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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

OMB No 1545-1150

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning** \_\_\_\_\_, **2013, and ending** \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>TAYLOR RODEO ASSOCIATION<br>Number and street (or P O box, if mail is not delivered to street address) Room/suite<br>PO BOX 562<br>City or town, state or province, country, and ZIP or foreign postal code<br>TAYLOR TX 76574 | <b>D Employer identification number</b><br>74-6062732   |
|   |   | <b>E Telephone number</b><br>(512) 497-1500   |
|   |   | <b>F Group Exemption Number</b> . . . . . ▶   |
|   | <b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____  |   |
| <b>I Website:</b> ▶ N/A   |   | <b>H Check</b> ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| <b>J Tax-exempt status</b> (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 4 ) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____  |   |   |
| <b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . ▶ \$ 180,298.</b>  |   |   |

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

|   |           |          |
|---|-----------|----------|
| <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .   | <b>1</b>  | 10,259.  |
| <b>2</b> Program service revenue including government fees and contracts . . . . .  | <b>2</b>  |          |
| <b>3</b> Membership dues and assessments . . . . .  | <b>3</b>  |          |
| <b>4</b> Investment income . . . . .  | <b>4</b>  |          |
| <b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>   |           |          |
| <b>b</b> Less cost or other basis and sales expenses . . . . . <b>5b</b>  |           |          |
| <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  | <b>5c</b> |          |
| <b>6</b> Gaming and fundraising events  |           |          |
| <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>  |           |          |
| <b>b</b> Gross income from fundraising events (not including \$ 10,259. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b> |           | 170,039. |
| <b>c</b> Less direct expenses from gaming and fundraising events . . . . . <b>6c</b>  |           | 109,860. |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>   |           | 60,179.  |
| <b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>   |           |          |
| <b>b</b> Less cost of goods sold . . . . . <b>7b</b>  |           |          |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .   | <b>7c</b> |          |
| <b>8</b> Other revenue (describe in Schedule O) . . . . .   | <b>8</b>  |          |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶   | <b>9</b>  | 70,438.  |
| <b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .  | <b>10</b> | 3,000.   |
| <b>11</b> Benefits paid to or for members . . . . .   | <b>11</b> |          |
| <b>12</b> Salaries, other compensation, and employee benefits . . . . .   | <b>12</b> |          |
| <b>13</b> Professional fees and other payments to independent contractors . . . . .   | <b>13</b> | 310.     |
| <b>14</b> Occupancy, rent, utilities, and maintenance . . . . .   | <b>14</b> | 20,111.  |
| <b>15</b> Printing, publications, postage, and shipping . . . . .   | <b>15</b> |          |
| <b>16</b> Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16, Other Expenses  | <b>16</b> | 36,799.  |
| <b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶   | <b>17</b> | 60,220.  |
| <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .   | <b>18</b> | 10,218.  |
| <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .  | <b>19</b> | 312,136. |
| <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .  | <b>20</b> |          |
| <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶   | <b>21</b> | 322,354. |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of JOHN CARTER Telephone no (512) 497-1500
Located at 4000 TIMBERCREST DR TAYLOR TN ZIP+4 76574

b 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)?
42b If 'Yes,' enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
42c If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I . . . . . 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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 . . . . . 47 Yes No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . . 48 Yes No
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No
b If 'Yes,' was the related organization a section 527 organization? . . . . . 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: JOHN W. CARTER, Date: 3-31-14, Title: TREASURER

Paid Preparer Use Only: Pnn/Type preparer's name: JIM H JOHNSON, Preparer's signature: Jim H Johnson, Date: 3/19/14, Check self-employed: [X], PTIN: P01264710, Firm's name: JIM H. JOHNSON CPA PLLC, Firm's address: P. O. BOX 432 HUTTO TX 78634, Firm's EIN: 74-2961672, Phone no: (512) 759-3596

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes No



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1  | (b) Event #2 | (c) Other events       | (d) Total events                    |
|-----------------|----|---|--------------|------------------------|-------------------------------------|
|                 |    | (event type)  | (event type) | NONE<br>(total number) | (add column (a) through column (c)) |
| REVENUE         | 1  | Gross receipts . . . . .  |              |                        |                                     |
|                 | 2  | Less Charitable contributions . . . . .                               |              |                        |                                     |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                          |              |                        |                                     |
| DIRECT EXPENSES | 4  | Cash prizes . . . . .   |              |                        |                                     |
|                 | 5  | Noncash prizes . . . . .  |              |                        |                                     |
|                 | 6  | Rent/facility costs . . . . .   |              |                        |                                     |
|                 | 7  | Food and beverages . . . . .  |              |                        |                                     |
|                 | 8  | Entertainment . . . . .   |              |                        |                                     |
|                 | 9  | Other direct expenses . . . . .                                       |              |                        |                                     |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . .  |              |                        |                                     |
|                 | 11 | Net income summary Subtract line 10 from line 3, column (d) . . . . . |              |                        |                                     |

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

|          |   | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming          | (d) Total gaming                    |
|----------|---|---|---|---------------------------|-------------------------------------|
|          |   |   |   |                           | (add column (a) through column (c)) |
| REVENUE  | 1 | Gross revenue . . . . .   |   |                           |                                     |
|          | 2 | Cash prizes . . . . .   |   |                           |                                     |
| EXPENSES | 3 | Noncash prizes . . . . .  |   |                           |                                     |
|          | 4 | Rent/facility costs . . . . .   |   |                           |                                     |
|          | 5 | Other direct expenses . . . . .   |   |                           |                                     |
|          | 6 | Volunteer labor . . . . .   | Yes _____ %<br>No _____ %                     | Yes _____ %<br>No _____ % | Yes _____ %<br>No _____ %           |
|          | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . .        |   |                           |                                     |
|          | 8 | Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . |   |                           |                                     |

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

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

b If 'No,' explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

b If 'Yes,' explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in

|                               |      |   |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility         | 13 b | % |

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information.

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

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Other expenses (describe in Schedule O)

OTHER EXPENSES 36,799.

Total 36,799.