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		Х
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		X
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		_X_
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	_X_	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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			X				
Sec	tion A. Governing Body and Management			<u> </u>				
000	tion 74 do of ming body and Management		Yes	No				
10	Enter the number of voting members of the governing body at the end of the tax year 1a16		103	140				
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ŀ						
h	Enter the number of voting members included in line 1a, above, who are independent 1b 16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1						
_	officer, director, trustee, or key employee?	2		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
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?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			X				
	persons other than the governing body?	7ь		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	a The governing body?							
b	b Each committee with authority to act on behalf of the governing body?							
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		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ł	ŀ					
	ın Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>				
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?	1						
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		_X_				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		_X_				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b	<u> </u>					
Sec	tion C. Disclosure		_					
17	List the states with which a copy of this Form 990 is required to be filed ► None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	le					
	for public inspection. Indicate how you made these available Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	ncial					
	statements available to the public during the tax year							
20								
	DOUG CASSIDY - 817-367-4691							
232000			000	·00 : - ·				
12-10-		Form	1 990	(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

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

- 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.

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(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) SCOTT PRINCE	10.00			!						_
CHAIRMAN		X	ļ	X	ļ	_	ļ	0.	0.	0.
(2) EDDIE ARGUIJO	3.00						l			
VICE CHAIRMAN: MEDIA AND M		X		X	_	_		0.	0.	0.
(3) J.T. AUGHINBAUGH	3.00									
VICE CHAIRMAN: MEMBERSHIP		Х		Х	ļ		<u> </u>	0.	0.	0.
(4) JOE MONTELEONE	3.00	ļ	ļ							_
VICE CHAIRMAN: SCHOLARSHIP		X		Х			<u> </u>	0.	0.	0.
(5) TREY GORDON	3.00									
VICE CHAIRMAN: SPONSOR DEV		X		Х	ļ	-		0.	0.	0.
(6) KORTNEY PAUL	3.00	ļ								_
VICE CHAIRMAN: SPECIAL EVE		Х	_	Х		_		0.	0.	0.
(7) DOUG CASSIDY	5.00									_
VICE CHAIRMAN: FINANCE		X	<u> </u>	X		-	├	0.	0.	0.
(8) BLAIR NORMAN	5.00	ļ				1				_
CHARMAN-ELECT		X		X			<u> </u>	0.	0.	0.
(9) KEVIN DUBOSE	3.00	ļ								
COMMITTEE MEMBER		X	<u> </u>	ļ		-	_	0.	0.	0.
(10) GREG KALINA	3.00								_	_
COMMITTEE MEMBER		X			<u> </u>	<u> </u>		0.	0.	0.
(11) J. BRYAN KING	3.00	ļ	ł							
COMMITTEE MEMBER	1	X			ļ	—		0.	0.	0.
(12) JAMES RAINBOLT	3.00	ļ								
COMMITTEE MEMBER		X			ļ	ļ	<u> </u>	0.	0.	0.
(13) SCOTT SMITH	3.00									
COMMITTEE MEMBER		X	ļ.	<u> </u>		-		0.	0.	0.
(14) TREY QUINN	3.00								_	_
COMMITTEE MEMBER		X	<u> </u>		<u> </u>	1	ļ	0.	0.	0.
(15) CHRISTIAN SCHRODER	3.00	ļ							_	_
COMMITTEE MEMBER	2.65	X	_	ļ	ļ	ļ	<u> </u>	0.	0.	0.
(16) MIKE WILIE	3.00	 								
COMMITTEE MEMBER		X	-	 	<u> </u>	-	-	0.	0.	0.
		-								
	L	<u> </u>				1				<u> </u>

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	' (A) (B) (C) (D)			(E)			(F)							
	Name and title	Average	(do		Pos heck			one	Reportable	Reportable		Est	timate	d
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensatio	n	am	ount c	of
		week		cer ar	nd a d	recto	or/trus	itee)	from	from related			other	
		(list any	recto						the	organization			pensat	
		hours for related	o d	es			ated		organization	(W-2/1099-MIS	(O)		om the	
		organizations	Individual trustee or director	Institutional trustee		 gg	Highest compensated employee		(W-2/1099-MISC)			_	anızatı I relate	
		below	ual tr	lona		l g	in ag	_					nızatıc	
		line)	plylo	stf	Officer	Key employee	ighe.	Former				U.gu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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1b	Sub-total .								0.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wi	no r	eceived more than \$100	,000 of reportabl	e			_
	compensation from the organization												[0
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on			1	
	line 1a? If "Yes," complete Schedule J for s	such individual									}	3		X
4	For any individual listed on line 1a, is the si									the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete S	Sch	edul	e J i	for such individual			4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	tion 1	from	any	un!	elat	ted organization or indivi	idual for services				
	rendered to the organization? If "Yes," con	plete Schedul	e J	for s	uch	per	son					5	L	<u> </u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	npensa	ation fi	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthır	n the organization's tax	year.				
	(A)								(B)		_	(C		
	Name and business	address	N	ON	£				Description of s	services	C	omper	sation	<u> </u>
									•					
2	Total number of independent contractors (including but r	not li	mite	d to	tho	se li	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation 🕨				- 1	0							
23200	_											Form §	990 (2	(012

232008 12-10-12

75-1790417 FORT WORTH STOCK SHOW SYNDICATE Form 990 (2012) Statement of Revenue Part VIII Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 55,175 c Fundraising events 1c 276,185 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ h Total. Add lines 1a-1f 472.483 **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 38,665 <u>38</u>,665, Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 276 185 of contributions reported on line 1c). See Part IV, line 18 2,862,687 b Less. direct expenses 516,377 c Net income or (loss) from fundraising events 2,346,310 2,346,310, 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b

2.384.975

0

2012.04030 FORT WORTH STOCK SHOW SYNDI 99013 1

2.857.458

232009 12-10-12

d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon-			mpietė column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			•	
	organizations in the United States. See Part IV, line 21	2,551,480.	2,551,480.		
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
b	Legal	-			
C	Accounting	2,660.		2,660.	
d	Lobbying .				
е	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 Sch O.)				
12	Advertising and promotion	6,239.			<u>6,239.</u>
13	Office expenses	3,839.		3,839.	
14	Information technology	630.		630.	
15	Royalties .				
16	Occupancy				
17	Travel		-		·
18	Payments of travel or entertainment expenses	1,026.	ľ		1,026.
19	for any federal, state, or local public officials Conferences, conventions, and meetings	30,053.			30,053.
19 20	Interest	30,033.			30,033.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	12,700.		12,700.	
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 0.) SPONSOR DEVELOPMENT	29,806.			29,806.
a b	CONTRACT LABOR	6,844.		6,844.	43,000.
C	CONTINUE DADON	0,044.		0,044.	
ď					
_	All other expenses	9,500.		9,500.	
25	Total functional expenses. Add lines 1 through 24e	2,654,777.	2,551,480.	36,173.	67,124.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X Beginning of year End of year 152,756. 254,222. Cash - non-interest-bearing 1 169,494. 106,944. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 Assets Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c Investments - publicly traded securities 11 11 1,427,481. 1,388,816. 12 12 Investments - other securities See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,648,516. 1,851,197. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities 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 22 23 23 Secured mortgages and notes payable to unrelated third parties 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 25 0 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶 and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 0. 31 31 1,648,516. 1,851,197. Retained earnings, endowment, accumulated income, or other funds 32 32 1,648,516 1,851,197. Total net assets or fund balances 33 33 648, 1,851,197. 516 Total liabilities and net assets/fund balances 34

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Employer identification number

	_	FORT WO	RTH STOCK SH	IOW SY	NDICA	TE			7	5-17904	117
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See inst	ructions			
The organ	ization is not a	a private foundation l	because it is: (For lines	1 through	11, check	only one b	ox)				
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)				
2 🔲	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described	ın section	170(b)(1)	(A)(iii).				
4 🗀	A medical res	search organization o	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's	name,
	city, and stat	:e:		··· · · · · · · · · · · · · · · · · ·				<u> </u>			
5 🔲	An organizat	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	nental uni	t describ	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🔛	A federal, sta	ate, or local governme	ent or governmental uni	t described	d ın sectio	n 170(b)(1)(A)(v).				
7 📖	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public descri	bed in
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)								
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 X	An organizat	on that normally rec	eives [.] (1) more than 33 [.]	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	ınd gross rece	ipts from
	activities rela	ited to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	suppor	t from gross ir	nvestment
	income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 30	, 1975
		509(a)(2). (Complete	·								
10	_		perated exclusively to te	-	· -			•			
11 🗀			perated exclusively for the								
			ations described in secti				2) See sec	tion 509(a)(3). Ch	eck the box t	hat
		· ;——	organization and compl		_			. — –			
	a Type		•	ype III - Fu	-	_				n-functionally	
e			it the organization is not		-	-	-		-		
		•	han one or more publicly		_				9(a)(1) or	section 509(a	1)(2)
f	_		ten determination from t	uie ino ilia	atitisa ty	рет, туре	ii, or Type	# 111			_
•		rganization, check th	irganization accepted ar	av aift or co	ontribution	from any	of the follo	nwing ner	eone?		
g	_		rectly controls, either al					_		, [Yes No
	• •	· · · · · · · · · · · · · · · · · · ·	upported organization?	one or tog	Calci Wiai	persons	icoci ibcu i	iii (ii) aiia (, 50.044	11g(i)	165 110
	_		n described in (i) above?)						11g(ii)	
		·	person described in (i)		e?					11g(iii)	
h	• •	· ·	about the supported or								
••		-		9	(-).						
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) Is	the .	(vii) Amount o	of monetary
	anization	(11) 2.114	(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizáti (i) organiz	on in col.	suppe	_
·			above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?]	
			(see instructions))	Yes	No	Yes	No	Yes	No		
		_									
				ļ					ļ	ļ <u>.</u>	<u>. </u>
		<u></u>							_		
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		İ									
Total			L	<u> </u>			L	<u> </u>	<u> </u>		
LHA For F	aperwork Re	eduction Act Notice	, see the Instructions f	or				Schedul	e A (For	m 990 or 990)-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

Pa	art II Support Schedule for	Organizations	s Described in	Sections 170)(b)(1)(A)(iv) an	nd 170(b)(1)(A)	(vi)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I o	or if the organization	on failed to qualify	under Part III If t	he organization
	fails to qualify under the tests	isted below, plea	ase complete Part	III)			
Se	ction A. Public Support					•	
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and		1	T			
	membership fees received. (Do not						
	include any "unusual grants.")		i				
2	Tax revenues levied for the organ-						
	ization'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						
Ī	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				1		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support			1		•	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	, , , , , , , , , , , , , , , , , , ,	\		\	1	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			1			
11	Total support. Add lines 7 through 10			1		-	
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for			rd. fourth. or fifth t	ax vear as a section		
	organization, check this box and stor	•			,	(-)(-)	ightharpoons
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2012 (line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
16	a 33 1/3% support test - 2012. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this I	oox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			ightharpoons
ı	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization qual	_				,	▶□
17:	a 10% -facts-and-circumstances tes	· ·	- · ·	-	e 13, 16a. or 16b.	and line 14 is 109	% or more.
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"			•			▶
ŀ	10% -facts-and-circumstances tes					17a, and line 15 i	s 10% or
•	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		

Schedule A (Form 990 or 990-EZ) 2012

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

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

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

Sec	ction A. Public Support	produce some						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	180,082.	295,712.	299,662.	404,851.	<u>472,483.</u>	1652790.	
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	1929563.	2413817.	2162363.	2279327.	2346311.	11131381.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- 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	2109645.	2709529.	2462025.	2684178.	2818794.	12784171.	
72	Amounts included on lines 1, 2, and							
	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)		•				12784171.	
	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	Amounts from line 6	2109645.	2709529.	2462025.	2684178.	2818794.	12784171.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties	32,750.	26,407.	36,725.	42,073.	38,665.	176,620.	
	and income from similar sources Unrelated business taxable income	32,730.	20,407.	30,123.	42,013.	30,003.	170,020.	
L	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b	32,750.	26,407.	36,725.	42,073.	38,665.	176,620.	
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)	2142395.	2735936.	2498750.	2726251.	2857459.	12960791.	
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	zation,	
	check this box and stop here							
	ction C. Computation of Publ							
	Public support percentage for 2012 (I			olumn (f))		15	98.64 %	
	Public support percentage from 2011					16	98.48 %	
	ction D. Computation of Inves			- 10 - 1 - 0	· · · · · · · · · · · · · · · · · · ·	4-	1 26	
	Investment income percentage for 20			ie 13, column (f))		17	1.36 % 1.52 %	
	Investment income percentage from : a 33 1/3% support tests - 2012. If the			 on line 14 and line	15 is more than 3	18 3 1/3% and line :		
198	• •						►X	
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 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							
20	Private foundation. If the organization		•				▶□	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ 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. 2012
Open to Public Inspection

Name of the organization

FORT WORTH STOCK SHOW SYNDICATE

Employer identification number 75-1790417

Par	t I Organizations Maintaining Donor Advise	nd Funds or Other Similar Funds or	Acco	unts Complete if the
rar			.000	· · · · · · · · · · · · · · · · · · ·
	organization answered "Yes" to Form 990, Part IV, lin		(b) Fin	nds and other accounts
	Takel was should after a	(a) Bollot advised failed	(0) / 0.	
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		านธ	Yes No
_	are the organization's property, subject to the organization's		بامم	res No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	mng	Yes No
Par	impermissible private benefit? t II Conservation Easements. Complete if the organization	ranization answered "Ves" to Form 990. Part IV	line 7	
		· · · · · · · · · · · · · · · · · · ·	, 11116 7	
1	Purpose(s) of conservation easements held by the organization		lly (mn	portant land area
	Preservation of land for public use (e.g., recreation or e	Preservation of a certified h		
		Treservation of a certified i	iistorio	Structure
0	Preservation of open space Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	onean	ration easement on the last
2	day of the tax year.	ned conservation contribution in the form of a c	OHSCIV	vacion casement on the last
	day of the tax year.			Held at the End of the Tax Year
•	Total number of conservation easements		2a	THOIR ACTIO LING OF THE PER PORT
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
٦	Number of conservation easements included in (c) acquired			
u	listed in the National Register	and of 11750, and not on a motorio strattare	2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga		on during the tax
Ū	year >	ioacoa, changelence, or terminates by the erga		
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		the ye	ar 🕨
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) about			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense state	ment,	and balance sheet, and
	include, if applicable, the text of the footnote to the organiza			
	conservation easements			
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Simi	lar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and ba	lance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	f publi	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice,	provide the following amounts
	relating to these items.			
	(i) Revenues included in Form 990, Part VIII, line 1			\$ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre		, provi	de
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1	•		\$
b	Assets included in Form 990, Part X			\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 FORT WOR	TH STOCK	SHOW	SYNDI	CATE		7	5-17	90417	Page 2
Par						or Other				
3	Using the organization's acquisition, accession									
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
c	Preservation for future generations			-						
4	Provide a description of the organization's colle	ections and explai	n how th	ney further t	he organizati	ion's exemp	t purpos	e ın Pari	t XIII.	
5	During the year, did the organization solicit or r									
	to be sold to raise funds rather than to be main	ntained as part of t	the orga	nızatıon's c	ollection?	_			Yes	No_
Par	t IV Escrow and Custodial Arrange	ements. Comple	ete ıf the	organizatio	n answered	"Yes" to Fo	rm 990, F	Part IV, I	ıne 9, or	
	reported an amount on Form 990, Part 2	X, lıne 21.								
1a	Is the organization an agent, trustee, custodiar	or other intermed	diary for	contribution	ns or other as	ssets not inc	cluded		_	_
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing	table.						
									Amount	
C	Beginning balance .						1c			
d	Additions during the year						1d			
е	Distributions during the year					•	1e			
f	Ending balance		-				1f		_	
2a	Did the organization include an amount on Form	m 990, Part X, line	21?					L.	Yes	∟ No
	If "Yes," explain the arrangement in Part XIII. C									
Par	t V Endowment Funds. Complete if the	he organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10.				
	<u> </u>	(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d)	Three yea	rs back	(e) Four	years back
1a	Beginning of year balance	·								
b	Contributions	·								
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs _									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	nt year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	l equal 100%.								
3а	Are there endowment funds not in the possess	sion of the organiz	ation the	at are held a	and administe	ered for the	organizat	tion	_	
	by.									Yes No
	(i) unrelated organizations	-							3a(i)	
	(ii) related organizations .								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations II	isted as required o	on Sche	dule R?	•				3b	
4	Describe in Part XIII the intended uses of the o									
Pai	t VI Land, Buildings, and Equipme			1				1		
	Description of property	(a) Cost or o			t or other		umulated		(d) Book	value
		basis (investr	ment)	basis	(other)	depre	ciation			
1a	Land			 						
b	Buildings .			 	····					
C	Leasehold improvements									
d	Equipment			-						
	Other	1		<u> </u>		<u> </u>		_		
Total	. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part	X, colui	mn (B), line	10(c).)					0.

Schedule D (Form 990) 2012

	edule D (Form 990) 2012 FORT WORTH STOCK SHOW S		75-179041	7 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	tements with Revei		
1	Total revenue, gains, and other support per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains on investments	_2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
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)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		nses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a 5	Other (Describe in Part XIII)	4b		
b	Add lines 4a and 4b	<u> 40 </u>	4-	
c	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		4c 5	
5 Da	rt XIII Supplemental Information	· <i>)</i>	5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.			e 4; Part
	<u> </u>		Schedule D (Form	990) 2012

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization **Employer identification number** FORT WORTH STOCK SHOW SYNDICATE 75-1790417 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events С In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Schedule G (Form 990 or 990-EZ) 2012 LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232081 01-07-13

AUCTION	Га	irt i	of fundraising Events. Complete if the fundraising event contributions and gr	•			
Gevent type (event type) (cotal number)				LIVESTOCK	(b) Event #2	1 ' '	(add col. (a) through
2 Less: Contributions 2 Control 2	e			(event type)	(event type)	(total number)	
3 Gross income (line 1 minus line 2)	Revenu	1	Gross receipts	3,138,872.			3,138,872.
4 Cash prizes 5 Noncash prizes 37,830. 37,830. 38,779. 38,779. 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (c) 10 Direct expense summary. Combine line 3, column (d), and line 10 Part III Gross revenue (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (dc ocl. (a) through col. (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Pirect expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Pirect expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line 7 Pirect expense summary. Combine line 1, column d, and line		2	Less: Contributions	276,185.			276,185.
Segment of the company of the organization operates gaming activities in each of these states?		3	Gross income (line 1 minus line 2)	2,862,687.			2,862,687.
8 Entertainment 36,833. 36,833		4	Cash prizes			<u> </u>	
8 Entertainment 54, 295.	õ	5	Noncash pnzes .	37,830.		· —	37,830.
8 Entertainment 54, 295.	cpense	6	Rent/facility costs	38,779.			38,779.
8 Entertainment 54, 295.	rect E	7	Food and beverages	36,833.			36,833.
10 Direct expenses summary. Add lines 4 through 9 in column (d) Part III	ቯ	8					54,295.
1 Net income summary. Combine line 3, column (d), and line 10 2,346,310		-			<u></u>		
Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) Other gaming (add col. (a) through		_	,		•		
\$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (ad col. (a) through col. (c) 1 Gross revenue 2 Cash pnizes 3 Noncash pnizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 1 Gross revenue (d) Total gaming (ad col. (a) through col. (c) (d) Total gaming (ad col. (a) through col. (c) (d) Total gaming (ad col. (a) through col. (c) (d) Total gaming (ad col. (a) through col. (c) (d) Total gaming (ad col. (a) through col. (c) (d) Total gaming (ad col. (a) through col. (c) (d) Total gaming (ad col. (a) through col. (c) (d) Total gaming (ad col. (a) through col. (c) (d) Total gaming (ad col. (a) through col. (c) (d) Total gaming (ad col. (a) through col. (c) (d) Total gaming (ad col. (a) through col. (c) (e) Other gaming (ad col. (a) through col. (c) (e) Other gaming (ad col. (a) through col. (c) (e) Other gaming (ad col. (a) through col. (c) (e) Other gaming (ad col. (a) through col. (c) (e) Other gaming (cd. (a) through col. (c) (e) Other gaming (ad col. (a) through col. (c) (e) Other gaming (cd. (a) through col. (c) (e) Other gaming (cd. (a) through col. (c) (f) Other gaming (cd. (a) through col. (c) (g) Other gaming (cd. (a) through col. (c) (g) Other gaming (cd. (a) through col. (c) (g) Other gaming (cd. (a) through col. (c) (h) Other gaming (cd. (a) through col. (c) (d) Other gaming (cd. (a) through col. (c) (d) Other gaming (cd. (a) through col. (c) (d) Other gaming (cd. (a) through col. (c) (d) Other gaming (cd. (a) through col. (c) (d) Other gaming (cd. (a) through col. (c) (d) Other gaming	Dr		Net income summary. Combine line 3, colum	in (d), and line 10	990 Part IV line 19 or	reported more than	
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 1 Gross revenue (c) Other gaming (do col. (a) through col. (c) (d) Total gaming (add col. (a) through col. (c) (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (add col. (a) through col. (c) (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (add col				answered res to Form	550, Fait IV, line 15, or	reported more triain	
Colorer gaming Colo		Г	\$15,000 on Form 990-E2, line oa		(b) Pull tabe/instant		(d) Total gaming (add
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10b If "Yes," explain:	venue	į		(a) Bingo		(c) Other gaming	col. (a) through col. (c))
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes N If "Yes," explain:	~ ~~	1	Gross revenue				
5 Other direct expenses Yes	ses	2	Cash prizes				-
5 Other direct expenses Yes	Expen	3	Noncash prizes				
Yes	Direct	4	Rent/facility costs				
Yes		5	Other direct expenses				
8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? D If "Yes," explain:							
9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain:		7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	()
a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:		8	Net gaming income summary Combine line	1, column d, and line 7		_	
a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: Only the Office and Office an	۵	En	ter the state(s) in which the organization oner:	ates gaming activities:			
b If "Yes," explain:	ē	ı İs	the organization licensed to operate gaming a	ctivities in each of these			Yes No
Sahadula G / Earm 200 az 200 E7) 20			-			x year?	Yes No
		_				Cabadula O/F	orm 000 or 000 E7\ 004

Schedule G (Form 990 or 990-EZ) 2012 FORT WORTH STOCK SHOW SYNDICATE	75-1790417 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other	entity formed
to administer charitable gaming?	☐ Yes ☐ No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events	
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gami	ng revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party.	
Name ▶	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided >	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proce	eeds to
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organi	zations or spent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by P lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide a	
	•
	
	· · · · · · · · · · · · · · · · · · ·
200000 04 07 40	Schedule G (Form 990 or 990-F7) 2012

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

Inspection

Schedule I (Form 990) (2012) **Employer identification number** ž VOCATIONAL OPPORTUNITIES, 75-1790417 TO PROVIDE FUNDS FOR FFA **4**H AGRICULTURAL YOUTH TO FURTHER EDUCATIONAL / TO PROVIDE FUNDS FOR (h) Purpose of grant or assistance TO PROVIDE MEANS FOR X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SCHOLARSHIPS, SCHOLARSHIPS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0, ö o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 2,488,930, (d) Amount of 25,000 37,500 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SHOW SYNDICATE (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable 501(c)3 501(c)3 501(c)3 Enter total number of other organizations listed in the line 1 table 75-1824668 74-6091147 74-2520515 FORT WORTH STOCK General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization FOUNDATION, INC. - P.O. BOX 11020 AGRICULTURAL DEVELOPMENT FUND TEXAS 4-H YOUTH DEVELOPMENT COLLEGE STATION, TX 77842 TEXAS FFA FOUNDATION, INC. or government FORT WORTH, TX 76101 614 E. 12THE STREET Name of the organization AUSTIN, TX 78701 P.O. BOX 150 Part II Part 1

232101 12-18-12

FORT WORTH STOCK SHOW SYNDICATE

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Page 2

75-1790417

Schedule I (Form 990) (2012) FORT WORTH STOCK SHOW SYNDICATE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

SCHEDULE 0

(Form 990 or 990-EZ)
Department of the Treasury

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.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

FORT WORTH STOCK SHOW SYNDICATE

Employer identification number 75 - 1790417

FORT WORTH STOCK SHOW SINDICATE 75 1770417
Form 990, Part I, Line 1, Description of Organization Mission:
OPPORTUNITIES.
OFFORTUNITIES.
Form 990, Part VI, Section B, line 11: EXECUTIVE COMMITTEE DETAIL REVIEW
OF FORM 990. THE FULL BOARD IS GIVEN AN OPPORTUNITY TO REVIEW THE FORM 990
AND MAKE COMMENTS AS NECESSARY.
Form 990, Part VI, Section C, Line 19: AVAILABLE UPON REQUEST