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Form **990**

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 04-01-2015

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

and ending 03-31-2016

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

	eck if a Tress ch	pplicable nange	C Name of organization SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW		D Employer identification number 75-0575065					
	me cha	_	Doing business as FORT WORTH STOCK SHOW &	RODEO						
	ial retu	ırn		x if mail is not delivered to street address)	Room/suite	E Te	ephone r	number		
┌ Fin reti		mınated	PO BOX 150	N II main is not delivered to street address)	soom, saice	(8	17)87	7-2400		
•	ended olication	return n pending	FORT WORTH, TX 76101	, country, and ZIP or foreign postal code		G Gr	oss receip	ots \$ 23,771,069		
			F Name and address o	f principal officer	H(a) Is this a gr				
			BRADFORD S BARNES PO BOX 150		н	subordinate b) Are all sub		FYes ▼No FYes ▼No		
			FORT WORTH,TX 761	01		included?	ordinace	55 165 110		
T Ta	x-exem	npt status	<u> </u>	◀ (insert no)		-		st (see instructions)		
		•	WW FWSSR COM	4 (iiisele iio) 13 i7 (a)(1) 01 327	—— H(c) Group exe	mption	number 🟲		
	n of org rt I		n 🔽 Corporation 🗆 Trust 🗀 Asso	ociation Other -	L	Year of formation	1948	M State of legal domicile TX		
ГС			<u> </u>	ssion or most significant activities						
. Governance	PI O A LI	ROMOT THER L ND MA IVESTO	TE THE BREEDING, RAISING LIVESTOCK AND FARM PRO Y PROMOTE AND MAINTAI OCK INDUSTRY THE CORPO	CULARLY, THE CORPORATION IS OF AND MARKETING OF BETTER CAD DUCTS BY THE EXHIBITION OF SOME OF A SECTIONAL ORATION IS ADDITIONALLY FOR WORTH, TARRANT COUNTY, TEXA	TTLE, SWI AID STOCI ENDEAVO MED TO EN	NE, SHEEP, H K AND FARM F RS IN CONNE COURAGE, IN	ORSES, PRODU ECTION ISTRUC	, MULES, POULTRY AND CTS AT PUBLIC FAIRS, I WITH THE CT, AND PROMOTE THE		
Activities &	2 0	Check t	hıs box দ ıf the organızatıo	n discontinued its operations or disp	osed of mor	e than 25% of	its net	assets		
Ě	۱ ,	Numbar	of voting members of the gov	verning body (Part VI, line 1a)			з	149		
<u>P</u>	l			ers of the governing body (Part VI, II			4			
-	l		•	d in calendar year 2015 (Part V, line	•		5	944		
				e if necessary)			6	1,000		
				m Part VIII, column (C), line 12 .			7a	0		
	b N	et unrel	lated business taxable incom	ne from Form 990-T, line 34			7t			
		C	which are and supple (Daul)/I	II line 1h)	<u> </u>	Prior Yea	r 33,939	Current Year 696,030		
ā				ts (Part VIII, line 1h)				<u> </u>		
Revenue	10			lumn (A), lines 3, 4, and 7d)	<u> </u>		72,660 21,137			
æ	11	O the	r revenue (Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c, and 11	e)		-205	1,601		
	12		revenue—add lines 8 throug	h 11 (must equal Part VIII, column ((A), line	20,0	27,531	20,535,733		
	13	12) Grant	ts and similar amounts haid (Part IX, column (A), lines 1-3).		7 2	59,815	919,349		
	14			art IX, column (A), line 4)		,,_	0			
46	15	Salar	ries, other compensation, em		e benefits (Part IX, column (A), lines					
Expenses	16a	5-10	,	tIX,column(A),line11e)						
<u>⊕</u>	Ь		undraising expenses (Part IX, colun				0			
ш	17			(A), lines 11a–11d, 11f–24e)		14,6	37,184	14,855,566		
	18			(must equal Part IX, column (A), line	<u> </u>		, 36,706			
	19	Reve	nue less expenses Subtract	line 18 from line 12		-4,7	09,175	1,563,921		
Not Assets or Fund Balances					Ве	ginning of Curr	ent Year	End of Year		
3.45 3.45 4.45	20						01,267			
2 E	21						55,085			
	22 1 3 1		nature Block	ract line 21 from line 20		18,5	46,182	18,166,157		
Unde my ki	r pena nowled	alties of dge and as any k	perjury, I declare that I have	e examined this return, including acc I complete Declaration of preparer (c			on all i			
Sign		Sign	nature of officer			Date				
Here	e		ADFORD S BARNES PRESIDENT be or print name and title							
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	Check	f PTI	N		
Paid	ł		CHRIS GRASHER	CHRIS GRASHER		self-emplo	' l boo	.401035		
	a pare	;r ⊦	Firm's name F WHITLEY PENN L		•	Firm's EIN				
	On		Firm's address 1400 WEST 7TH S	STREET STE 400		Phone no	(817) 25	9-9100		
	_ •••	•	FT WORTH, TX 7	'6102						

Par		gram Service Accomplish		_
		•	y line in this Part III	<u> </u>
1	Briefly describe the organiza			
PURF PART AND BY TH AND FORM	OSES THE CORPORATION ICULARLY, THE CORPORAT MARKETING OF BETTER CATE EXHIBITION OF SAID STEDUCATIONAL ENDEAVORS	IS ORGANIZED TO HOLD AGR ION IS ORGANIZED AND OPE TTLE, SWINE, SHEEP, HORSES OCK AND FARM PRODUCTS A S IN CONNECTION WITH THE	EXCLUSIVELY FOR CHARITABLE, SCIE RICULTURAL FAIRS AND ENCOURAGE A RATED TO ENCOURAGE AND PROMOT MULES, POULTRY AND OTHER LIVEST T PUBLIC FAIRS, AND MAY PROMOTE A LIVESTOCK INDUSTRY THE CORPORA JCATION OF YOUTHS IN FORT WORTH,	GRICULTURAL PURSUITS E THE BREEDING, RAISING OCK AND FARM PRODUCTS ND MAINTAIN RESEARCH TION IS ADDITIONALLY
2		e any significant program servic	es during the year which were not listed or	
	If "Yes," describe these new			. Yes No
3	·		langes in how it conducts, any program	
•				
	If "Yes," describe these chan	ges on Schedule O		
4	expenses Section 501(c)(3)		s for each of its three largest program serve required to report the amount of grants and vice reported	
4a	(Code) (E	xpenses \$ 17,435,645 inc	luding grants of \$) (Revenue	e \$ 19,218,393)
	CATTLE AND AGRICULTURAL PROD VARIOUS PUBLIC COMPETITIONS, LIVESTOCK AND AGRI-BUSINESS F POSSIBLE FROM THROUGHOUT TH	DUCTS EACH YEAR THE STOCK SHOW O EXHIBITIONS AND ENTERTAINMENT SUG IELD BY RECOGNIZING AND REWARDIN	DER TO ENCOURAGE AND PROMOTE THE BREEDING, DRGANIZES AND ADMINISTRATES A WORLD CLASS SET THAT THE EVENT ENHANCES INTEREST AND ENCOURS OUTSTANDING ACHIEVEMENT IN THEM THE EVELOUND THE WORLD TO FORT WORTH, THE CITY OF IN PEOPLE	TOCK SHOW EVENT COMPOSED OF COURAGES PARTICIPATION IN THE NT ATTRACTS AS MANY VISITORS AS
4b	(Code) (E	xpenses \$ 193,825 inc	luding grants of \$ 193,825) (Revenu	e \$)
	SHOW EVENTS AND ITS VARIOUS A OF THE YEAR THIS ASSISTANCE IS PRESERVE THEIR ECONOMIC IMPA STOCK SHOW ARE TO THE BENEFI	ACTIVITIES ARE HELD AND WHICH ARE S TO ENSURE THE FACILITIES CONTINU ICT VALUE AS A MAJOR ASSET FOR THE IT OF AND TRANSFERRED TO THE CITY	ROGERS MEMORIAL CENTER, THE PHYSICAL FACILIT OTHERWISE USED FOR EQUESTRIAN AND LIVESTOC IE TO SERVE THE NEEDS OF THE PEOPLE AND THE C CITY OF FORT WORTH ALL PERMANENT IMPROVEN OF FORT WORTH SINCE MOVING TO THE WILL ROG ITY COSTING MORE THAN \$60 MILLION IN CURREN	K EVENTS THROUGHOUT THE BALANC PRGANIZATIONS USING THEM, AND TO MENTS MADE TO FACILITIES BY THE GERS MEMORIAL CENTER IN 1944, THI
4c	(Code) (E	xpenses \$ 725,524 inc	luding grants of \$ 725,524) (Revenu	e \$)
	IN SUPPORT OF OUR MISSION, TH ALIKE BY PROVIDING LEARNING OI EDUCATIONAL GRANTS AND CONT THROUGH VARIOUS STOCK SHOW SCHOLARSHIPS ARE AWARDED BY THE STOCK SHOW DIRECTLY TO T TOTAL AMOUNT AWARDED AND EIL THE RECIPIENT'S CHOICE IN ADD	E SOUTHWESTERN EXPOSITION AND LEPPORTUNITIES AND PROVIDING SCHOLARIBUTIONS TO VARIOUS CHARITABLE O DEPARTMENT SEACH DEPARTMENT IS THE VARIOUS DEPARTMENT SUPERINTI HE COLLEGE OR UNIVERSITY, ON A SENGHT SEMESTERS OF COLLEGE) ONCE FITION TO THE STOCK SHOW SCHOLARS	VESTOCK SHOW IS COMMITTED TO ADVANCING THI ARSHIP OPPORTUNITIES FOR THE YOUTH OF TEXAS RGANIZATIONS, THE STOCK SHOW MAINTAINS A VA RESPONSIBLE FOR RAISING THEIR SCHOLARSHIP F ENDANTS BASED ON DEPARTMENT SPECIFIC GOALS MESTER BASIS, IN AMOUNTS RANGING FROM \$500 T NROLLMENT HAS BEEN VERIFIED EACH SEMESTER B SHIP PROGRAMS, THE STOCK SHOW SUPPORTS SEV OVIDE OVER 420 SCHOLARSHIPS AND EDUCATIONA	E EDUCATION OF ADULTS AND YOUTH IN ADDITION TO PROVIDING IRIETY OF SCHOLARSHIP PROGRAMS UNDS EACH YEAR AND THE THE SCHOLARSHIPS ARE PAID OUT B' TO \$2,000 PER SEMESTER (BASED ON Y THE COLLEGE OR UNIVERSITY OF ERAL ORGANIZATIONS AND THEIR
	Other program services (De	ecribe in Schedule O \		
Tu	(Expenses \$	including grants of \$) (Revenue \$)
	Total program service expen		, (+	·

Form 990 (2015)	
Part IV	Checklist of Require	d Schedules

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

Par	t IV Checklist of Required Schedules (continued)			-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-	V	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a	Yes	
_	Part IV	28b	Yes	
C	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

Statements Regarding Other JRS Fillings and Tax Compliance Checker Schedule O. Contains a response or not to any live in this barry 1	orm	990 (2015)			Page 5
Section that number reported in Sax 3 of Form 1096 Enter-10- if not applicable 1a 5-6 1b 1c 5-6 1c 1c 1c 1c 1c 1c 1c 1	Par				
18 Enter the number reported in Sex 3 of Farm 1096 Enter -0 or first applicable 1		Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No.
be the organization comply with backup withhelding rules for reportable perspenses and reportable garming (samming) shimming to price without a provision of the provision of th	1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 546		1 65	
gamming (sambling) winnings to prize winners? 2 Enter the surber of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by the return of the statements, filed for the calendar year ending with or within the year covered by the return of the statements, filed for the calendar year ending with or within the year covered by the statements of the filed form of the covered by the statements of the filed form of the covered by the statements of the filed form of the covered by the statements of the filed form of the covered by the statements of the filed form of the statement of the statements of the filed form of the statements of the filed form of the statements of the form of the statements of the foreign country. (e.f. of the 3D, provide an explanation or statements for filed form) controlled form of the statements of the foreign country. (e.f. of the 3D, provide an explanation or statements for filed form) country. (e.f. of the statements of the foreign country. (e.f. of the statements of filed form) country. (e.f. of the organization as positive that of the organization file form 6586-77.) 5 Was the organization and one annual grows receipts that are normally greater than \$1.00,000, and did the organization solicit any contributions under section 170(c). 5 If Yes, 1 to line 5 and 5 b, did the organization file form 6586-77. 5 Committee organization and that were not tax deductable as charitable contributions or gifts were not tax deductable? 6 Organization that may receive deductable contributions under section 170(c). 7 Organization that may receive the desired form of the value of the poc	b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
Task Statements, filed for the calendar year ending with or rottins the year covered by this return. It is talkest one is reported on in e.g., did the organization file all required federal employment tax returns? Mode. The sum of films is a and 2 all surparet than 250, you may be required to e-file (see instructions). 3a			1c	Yes	
Let least one is reported on line 2 a, die the organization file all requires fidency and provided in the second of the file organization file as a feath of that organization file as a feath of that were not been second or the file organization		Tax Statements, filed for the calendar year ending with or within the year covered			
Note. If the sum of lines is and 2 as is greater than 250, you may be required to e-file (see instructions) 3	h	2) 1110 1011111 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	
a A1 any time during the calendary party calendary rear, of then consequently a cover, a financial account in a foreign country (such as a bank account; secunts a country). B ff Yes, "one the name of the foreign country (such as a bank account; secunts account; secunts account). B ff Yes, "one the name of the foreign country (such as a bank account; secunts account). See instructions for filing requirements for Find ER Form 114, Report of Foreign Bank and Financial Accounts (FeAR). See instructions for filing requirements for Find ER Form 114, Report of Foreign Bank and Financial Accounts (FeAR). See instructions for filing requirements for Find ER Form 114, Report of Foreign Bank and Financial Accounts (FeAR). See instructions for filing requirements for Find ER Form 114, Report of Foreign Bank and Financial Accounts (FeAR). See instructions for filing requirements for Find ER Form 184, Report of Foreign Bank and Financial Accounts (FeAR). So Was the organization for filing requirements for Find ER Form 184, Report of Foreign Bank and Financial Accounts (FeAR). So Was the organization for filing requirements for Find ER Form 184, Report of Foreign Bank and Financial Accounts (FeAR). So Was the organization for filing requirements for Find ER Form 184, and the companization foreign and the organization solic any continuous on their any continuous of the form 184, and the organization foreign and solic any continuous filing form 186, and the organization foreign and payment in excess of \$75 made partly as a contribution and partly to goods and services provided to the payor? Did the organization required deductible contributions under section 170(c). Did the organization required forms \$20.2 filed during the year. If Yes, indicate the number of Forms \$2.2 filed during the year. Did the organization foreign and the payment in excess of \$75 made partly as a contribution of more than one state of the foreign and the payment in excess of \$75 made payment in excess of \$75 made payment in excess of \$75 m					
4a A tamp time during the callender year, all the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, secunities account, or other financial accounts over, a francial account in a foreign country (such as a bank account, secunities account, or other financial accounts of the property of the pro	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
over, a financial account, in a foreign country (such as a bank account, secunities account, or other financial accounts (FAAR) b) If Yes, a tenter the name of the foreign country. Bese instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FAAR) Saw Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So No If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? So No If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? So No If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T7 So No If Yes,' to line 5a or 5b, did the organization file form 8886-T7 So No If Yes,' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? Organization solicit any contributions that were not tax deductible? Organization that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? Did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise disposes of tangible personal property for which it was required to file Form 88.2822 a filed during the year. To Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To No If the organization received a contribution of qualified intellectual property, did the organization file a Form 88.99 as required? Form 10.98-C? Sonosing organization make any taxable distributions under section 4966? Jo Did the sponsoning organization make any taxable distributions under section 4966? Jo Did the sponsoning organization make any taxable distributions under section 4966? Jo Did the sponsoning organization make any taxable distributions under section 4966? Jo Section 501(Cy) organizations. Enter Intelligency the form 10.91 form 10.91? Socion 4947(a)(1) non-exempt cha		over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 11"res," to line 5 a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? b 11"res," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization that may receive deductible contributions under section 170(c). b 11"res," did the organization notify the dinner of the value of the goods or services provided? 7 Did the organization of the exhange, or otherwise dispose of tangible personal property for which it was required to file form 8282? d 11"res," did the organization of the value of the year 7d 7d 7b 7es 7d 7d 7b 7es 7d		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
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required?	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a Gross income from members or shareholders		facilities			
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against amounts due or received from them)					
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additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
to Enter the amount of reserves on hand		additional information the organization must report on Schedule O	13a		
14a Did the organization receive any payments for indoor tanning services during the tax year?		in which the organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
			\vdash		No
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			1/2015

Part VI	Governance	. Management,	and Disclosure

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 142			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	\vdash		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	
	The second of th		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
 14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1 63	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100	103	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	-00		
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. 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, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶BRADFORD S BARNES 3400 BURNETT TANDY DRIVE FORT WORTH, TX 76107 (817) 877-2400

Check if Schedule O contains a response or note to any line 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

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

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

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

(A)	(B)			(C)				(D)	(E)	(F)
Name and Title	hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	ighest compensated imployee (e) employee Afficer Institutional Trustee Individual trustee or director		Highest compensated employee Key employee Officer		2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
See Additional Data Table										
						<u> </u>				Form 990 (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han on is a directional	ne l both	oox, an d	officer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		l g;	Trustee			∏sat				
			_			2				
See Additional Data Table										
		-								
		<u> </u>								
1b Cub Tabal						<u> </u> 		1	<u> </u>	<u> </u>
1b Sub-Total		· ection A	٠.							
d Total (add lines 1b and 1c) .						►		1,317,801	0	320,696
2 Total number of individuals (in \$100,000 of reportable compe						d abov	e) wł	no received more th	an	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

	Yes	No
3		Νo
4	Yes	
5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
RAFTER G RODEO COMPANY	RODEO STOCK CONTRACTOR	536,000
9140 CR 353		
TERRELL, TX 75161		
DAVID HUDGINS	MAINTENANCE SERVICES	283,947
839 DEER TRAIL		
GORDON, TX 76454		
COBURN'S CATERING	CATERING CONTRACTOR	238,833
801 N MAIN STREET		
FORT WORTH, TX 76164		
REAL SCREEN VIDEO	VIDEO SCREEN CONTRACTOR	166,000
4801 S BULLARD CHAPEL RD		
TISHOMINGO, OK 73460		
REATA RESTAURANTS MGMT CO	CATERING CONTRACTOR	162,961
310 HOUSTON STREET		
FORT WORTH, TX 76102		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 14

Part V	4 🛊 🛊 1	Statement o						_
		Check if Schedi	ule O contains a respor	ise or note to any lir	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue
						exempt	business	excluded from
						function revenue	revenue	tax under sections
								512-514
u 22	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ies 1b					
Gra no	c	Fundraising eve	ents 1c					
s, (Ar	`							
siff Iar	d	Related organiz	zations 1d					
Contributions, Giffs, and Other Similar A	e	Government grant	s (contributions) 1e					
on: Si	f	All other contribution	ons, gifts, grants, and 1f	696,030	<u> </u>			
uti 1er	•	sımılar amounts no		· · ·				
eii G	g	Noncash contribution 1a-1f \$	ons included in lines					
ont	h	Total. Add lines	s 1 a - 1 f		696,030			
<u>ه</u> ت	"	Total. Add lines	5 1 d - 1 1	· · · · •	030,030			
<u>e</u>				Business Code				
Program Serwce Revenue	2a	RODEO & LIVESTO	CK SHOW	900099	19,216,792	19,216,792		
⊋eγ	ь							
e I	c							
ir vi (d							
35	e							
Œ.	f	All other progra	om corvice revenue					
(Oct	•	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a-2f	🛌	19,216,792			
	3		ome (including dividen		336,553			336,55
			aramounts)		330,333			330,33
	4		stment of tax-exempt bond					
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	_	expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	3,519,139					
		assets other	3,313,133					
		than inventory						
	ь	Less cost or	2 224 202					
		other basıs and sales expenses	3,234,382					
	С	Gain or (loss)	284,757					
	d	Net gain or (los	ss)		284,757			284,757
<u>Ф</u>	8a	Gross income f	_					
둤		events (not inc	luding					
× A		of contributions	 s reported on line 1c)					
ά		See Part IV, lir						
ıer			a					
Other Revenue	ь	Less direct ex	penses b					
-	С	Net income or (loss) from fundraising	events 🕨				
	9a	Gross income f	rom gaming activities					
		See Part IV, lir	ne 19					
	_		а					
			penses b	_				
			loss) from gamıng actı') ا	vities				
	10a	Gross sales of returns and allo						
		recums and alle	a a	2,555				
	ь	Less costofa	oods sold b	, 954				
			(loss) from sales of inve		1,601	1,601		
	ٺ	Miscellaneous		Business Code	, -	, -		
	11a	sccnaneou:		Business code				
	b							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions	🛌	_			
	I			- ا	20,535,733	19,218,393	0	621,310

	990 (2015)				Page 1
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	this Part IX	(B)	(C)	 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	480,784	480,784		
2	Grants and other assistance to domestic individuals See Part IV, line 22	438,565	438,565		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16		,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	500,000	400,000	100,000	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,032,881	1,829,593	203,288	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	325,031	273,026	52,005	
9	Other employee benefits				
10	Payroll taxes	338,985	301,697	37,288	
11	Fees for services (non-employees)				
а	Management				
b	Legal	61,092		61,092	
C	Accounting	59,407	14,852	44,555	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	118,590		118,590	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,468	5,468		
12	Advertising and promotion	538,214	538,214		
13	Office expenses	48,834	48,834		
14	Information technology	48,819	48,819		
15	Royalties				
16	Occupancy	175,450	175,450		
17	Travel	48,493	48,493		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	109,401	109,401		
23	Insurance	430,056	430,056		
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 O)				
а	STOCK SHOW	6,346,352	6,346,352		
b	LIVESTOCK SALE	4,597,672	4,597,672		
c	RODEO	2,073,143	2,073,143		
d	POSTAGE	75,784	75,784		
e	All other expenses	118,791	118,791		
25	Total functional expenses. Add lines 1 through 24e	18,971,812	18,354,994	616,818	
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .	(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	656,896	1	65,873
	2	Savings and temporary cash investments	1,852,460	2	3,076,272
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	111,851	4	135,952
	5	Loans and other receivables from current and former officers, directors, trust key employees, and highest compensated employees Complete Part II of Schedule L	tees,	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined undesection $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete II of Schedule L		6	
Ŝ	_	Nahar and lasar massyrable mak		-	
⋖	7	Notes and loans receivable, net	24.400	7	20.470
	8	Inventories for sale or use			20,478
	9	Prepaid expenses and deferred charges	35,559	9	34,824
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2,03	37,283		
	Ь	Less accumulated depreciation 10b 1,41	16,168 629,126	10 c	621,115
	11	Investments—publicly traded securities	18,067,350	11	18,066,870
	12	Investments—other securities See Part IV, line 11	4,465,528	12	4,502,437
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	61,064	15	31,064
	16	Total assets.Add lines 1 through 15 (must equal line 34)	25,901,267	16	26,554,885
	17	Accounts payable and accrued expenses	144,901	17	153,422
	18	Grants payable	4,484,672	18	4,335,123
	19	Deferred revenue	640,000	19	560,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
шаршиеs	22	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	
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third partiand other liabilities not included on lines 17-24) Complete Part X of Schedule D	es,		
			2,085,512	25	3,340,183
	26	Total liabilities.Add lines 17 through 25	7,355,085	26	8,388,728
٠)		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and comple lines 27 through 29, and lines 33 and 34.	ete		
2	27	Unrestricted net assets	16,803,797	27	16,223,507
2	28	Temporarily restricted net assets	1,742,385	_	1,942,650
] ;	29	Permanently restricted net assets	.,,	29	.,,
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
5	30	complete lines 30 through 34.		30	
		Capital stock or trust principal, or current funds		1	
)	31	Paid-in or capital surplus, or land, building or equipment fund	•	31	
ī •	32	Retained earnings, endowment, accumulated income, or other funds	40 540 400	32	10 100 453
į	33	Total net assets or fund balances	18,546,182	+	18, 166, 157
	34	Total liabilities and net assets/fund balances	25,901,267	34	26,554,885

_	990 (2013)				Page 12
Par	Reconcilliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20,!	535,733
2	Total expenses (must equal Part IX, column (A), line 25)	2		18,9	971,812
3	Revenue less expenses Subtract line 2 from line 1	3		1,!	563,921
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			546,182
5	Net unrealized gains (losses) on investments	5			 547,358
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1.3	396,588
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			 166,157
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DIRECTOR

Software ID: **Software Version:**

EIN: 75-0575065

Name: SOUTHWESTERN EXPOSITION

AND LIVESTOCK SHOW

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Reportable Name and Title Position (do not check Average Reportable Estimated amount hours per more than one box, unless compensation compensation of other person is both an officer week (list from related compensation from the organizations (Wand a director/trustee) organization (Wany hours from the for related 2/1099-MISC) 2/1099-MISC) organization and Former O∰ TO ₽ Highest compensated employee Individual trustee or director organizations related nstitutional below employee organizations dotted line) Trustee 0 50 EDWARD P BASS Х Х 0 0 0 CHAIRMAN OF THE BOARD 1 00 40 00 BRADFORD S BARNES 488,692 Χ Χ 0 80,525 PRESIDENT/GENERAL MANAGER 0 50 0 50 CHARLIE GEREN Χ Χ 1,050 0 VICE PRESIDENT 0 50 CHARLES B MONCRIEF Х SECRETARY 0.50 RANDY RODGERS Χ Χ 0 0 0 TREASURER 0 50 W R WATT 1R Х Х 0 0 0 PRESIDENT EMERITUS 0 50 0 50 DAN L ADAMS DIRECTOR Χ 0 0 0 ELAINE B AGATHER Χ 0 0 0 DIRECTOR 0 50 ROSE ALVAREZ Χ 0 DIRECTOR 0.50 WILLIAM C ANDERSON 0 0 0 Χ DIRECTOR 0 50 LARRY ANFIN 0 0 Х 0 **DIRECTOR** 0 50 DAVE APPLETON DIRECTOR Χ 1,000 0 0 BILL BARCLAY Χ 0 0 0 DIRECTOR 0 50 LEE M BASS Χ 0 0 DIRECTOR 0.50 ED FARMER BEGGS II 0 0 0 Х DIRECTOR 0 50 GEORGE BEGGS IV 0 0 0 Χ DIRECTOR 0 50 MIKE BERRY Х 0 0 0 DIRECTOR PETE BONDS 0 0 0 DIRECTOR 0 50 BECKY RENFRO BORBOLLA 0 0 0 DIRECTOR 0 50 JOHN P BOSWELL 0 0 0 Χ DIRECTOR 0 50 MARTIN C BOWEN 0 Χ 0 0 DIRECTOR 0 50 VON R BOX Х 900 0 0 DIRECTOR 0 50 MADELON L BRADSHAW Χ 0 0 0 **DIRECTOR** 0 50 STEPHEN L BROTHERTON Χ 0 0 0 DIRECTOR 0 50 JON BRUMLEY 0 0 0 Χ

Compensated Employees, and Ind		ntracto 						1	1	1
(A) Name and Title	(B) Average hours per week (list any hours	Posit more to perso and a	tion (han o n is b	ne bo	ox,ι an o	ınless fficer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
JONNY BRUMLEY	0 50	х						0	0	0
DIRECTOR JIM CALHOUN JR	0 50									
DIRECTOR		×						0	0	0
MATTHEW CARTER	0 50									
DIRECTOR	1 00	×						0	0	0
JEFFREY H CONNER	0 50	,								
DIRECTOR		Х						0	0	0
A V CORPENING III	0 50	X						0	0	0
DIRECTOR								,		
TERRY R DALLAS	0 50	×						0	0	0
DIRECTOR	0 50									
J T DICKENSON		×						0	0	0
DIRECTOR W CRAIG DOYLE	0 50									
DIRECTOR		×						0	0	0
RALPH H DUGGINS	0 50									
DIRECTOR		x						0	0	0
ROY J EATON	0 50									
DIRECTOR		X						800	0	0
CRAWFORD EDWARDS	0 50							_	_	
DIRECTOR		X						0	0	0
JAY EWING	0 50	х						150	0	0
DIRECTOR TOM FELLER	0 50									
DIRECTOR		Х						0	0	0
ROB FELTON	0 50	×						0	0	0
DIRECTOR	0.50									
TED FORD	0 50	×						150	0	0
DIRECTOR	0 50									
DAVID GALLAGHER DIRECTOR		×						0	0	0
GILBERT GAMEZ JR	0 50									
DIRECTOR		×						0	0	0
JOHN T GAVIN	0 50									
DIRECTOR		X						0	0	0
BOB GLENN	0 50	х						450	0	0
DIRECTOR FRANK H GOLDTHWAITE JR	0 50									
DIRECTOR		×						0	0	0
BARRY GREEN	0 50									
DIRECTOR		Х						0	0	0
ROB GREEN	0 50	х						0	0	0
DIRECTOR MICHELE HAHNFELD	0 50									
DIRECTOR		х						0	0	0
JOSH HARBUCK	0 50							0	0	
DIRECTOR		Х						0	0	0
CHRIS HARRISON	0 50	x						200	0	0
DIRECTOR		<u> </u>								

Compensated Employees, and Ind		ntracto						I	I	ı ı
hours per m week (list pany hours			tıon (han o	ne b oth	ox,ι an o	ınless fficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MICHAEL B HARRISON DIRECTOR	0 50	х						400	0	0
DEBRA JOHNSON HEAD	0 50	<u> </u>						_	_	_
DIRECTOR		Х						0	0	0
JOHN HERNANDEZ	0 50	×						0	0	0
DIRECTOR	0.50							_	_	
ROBERT HEROD DIRECTOR	0 50	x						2,400	0	0
J D JOHNSON	0 50	×						0	0	0
DIRECTOR	2.52									
KATE JOHNSON	0 50	x						1,200	0	0
DIRECTOR	0 50									
W CLAY JONES DIRECTOR		×						0	0	0
JIM KELLEY	0 50									
DIRECTOR		×						350	0	0
DEE KELLY JR DIRECTOR	0 50	х						0	0	0
CARTER KING	0 50									
DIRECTOR		Х						0	0	0
J LUTHER KING JR	0 50	×						0	0	0
DIRECTOR SCOTT KLEBERG	0 50									
DIRECTOR		х						0	0	0
WILLIAM A LANDRETH JR DIRECTOR	0 50	х						0	0	0
MARK LANSFORD	0 50	х						300	0	0
DIRECTOR R MIKE LANSFORD	0 50									
DIRECTOR		×						300	0	o
ROBERT M LANSFORD	0 50									
DIRECTOR		X						400	0	0
CHARLES R LASATER DIRECTOR	0 50	х						1,840	0	0
KENNETH K LEIBER	0 50									
DIRECTOR		X						400	0	0
JASON LESIKAR DIRECTOR	0 50	х						400	0	0
JOHN L LEWIS	0 50	X						200	0	0
DIRECTOR		<u> </u>						200		
JAMES E LINK DIRECTOR	0 50	х						0	0	0
RAYMOND P LOPEZ	0 50	х						0	0	0
DIRECTOR MANUEL LOPEZ III	0 50						\vdash			
DIRECTOR		х						0	0	0
BRIAN LUIG DIRECTOR	0 50	х						0	0	0
LOUIS E MARTIN III	0 50									
DIRECTOR		X						0	0	0
	•	-			•	•				

Compensated Employees, and Ind		ntracto						ı	I	1
week (list any hours		Posit more ti perso and a	ion (han o n is b	ne b	ox,ι an o	ınless fficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
WILSON MARTIN	0 50	×						230	0	0
DAVID MCDAVID	0 50									
DIRECTOR		х						0	0	0
JOHN F MCMICHAEL	0 50									
DIRECTOR		X						0	0	0
RONNIE MCNUTT DIRECTOR	0 50	х						3,000	0	0
WILLIAM W MEADOWS	0 50	V						0	0	0
DIRECTOR		X						0	0	0
CLAYTON E MELTON	0 50	×						0	0	0
DIRECTOR	0.50									
JOHN MENZIES	0 50	×						500	0	0
DIRECTOR ROBERT H MERRILL	0 50									
DIRECTOR		х						0	0	0
A M MICALLEF	0 50									
DIRECTOR		X						0	0	0
MARY BETH MILLETT	0 50									_
DIRECTOR		X						1,000	0	0
BILLY MINICK	0 50	х						0	0	0
DIRECTOR		^						0		
PAM MINICK DIRECTOR	0 50	х						1,000	0	0
BILL MOBLY DIRECTOR	0 50	x						0	0	0
KIT MONCRIEF DIRECTOR	0 50	х						0	0	0
MIKE MONCRIEF	0 50	V								
DIRECTOR		X						0	0	0
JOSEPH A MONTELEONE DIRECTOR	0 50	x						0	0	0
BOB MOORHOUSE DIRECTOR	0 50	х						300	0	0
JAMIE MORGAN	0 50	х						0	0	0
DIRECTOR								,	-	
J TYLER MORRIS DIRECTOR	0 50	х						0	0	0
GREG MORSE DIRECTOR	0 50	x						0	0	0
CARL MULLINS DIRECTOR	0 50	х						0	0	0
DAN NANCE DIRECTOR	0 50	х						0	0	0
FLN NEVE DIRECTOR	0 50	х						0	0	0
PHILIP E NORWOOD DIRECTOR	0 50	Х						0	0	0
ERLE NYE DIRECTOR	0 50	Х						0	0	0
		<u> </u>	1			<u> </u>	1	1		<u> </u>

hours per week (list any hours for related organizations below dotted line) S DALE OUSLEY DIRECTOR Date of the per week (list any hours for related organizations below dotted line) Director x Director x	(F) Estimated amount of other compensation from the organization and related organizations
organizations below dotted line) S DALE OUSLEY DIRECTOR Organizations below dotted line) X DIRECTOR O 50 X DIRECTOR O 50 O 5	related organizations 0
DIRECTOR X 1,050 0	
0.50	0
1 C PACE TIL	0
X	
DIRECTOR HOWARD BENA 0 50	
X 0 0	0
DIRECTOR POSS REPOT ID 0 50	
ROSS PEROT JR O O O DIRECTOR	0
GERALD H PERRY 0 50	
DIRECTOR X 650 0	0
G MARTIN PHILLIPS 0 50	0
DIRECTOR	
ROY Т РПСОСК 0 50	0
DIRECTOR	
BILL POTEET III 0 50	0
DIRECTOR	
TRENT PRIM 0 50	0
SCOTT PRINCE 0 50	
DIRECTOR X 0 0	0
CHRIS QUINN 0 50	0
DIRECTOR X 0 0	0
F D QUINN III 0 50 X 250 DIRECTOR	0
WILLIAM D RATLIFF III 0 50 0 0	0
DIRECTOR BRECK DAY 0 50	
BRECK RAY X 0 0 0 0 DIRECTOR 0 10	0
GARY RAY 0 50	
X 0 0 0 DIRECTOR	0
THOMAS B REYNOLDS 0 50 DIRECTOR X 0 0	0
MARTIN RICHTER 0 50	
X	0
MARTY RICHTER 0 50 X 250 0	0
DIRECTOR	
MARY MARGARET RICHTER 0 50	0
KELLY RILEY 0 50	
X	0
GORDON H ROBERTS 0 50	
DIRECTOR	0
CHARLIE ROYER III 0 50	0
JAMES A RYFFEL 0 50	
DIRECTOR X 0 0	0
L J SADLOWSKI 0 50 X 0 0	0
DIRECTOR	
EDDIE SANDOVAL III 0 50 X 400 0	0
DIRECTOR	

Compensated Employees, and Ind		ntracto						i I	I	, .
week (list any hours			tıon (d han o	ne b oth	ox,ι an o	ınless fficer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MIKE SANDS	0 50	х						670	0	0
DIRECTOR	0 50									
THOMAS B SAUNDERS V		×						107,430	0	О
CHRIS SCHARBAUER	0 50									
DIRECTOR		×						0	0	0
ALAN SCHUTTS	0 50									
DIRECTOR		X						0	0	0
PHILIP L SCHUTTS	0 50	х						6,200	0	0
DIRECTOR								0,200		
ROBERT W SEMPLE	0 50	×						0	0	0
DIRECTOR	0 50									
MORRIS L SHEATS II		×						0	0	0
DANNY R SMITH	0 50									
DIRECTOR		×						0	0	0
JOHN R THOMPSON JR	0 50									
DIRECTOR		X						0	0	0
THEO THOMPSON	0 50	,,								
DIRECTOR		X						1,400	0	0
RANDY UPSHAW	0 50	X						500	0	0
DIRECTOR										
ROSARIO VILLALPANDO DIRECTOR	0 50	x						0	0	0
ADAM J WALDECK	0 50	Х						0	0	0
DIRECTOR	0 50									
MICHAEL D WARNERDIRECTOR		×						0	0	О
RANDY WATSON	0 50									
DIRECTOR		×						0	0	0
A B WHARTON	0 50	<u> </u>						_		
DIRECTOR		X						0	0	0
BERT WILLIAMS	0 50	x						0	0	0
DIRECTOR	0.50							,		
J R WILLIAMS III DIRECTOR	0 50	x						0	0	0
J ROGER WILLIAMS	0 20 0 50									
DIRECTOR		×						0	0	0
PHILIP C WILLIAMSON	0 50							_		
DIRECTOR		X						0	0	0
JAMES WOOD	0 50	×						0	0	0
DIRECTOR								· ·		
RODNEY WOODSON	0 50	×						0	0	0
DIRECTOR BORD WINICHT	0 50	-								
BOB R WRIGHT DIRECTOR		х						0	0	0
GEORGE M YOUNG JR	0 50	х						0	0	0
DIRECTOR		<u> </u>								
L O BRIGHTBILL III	0 50			х				o	0	0
HONORARY VICE PRESIDENT										

Compensated Employees, and Inde		ntracto	rs					1	I	ı
week (list any hours			ion (d han o	ne b	ox, u an o	ınless fficer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
		"	ê			sate မ				
R A BROWN HONORARY VICE PRESIDENT	0 50			х		_		0	0	0
R A CANTRELL JR	0 50									
HONORARY VICE PRESIDENT				Х				0	0	0
I B CHAPMAN II	0 50									
HONORARY VICE PRESIDENT				X				0	0	0
JOHN B COLLIER IV HONORARY VICE PRESIDENT	0 50			х				0	0	0
RICHARD L CONNOR HONORARY VICE PRESIDENT	0 50			х				0	0	0
EARL COX	0 50			x				0	0	0
HONORARY VICE PRESIDENT	0 50									
DAN CRAINE				х				0	0	О
HONORARY VICE PRESIDENT WILLIAM S DAVIS	0 50									
HONORARY VICE PRESIDENT				х				0	0	О
JOHN E DUDLEYHONORARY VICE PRESIDENT	0 50			х				0	0	0
JACK W FERRILL	0 50							_		
HONORARY VICE PRESIDENT				Х				0	0	0
GENE GRAY	0 50			х				0	0	0
HONORARY VICE PRESIDENT	0.50									
HARRY G HANSEN HONORARY VICE PRESIDENT	0 50			х				0	0	0
MARCUS HILL HONORARY VICE PRESIDENT	0 50			х				0	0	0
EDWARD HUDSON JR HONORARY VICE PRESIDENT	0 50			х				0	0	0
T E JERNIGAN HONORARY VICE PRESIDENT	0 50			х				0	0	0
WAYNE C JORDAN HONORARY VICE PRESIDENT	0 50			х				0	0	0
DEE J KELLY HONORARY VICE PRESIDENT	0 50			х				0	0	0
ARVIL J LEWIS HONORARY VICE PRESIDENT	0 50			х				0	0	0
G MALCOLM LOUDEN HONORARY VICE PRESIDENT	0 50			х				0	0	0
ANNE W MARION HONORARY VICE PRESIDENT	0 50			х				0	0	0
KAYE BUCK MCDERMOTT HONORARY VICE PRESIDENT	0 50			х				0	0	0
WILLIAM E MCKAY HONORARY VICE PRESIDENT	0 50			х				0	0	0
JOHN L MERRILL HONORARY VICE PRESIDENT	0 50			х				0	0	0
W A MONCRIEF JR	0 50			х				0	0	0
FRANK L NEVE III	0 50	-								
HONORARY VICE PRESIDENT				Х				0	0	0

Compensated Employees, and Ind		ntracto					1	1	1	1 1
(A) Name and Title			ion (e nan o	ne b oth ctor/	ox, u an of	nless ficer		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-MISC)	2/1099-M15C)	organization and related organizations
GARY H PACE HONORARY VICE PRESIDENT	0 50			х				0	0	0
LEONARD PAUL HONORARY VICE PRESIDENT	0 50			х				0	0	0
JOHN V ROACH HONORARY VICE PRESIDENT	0 50			х				0	0	0
MARSHALL T ROBINSON HONORARY VICE PRESIDENT	0 50			х				0	0	0
CHARLES R ROLLINS HONORARY VICE PRESIDENT	0 50			х				0	0	0
ABEL SANCHEZ HONORARY VICE PRESIDENT	0 50			х				0	0	0
TOM B SAUNDERS IV HONORARY VICE PRESIDENT	0 50			х				0	0	0
W A SCHMID III HONORARY VICE PRESIDENT	0 50			х				0	0	0
JOHN EARL SEELIG HONORARY VICE PRESIDENT	0 50			х				0	0	0
DAVID J SIMONS HONORARY VICE PRESIDENT	0 50			х				0	0	0
JOHN M STEVENSON HONORARY VICE PRESIDENT	0 50			х				0	0	0
VERNELL STURNS HONORARY VICE PRESIDENT	0 50			х				0	0	0
FRANK P TALLEY JR HONORARY VICE PRESIDENT	0 50			х				0	0	0
CLIFF TEINERT HONORARY VICE PRESIDENT	0 50			х				0	0	0
F HOWARD WALSH JR HONORARY VICE PRESIDENT	0 50			х				0	0	0
DON E WEEKS HONORARY VICE PRESIDENT	0 50			х				0	0	0
TOM L WOODWARD HONORARY VICE PRESIDENT	0 50			х				0	0	0
GINNY BROWN ACCOUNTING MANAGER	40 00					х		130,331	0	46,219
DANA LEWIS ADMINISTRATIVE MANAGER	40 00					х		133,117	0	72,747
BRUCE MCCARTY DEPARTMENT MANAGER	40 00					х		169,238	0	40,483
PAM WRIGHT DEPARTMENT MANAGER	40 00					х		138,516	0	29,041
SUSIE MITCHELL OFFICE MANAGER	40 00					х		116,337	0	51,681
	1							ı		·

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public

Inspection

		he organization					Employer identifica	ation number
		ERN EXPOSITION OCK SHOW					75-0575065	
	rt I		c Charity S	Status (All organiza	tions must co	mnlete this n		ns
		zation is not a private fo		, ,				
1	- J	A church, convention			= -			
2	<u></u>	A school described in						
3	<u>'</u>		=		· ·		* *	
		A hospital or a cooper						:\
4	Γ	A medical research or hospital's name, city,	-	erated in conjunction v	vitn a nospitai d	escribed in sec	XION 17U(D)(1)(A)(III). Enter the
5	\vdash	An organization opera		nefit of a college or un	iversity owned	or operated by	a governmental unit o	described in section
•	,	170(b)(1)(A)(iv). (Co		-	iversity owned	or operated by	a governmentar ame e	resembed in Section
6	Γ	A federal, state, or loc	•	•	described in se	ction 170(b)(1	.)(A)(v).	
7	Г	An organization that n	ormally receiv	es a substantial part	of its support fr	om a governme	ntal unit or from the o	general public
		described in section 1	70(b)(1)(A)(v	/i). (Complete Part II)	-		
8	Г	A community trust des	scribed in sect	ion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	굣			ves (1) more than 33				
								331/3% of its support
		from gross investmen					1 tax) from businesse	es acquired by the
10	\vdash	An organization after Jun		ee section 509(a)(2).			509(a)(4)	
11	<u>'</u>	5	•	•	•	•		out the nurneses of
11	ı	An organization organi one or more publicly s						
		the box in lines 11a th						
а	Γ	Type I. A supporting o	_	, .		-	•	
		supported organization			-	ty of the directo	ors or trustees of the	supporting
	_	organization You mus						
Ь	ı	Type II. A supporting						
		management of the su			same persons t	nat control or n	nanage the supported	organization(s) You
_	\vdash	must complete Part IN Type III functionally i			n onerated in co	nnnection with	and functionally inter	grated with its
•	'	supported organization	_		•	,		gracea with, its
d	Γ	Type III non-function						janization(s) that is
		not functionally integra					ement and an attentiv	eness requirement
	_	(see instructions) You						
e	ı	Check this box if the o	_				s a Type I, Type II, T	ype III functionally
f	Ento	integrated, or Type III r the number of support						
g g	Liite	Provide the following i					· · · · · · · —	
y		Frovide the following in	mormation abo	out the supported orga	iiiizatioii(s)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nan	ne of s	supported organization	. ,	Type of	Is the organ		A mount of	A mount of other
				organızatıon	listed in your	governing	monetary support	support (see
				(described on lines	docume	nt?	(see instructions)	ınstructions)
				1-9 above (see				
				ınstructions))				
					Yes	No		
					1 162	140		1

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, <u>, , , , , , , , , , , , , , , , , , </u>		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
7	A mounts from line 4						
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 VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
	33 1/3% support test—2015.If the	-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	and stop here. The organization qui 33 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported organic not check a box	anızatıon on lıne 13 or 16a			► □
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	—2015. If the organization meets the fa	anization did not o	check a box on lir tances test, chec	ck this box and st	op here. Explain	orted ▶□
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd stop here.	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	- '

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.)

Se	ction A. Public Support	•			•		İ	
	Calendar year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
	iscal year beginning in) F Gifts, grants, contributions, and	. ,		· ,	` '			
1	membership fees received (Do	222 554	455.056					
	not include any "unusual grants ")	398,551	457,876	575,060	633,938		694,980	2,760,405
2	Gross receipts from admissions,							
	merchandise sold or services performed, or facilities furnished							
	in any activity that is related to	15,137,151	15,951,536	17,051,095	18,580,810	19	,219,347	85,939,939
	the organization's tax-exempt							
_	purpose Gross receipts from activities							
3	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or							
	facilities furnished by a							
	governmental unit to the							
6	organization without charge Total. Add lines 1 through 5	15,535,702	16,409,412	17,626,155	19,214,748	19	,914,327	88,700,344
7a	Amounts included on lines 1, 2,	, ,	, ,	, ,	, ,			, ,
	and 3 received from disqualified							0
	persons Amounts included on lines 2 and							
b	3 received from other than							
	disqualified persons that exceed		18,392	4,443	91,950		89,473	204,258
	the greater of \$5,000 or 1% of		10,332	4,443	51,550		03,473	204,230
	the amount on line 13 for the year							
c	Add lines 7a and 7b		18,392	4,443	91,950		89,473	204,258
8	Public support. (Subtract line 7c							88,496,086
	from line 6)							
36	ction B. Total Support Calendar year						- 1	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) ⊤otal
9	Amounts from line 6	15,535,702	16,409,412	17,626,155	19,214,748	19,	914,327	88,700,344
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents,	359,712	288,487	356,631	437,724		336,553	1,779,107
	royalties and income from	333,712	200,107	333,331	.57,72		330,333	2,,201
	sımılar sources							
b	Unrelated business taxable income (less section 511							
	taxes) from businesses							
	acquired after June 30, 1975							
C	Add lines 10a and 10b	359,712	288,487	356,631	437,724		336,553	1,779,107
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							
	VI)							
13	Total support. (Add lines 9,	15,895,414	16,697,899	17,982,786	19,652,472	20,	250,880	90,479,451
14	10c, 11, and 12) First five years.If the Form 990 is	for the organizati	on's first, second	third_fourth_or f	ifth tax vear as a	section 5	<u> </u>) organization.
	check this box and stop here	Tor the organizati		,			(0)(0	, organization,
	ction C. Computation of Pul							
15	Public support percentage for 201			13, column (f))		15		97 810 %
16	Public support percentage from 20					16		97 690 %
	ction D. Computation of Inv			-				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	nn (f))	17		1 970 %
18	Investment income percentage fro	m 2014 Schedule	A, Part III, line 1	. 7		18		2 110 %
	33 1/3% support tests—2015.If th							

b 33 1/3% support tests—2014. 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 did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

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

DLN: 93493273009046

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

nme of the organization UTHWESTERN EXPOSITION			Employer identification number
D LIVESTOCK SHOW			75-0575065
	aining Donor Advised Fun atıon answered "Yes" on For	ds or Other Similar Fun	
	(a) Donor advis	ed funds	(b)Funds and other accounts
Total number at end of year			
Aggregate value of contributio year)	ns to (during		
Aggregate value of grants from	(during year)		
Aggregate value at end of year			
Did the organization inform all do funds are the organization's prop			advised Yes No
Did the organization inform all graused only for charitable purposes conferring impermissible private	and not for the benefit of the don		
	ents. Complete if the organi	zation answered "Yes" on	
Purpose(s) of conservation easer Preservation of land for public Protection of natural habitat Preservation of open space	nents held by the organization (cluse (e g , recreation or education	n) Preservation of an hi	istorically important land area rtified historic structure
Complete lines 2a through 2d if t easement on the last day of the t		onservation contribution in the	e form of a conservation
casement on the last day of the t	ax year		Held at the End of the Year
Total number of conservation eas	ements		2a
Total acreage restricted by conse	ervation easements		2b
Number of conservation easemer	ts on a certified historic structure	e included in (a)	2c
Number of conservation easemer historic structure listed in the Na		1/17/06, and not on a	2d
Number of conservation easemer	ts modified, transferred, released	, extinguished, or terminated	by the organization during the
tax year ►			
Number of states where property	subject to conservation easemen	tus located b	
Does the organization have a writ violations, and enforcement of the	ten policy regarding the periodic	monitoring, inspection, handlii	− ng of ∀es
Staff and volunteer hours devoted year	l to monitoring, inspecting, handli	ng of violations, and enforcing	g conservation easements during the
-			
A mount of expenses incurred in r	nonitoring, inspecting, handling o	f violations, and enforcing con	servation easements during the year
► \$			
Does each conservation easement (B)(I) and section 170(h)(4)(B)(II		isfy the requirements of section	on 170(h)(4)
In Part XIII, describe how the organized balance sheet, and include, if appethe organization's accounting for	licable, the text of the footnote to		
t IIII Organizations Maint	aining Collections of Art, I		r Other Similar Assets.
If the organization elected, as pe works of art, historical treasures, service, provide, in Part XIII, the	mitted under SFAS 116 (ASC 95 or other similar assets held for p	8), not to report in its revenue ublic exhibition, education, or	research in furtherance of public
If the organization elected, as pe works of art, historical treasures, service, provide the following amo	rmitted under SFAS 116 (ASC 95 or other similar assets held for p	8), to report in its revenue st	atement and balance sheet
i) Revenue included on Form 990,			▶ \$
) Assets included in Form 990, Pa	·	ı	<u></u> -
If the organization received or he following amounts required to be	ld works of art, historical treasure	es, or other similar assets for 1	·
Revenue included on Form 990, F			► \$_
Assets included in Form 990, Pa	·		<u></u>
			· T

Part	1111	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal ·	Trea	sures,	or O	ther S	imilar A	ssets		
		the organization's acquisition, acce tion items (check all that apply)	ession, and other reco	ords, c	heck a						nıfıcant us	e of its		
a	Γ P	ublic exhibition		d	ı	Loa	nore	exchange	progr	ams				
ь	Г s	cholarly research		е	Γ	Oth	ier							
c	ΓP	reservation for future generations												
	Provi Part >	de a description of the organization's (III	s collections and exp	laın ho	w the	y furt	her th	ne organız	zation	's exem	pt purpose	ın		
		g the year, did the organization solic s to be sold to raise funds rather tha									┌ Yes	N	o	
Part	IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	t IV,	lıne 9, o	r rep	orted a	an amour	nt on Fo	orm	990,
		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intern	nediary	y for c	ontrıl	butior	ns or othe	erass	ets not	┌ Yes	- N	0	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowin	g tab	le				Am	ount		
c	Beg	ginning balance							1c					
d	A d	ditions during the year							1d					
e	Dis	tributions during the year							1e					
f	End	ding balance							1f					
2a	Dıd th	ne organization include an amount or	n Form 990, Part X, Iı	ne 21,	for es	crow	vorcu	ustodial a	ccour	nt liabili	ty? ☐ Yes	Ги	0	
b	If"Ye	s," explain the arrangement in Part	XIII Check here ıf th	ne expl	lanatı	on ha	ıs bee	n provide	ed in P	art XIII				Γ
Part	t V	Endowment Funds. Complete	te if the organization	on ans	swere	ed "Y	es" 1	to Form	990,	Part I\	/, line 10			
			(a)Current year	(b) P	rıor yea	ar	b (c)	Two years	back	(d) Three	years back	(e)Four	year	s back
1a	Begir	nning of year balance												
b	Cont	ributions · · · · · · ·												
	losse													
d	Grant	ts or scholarships												
е		r expenditures for facilities programs												
f	• Admi	nistrative expenses												
		of year balance												
_		de the estimated percentage of the o	current vear end hala	nce (lu	ne 1a	colu	ımn (a	a)) held as						
		I designated or quasi-endowment 🕨	currence year ena barar	1100 (111	nc ig,	COIU	(0	1)) IICIG G.	,					
		anent endowment 🕨												
	•	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c s	should equal 100%											
	organ	nere endowment funds not in the pos ization by	_		that a	are he	eld an	ıd admınıs	stered	for the		Ye	s	No
		related organizations			• •	•		•			_	(i)	+	
b :	If"Ye	lated organizations	ations listed as requir	red on	Sched	lule F						(ii) Bb		
		ribe in Part XIII the intended uses o		ndown	nent fu	ınds								
Part	VI	Land, Buildings, and Equiporal Complete of the organization a		orm C	990 E	Dart '	T\/ lı	ne 11a 9	See F	orm 90	n Dart λ	(line 1	ın	
		Description of property	HISWEICH TES TOT		ost or	(a)	basıs	(b) Cost or ot) her bas		Accumulated depreciation	(d)		value
1a - 1	and			\dashv	(mve	Juncil	i.,	(001)	ici)	+		\dashv		
		gs		. -						+		+		
		old improvements		<u> </u> '⊢					163,0	74	124,6	97		38,377
		nent		<u> </u>				1	,707,8		1,151,3		5	56,484
								<u> </u>	166,3		140,0	_		26,254

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

621,115

Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.	plete if the organiz	zation answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			- Court of the Cou
(2)Closely-held equity interests (3)O ther			
(A) FIXED INCOME - OTHER FUND		872,952	F
(B) MULTI-STRATEGY HEDGE FUND		913,777	F
(C) PRIVATE EQUITY FUND		2,120,758	F
(D) REAL ESTATE INVESTMENT TRUSTS		594,950	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	4,502,437	
Complete if the organization answered '	es' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization (a) Descrip		orm 990, Part IV, line 1:	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ		'Yes' on Form 990 Pa	
See Form 990, Part X, line 25.	(b) Book value	T	
1. (a) Description of Hability	(b) Dook value	\dashv	
Federal income taxes		\dashv	
DEFINED BENEFIT PLAN	3,340,18	3	
		_	
		_	
		1	
		-	

18,971,812

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	Return
1	Total revenue, gains, and other support per audited financial statements	1	18,474,156
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -547,358		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-1,942,992
3	Subtract line 2e from line 1	3	20,417,148
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 118,585		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	118,585
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	20,535,733
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pe	Return.
1	Total expenses and losses per audited financial statements	1	18,854,181
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		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	954
3	Subtract line 2e from line 1	3	18,853,227
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 118,585		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	118,585

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Return Reference	Explanation
PART X, LINE 2	FASB ASC TOPIC NO 740, INCOME TAXES, PRESCRIBES A COMPREHENSIVE MODEL FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS MANAGEMENT OF THE STOCK SHOW BELIEVES THAT IT HAS NOT TAKEN A TAX POSITION THAT, IF CHALLENGED, WOULD HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS THE STOCK SHOW FILES FORM 990 IN THE FEDERAL JURISDICTION WITHIN THE UNITED STATES AT MARCH 31, 2016, THE STOCK SHOW'S TAX RETURNS RELATED TO THE YEARS ENDED MARCH 31, 2013 THROUGH MARCH 31, 2015 REMAIN OPEN TO POSSIBLE EXAMINATION BY TAX AUTHORITIES NO TAX RETURNS ARE CURRENTLY UNDER EXAMINATION BY ANY TAX AUTHORITIES THE STOCK SHOW HAS NOT INCURRED ANY PENALTIES OR INTEREST UNDER FASB ASC TOPIC NO 740
PART XI, LINE 2D - OTHER ADJUSTMENTS	MERCHANDISE COST OF GOODS SOLD 954 EFFECT OF FASB STATEMENT NO 158 FASB STATEMENT 158 REQUIRES THE ASSOCIATION TO FULLY RECOGNIZE THE CHANGE IN THE UNDERFUNDED POSITION (THE DIFFERENCE BETWEEN THE FAIR VALUE OF PLAN ASSETS AND THE BENEFIT OBLIGATION) OF ITS POSTRETIREMENT BENEFIT PLAN IN THE BALANCE SHEET -1,396,588
PART XII, LINE 2D - OTHER ADJUSTMENTS	MERCHANDISE COST OF GOODS SOLD 954

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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Schedule I

(Form 990)

Department of the

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493273009046

Inspection

Treasury Internal Revenue Service Name of the organization **Employer identification number** SOUTHWESTERN EXPOSITION 75-0575065 AND LIVESTOCK SHOW Part I General Information on Grants and Assistance

Part I General Inform	ation on Grants	and Assistance					
 Does the organization main the selection criteria used Describe in Part IV the org 	to award the grants	orassistance?				ssistance, and	✓ Yes
Part II Grants and Other As	ssistance to Domest	ic Organizations and D		Complete If the organ	nization answered "Yes" o	n Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FORT WORTH MUSEUM OF SCIENCE AND HISTORY 1600 GENDY STREET FORT WORTH,TX 76107	75-0755335	501(C)(3)	50,000				EDUCATION
NORTH TEXAS CUTTING (2) CHAMPIONS 777 TAYLOR STREET SUITE 900 FORT WORTH,TX 76102	75-0275060	501(C)(6)	5,000				EDUCATION
NORTH TEXAS HIGH SCHOOL RODEO (3) ASSOCIATION PO BOX 79500 SAGINAW,TX 76179	23-7322039	501(C)(4)	5,000				EDUCATION
(4) SUSAN G KOMEN FOR THE CURE PO BOX 101328 FORT WORTH,TX 76185	75-1835298	501(C)(3)	21,700				EDUCATION
(5) NATIONAL MULTICULTURAL WESTERN HERITAGE MUSEUM 2401 SCOTT AVENUE FORT WORTH,TX 76103	75-2961984	501(C)(3)	10,000				EDUCATION
MUSTANG HERITAGE (6) FOUNDATION PO BOX 979 GEORGETOWN,TX 78626	88-0512149	501(C)(3)	21,649				EDUCATION
(7) LONGHORN COUNCIL BSA 850 CANNON DRIVE HURST,TX 76054	75-6104103	501(C)(3)	5,000				EDUCATION
(8) JUNIOR LEAGUE OF FORT WORTH 255 BAILEY AVENUE FORT WORTH,TX 76107	75-6022377	501(C)(3)	10,000				EDUCATION
(9) TARRANT AREA COMMUNITY OF CHURCHES 2601 CLOVER LANE FORT WORTH,TX 76107	75-6004721	501(C)(3)	15,000				EDUCATION
COOK CHILDRENS (10) MEDICAL CENTER 801 7TH AVENUE FORT WORTH,TX 76104	75-2051646	501(C)(3)	29,000				EDUCATION
TEXAS HIGH SCHOOL (11) RODEO ASSOCIATION 704 1/2 SOUTHVIEW CIRCLE CENTER,TX 75935	74-2093972	501(C)(3)	8,000				EDUCATION
(12) THE CLIBURN 2525 RIDGMAR BLVD STE	75-1098332	501(C)(3)	5,000				EDUCATION

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

2525 RIDGMAR BLVD STE

FORT WORTH, TX 76116

307

Part IIII Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EQUINE SCHOLARSHIPS	23	49,500			
(2) VARIOUS SCHOLARSHIPS	14	36,400			
(3) CALF SCRAMBLE STUDENT AG AWARDS AND SCHOLARSHIPS	301	226,500			
HEIFER BEEF CHALLENGE (4) SCHOLARSHIPS	34	70,500			
(5) ART CONTEST SCHOLARSHIPS	32	34,665			
(6) COMMERCIAL HEIFER SCHOLARSHIPS	8	6,000			
(7) TEXAS M A D E	9	15,000			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	FOR ALL SCHOLARSHIPS ISSUED BY THE ORGANIZATION, THE SCHOLARSHIP COMMITTEE REVIEWS THE APPLICANTS AND KEEPS A
	WRITTEN FILE ON EACH STUDENT AFTER THE WRITTEN CRITERIA HAS BEEN REVIEWED BY THE COMMITTEE, PROOF OF ELIGIBILITY
	FROM THE EDUCATIONAL INSTITUTION MUST BE VERIFIED ON BEHALF OF THE STUDENT BEFORE ANY FUNDS ARE DISBURSED GRANTS
	TO PUBLIC CHARITIES ARE GENERALLY PROVIDED FOR SPECIFIC PURPOSES ONLY MANAGEMENT MONITORS THE PROJECTS THROUGH
	THEIR COMPLETION. BUT GENERALLY DOES NOT REQUIRE ANY FORMAL REPORTING FROM THE RECIPIENT ORGANIZATION

Schedule I (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 75-0575065

Name: SOUTHWESTERN EXPOSITION

AND LIVESTOCK SHOW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT WORTH MUSEUM OF SCIENCE AND HISTORY 1600 GENDY STREET FORT WORTH,TX 76107	75-0755335	501(C)(3)	50,000				EDUCATION
NORTH TEXAS CUTTING CHAMPIONS 777 TAYLOR STREET SUITE 900 FORT WORTH,TX 76102	75-0275060	501(C)(6)	5,000				EDUCATION
NORTH TEXAS HIGH SCHOOL RODEO ASSOCIATION PO BOX 79500 SAGINAW,TX 76179	23-7322039	501(C)(4)	5,000				EDUCATION

Form 990,Schedule I, Part	t II, Grants and	Other Assistance	to Domestic Orga	nizations and D	<u>omestic Governme</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN FOR THE CURE PO BOX 101328 FORT WORTH,TX 76185	75-1835298	501(C)(3)	21,700				EDUCATION
NATIONAL MULTICULTURAL WESTERN HERITAGE MUSEUM 2401 SCOTT AVENUE FORT WORTH,TX 76103	75-2961984	501(C)(3)	10,000				EDUCATION
MUSTANG HERITAGE FOUNDATION PO BOX 979 GEORGETOWN,TX 78626	88-0512149	501(C)(3)	21,649				EDUCATION

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , ,	(h) Purpose of grant or assistance
LONGHORN COUNCIL BSA 850 CANNON DRIVE HURST,TX 76054	75-6104103	501(C)(3)	5,000				EDUCATION
JUNIOR LEAGUE OF FORT WORTH 255 BAILEY AVENUE FORT WORTH,TX 76107	75-6022377	501(C)(3)	10,000				EDUCATION
TARRANT AREA COMMUNITY OF CHURCHES 2601 CLOVER LANE FORT WORTH,TX 76107	75-6004721	501(C)(3)	15,000				EDUCATION

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	to Domestic Orga	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOK CHILDRENS MEDICAL CENTER 801 7TH AVENUE FORT WORTH,TX 76104	75-2051646	501(C)(3)	29,000				EDUCATION
TEXAS HIGH SCHOOL RODEO ASSOCIATION 704 1/2 SOUTHVIEW CIRCLE CENTER,TX 75935	74-2093972	501(C)(3)	8,000				EDUCATION
THE CLIBURN 2525 RIDGMAR BLVD STE 307 FORT WORTH,TX 76116	75-1098332	501(C)(3)	5,000				EDUCATION

DLN: 93493273009046

OMB No 1545-0047

2015

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHWESTERN EXPOSITION

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

AND LIVESTOCK SHOW 75-0575065

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		,			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> - - </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat apply				
	✓ Compensation committee	Г	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, or a related organization	, Part VI	I, Section A, line ${f 1a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	itions mi	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported on Form 990, Part VII,					
	subject to the initial contract exception described i					
	ın Part III			8		Νo
9	If "Yes" on line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	$\overline{}$							
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 BRADFORD S BARNES PRESIDENT/GENERAL	(i)	328,692	160,000	0	58,659	21,866	569,217	0
MANAGER	(ii)	0	0	0	0	0	0	0
2 GINNY BROWN ACCOUNTING MANAGER	(i)	115,331	15,000	0	37,373	8,846	176,550	0
	(ii)	0	0	0	0	0	0	0
3 DANA LEWIS ADMINISTRATIVE MANAGER	(i)	118,117	15,000	0	63,901	8,846	205,864	0
	(ii)	0	0	0	0	0	0	0
4 BRUCE MCCARTY DEPARTMENT MANAGER	(i)	152,238	17,000	0	31,601	8,882	209,721	0
	(ii)	0	0	0	0	0	0	0
5 PAM WRIGHT DEPARTMENT MANAGER	(i)	123,516	15,000	0	20,159	8,882	167,557	0
	(ii)	0	0	0	0	0	0	0
6 SUSIE MITCHELL OFFICE MANAGER	(i)	106,337	10,000	0	42,861	8,820	168,018	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

Part III Supplemental Information

Return Reference

PART I, LINE 1A

COUNTRY CLUB DUES WERE PAID ON BEHALF OF BRADFORD BARNES THE ORGANIZATION'S BOARD OF DIRECTORS DO NOT RECEIVE ANY COMPENSATION FOR SERVING IN THEIR CAPACITY AS A BOARD MEMBER, BUT CERTAIN BOARD MEMBERS DO RECEIVE COMPENSATION FOR VARIOUS SERVICES THEY PERFORM DURING THE ANNUAL SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW

Schedule J (Form 990) 2015

DLN: 93493273009046

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2015

OMB No 1545-0047

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► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the or SOUTHWESTERN E							En	ıploye	r identi	fication	number		
AND LIVESTOCK S Part I Exc		: Transactio	nc (costion	F01(a)(2) as	action FO1/a)	(4) and E01/a		-057		(براه م			
		ianization answe									40b		
1 (a) Nan	ne of disqualifi	ied person	(b) Rel	•	ween disquali ganization	fied person and	d (c	-	cription saction	of	(d) Corre		
				01	yanızatıon			train	Saction		Yes	No	
							+						
2 Enter the a	amount of tax	incurred by org	anızatıon ma	nagers or dis	qualified pers		yearı	ınder:	section • \$				
	· · · · ·	of any, on line 2	· · · · ·	· · · mhursed hv tl	 he organizatio			. '	► \$ ► \$				
					ne organizatio			•	- Ψ				
		/or From Ir organization and			0 E7 Dav+ V	line 30a er Fe	. rm 00	0 Day	+ T\/	. 26 .	r if tha		
		orted an amoun				line 38a, or Fo)rm 99	o, Par	t IV, III	ie 26, 0	rirthe		
(-) N	I (II) Deletere	-1 (-2	1 (1)	L _	14-30	(6) D = 1 = = = =	()	T	71.		(:))////		
(a) Name of interested	(b) Relations with	ship (c) Purpose of	(d) Loan or from th		(e)Original principal	(f) Balance due		efault? Approved by board or					
person	organizatio	on loan	organizatio	n?	amount					rd or			
			To	From	-		Yes	No	commi [*]	No	Yes	No	
			1 "	110111				110	1.05	"	1.05	110	
			1										
			1							-			
Total		<u> </u>								1			
	ants or Ass	sistance Ben	efiting In	terested F	Persons.								
Col	mplete if the	organization	answered	"Yes" on Fo	orm 990, Pa								
(a) Name of i		(b) Relationsh interested pers		(c) A mount	of assistance	e (d) Type (ofassi	stance	e (e)	Purpos	e of assı	stance	
perso		organiza											

	i s involving interested ation answered "Yes" on F		ne 28a. 28b. or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organi: reven	f zatıon'
				Yes	No
(1) PHILIP WILLIAMSON	EMPLOYEE/OFFICER OF WILLIAMSON- DICKIE MFG CO AND DIRECTOR OF ORGANIZATION	,	WILLIAMSON-DICKIE MANUFACTURING COMPANY PROVIDED SPONSORSHIPS TO THE STOCK SHOW		No
(2) AM MICALLEF	CHAIRMAN OF REATA RESTAURANT MGMT CO,LLC AND DIRECTOR OF ORGANIZATION	169,325	OPERATED RESTAURANTS AND MEMBERSHIP CLUB ON THE STOCK SHOW GROUNDS UNDER A CONCESSION AGREEMENT		No
(3) JAMES WOOD	O WNER	212,000	NORTH TEXAS CHEVY DEALERS PROVIDED SPONSORSHIPS TO THE STOCK SHOWS		No
(4) MARK LANSFORD	EMPLOYEE OF XTO ENERGY	150,000	XTO ENERGY PROVIDED SPONSORSHIPS TO THE STOCK SHOWS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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

DLN: 93493273009046

OMB No 1545-0047

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW

Employer identification number

75-0575065

990 Schedule O. Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DAN L ADAMS AND BILL BARCLAY HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	MARTIN BOWEN, EDWARD P BASS, AND LEE BASS HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	EDWARD P BASS AND LEE M BASS HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	ROBERT M LANSFORD, MARK LANSFORD, AND R MIKE LANSFORD HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	CHARLES B MONCRIEF, KIT MONCRIEF, BRADFORD S BARNES, CHARLIE ROYER III, ED FARMER BEGGS II, GEORGE BEGGS IV, AND CHARLIE GEREN HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	PAM MINICK AND BILLY MINICK HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	KENNETH K LEIBER, PETE BONDS, CRAWFORD EDWARDS, AND WR WATT JR HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	CHRIS QUINN AND F D QUINN III HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	JOHN P BOSWELL, CHARLIE GEREN, GREG MORSE, AND DEE KELLY JR HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	MIKE BERRY AND ROSS PEROT JR HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	MATTHEW R CARTER AND EDWARD P BASS HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	CRAWFORD EDWARDS, CHARLIE GEREN, MARTY RICHTER, MARY MARGARET RICHTER, MARTIN RICHTER, AND RANDY RODGERS HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	JON BRUMLEY AND JONNY BRUMLEY HAVE A FAMILY AND BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	PHILIP L SCHUTTS, ALAN SCHUTTS, AND CHARLIE ROYER III HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	MORRIS L SHEATS AND JOHN R THOMPSON JR HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	PHILIP L SCHUTTS, ALAN SCHUTTS, AND J R WILLIAMS III HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	RAYMOND P LOPEZ AND MANUEL LOPEZ III HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	RANDY RODGERS AND J LUTHER KING, JR HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	TOM FELLER, RANDY WATSON, JAMIE MORGAN, AND KELLY RILEY HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	LOUIS E MARTIN III AND KATE JOHNSON HAVE A FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental	Intermation
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JIM CALHOUN JR AND THOMAS B SAUNDERS V HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	W R WATT JR , RANDY RODGERS, LUTHER KING, AND BOB GLENN HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	BRADFORD BARNES AND RODNEY WOODSON HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	GILBERT GAMEZ JR AND CHARLIE GEREN HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	FLN NEVE AND TREY QUINN HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	TERRY DALLAS AND JOHN T GAVIN HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	MICHELE HAHNFELD AND ADAM WALDECK HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	G MALCOLM LOUDEN, F HOWARD WALSH, JR , AND ROB GREEN HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	MICHAEL B HARRISON AND CHRIS HARRISON HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	TRENT PRIM AND BRAD BARNES HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	WILLIAM ANDERSON AND WILLIAM D RATLIFF III HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	SCOTT PRINCE AND F D QUINN III HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	ALAN SCHUTTS AND PHILIP SCHUTTS HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	THEO THOMPSON AND GORDON ROBERTS HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	MARTIN RICHTER, MARTY RICHTER, AND MARY MARGARET RICHTER HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	PETE BONDS AND BILL ANDERSON HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	MARTIN BOWEN AND MATTHEW CARTER HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 2	WILLIAM MEADOWS AND ED BASS HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS ARE CHOSEN BY A MAJORITY VOTE FROM A NOMINATING COMMITTEE AND ELECTED BY A MAJORIT Y VOTE OF THE MEMBERS MEMBERS DO NOT RECEIVE ANY COMPENSATION FOR SERVING IN THEIR CAPACI TY AS A MEMBER AND NO PART OF THE ORGANIZATION'S EARNINGS OR ASSETS SHALL EVER INURE TO TH E BENEFIT OF THE MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS ELECT THE BOARD OF DIRECTORS AT AN ANNUAL MEETING EACH YEAR

990 Schedule O, S	upplemental Information
Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE TAX RETURN IS REVIEWED IN DETAIL AND APPROVED BY THE AUDIT COMMITTEE, AND PRIOR TO IT BEING FILED A COPY IS PROVIDED TO ALL MEMBERS OF THE EXECUTIVE COMMITTEE WHICH HAS BEEN DELEGATED WITH THE PRIMARY POWER OF GOVERNANCE BY THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 12C	THE EXECUTIVE COMMITTEE MEETS ONCE A YEAR TO DETERMINE IF ANY ONE OR ANY TRANSACTION HAS VIOLATED THE CONFLICT OF INTEREST POLICY
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE, IN RECOMMENDING SUCH COMPENSATION, AND THE EXECUTIVE COMMITTEE , IN APPROVING SUCH COMPENSATION, SHALL FOLLOW THREE STEPS FIRST, EACH COMMITTEE SHALL ME ET IN SESSIONS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WIT H RESPECT TO THE COMPENSATION ARRANGEMENT SECOND, EACH COMMITTEE SHALL OBTAIN AND RELY UP ON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION THIRD, EACH COM MITTEE SHALL ADEQUATELY DOCUMENT THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING ITS DETERMINATION
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS AVAILABLE UPON REQUEST
FORM 990, PART VII	THOMAS B SAUNDERS V IS COMPENSATED BY THE ORGANIZATION FOR CATTLE HE SUPPLIES TO THE HORSE SHOWS AND RANCH RODEOS
FORM 990, PART XI, LINE 9	EFFECT OF FASB STATEMENT NO 158 FASB STATEMENT 158 REQUIRES THE ASSOCIATION TO FULLY RECO GNIZE THE CHANGE IN THE UNDERFUNDED POSITION (THE DIFFERENCE BETWEEN THE FAIR MARKET VALUE OF PLAN ASSETS AND THE BENEFIT OBLIGATION) OF ITS POSTRETIREMENT BENEFIT PLAN IN THE BALA NCE SHEET -1,396,588
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE PROCESS FROM PRIOR YEARS

DLN: 93493273009046

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

OMB No 1545-0047

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► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Name of the organization SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW 75-0575065

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number

	- · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	·····		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		ne organization an	swered "Yes"	on Form 990, Pa	art IV, line 34 because it h	ad one
(a)	(b)	(c)	(d)	(e)	(f)	(g)

Section 512(b) Name, address, and EIN of related organization Primary activity Legal domicile (state Direct controlling Exempt Code section Public charity status or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No PROVIDE SUPPORT TO THE (1)EVENT FACILITIES FORT WORTH INC 501(C)(3) 11A, TYPE I TX No 505 MAIN SUITE 240 SOUTHWESTERN EXPOSITION & LIVESTOCK SHOW FORT WORTH, TX 76102 26-0011624 (2)AGRICULTURAL DEVELOPMENT FUND TO PAY A PREMIUM/BONUS TO 501(C)(3) ΤX No PO BOX 150 OWNERS OF LIVESTOCK FORT WORTH, TX 76101 75-1824668

Selleddie IX (1 0	MIII 330/2013										raye
	dentification of Related Organizations Taxable as ecause it had one or more related organizations treated			•		ation answ	ered "Yes	" on Form 9	990, Part IV	/, line 34	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(F
	Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disproprtionate	Code V-UBI	General or	Percei
	related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocations?	amount in box	managing	owne
			(state or	entity	unrelated,		assets		20 of	partner?	

Name, add related (rèss, and EIN of organization		Legal domicile (state or foreign country)	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate ations?	e Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	ral or aging ner?	Percentage ownership
				314)			Yes	No		Yes	No		
		_	_						·				_

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?		_
								Yes	No	_

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?								
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
b Gift, grant, or capital contribution to related organization(s)				1b		No				
c Gift, grant, or capital contribution from related organization(s)				1c		No				
d Loans or loan guarantees to or for related organization(s)				1d		No				
e Loans or loan guarantees by related organization(s)				1e		No				
f Dividends from related organization(s)				1f		No				
g Sale of assets to related organization(s)				1g		No				
h Purchase of assets from related organization(s)				1h		No				
i Exchange of assets with related organization(s)				1i		No				
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes					
I Performance of services or membership or fundraising solicitations for related organization(s) . $$.				11		No				
m Performance of services or membership or fundraising solicitations by related organization(s)										
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes					
o Sharing of paid employees with related organization(s)				10	Yes					
p Reimbursement paid to related organization(s) for expenses				1p		No				
q Reimbursement paid by related organization(s) for expenses				1q	Yes					
r Other transfer of cash or property to related organization(s)				1r		No				
s Other transfer of cash or property from related organization(s)				1s		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	nvolved					
L)AGRICULTURAL DEVELOPMENT FUND - GENERAL & ADMINISTRATIVE EXPENSES	Q	67,204	FMV							
2)AGRICULTURAL DEVELOPMENT FUND - LIVESTOCK PREMIUMS	Q	4,013,455	FMV							

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	ı	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	ı
	•		•	_	•	•	•		•	•			•

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015