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DLN: 93493178004167

# Form **990**

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

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

▶ Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/foim990">www.IRS.gov/foim990</a>

2015

Open to Public Inspection

	eck if applicable	C Name of organization	ning 09-01-2015 , and ending 08-31-2	016	D Empl	oyer id	entification number		
_	ddress change	HOUSTON LIVESTOCK SHOW AND	O RODEO INC			14285			
·	ame change	% JENNIFER HAZELTON  Doing business as				14203	, ,		
	nitial return	Doing Dualitess as							
	ınal /termınated		f mail is not delivered to street address) Room/	suite	E Teleph	none nui	mber		
_	nended return	THREE NRG PARK			(832	) 667-	1000		
Ap	pplication pendin	City or town, state or province, of HOUSTON, TX 77054	ountry, and ZIP or foreign postal code		<b>G</b> Gross	receipts	s \$ 124,494,323		
		<b>F</b> Name and address of prin	cipal officer	H(a) I	s this a grou	n retur	n for		
		JENNIFER HAZELTON THREE NRG PARK			subordinates?	•	⊤ Yes 🗸		
		HOUSTON,TX 77054			No Are all subord	linatec			
<b>I</b> Ta	x-exempt statu	s 501(c)(3) 501(c)()	<b>◄</b> (insert no ) 4947(a)(1) or 527		ncluded?	illiates	□Yes □ No		
J W	<b>/ebsite: ►</b> ww	ww hisr com		l	f "No," attac Group exemp		(see instructions)		
<b>K</b> Fon	m of organizatio	n 🗸 Corporation 🗀 Trust 🗀 Asso	ociation Other ►	<del></del>	of formation 1		State of legal domicile TX		
-									
16		nmary	ion or most significant activities						
		HEDULE O	ion of most significant activities						
e C									
Governance									
/eII	2 Check t	:his box ▶ ☐ if the organization	discontinued its operations or dispose	d of more tl	nan 25% of it	s net a	nssets		
6 5									
	3 Number	of voting members of the gove	rnıng body (Part VI, line 1a)			3	407		
Activīties &	4 Number	of independent voting member	s of the governing body (Part VI, line 1	b)		4	390		
<u> </u>	<b>5</b> Total nu	umber of individuals employed i	n calendar year 2015 (Part V, line 2a)			5	1,244		
Aci		•	fnecessary)			6	32,000		
			Part VIII, column (C), line 12			7a	-375,116		
	<b>b</b> Net unre	lated business taxable income	from Form 990-T, line 34	· · ·		7b	-375,116		
					Prior Year	0.6.2	Current Year		
<u>ā</u>		ributions and grants (Part VIII	41,979	· +	40,486,130				
Ravenue	_	ram service revenue (Part VIII stment income (Part VIII, colu	74,319		75,585,182 5,959,472				
R		er revenue (Part VIII, column (A	<u>.</u>	-406,991 -460,43					
		l revenue—add lines 8 through							
	12)				123,850	,/95	121,570,346		
	<b>13</b> Gran	ts and similar amounts paid (Pa	art IX, column (A), lines 1–3)		11,116	,141	13,303,677		
		fits paid to or for members (Par		0	0				
SS.	15 Salar 5-10		oyee benefits (Part IX, column (A), lines	5	17,053	17,053,203 17,731,4:			
Expenses		,	IX, column (A), line 11e)			0			
кре		fundraising expenses (Part IX, column	, ,,						
ū			.), lines 11a–11d, 11f–24e)		77,204	,573	78,764,247		
			must equal Part IX, column (A), line 25)		105,373		109,799,362		
	19 Reve	nue less expenses Subtract lu	ne 18 from line 12		18,476	,878	11,770,984		
Net Assets or Fund Balances				Beginn	ıng of Current	Year	End of Year		
alar	<b>20</b> Total	l assets (Part X, line 16)			251,204	,792	257,015,085		
A B		l liabilities (Part X, line 26) .			66,144		66,327,196		
χŢ	<b>22</b> Net a	Net assets or fund balances Subtract line 21 from line 20							
		nature Block							
my k		d belief, it is true, correct, and c	examined this return, including accomp omplete Declaration of preparer (other						
					2017-06-26				
Sigr	י זן וי	nature of officer			Date				
Her	1 321	NNIFER HAZELTON CFO pe or print name and title							
	<b>       </b>	Print/Type preparer's name	Preparer's signature	Date		PTIN			
Paid	4	ERIC M MCNEIL	ERIC M MCNEIL	2017-06-23	Check If self-employed	P0046	50263		
		Firm's name PricewaterhouseCoo	opers LLP		Firm's EIN >	1			
	parer	Firm's address ▶ 2001 MARKET ST SU	JITE 1800		Phone no (26	7) 330-	3000		
USE	Only	ΡΗΤΙ ΔΩΕΙ ΡΗΤΔ ΙΡΑ	19103						

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
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? If "Yes," complete Schedule D, Pait V 🛸	10		No
	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	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	<b>11</b> c		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? <i>If "Yes," complete Schedule D, Part IX</i> 2	<b>11</b> d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14</b> b	Yes	
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
16	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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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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	
22	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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 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?	<b>24</b> c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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
26	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	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . $$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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 197  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>90</b>	1 (2015)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   3,646		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
	''			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		103	
	file Form 8282?	<b>7</b> c		No
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e		No 
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
	required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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			
_	Enter the amount of reserves on hand	!!		l I
1/1~	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l No

#### Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction 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 407			
	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 390			
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		N o
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10</b> b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	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? <i>If "Yes," describe in Schedule O how this was done</i>	<b>12</b> c	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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)			
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?	<b>16</b> a		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	ction C. Disclosure			
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.			
	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			
20	State the name, address, and telephone number of the person who possesses the organization's books and record  ▶JENNIFER HAZELTON THREE NRG PARK HOUSTON, TX 77054 (832) 667-1225	s		

Part VII

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

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

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

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

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

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

See Additional Data Table	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	tion i han d on is	one I both	oox, an o /tru:	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
	See Additional Data Table										
		+									
					_						

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

Section A. Officers, Directors, Trustees, key Employees, and Ingliest Compensated Employees (Communication)											
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d on is l	one I both ctor	box, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estima amount of compen from	ated of other sation the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiza	ed
See Additional Data Table						_					
	-				_						
					<u> </u>						
					$\vdash$						
	+				$\vdash$						
	-				-						
	+										
1b Sub-Total						<u> </u>		<u> </u>			
c Total from continuation sheet	.     .    .    . ts to Part VII, S	ection A	٠.			. 🕨					
d Total (add lines 1b and 1c) .						▶		3,229,358	0		748,299
Total number of individuals (in \$100,000 of reportable comp						d abov	e) wł	no received more th	aan		
										Yes	No
3 Did the organization list any for on line 1a? If "Yes," complete 5						emplo	yee,	or highest compen		<b>3</b> Yes	
For any individual listed on lin organization and related organization.										<b>4</b> Yes	
5 Did any person listed on line 1 services rendered to the organ						-		-	or individual for	5	No
Section B. Independent Co											

1 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
LD SYSTEMS INC, PO BOX 10620 HOUSTON, TX 77206	AUDIO/VIDEO SERVICES	3,502,577
RAY CAMMACK SHOWS INC, 4950 West Southern Ave LAVEEN, AZ 85339	CARNIVAL SERVICES	3,898,849
TRANSPORTATION MANAGEMENT SERVICES, 17810 MEETING HOUSE ROAD SUITE 200 SANDY SPRING, MD 20860	TRANSPORTATION	2,829,343
CACTUS COMMERICIAL INC, 12705 S KIRKWOOD SUITE 200 STAFFORD, TX 77477	WRHSE CONSTRUCTION	2,161,329
ARAMARK SPORTS AND ENTERTAINMENT, TWO NRG PARK HOUSTON, TX 77054	FOOD SERVICES	2,138,120
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 78

Form 99								Page <b>9</b>
Part V	/III	Statement o						_
		Check If Sched	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					312 311
ants	ь	Membership du	ies <b>1b</b>	4,275,524				
G. Gr	С	Fundraising eve	ents <b>1c</b>	556,688				
iffs. ar A	d	Related organiz	zations 1d					
s, G imil	e	Government grants	s (contributions) 1e					
tion r Si	f	All other contribution	ons, gifts, grants, and 1f	35,653,918				
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines	161,900				
G and and	h	Total. Add lines	s 1a-1f	· · · •	40,486,130			
<u> </u>				Business Code				
Program Service Revenue	2a	RODEO SHOW REC	CEIPT	711300	75,585,182	75,585,182		
9∓	b c							
Ž.	d							
<i>3</i> 5	e							
grar	f	All other progra	am service revenue					
å	g	Total. Add lines	s 2a-2f	•	75,585,182			
	3		ome (including dividen		2,125,891			2,125,891
	4		ar amounts)	F	0			2,123,072
	5	Royalties		🕨	0			
		_	(ı) Real	(II) Personal				
	6a	Gross rents	667,085					
	b	Less rental expenses	859,145					
	C	Rental income or (loss)	-192,060	0				
	d	Net rental inco	me or (loss)		-192,060		-192,060	
	7a	Gross amount from sales of assets other than inventory	(i) Securities 3,833,581	(II) O ther				
	b	Less cost or other basis and sales expenses	0					
	c d	Gain or (loss)	3,833,581		3,833,581			3,833,581
Other Revenue		Gross income f events (not inc \$556	rom fundraising luding ,688 s reported on line 1c)		, ,			, ,
e v		See Fare IV, III	a a	282,630				
<u>.</u>	Ь		penses b	367,911				
Oth	c 9a	Gross income f	(loss) from fundraising from gaming activities ne 19	events ▶	-85,281			-85,281
	b	Less direct ex	a penses b (loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo		<b>•</b>				
			a	1,446,464				
	b	_	oods sold <b>b</b> (loss) from sales of inv	1,696,921	-250,457	-41	-250,416	
	F	Miscellaneous		Business Code	230,137	11	230,110	
	11a	MATTRESS FII TO MEMBERS/	RM E-MAIL OFFER VOLUNTEERS	900099	9,560		9,560	
	ь	COCA-COLA S	SPONSORSHIP	900099	10,000		10,000	
	С	SCHAEFER RA MAIL OFFER T	NCHWEAR E-	900099	28,680		28,680	
	d	MEMBERS/VO			19,120		19,120	
	e	Total. Add lines	s 11a-11d	•	67,360			
	12	Total revenue.	See Instructions .	🕨	121 570 346	75 585 141	-375 116	5 874 191

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	13,303,677	13,303,677		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	13,303,077		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,387,602	713,493	1,595,466	78,643
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	169,371	,		169,371
7	Other salaries and wages	11,449,407	7,522,936	2,997,769	928,702
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,292,269	654,625	514,317	123,327
9	Other employee benefits	1,467,807	859,133	466,126	142,548
10	Payroll taxes		,	,	
		964,982	575,541	309,591	79,850
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	202,371		202,371	
С	Accounting	158,417	2,500	151,916	4,001
d	Lobbying	0	·	·	<del></del>
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	163,790		163,790	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,527,347	18,669,245	836,976	1,021,126
12	Advertising and promotion	3,227,040	3,016,891	23,236	186,913
13	Office expenses	1,614,792	1,172,863	182,691	259,238
14	Information technology	1,075,492	61,668	1,007,410	6,414
15	Royalties	0	01,000	1,007,110	0,111
16	Occupancy	1,860,069	1,556,147		303,922
17	Travel	123,920	70,889	40,267	12,764
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	123,920	70,889	40,207	12,704
19	Conferences, conventions, and meetings	29,042	19,097	8,920	1,025
20	Interest	724,716	724,716	0,320	1,023
21	Payments to affiliates	0	,24,,10		
22	Depreciation, depletion, and amortization	4,067,819	3,544,412	437,909	85,498
23	Insurance	1,078,015	565,599	441,448	70,968
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)	2,0,0,013	303,333	112,110	70,300
а	ENTERTAINER EXPENSES	9,529,657	9,529,657		
b	CONTRIBUTIONS TO SHOW EXHIBITO	7,458,377	7,458,377		
c	EQUIPMENT RENTAL & MAINT	7,841,318	7,459,657	178,991	202,670
d	FOOD AND BEVERAGE SERVICES	7,301,261	3,682,499	284,885	3,333,877
	All other expenses	11,780,804	9,397,432	932,922	1,450,450
25	Total functional expenses. Add lines 1 through 24e	109,799,362	90,561,054	10,777,001	8,461,307
26	Joint costs.Complete this line only if the organization	105,733,302	50,501,054	10,777,001	5,701,307
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here   (ASC 958-720)				rm <b>990</b> (2015)

Part X Balance Sheet

Par	τx	Charles Cahadula O contrara a resource of material and the Part V			_
		Check if Schedule O contains a response or note to any line in this Part X	(A)		· · · ·  ✓
			Beginning of year		End of year
	1	Cash-non-interest-bearing	21,676,111	1	17,747,510
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	2,489,316	4	2,243,316
Assets	5	Loans and other receivables from current and former officers, directors, trustees key employees, and highest compensated employees Complete Part II of Schedule L	, 0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			0
\$8 (	١ ـ	Notes and leave manuable and		6	7.053.889
A	7	Notes and loans receivable, net	7,586,529	7	
	8	Inventories for sale or use	559,981	8	326,995
	9	Prepaid expenses and deferred charges	720,404	9	839,495
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  136,995,084	4		
	b	Less accumulated depreciation <b>10b</b> 42,203,007	92,250,345	<b>10</b> c	94,792,077
	11	Investments—publicly traded securities	97,805,618	11	105,815,589
	12	Investments—other securities See Part IV, line 11	27,134,708	12	26,430,985
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	981,780	15	1,765,229
	16	Total assets.Add lines 1 through 15 (must equal line 34)	251,204,792	16	257,015,085
	17	Accounts payable and accrued expenses	5,701,288	17	6,180,107
	18	Grants payable	0	18	0
	19	Deferred revenue	27,534,300	19	27,654,844
	20	Tax-exempt bond liabilities	0	20	0
_	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
jabilities.	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.</u>		persons Complete Part II of Schedule L	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	22,571,429	23	17,642,858
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			10,337,518	25	14,849,387
	26	Total liabilities. Add lines 17 through 25	66,144,535	26	66,327,196
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>an</u>	27	Unrestricted net assets	185,060,257	27	190,687,889
Ba	28	Temporarily restricted net assets	0	28	0
Þ	29	Permanently restricted net assets	0	29	0
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Net Assets or Fund Balance		complete lines 30 through 34.		_	
et	30	Capital stock or trust principal, or current funds		30	
455	31	Paid-in or capital surplus, or land, building or equipment fund		31	
et 1	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	185,060,257	33	190,687,889
	34	Total liabilities and net assets/fund balances	251,204,792	34	257,015,085

orm	990 (2015)			F	Page <b>12</b>	
Par	t XI Reconcilliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		121,5	570,346	
2	Total expenses (must equal Part IX, column (A), line 25)	2		799,362		
3	Revenue less expenses Subtract line 2 from line 1	3		770,984		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u> </u>	
5	Net unrealized gains (losses) on investments	4		185,0	060,257	
•	Net difficulted gams (1055c5) of mivestificities	5		-1,8	394,680	
6	Donated services and use of facilities	6				
7	Investment expenses					
		7				
8	Prior period adjustments	8				
9	ther changes in net assets or fund balances (explain in Schedule O)					
		9	-4,248,6			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		190,687,889		
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>	
				Yes	No	
1	Accounting method used to prepare the Form 990	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie 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 separate basis, consolidated basis, or both	arate				
	Separate basis  Consolidated basis  Both consolidated and separate basis					
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		<b>2</b> c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A - 133?	e	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			

#### **Additional Data**

Software ID: Software Version:

**EIN:** 74-1142851

Name: HOUSTON LIVESTOCK SHOW AND RODEO INC

#### Form 990, Part III, Line 4a

**4a** (Code ) (Expenses \$ 77,257,377 including grants of \$ 0 ) (Revenue \$ 75,585,141 )

- The 2016 Houston Livestock Show and Rodeo had a 20-day total attendance of 2,462,030 visitors (all activities on the grounds) - The RODEOHOUSTON paid attendance record of 1,345,983 fans enjoyed action-packed rodeo performances and superstars in concert. Two RODEOHOUSTON performances landed in the list of the Shows top 20 paid Rodeo attendance records - The Worlds Championship Bar-B-Que Contest helped kick off the Show with 247,491 people in attendance from February 25 - 27 - RODEOHOUSTON committed more than \$2 1 million to its contestants in 2016 - The 2016 RODEOHOUSTON Super Series invited the worlds top rodeo athletes to compete in seven events, March 1-19 - Rodeo athletes competed for a share of \$1.74 million in prize money. Each event champion walked away from NRG Stadium with \$50,000, plus his or her winnings from the preliminary rounds - The RODEOHOUSTON Super Shootout North Americas Champions, presented by Crown Royal, was held Sunday, March 20, 2016 This one-day event featured champion athletes from eight of the best rodeos in the U.S. and Canada Contestants competed as individuals, and as part of a team consisting of event champions from each of the eight rodeos. With a total purse of \$250,000, the Super Shootout is among the richest one-day rodeo events in the world. Each champion earned \$25,000. This years livestock competitions and horse shows boasted 30,911 entries - Six Grand Champion and Reserve Grand Champion junior market and school art auction lots set or matched world or Show records -Junior auction sales totaled \$12,350,133 - The Junior Commercial Steer Sale totaled \$674,815 (live auction of choice steers) - The Houston Livestock Show and Rodeo Champion Wine Auction brought in \$1,420,351 - The Ranching and Wildlife Auction totaled \$372,835 - Calf scramble and judging contest winners received 414 certificates, each worth \$2,000, for a total of \$828,000 Calf scramble exhibitors from 2015 who returned with their steer and heifer projects to compete at the 2016 Houston Livestock Show received more than \$100,000 total in premiums and awards - The Houston Livestock Show and Rodeo contributed more than \$25 8 million in 2016 - \$12,981,000 in scholarships to be awarded this summer - \$7,463,250 for 2016 junior market show and School Art Auction exhibitors, and calf scramble participants - \$4,888,610 in educational program grants - \$525,400 in graduate assistantships - More than 32,000 volunteers on more than 100 different committees donated their time and talent to the show, reducing expenses and assisting in the above listed program accomplishments

## Form 990, Part III, Line 4b

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4b	(Code	) (Expenses \$	13,303,6//	including grants of \$	13,030,6// ) (Revenue \$	0)
	Houston Livestock Show an approximately \$16.7 million	5		,	Show & Rodeo Educational Fund (EIN	76-0260204) in support of

40.000.677.1.40

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Form 990, Part III, Line 4c (Code (Expenses \$ including grants of \$ (Revenue \$

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(F) Estimated amount of other compensation from the organization and related organizations

0

0

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	ors					1	i	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more t perso and a	tion ( han c in is b	ne b ooth	ox, an o	unles s ifficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	
Jack A Lyons	10 0									Γ
Chairman of the Board	1 0	×		×				0	0	
Jim Brock	5 0									
VP/Director (Through 5/31/16)	0 0	X		X				0	0	
Andrew Cantu Vice President/ Director	5 0	×		×				0	0	
Curtis Clerkley	5 0	х		x				0	0	Ī
Vice President/Director	0.0									
Michael C Curley  VP/Director (Starting 6/1/16)	5 0	х		х				0	0	
Michael W Galvan	0 0 5 0	X		X				0	0	Ì
VP/Director (Starting 6/1/16)	0.0	"		"						
Ronald E Gulihur	5 0									Ī

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Jeff Harns

Vice President/Director

Jeffrey Jeff Hayes

Parker Johnson

Vice President/Director

VP/DIRECTOR (THROUGH 5/31/16)

VP/Director (Starting 6/1/16)

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

compensation

from the

organization and related organizations

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Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	iste	es, I	<b>(</b> ey	Employees, Hig	hest
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position of the personal individual trustee or director	ion ( han o n is b	ne b oth	ox, i an o /trus	unless fficer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	5 0					<u> </u>			
Jeffrey M Jones VP/Director (THROUGH 5/31/16)	0 0	х		x				0	0
James Alan Kent VP/Director (Starting 6/1/16)	5 0	×		x				0	0
Gregory N Miller Vice President/Director	5 0	×		х				0	0
Gary Raymond Nesloney Vice President/Director	5 0	х		×				0	0
Michael K O'Kelley Vice President/Director	5 0	×		x				0	0
Patricia Pat Mann Phillips	5 0								

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Vice President/Director

Vice President/Director

Vice President/Director

Vice President/Director

VP/Director (THROUGH 5/31/16)

Tony Rich

Ken Shaw

Wesley Sinor

Robbie Smith

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount of other compensation from the

organization and related organizations

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs			-	_		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position Position Position Position Personal Individual trustee or director	ion ( nan o n is b	ne b ooth	ox, i an o /trus	unless fficer stee)	Former	( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
James R Taylor Vice President/Director	5 0	×		х				0	0
Archie R Thompson VP/Director (Starting 6/1/16)	5 0	×		х				0	0
Wendy Vandeventer VP/Director (starting 6/1/16)	5 0	х		х				0	0
Sharleen Walkoviak VP/Director (THROUGH 5/31/16)	5 0	Х		х				0	0
David Yates VP/Director (THROUGH 5/31/16)	5 0	Х		×				0	0
Jim Bloodworth  Executive Committee	2 5 0 25	х						0	0

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Don A Buckalew

Brady F Carruth

J M Clepper

Executive Committee

**Executive Committee** 

**Executive Committee** 

**Executive Committee** 

Tılman J Fertitta

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)
(B)
(C)
(D)
(E)

Reportable

	hours per week (list any hours	more t perso and a	n is b	ooth	an o	fficer		compensation from the organization (W-	compensation from related organizations (W-	of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated emptoxies	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
G Ray Hinsley III  Exec Committee (STARTING 6/16)	2 5  0 25	x						0	0	0
Wayne Hollis Jr  Executive Committee	2 5	х						0	0	0
JP Hunnicutt III Executive Committee	2 5	х						0	0	0
Don D Jordan  Executive Committee	2 5 0 25	х						0	0	0
Ed McMahon  Executive Committee	2 5  0 25	x						0	0	0
Chns Richardson  Executive Committee	2 5 0 25	х						0	0	0
Charles R Robinson  Executive Committee	2 5 0 25	х						0	0	0
John O Smith  Executive Committee	2 5 0 25	х						0	0	0
Paul G Somerville  Executive Committee	2 5 0 25	х						0	0	0
Korth A Stoffold	2 5									

**Executive Committee** 

(F)

Estimated amount

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

Director

Name and Title	A verage hours per week (list any hours	Posit more the perso and a	tion ( han o n is b	ne b oth	ox, ι an o	ınles s fficer		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
RH Stevens Executive Committee	2 5 0 25	×						0	0	0	
Joe Van Matre Executive Committee	2 5 0 25	Х						0	0	0	
P Michael Wells  Executive Committee	2 5 0 25	х						0	0	0	
James M Windham Jr Executive Committee	2 5 0 25	Х						0	0	0	
James A Winne III Chair Brd elect (beg 6/1/16)	10 0	Х		х				0	0	0	
JJ Acy Director	1 0	Х						0	0	0	
Joseph Adamek Director	1 0	Х						0	0	0	
Eduardo Aguirre Jr Director	1 0	×						0	0	0	
Mary Jane Albert Director	1 0	Х						0	0	0	
Gary Dean Allen	1 0										

(F)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	penaent cor	itracto	PFS					•	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more the perso	ion ( nan o n is b	ne b oth	ox, ι an o	unles s fficer		(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
Jimmie Allen Director	1 0	×						0	0
Russell Allen Director	1 0	x						0	0
Linda Alonzo-Saenz Director (Starting 6/1/16)	1 0	х						0	0
Scott Anderson Director	1 0	Х						0	0
Mane Denise Arcos Director	1 0	Х						0	0

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Skip Avara

Sam Ayers

Director

Bill Bailey

Director

Director

Director

David Baker

Stephanie Baird

Director (Starting 6/1/16)

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x			0	0	
X			0	0	

21,279

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(F) Estimated amount of other

compensation

from the

organization and related organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount

of other

compensation

from the

organization and related organizations

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Compensated Employees, and Inde				ıru	iste	es, i	ч	Employees, Hig	inest	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso	tion ( han o n is b	ne b oth	ox, ι an o	unles s fficer	5	(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	
Thomas J Baker III  Director	1 0	×						0	0	
Connard Barker Director	1 0	х						0	0	
Linda Sue Barnes Director	1 0	×						0	0	
Frank T Barnett Director	1 0	×						0	0	
Louis Bart  Director	1 0	×						0	0	
Jason Beal	1 0									

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C A Beasley

Robert L Becker Jr

Director

Director

Director

Director

Stuart Beken

James P Berger

DIRECTOR (THROUGH 6/1/16)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensation

from the

organization and related organizations

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Compensated Employees, and Inde	penaent cor	itracto	PFS					1	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position and a personal individual trustee	ion ( nan o n is b	ne b ooth	ox, ι an o	unless fficer tee)	Former	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
Roger Bethune Director	1 0	х						0	0
Jim Billings Director	1 0	х						0	0
Tucker Blair Director	1 0	х						0	0
Mike Blasingame Director	1 0	Х						0	0
Bryan Jay Blonder MD	1 0								

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Director (Starting 6/1/16)

Bill R Bludworth

Danny R Boatman

Terry Bodkin-Agris

William C Booher

Director

Fred Boas

Director

Director

Director

Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

compensation

from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs			•	•	. , ,	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more the perso	ion ( han o n is b	ne b ooth	ox, i an o	unles s ifficer	6	(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptoyee	Former	2/1099-MISC)	2/1099-MISC)
M David Boothe	1 0								
Director	0 0	×						0	0
Douglas B Bosch	1 0								
Director	0 0	×						0	0
CLAIR BRANCH	1 0								
DIRECTOR	0 0	×						0	0
CLAIR BARCLAY BRANCH	1 0								
Director	0 0	×						0	0
John R Braniff Director	1 0	×						0	0
John R Braniff Jr	1 0								
		X						0	0
Director	0 0								
Mike Brem	10	_						0	0

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Director

Director

Director

Director

Curtis Brenner

Karen Bridges

Brandon Lee Bridwell

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

> compensation from the

organization and

related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs			-	-		
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	Posit more the perso and a	nan ( nan o n is b i dire	ne b oth ctor,	ox, ι an o /trus	unless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former		
Pam Brooks Director	1 0	×						0	0
Terry Mack Brown Director	1 0	х						0	0
Susan Buddeke Director	1 0	×						0	0
Jane Burnap Director	1 0	×						0	0
Tim Burns Director	1 0	х						0	0

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Thomas A Burt

George A Buschardt

George A Buschardt Jr

Director (Starting 6/1/16)

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Director

Director

JL Butera

Director

Director

Richard B Butler

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion ( han o n is b	ne b oth ctor,	ox, ι an o /trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2,2033 (1186)		
Larry D Byars Director	1 0	×						0	0	
Kevin E Cagle Director	1 0	×						0	0	
Roger Camp Director	1 0	х						0	0	
Roger Campbell Director	1 0	х						0	0	
Roxie Regan Campbell	1 0	×						O	0	

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Director

Director

Director

Director

Director

Director

Rudy Cano

Beth Cardono

Larry L Carroll

Gene W Clark

Joseph E Chastang

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(F) Estimated amount of other

compensation

from the

organization and related

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)
(B)
(C)
(D)
(E)
Average
Position (do not check
Reportable
Reportable

Director

Name and Title	A verage hours per week (list any hours	Posit more t perso and a	tion ( han o n is b	ne b oth	ox, ι an o	ınles : fficer		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Chad J Clay Director	1 0	x						0	0	0
Robert Clay Director	1 0	х						0	0	0
Jill Clement EXECUTIVE DIR -ADMIN & TICKETS	50 0	Х						175,450	0	57,006
Michael E Clepper Director	1 0	х						0	0	0
Matthew T Cone Director (Starting 6/1/16)	1 0	Х						0	0	0
Thomas R Conner Director	1 0	Х						0	0	0
Howard Thomas Cordell Director	1 0	Х						0	0	0
Jerry M Crews Director	1 0	х						0	0	0
Michael A Curley Director	1 0	х						0	0	0
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount

of other

compensation from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs			•	-			
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	ion ( nan o n is b	ne b ooth	ox, i an o	unles s ifficer	5	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	
	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)	
John W Daubert	1 0	x						0	0	
Director	0.0									
Chuck Davis Director	1 0	x						0	0	
Robert N Davis Director	1 0	×						0	0	
Tom C Davis Director	1 0	х						0	0	
Gary Alan Debakey Director	1 0	х						0	0	
Edwin DeCora	1 0							_		

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Director

Director

Director

Director

Director

CR Devine

Carl Detering Jr

Gary Deitcher

George A DeMontrond III

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more the perso and a	tion ( han o n is b	ne b ooth ctor,	ox, ι an o /trus	inles s fficer tee)		(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			
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	2/1099-MISC)  2/1099-MISC)  Former Former Former  Formplovee  Rey employee			related organizations					
Tom E Dompier Director	1 0	×						0	0	0			
Rodney E Doutel Director	1 0	х						0	0	0			
Andrew Dow Director	1 0	х						0	0	0			
Douglas L Doyle Director	1 0	х						0	0	0			
Kevin D Duke Director	1 0	×						0	0	0			
Freeman B Dunn Director	1 0	×						0	0	0			

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W T Dunn

Director

Kelly Dunnavant

John L Ebeling

Jamie Ehrman

Director

Director

Director (Starting 6/1/16)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

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Al Farrack

Director

Name and Title	A verage hours per week (list any hours	Posit more th perso and a	ion ( han o n is b	ne b oth	ox, ι an o	ınles : fficer	5	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Roy L Elledge Jr	1 0	X						0	0	0
Director	0.0									
John D Ellis Jr	1 0	×						0	0	0
Director	0.0									
Chris Ennis Director	1 0	X						0	0	0
James C Epps III Director	1 0	Х						0	0	0
Suzanne H Epps Director	1 0	X						0	0	0
Warner D Ervin Director	1 0	X						0	0	0
Stephen Estes Director	1 0	X						0	0	0
Ronnie Eubanks Director	1 0	Х						0	0	0
Melba W Eveler Director	1 0	Х						0	0	0
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

> compensation from the

organization and

related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs					-	-
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Positi more til perso a an Individual trustee or director	ion ( han o n is b	ne b ooth	ox, i an o /trus	unless fficer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
Carolyn Faulk Director	1 0	х						0	0
Charles Fisher Director (Starting 6/1/16)	10	х						0	0
Thomas G Fleissner Director (Starting 6/1/16)	1 0	х						0	0
Charlene Casey Floyd Director	1 0	×						0	0
Alan Folger	1 0	x						0	0

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Director

Director

Director

Director

Director

A L Furnace

Terence H Fontaine

Michael S Francisco

Matthew R Fugua

Richard Lee Fugua II

Director (Starting 6/1/16)

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	Posit more ti perso and a	ion ( nan o n is b	ne b oth	ox, i an o	unles s fficer	5	( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		
Steve Ganey Director	1 0	х						0	0	0	
Juan Garcia Director	10	х						0	0	0	
Lyndal D Garner Director	10	×						0	0	0	
Gary T Garnson Director	1 0	×						0	0	0	
Diane Gautreaux Director	1 0	×						0	0	0	
Edward Gaylord Director	1 0	x						0	0	0	
George B Georgiades Director (Starting 6/1/16)	1 0	х						0	0	0	
Carruth Gerault Director	1 0	×						0	0	0	
Greg N Gerhart	1 0										

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Director

Director

John Giannukos

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount

of other

compensation from the

organization and related organizations

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Compensated Employees, and Inde				ITU	iste	es, i	<b>tey</b>	Employees, nig	inest
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	ion ( han o n is b	ne b ooth	ox, an o	unles s ifficer	6	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former		2/1099-MISC)
Gretchen Gilliam	1 0								
Director (Starting 6/1/16)	0 0	X						0	0
John Glithero Director	1 0	×						0	0
Gary Glover Director	1 0	×						0	0
Rey Gonzales Director	1 0	×						0	0
Steven H Gordon Director	1 0	X						0	0
Randy T Goshom  Director (Starting 6/1/16)	1 0	×						0	0

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Ricky A Greene

Wayne Greenwalt

Director (Starting 6/1/16)

Director

Red Griffin

Sidney Grisham

Director

Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

> compensation from the

organization and

related organizations

90,871

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305,940

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Compensated Employees, and Inde	pendent Cor	ntracto	rs				-	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position or director	ion ( han o n is b	ne b ooth	ox, ι an o	unless fficer stee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
Butch Guerrero Director	1 0	×					0	0
Robert Gulledge Director	1 0	х					0	0
Richard Gustafson Director	1 0	х					0	0
Freda J Guzman Director (Starting 6/1/16)	1 0	х					0	0
Joe Bruce Hancock JR	50 0							

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GENERAL MANAGER, DIRECTOR

William D Hanna

Jennifer Lynn Harmel

Darrell N Hartman

Michael Hartwig

Lance Heacock

Director

Director

Director

Director

Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Cor	ntracto	rs						
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position of director	ion ( han o n is b	ne b ooth	ox, ι an o	unless fficer stee)	( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	
Barney Hedrick Director	1 0	×					0	0	
Michael A Heim Director	1 0	×					0	0	
Linda Renee Henson Director	1 0	х					0	0	
Kathleen KAKI Herd Director	1 0	х					0	0	
Angela Hernandez	1 0								

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Director

Director

Director

Director

Director

Director

Naomi Hines

Arthur AL Herring

Jerry H Hickman

Brad Hildebrand

Jeffrey D Hildebrand

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(F) Estimated amount of other

> compensation from the

organization and related organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

of other

compensation from the

organization and related organizations

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Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ıste	es, i	<b>(</b> ey	Employees, Hig	hest
<b>(A)</b> Name and Tıtle	(B) A verage hours per week (list any hours for related	Posit more ti perso and a	ion ( han o n is b	ne b oth ctor	ox, ι an o	unless fficer itee)	_	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former		
D Scott Hinsley Director	1 0	х						0	0
Wayne Hinton Director (Starting 6/1/16)	0 0	x						0	0
Jennifer Hirsch Director	1 0	х						0	0
Robert Hodge Director	1 0	x						0	0
Robert V Holland Jr Director	1 0	×						0	0
Chester B Howard	10							_	_

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Director

Kenneth Hucherson

Dick Hudgins

Enc Huegele

Phillip Mason Hunt

Director

Director

Director

Director (THROUGH 6/1/16)

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion ( han o n is b	ne b ooth	ox, u an of trus	nless ficer tee)		<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> 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	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
Robert E Hunter Director	1 0	×						0	0	0	
Janice Hutchinson Director	1 0	х						0	0	0	
John A Hutchison Director	1 0	x						0	0	0	
Robert Charles Hux Director	1 0	×						0	0	0	
Steven Edward Jackson Director	1 0	×						0	0	0	
Jim J Janke Director	1 0	Х						0	0	0	
Jessie Jewell Director	1 0	х						0	0	0	
Alicia B Jimerson-Knox Director (Starting 6/1/16)	1 0	×						0	0	0	
Curtis Jones	10										

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Director

Director

William L Jordan III

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

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Director

Tom Laird

Director

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<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion ( han o n is b	ne b oth	ox, ι an o	inles s fficer	5	( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> 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	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
J Kelly Joy Director	1 0	×						0	0	0
Regan Miller Katz Director	1 0	×						0	0	0
J Grover Kelley Director	1 0	×						0	0	0
Thomas Mark Kelly Director	10	×						0	0	0
G W Kent Director	1 0	×						0	0	0
Larry Ray Kerbow Sr Director	1 0	×						0	0	0
Robert B Kneppler Director	1 0	Х						0	0	0
Mıchael John Koch Dırector	1 0	×						0	0	0
David Wayne Koonce	1 0									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

> compensation from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs				•	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position of director	ion ( han o n is b	ne b ooth	ox, i an o	unless fficer tee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
Danny Lang Jr Director	1 0	×					0	0
Kelly J Larkın MD Director	1 0	×					0	0
Kevin Leck Director	1 0	х					0	0
Phillip L Leggett MD Director	1 0	×					0	0
Daniel E Lehane MD	1 0							

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Director

Director

Director

Director

Director

WA Lewis

Director

Paul Lehnhoff

Edgar D Lester

Lawrence S Levy

Jeff Lewis DDS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(F)
Estimated amount
of other
compensation
from the
organization and
related
organizations

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Compensated Employees, and Inde	pendent Cor	itracto	rs					ī	ī	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	Positi more the personal and	nan ( nan o n is b i dire	ne b ooth ctor,	ox, i an o /trus	unless fficer tee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	
	dotted line)	Individual trustee or director	Institutional Trustee	-	employee	Highest compensated employee	략			
Jim Lightfoot	1 0	x						0	0	
Director	0 0	^						U		
Glenn Lilie	1 0							_	_	ĺ
Director	0 0	X						0	0	ĺ
Michelle Lilie	1 0									İ
Director	0 0	X						0	0	
Thomas Lippincott	1 0									Ī
Director		×						0	0	ĺ
	0 0 1 0									ŀ
Robert N Livermore	10	×						0	0	ĺ
Director (THROUGH 6/1/16)	0.0	^								ĺ
Ronald Logan	1 0									Ī
Director (THROUGH 6/1/16)	0 0	X						0	0	ĺ
	10									ŀ
Pamela M Logsdon	l	.,	l							Ĺ

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Director

Director

Director

P W Lucky Long

F Allen Lyons

Jimmy Lyons

Director (THROUGH 3/25/16)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

of other

compensation from the

organization and related organizations

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Compensated Employees, and Inde					1316	C3, I	ve A	Linployees, mg	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion ( han o n is b	ne b oth	ox, an o	unles s ifficer	5	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
Thomas John Mach Director	1 0	×						0	0
Stephen Mahalitc Director (Starting 6/1/16)	1 0	х						0	0
Sam J Mainord Director	1 0	х						0	0
Richard Marburger Director	1 0	×						0	0
Willis M Marburger Director	1 0	×						0	0
Bradley H Marks	1 0	×						0	0

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Director

Robert A Marsh

Roy A Marsh

Dawne Martin

Barry Mayfield

Director

Director

Director (THROUGH 4/2/16)

Director (Starting 6/1/16)

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount of other compensation from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs						
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit more the perso and a or director	ion ( han o n is b	ne b ooth	an o	unles: ifficer stee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	,	Individual trustee or director	ional Trustee		employee	Highest compensated employee			
Gıgı Mayorga-Wark	1 0							_	_
Director	0 0	X						0	0
Edmund John McAleer III	1 0							_	_
Director	0 0	Х						0	0
Joe McDaniel	10								
		X						0	0
Director	0.0								
Ken D McGuyer Director	1 0	x						0	0
	0 0		_			-			
S Caroline Mcintosh Director		×						0	0
Director	0.0	1	l	ı	1	1	I		l

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Michael S McKinney

Director

Director

Director

Director

Director

Mark Melton

Andy McLeod

Gary McMullen

Charles W Melton

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

of other

compensation

from the

organization and related organizations

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Compensated Employees, and Inde				ITU	iste	es, i	ч	Employees, Hig	nest
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso	tion ( han o n is b	ne b oth	ox, i an o	unles s ifficer	5	(D) Reportable compensation from the organization (W- 2/1099-MISC)	( <b>E)</b> Reportable compensation from related organizations (W- 2/1099-MISC)
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		
Donald Middleton Director	1 0	х						0	0
Amy Miller Director (Starting 6/1/16)	1 0	х						0	0
Frank Miller Director	1 0	Х						0	0
Dorothy M Mitchell Director	1 0	Х						0	0
J Arthur Moncnef Director	1 0	Х						0	0

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John J Montalbano

Yance S Montalbano

Director (Starting 6/1/16)

Director (THROUGH 6/1/16)

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Director

Director

James R Mora

Reed Morian

Director

John Roger Morton

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

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David R Newcomb

Director

(A) Name and Title	A verage hours per week (list any hours	Posit more th perso and a	ion ( han o n is b	ne b oth	ox, ι an o /trus	inless fficer tee)		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	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Robert M Moss Director	1 0	×						0	0	0
Ken C Moursund Sr Director	1 0	Х						0	0	0
David Eugene Mouton MD Director	1 0	Х						0	0	0
Shelly Dompier Mulanax Director	1 0	Х						0	0	0
Phillip E Murphy Director	1 0	X						0	0	0
James Michael Mushinski Director	1 0	X						0	0	0
Demetrius Navarro Director	1 0	X						0	0	0
Robinson K Neblett Director	1 0	Х						0	0	0
Don W Neuenschwander Director	1 0	Х						0	0	0

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

> compensation from the

organization and

related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs					-	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations	Posit more the perso and a	ion ( nan o n is b i dire	ne b oth ctor	ox, i an o /trus	unless fficer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	below dotted line)	Individual trustee or director	Institutional Trustee	Officei	y employee	Highest compensated employee	Former		
Lisa C Nguyen Director (Starting 6/1/16)	1 0	×						0	0
Tom R Northrup Director	1 0	×						0	0
Robert A Norwood Director	1 0	х						0	0
Gerald Lynn Nunez Director	1 0	×						0	0
Kelly L O'Shieles	1 0	х						0	0

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Director

Director

Director

Director

Director

Director

Michelle Pahl

R L O'Shieles

W Allen Owen

Manlyn Ann Page

Robert E Paine IV

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensation

from the

organization and related organizations

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compensated Employees, and Inde	pendent cor	itiactu	115					•	•
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion ( nan o n is b	ne b ooth	ox, ι an o	unles s fficer		( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated emptoxies	Former	2/1099-MISC)	2/1099-MISC)
Sarah Ruth Palmer Director	1 0	×						0	0
James E Pansh Director (THROUGH 6/1/16)	1 0	×						0	0
Clay A Parker Director	1 0	×						0	0
Gary E Parks Director	1 0	×						0	0
Joe Ernest Pedigo Director	1 0	×						0	0

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Patrick D Pennington

Harry Allen Perrin

Patrick R Perry

Trisha Hillman Philipp

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Director

Director

Director

Tim Ping

Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensation

from the

organization and related organizations

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Compensated Employees, and Inde	penaent Cor	itracto	rs					1	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position and Posit	ion ( nan o n is b	ne b oth	ox, i an o	unless fficer stee)	Former	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
Bob Porter Director (Starting 6/1/16)	1 0	×						0	0
Enc R Potts Director	1 0	×						0	0
Ozell Price Director	1 0	х						0	0
Alex Prince Director	1 0	×						0	0
Terry R Pruitt	1 0								_

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Director

Director

Director

Director

Director

Director

Dudley Ray

Gregg M Raymond

Jen Marie Rau

William L Ramsey

Lon Jude Randazzo

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount of other compensation from the

organization and related organizations

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Compensated Employees, and Inde					1316	es, r	ve y	Linployees, mg	illest
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position Process of and Individual trustee or director	ion ( nan o n is b	ne b ooth	ox, i an o /trus	unless fficer stee)	Former	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
Kevin K Rech Director	1 0	X						0	0
Kyle Reppond Director	1 0	х						0	0
Gordon Richardson II Director (Starting 6/1/16)	1 0	х						0	0
Todd Riddle Director	1 0	х						0	0
Gregory Rincon Director	1 0	×						0	0
Cynthia Garza Roberts	1 0							_	_

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Director

Steven L Roe

Director

Director

Director

Mike Rose

Lee Rountree

Charles A Andy Robinson

Director (Starting 6/1/16)

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

of other

compensation from the

organization and

related organizations

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Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more the perso and a	tion ( han o n is b	ne b oth ctor	ox, i an o /trus	unless ifficer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)				
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033 11120,	2,1033 11130,				
Pete A Ruman Director	1 0	×						0	0				
Randy D Russell Director	1 0	х						0	0				
Mike G Rutherford JR  Director	1 0	×						0	0				
Dwayne Sablatura Director	1 0	х						0	0				
John Alan Sandling Director	1 0	×						0	0				

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Anne Elise Sartwelle

James D Sartwelle Jr

Ralph L Savage

Nano K Scherneb

Vanessa Schillaci

Director

Director

Director

Director

Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

> compensation from the

organization and related organizations

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Compensated Employees, and Inde					300	C3, I	,		
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion ( nan o n is b	ne b ooth	ox, ι an o	unles s fficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	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)
Joe Schindler	1 0	x						0	0
Director	0 0	^							
Gregory Allan Schroder Director	1 0	×						0	0
Darryl A Schroeder	10								
		×						0	0
Director	0.0								
Edward B Schulz	1 0	X						0	0
Director	0.0	^						o l	
Richard Scott	1 0								
Director	0 0	X						0	0
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Julie Shannon

Jeanne Shirey-Lord

Sharon D Simmons

David B Smith Sr

Marshall R Smith III

Director

Director

Director

Director

Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

of other

compensation from the

organization and

related organizations

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Compensated Employees, and Inde	pendent cor	itracto	)rs					1	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	tion ( han o n is b	ne b oth	ox, i an o	unles s fficer	5	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
Pat Smith Director	1 0	×						0	0
Ryan O Smith  Director	1 0	х						0	0
Pam Springer Director	1 0	х						0	0
George William Stallings Director	1 0	х						0	0
Lodie Stapleton Jr	1 0	×						0	0

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Director

Director

Director

Director

Director

Director

Edward Stone

Gina Steere

Greg E Steffen

Hugh Dennis Steger

Robert S Steele

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Inde	penaent co.		,,,					Ī	i	1	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	tion ( han o n is b	ne b ooth	ox, ι an o /trus	ınles s fficer tee)		<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	<b>(F)</b> Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
David Michael Stone Jr Director (Starting 6/1/16)	1 0	х						0	0	0	
Emmett Story Director	1 0	x						0	0	0	
David Stratton Director	1 0	x						0	0	0	
Brenda Baker Stubbs Director	1 0	×						0	0	0	
Claire Eaton Stuewer Director	1 0	×						0	0	0	
D Scott Sullivan Director	1 0	Х						0	0	0	
Edward Summerour Director	1 0	×						0	0	0	
R Hugh Sutton	1 0										

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Director (THROUGH 6/1/16)

Bill T Teague

Alan L Tinsley

Director

Director

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent cor	itracto	) FS					•		
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion ( han o n is b	ne b oth	ox, ι an o	unles s fficer		( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	
Randall Trahan Director	10	×						0	0	
D Wayne Turner Director	1 0	×						0	0	
Richard Tyler Director	1 0	X						0	0	
Chris Underbrink Director	1 0	X						0	0	
Duncan Underwood Director	1 0	X						0	0	

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Michael J Upchurch

John A Van De Wiele

Andrew John Vavra Jr

Director

Director

Director

Joe Vara

Director

Director

Jım Van Hoozer

(F) Estimated amount of other

> compensation from the

organization and related organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

of other

compensation from the

organization and related organizations

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Compensated Employees, and Inde				Tru	iste	es, I	Key	Employees, Hig	hest
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more t perso and a	tion ( han o n is b	ne b ooth	ox, i an o	unles s ifficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	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)
TW Wald	1 0	х						0	0
Director	10								
Terry Walker Director		×						0	0
	1.0					-			
Pat Walker Director	0 0	Х						0	0
Thomas A Walker Director	1 0	х						0	0
Larry Eugene Walters Director (THROUGH 6/1/16)	10	х						0	0
Michelle Verbois Wasaff	1 0								

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Director

Director

Director

Director

Donna Webster

Richard Weiman

Lance P Welch

Director (Starting 6/1/16)

C Thompson TOMMY Wells

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount of other compensation from the organization and related organizations

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Compensated Employees, and Inde	nd Independent Contractors							•	ī	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Posit more the perso and a	tion ( han c n is l n dire	ne b ooth ctor	ox, an o	unless ifficer stee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	y employee	Highest compensated employee	Former			
P Michael Wells Jr	1 0									ſ
		X						0	0	
Director	0 0									ļ
Taylor Whitaker	10									l
Director	0.0	X						0	0	
	0 0		-	-	-	-	_			ł
Constance White	1	×						0	0	
Director	0 0	_ ^						U	0	l
1	10				1	+				ł
Justin C White		Х						0	0	١
Director	0 0									١
William R White	1 0									ſ
Director	0 0	X						0	0	
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Samm Wiggins								0	_	l

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Director

Director

Director

Director

Director

Gregory Teal Willbanks

Jason Price Williams

Kırk E Williamson

Rodney W ROD Williams

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

of other

compensation from the

organization and related organizations

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Compensated Employees, and Inde				iiu	ste	es, r	ve y		
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion ( nan o n is b	ne b ooth	ox, ι an o	unles s fficer	3	<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
Rodney E Windham  Director	1 0	×						0	0
Gnffin D Winn Director	1 0	Х						0	0
Bnan J Wischnewsky DIRECTOR (STARTING 6/1/16)	1 0	X						0	0
Ken Wise Director	1 0	X						0	0
Betty Wiseman Director	1 0	×						0	0
Michael Wollam	1 0								

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Director

Director

Director

Director

Melvin Wright

William A Yates

Neil O Yelderman

Director (Starting 6/1/16)

Reed Glenn Wood

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

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STEVE GUMERMAN

MANAGING DIRECTOR - IS

Name and Title	A verage hours per week (list any hours	Posit more th perso and a	tion (e han o n is b	ne b oth	ox, ι an o	ınles s fficer	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	lastitutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Robin Young-Ellis Director	1 0	×						0	0	0
Tonya Yurgenson-Jacks DIRECTOR (STARTING 6/1/16)	1 0	х						0	0	0
Todd Zucker Director	1 0	X						0	0	0
DAN CHENEY VP/COO	50 0			×				380,221	0	18,737
JOEL COWLEY PRESIDENT & CEO	50 0			×				491,219	0	80,418
JENNIFER HAZELTON CHIEF FINANCIAL OFFICER	50 0			×				305,376	0	61,341
SHERRY HIBBERT GENERAL COUNSEL	50 0  0 0			×				295,729	0	69,650
GEORGE BAYLESS MANAGING DIRECTOR - ENTERTAIN	50 0					х		198,678	0	59,712
MICHAEL DEMARCO EXECUTIVE DIRECTOR- OPERATIONS	50 0					х		202,094	0	64,881

(F)

70,088

0

194,768

Compensated Employees, and Independent Contractors (A) Name and Title Average Position (do not check Reportable Reportable more than one hox linless compensation compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

MANZELL LEROY SHAFER

CONSULTANT TO 9/15, FORMER COO

	hours per week (list any hours	more t perso and a	n is b	oth	an o	fficer	;	compensation from the organization (W-	compensation from related organizations (W-	of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MARY S MARTIN  EXECUTIVE DIRECTOR - MARKETING	50 0					x		215,846	0	86,718
ANDY SLOAN CHIEF INFORMATION OFFICER	50 0					х		324,008	0	88,877

(F)

Estimated amount

efile GRAPHIC print - DO NOT PROCESS

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

As Filed Data -

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

DLN: 93493178004167 OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

**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

Open to Public Inspection

Department of the Treasury

1

2 3

5

www.irs.gov/form990. Internal Revenue Service

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Name of the organization **Employer identification number** HOUSTON LIVESTOCK SHOW AND RODEO INC 74-1142851 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

8		A community trust des	scribed in <b>sec</b> t	tion 170(b)(1)(A)(vi)	(Complete Pa	rt II )		
9		receipts from activitie from gross investmen	es related to it t income and e 30, 1975 S	ts exempt functions—s unrelated business ta See <b>section 509(a)(2).</b>	subject to cert xable income ( (Complete Par	ain exceptions less section 5 t III )	itributions, membership s, and (2) no more than 3 511 tax) from businesse ion <b>509(a)(4)</b> .	331/3% of its support
11	i-	one or more publicly s	upported orga	nizations described in	section 509(a	a)(1) or sectio	unctions of, or to carry o on 509(a)(2) See <b>sectio</b> nd complete lines 11e, 1	<b>n 509(a)(3).</b> Check
а	Г		n(s) the power	r to regularly appoint o	r elect a major		organization(s), typical ctors or trustees of the	
b	Г	management of the su must complete Part IV	pporting orgai	nization vested in the sand <b>C.</b>	same persons	that control o	ported organization(s), b r manage the supported	organization(s) <b>You</b>
C		Type III functionally i supported organization					th, and functionally integ	grated with, its
d e	$\Gamma$	Type III non-function not functionally integral (see instructions) You Check this box if the o	ally integrate ated The orga u must comple organization re	d. A supporting organi anization generally mu ate Part IV, Sections A eceived a written deter	zation operate st satisfy a dis <b>A and D, and Pa</b> mination from	d in connection stribution requ art V. the IRS that i	on with its supported org irrement and an attentive t is a Type I, Type II, Ty	eness requirement
f	Ente	integrated, or Type III r the number of support		,	0 0			
g		Provide the following in	9					
Nam	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Total	ı							
				•	•			

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 33,224,548 41,093,265 41,979,863 40,486,130 36,254,199 193,038,005 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the 0 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 33,224,548 36,254,199 41,093,265 41,979,863 40,486,130 193,038,005 The portion of total contributions by each person (other than a governmental unit or publicly 6,877,562 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 186,160,443 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 33,224,548 36,254,199 41,093,265 41,979,863 40,486,130 193,038,005 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 2,168,523 2,510,186 2,281,223 2,827,011 2,161,975 11,948,918 royalties and income from similar sources Net income from unrelated business activities, whether or 0 0 O not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 205,600 231.413 179,800 320,900 282,630 1.220.343 capital assets (Explain in Part VI) 11 Total support. Add lines 7 206,207,266 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 364,702,358 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 90 278 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 89 447 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this 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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do 33,224,548 36,254,199 41,093,265 41.979.863 40.486.130 193,038,005 not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished 64,590,580 76,664,799 73,555,599 74,342,282 75,549,098 364,702,358 in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade O or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 97,815,128 112,918,998 114,648,864 116,322,145 116,035,228 557,740,363 Total. Add lines 1 through 5 Amounts included on lines 1, 2, 8,262,380 10,198,022 10,604,037 11,743,142 10,453,903 51,261,484 and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed 0 the greater of \$5,000 or 1% of the amount on line 13 for the year 10,604,037 11,743,142 10,453,903 8,262,380 10,198,022 51,261,484 Add lines 7a and 7b C Public support. (Subtract line 7c 506,478,879 from line 6 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 116,035,228 97,815,128 112,918,998 114,648,864 116,322,145 557,740,363 Amounts from line 6 10a Gross income from interest, dividends, payments received 2.168.523 2.510.186 2,281,223 2.827.011 2.161.975 11.948.918 on securities loans, rents, rovalties and income from similar sources Unrelated business taxable income (less section 511 0 taxes) from businesses acquired after June 30, 1975 2,168,523 2,510,186 2,281,223 2,827,011 2,161,975 11,948,918 c Add lines 10a and 10b 11 Net income from unrelated business activities not 0 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 1,220,343 205,600 179,800 320,900 231,413 282,630 capital assets (Explain in Part VI) Total support. (Add lines 9, 117,109,887 100.189.25 115.660.597 119,470,056 118,479,833 570.909.624 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 88 714 % 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 16 88 632 % Section D. Computation of Investment Income Percentage Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 2 093 % 18 Investment income percentage from 2014 Schedule A, Part III, line 17 2 183 % 19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 🔽 33 1/3% support tests—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 **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 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

_	I, complete Sections A and D, and complete Part V )			
56	ection A. All Supporting Organizations	1	Voc	No.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
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 <b>Part VI</b> 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?	<b>3</b> c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	1	ı	
	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		
D	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 by or in connection with its supported organizations	4b		
c	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	4c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes  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		
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	<b>9</b> c		
	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		
.1	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		
h	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

**11**c

Par	rt IV 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 <b>Part VI</b> 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 restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) to operated, supervised or controlled the supporting organization			
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 of trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same per that controlled or managed the supported organization(s)			
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 prictax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies the organization's governing documents in effect on the date of notification, to the extent not previously provided.	of		
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 <b>Part VI</b> 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 all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 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
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 to organization determined that these activities constituted substantially all of its activities			
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truster each of the supported organizations? <i>Provide details in Part VI</i>	es of 3a		
ь	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of ear of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<b>3b</b>		

### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

. С	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 <b>See inst</b>	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete :	Sections	A through E	Г
				(B) C
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	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		
	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		
	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		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
e	<b>Discount</b> 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		
	Coultry C. Dist III, table Annual	T		
	Section C - Distributable Amount			Current Year
	A djusted 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		
	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally- structions)	ıntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Section D - Distributions			Current Year						
1 Amounts paid to supported organizations to accom	plish exempt purposes								
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in							
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons							
4 Amounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval rec	auıred)								
6 Other distributions (describe in Part VI) See instru	. ,								
·	30013								
7 Total annual distributions. Add lines 1 through 6									
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o 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						
Distributable amount for 2015 from Section C, line 6									
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)									
<b>3</b> Excess distributions carryover, if any, to 2015									
a									
b									
<b>d</b> From 2013									
e From 2014									
f Total of lines 3a through e									
<b>g</b> Applied to underdistributions of prior years									
h Applied to 2015 distributable amount									
i 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>b</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)									
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c									
8 Breakdown of line 7									
a									
c Excess from 2013									
<b>d</b> From 2014									
e From 2015									

#### DLN: 93493178004167

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

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

f th	e organization answered "Ye			· // I	
• : N a	Section 501(c)(4), (5), or (6) orgame of the organization	anizations Complete Part III		Employer iden	tification number
Was a correction made?  b If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization fileForm 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter to amount of political contributions received that were promptly and directly delivered to a separate political organization, such as separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- and promptly directly delivered separate political organization's each organization's funds. If none, enter -0- and promptly directly delivered separate political exempts.	organization				
		-			organization.
	· ·	ganization's direct and indirect polit	ical campaign act	rivities in Part IV	
	·			•	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
<b>4</b> a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	pt function activities 🕨	\$
2		organization's funds contributed to c	other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No
5	organization made payments if amount of political contribution	For each organization listed, enter this received that were promptly and	he amount paid fro directly delivered	om the filing organization's f to a separate political orga	to which the filing funds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
<del>-</del>			A F7		

enedate e (i	101111 330 01 330 EE/E013	1 490
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and fi	led Form 5768 (election
	under section 501(h)).	

A	Check	<b>&gt;</b>	Г	— If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN
				expenses, and share of excess lobbying expenditures)

**B** Check ► If the filing organization checked box A and "limited control" provisions apply (b) Affiliated (a) Filing Limits on Lobbying Expenditures organization's group totals (The term "expenditures" means amounts paid or incurred.) totals Total lobbying expenditures to influence public opinion (grass roots lobbyina) Total lobbying expenditures to influence a legislative body (direct lobbying) 150,000 Total lobbying expenditures (add lines 1a and 1b) 150,000 Other exempt purpose expenditures 101,188,055 Total exempt purpose expenditures (add lines 1c and 1d) 101,338,055 1,000,000 Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f)

·	250,000	I
Subtract line 1g from line 1a If zero or less, enter -0-		
Subtract line 1f from line 1c If zero or less, enter -0-		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

	Υ	е	S	~	No
--	---	---	---	---	----

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total				
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
_с	Total lobbying expenditures	150,000	150,000	150,000	150,000	600,000				
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000				
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f	Grassroots lobbying expenditures	0	0	0	0	0				

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i	Yes	No		(b)	nt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?	Yes	No		A moun	<u></u>
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?	Yes				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?			_		
Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Other activities?					
<u></u>	I				
Total Add lines 1c through 1i					
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
If "Yes," enter the amount of any tax incurred under section 4912					
If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
rt III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	)1(c)	)(5),	or s	ectio	n 
		-		Yes	N
Were substantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
rt III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."					
Dues, assessments and similar amounts from members	1				
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
Current year	2a				
Carryover from last year	2b				
Total	2c				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
Taxable amount of lobbying and political expenditures (see instructions)	5				
Part IV Supplemental Information	-				

Explanation

SCHEDULE D Supplem

(Form 990)

Department of the

# **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.

OMB No 1545-0047

DLN: 93493178004167

Open to Public

Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization HOUSTON LIVESTOCK SHOW AND RODEO INC 74-1142851 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or Preservation of an historically important land area education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	31111	Organizations Maintaining Co (continued)	ollections of A	rt, His	torica	l Trea	asures, o	r Otl	her Similar	Asse	ts	
3		the organization's acquisition, access tion items (check all that apply)	ion, and other reco		·				-	use of	ıts	
а	Г	Public exhibition		d	Г	oan or	exchange p	orogra	ıms			
b	_ :	Scholarly research		e	$\Gamma$	ther						
c		Preservation for future generations										
4	Provide Part >	de a description of the organization's c	ollections and exp	laın hov	v they fu	ırther t	he organıza	tıon's	exempt purpos	se in		
5		g the year, did the organization solicites to be sold to raise funds rather than								es	┌ No	1
Par	t IV	Escrow and Custodial Arrang Complete if the organization and Part X, line 21.		Form 9	990, Pa	rt IV,	line 9, or	repo	rted an amo	unt o	n Forr	n 990,
1a		organization an agent, trustee, custoo ed on Form 990, Part X?	dian or other intern	nediary	for cont	rıbutıo	ns or other	asset	s not	es	┌ No	,
b	If"	Yes," explain the arrangement in Part	XIII and complete	the foll	lowing t	able			А	moun	t	
c	Вед	Jinning balance						<b>1</b> c				
d	A d	ditions during the year						1d				
е	Dıs	tributions during the year						1e				
f		ling balance						<b>1</b> f				
<b>2</b> a	Did th	e organization include an amount on F	orm 990, Part X, Iı	ne 21,	for escr	ow or c	ustodial ac	count	liability?   Y	es	┌ No	1
h												
b Da	If"Ye rt V	s," explain the arrangement in Part XI <b>Endowment Funds.</b> Complete									• •	
Га	L V	Endowment Funds. Complete	(a)Current year		or year		Two years ba		i)Three years bac		Four ye	ars back
<b>1</b> a	Begir	ining of year balance	, ,			<u> </u>		<b>┪</b>	, ,	1	,	
b	Cont	ributions										
c	Net II	nvestment earnings, gains, and										
d		s or scholarships										
e		r expenditures for facilities rograms										
f	A dmı	nistrative expenses								+		
g		f year balance										
2	Provid	— de the estimated percentage of the cur	rent year end bala	nce (lın	e 1g, co	·lumn (	a)) held as					
а	Board	designated or quasi-endowment ▶										
b	Perma	anent endowment ▶										
с		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c sho	ould equal 100%									
3a		nere endowment funds not in the posse	ssion of the organi	zation t	hat are	held a	nd admınıst	ered f	or the			
	_	ızatıon by related organızatıons			_	_			Г	3a(i)	Yes	No
		lated organizations							<u> </u>	3a(ii)		
ь 4		s" on 3a(II), are the related organization is a second or a second						•		3b		
Par	t VI	Land, Buildings, and Equipme			20 5-	+ T\/ '				V 1	- 10	
		Complete if the organization ans Description of property	swered Yes to F	Cos	(a) st or othe	r basıs	(b) Cost or other	basis	Accumulate (c)depreciatio	d	1 <b>e</b> 10. ( <b>d)</b> Boo	
12	Land				(Investme		(other)	10,817		-	E.	5 650 202
	Lano Buildin			-	1	.18,575	30,54	+0,01/				5,659,392
с	 Leaseh	old improvements		. $\vdash$			34.8	18,050	14,186,	777	20	D,631,273
		nent		.			· ·	19,637	20,272,			5,347,076
	O ther											<u> </u>
Tot 2	 L Δ dd l	nnes 1a through 1e (Column (d) must e		X colur	nn /R\ /	ine 10/		98,005	7,743,	569		2,154,336 4,792,077
. 514	nuu l	es ta anough to (column (a) must e	quai i oini 230, rail	A, COIUI	(ט), 1	,,,c 1U(	-// • •	• •		e D (F		90) 2015

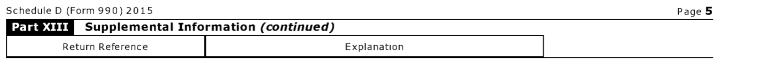
(a)	Description of security or category (including name of security)	,	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market val
.)Financial derivative 2)Closely-held equity				
<b>)</b> O ther			17.102.027	
) MARKETABLE ALT			17,103,937	F
) EMERGING MARKI	ETS FUND		3,062,827	F
) NO NMARKETABLE	E PRIVATE EQUITY		6,264,221	F
ri VIII Investr	qual Form 990, Part X, col (B) line 12) ments—Program Related.	•	26,430,985	
Complet	te if the organization answere	d 'Yes' on Form 990,		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market val
otal. (Column (b) must ed	qual Form 990, Part X, col (B) line 13 )	•		
	ssets. Complete if the organizati		orm 990, Part IV, line 1:	
			orm 990, Part IV, line 1:	Ld See Form 990, Part X, line 15  (b) Book value
	ssets. Complete if the organizati		orm 990, Part IV, line 1	
	ssets. Complete if the organizati		orm 990, Part IV, line 1:	
	ssets. Complete if the organizati		orm 990, Part IV, line 1	
	ssets. Complete if the organizati		orm 990, Part IV, line 1:	
	ssets. Complete if the organizati		orm 990, Part IV, line 1	
	ssets. Complete if the organizati		orm 990, Part IV, line 1	
	ssets. Complete if the organizati		orm 990, Part IV, line 1	
	ssets. Complete if the organizati		orm 990, Part IV, line 1	
Part IX Other A	ssets. Complete if the organizati (a) Desc	cription	orm 990, Part IV, line 1	
otal. (Column (b) mus	ssets. Complete if the organizati (a) Desc (a) Desc t equal Form 990, Part X, col (B) line	fription		(b) Book value
otal. (Column (b) mus.  Part X Other Li See Forn	t equal Form 990, Part X, col (B) line  (a bilities. Complete if the organization of t	15)		(b) Book value
otal. (Column (b) mus. Part X Other Li See Forn	t equal Form 990, Part X, col (B) line	fription		(b) Book value
otal. (Column (b) muss Part X Other Li See Forn (a)	t equal Form 990, Part X, col (B) line  (a bilities. Complete if the organization of t	15)		(b) Book value
otal. (Column (b) muss Part X Other Li See Forn (a)	t equal Form 990, Part X, col (B) line  (a bilities. Complete if the organization of t	15)		(b) Book value
art IX Other Associated the state of the sta	t equal Form 990, Part X, col (B) line  (a bilities. Complete if the organization of t	15) ganization answered  (b) Book value		(b) Book value
otal. (Column (b) muss Part X Other Li See Forn (a) Inderel income taxes	t equal Form 990, Part X, col (B) line  (a bilities. Complete if the organization of t	15) ganization answered  (b) Book value		(b) Book value
otal. (Column (b) muss Part X Other Li See Forn (a) ederal income taxes	t equal Form 990, Part X, col (B) line  (a bilities. Complete if the organization of t	15) ganization answered  (b) Book value		(b) Book value
otal. (Column (b) muss Part X Other Li See Forn (a) ederal income taxes	t equal Form 990, Part X, col (B) line  (a bilities. Complete if the organization of t	15) ganization answered  (b) Book value		(b) Book value
otal. (Column (b) muss Part X Other Li See Forn (a) ederal income taxes	t equal Form 990, Part X, col (B) line  (a bilities. Complete if the organization of t	15) ganization answered  (b) Book value		(b) Book value
otal. (Column (b) muss Part X Other Li See Forn (a) ederal income taxes	t equal Form 990, Part X, col (B) line  (a bilities. Complete if the organization of t	15) ganization answered  (b) Book value		(b) Book value
otal. (Column (b) mus. Part X Other Li See Forn	t equal Form 990, Part X, col (B) line  (a bilities. Complete if the organization of t	15) ganization answered  (b) Book value		(b) Book value
otal. (Column (b) muss Part X Other Li See Forn (a) ederal income taxes	t equal Form 990, Part X, col (B) line  (a bilities. Complete if the organization of t	15) ganization answered  (b) Book value		(b) Book value
otal. (Column (b) muss Part X Other Li See Forn (a) ederal income taxes	t equal Form 990, Part X, col (B) line  abilities. Complete if the organization  990, Part X, line 25.  Description of liability	15) ganization answered  (b) Book value		(b) Book value

	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	hei k	
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............. <b>2d</b>		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	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		
)	Other (Describe in Part XIII).............. 4b		
<b>C</b>	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
art	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
3	Donated services and use of facilities		
-			1
	Prior year adjustments		
b	Prior year adjustments		
b c			
b c d	Other losses		
b c d	Other losses	2e 3	
b c d	Other losses		
b c d	Other losses		
b c d e	Other losses		
b c d e a b	Other losses		

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 ınformatıon

Return Reference

Explanation



Schedule D (Form 990) 2015

efile GRAPHIC print - DO N	OT PROCESS	As Filed Dat	ta -	DLN: 9	93493178004167
SCHEDULE F St (Form 990)	atement of A	Activities C	Outside the Unit	ed States	OMB No 1545-0047
(1 OHH 390)	► Complete in		n answered "Yes" to Form 14b, 15, or 16.	990,	2015
Department of the Treasury Internal Revenue Service	ation about Schedul		o Form 990. nd its instructions is at wi	ww.irs.gov/form990.	Open to Public Inspection
Name of the organization HOUSTON LIVESTOCK SHOW AN	D RODEO INC			Employer ident 74-1142851	ification number
Part I General Informat Complete if the orga			ne United States. orm 990, Part IV, line		
For grantmakers. Does the and other assistance, the used to award the grants of the grant of the	grantees' eligibili				┌ Yes ┌ No
2 For grantmakers. Describe assistance outside the Unit	ted States				ts and other
3 Activites per Region (The foll	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	i .	(e) If activity listed in (d) is a program service, describe	(f) Total expenditures for and investments in region
( 1) Central America and the Caribbean	0		Investments		6,264,219
( 2)					
(3)					
(4)					
(5)					
Sa Sub-total     Total from continuation sheet     to Part I	0 S	0			6,264,219
c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, s	0	0		No 50082W Sched	6,264,219 ule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	<b>5</b>	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Page 2

Schedule F (Form 990) 2015

	duplicated if addit			ed States. Complete	ir the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
( 2)							
(3)							
(4)							

(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

#### **Additional Data**

Software ID: Software Version:

**EIN:** 74-1142851

Name: HOUSTON LIVESTOCK SHOW AND RODEO INC

Schedule F (Form 990) 2015

Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

led Data - DLN: 93493178004167

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization **Employer identification number** HOUSTON LIVESTOCK SHOW AND RODEO INC 74-1142851 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising Yes No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II	Fundra	isina	Events
---------	--------	-------	--------

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

		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d)
		WESTERN GALA	SILENT AUCTION	5	Total events (add col <b>(a)</b> through
		(event type)	(event type)	(total number)	col <b>(c)</b> )
Φ					
) JE					
Revenue	<b>1</b> Gross receipts	193,096	185,351	460,871	839,318
	2 Less Contributions	121,096	133,051	302,541	556,688
	3 Gross income (line 1 minus line 2)	72.000	E2 200	150 220	292.620
		72,000	52,300	158,330	282,630
	4 Cash prizes				
	5 Noncash prizes	1,317	839	31,288	33,444
es.	6 Rent/facility costs	12,353	45,076	46,424	103,853
Expenses	<b>7</b> Food and beverages	63,583	0	45,630	109,213
젌	8 Entertainment	3,000	8,000	5,000	16,000
Direct	9 Other direct expenses	60,821	18,486	26,094	105,401
ā	10 Direct expense summary Add lines	4 through 9 ın column (d	)	•	367,911
	11 Net income summary Subtract line 1	.0 from line 3, column (d	)	•	-85,281
Par	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	<b>1</b> Gross revenue				
w					
nse	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
△	5 Other direct expenses				
		<b>Yes</b> %_	┌ Yes%_	<b>☐ Yes</b> %	
	<b>6</b> Volunteer labor	☐ No	No No	No	
	7 Direct expense summary Add lines	2 through 5 ın column (d	)		
	8 Net gaming income summary Subtra	ict line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organiza	tion conducts gaming ac	rtivities		
a	Is the organization licensed to conduct		<u> </u>		Yes No
b	If "No," explain				
10a	Were any of the organization's gaming l	ıcenses revoked, suspe	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

SCHE	dule G (Form 990 or 990-EZ) 2	015		Page
11	Does the organization conduct	gaming activities with nonmem	bers?	Yes No
12	Is the organization a grantor, b	peneficiary or trustee of a trust o	or a member of a partnership or other	entity
	formed to administer charitable	e gamıng?		Yes No
13	Indicate the percentage of gam	ning activity conducted in		
а	The organization's facility			13a 9
b	An outside facility			13b
14	Enter the name and address of	the person who prepares the or	ganızatıon's gamıng/specıal events l	books and records
	Name ▶			
	Address ►			
15a			hom the organization receives gami	
	revenue?			Yes No
b	If "Yes," enter the amount of g	aming revenue received by the	organization 🕨 \$	and the
	amount of gaming revenue reta	nined by the third party $ hildsymbol{ hinspace}$ \$		
c	If "Yes," enter name and addre	ess of the third party		
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation	n ▶ \$	<del></del>	
	Description of services provide	ed		
	Director/officer	Employee	☐ Independent contracto	r
17	Mandatory distributions			
а	Is the organization required un	ider state law to make charitable	e distributions from the gaming proce	eeds to
	retain the state gaming license	e?		□Yes □No
b	Enter the amount of distributio	ns required under state law dist	ributed to other exempt organization	· ·
	in the organization's own exem	pt activities during the tax year	<b>&gt;</b> \$	
Par		10b, 15b, 15c, 16, and 17b,	anations required by Part I, line as applicable. Also complete th	
		(5555557.		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493178004167 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number HOUSTON LIVESTOCK SHOW AND RODEO INC 74-1142851 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A N/A HOUSTON LIVESTOCK 76-0260204 501(C)(3) 13,303,677 THE EDUCATION SHOW & RODEO FUND SUPPORTS (1) EDUCATIONAL FUND HLSR'S PURPOSE Three NRG Park HOUSTON, TX 77054 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

DLN: 93493178004167

### OMB No 1545-0047

#### Schedule J

Department of the

(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.

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

2015 Open to Public

Treasury Inspection **Employer identification number** Name of the organization HOUSTON LIVESTOCK SHOW AND RODEO INC

Рa	rt I Questions Regarding Compensation	74-1142851		
	Questions regarding compensation		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of 990, Part VII, Section A, line 1a Complete Part III to provide a		res	110
	First-class or charter travel Hou	using allowance or residence for personal use		
	Travel for companions	ments for business use of personal residence		
	▼ Tax idemnification and gross-up payments	alth or social club dues or initiation fees	ļ ļ	
	Discretionary spending account Per	sonal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization fo reimbursement or provision of all of the expenses described above		Yes	
2	Did the organization require substantiation prior to reimbursing o directors, trustees, officers, including the CEO/Executive Directors		Yes	
3	Indicate which, if any, of the following the filing organization used organization's CEO/Executive Director Check all that apply Do used by a related organization to establish compensation of the O	not check any boxes for methods		
	✓ Compensation committee Wri	tten employment contract	ļ ļ	
	✓ Independent compensation consultant ✓ Con	mpensation survey or study	ļ ļ	
	Form 990 of other organizations	proval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Second a related organization	ction A , line 1a with respect to the filing organization		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualit	fied retirement plan? 4b		No
c	Participate in, or receive payment from, an equity-based compen	sation arrangement? 4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the app	olicable amounts for each item in Part III		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must co	omplete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did compensation contingent on the revenues of	-		
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did compensation contingent on the net earnings of	the organization pay or accrue any		
а	The organization?	<b>6</b> a		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 A, line 1a, did payments not described in lines 5 and 67 If "Yes," describe in Pa			Νο
8	Were any amounts reported on Form $990$ , Part VII, paid or accur subject to the initial contract exception described in Regulations in Part III			No
9	If "Yes" on line 8, did the organization also follow the rebuttable section 53 4958-6(c)?			

Seriedates (Form 550) 2015					r ugc 🕳
Part II Officers, Directors,	, Trustees, Key Employees, and Highest Compensate	d Employees. Use	duplicate copies if	additional space is	needed.
ınstructions, on row (ii) Do not list ar	tion must be reported on Schedule J, report compensation from the only individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F				
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	' '	(F) Compensation in
	Base	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(ı) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015	Page <b>3</b>
Part III Supplemental Info	mation
Provide the information, explanation,	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Datum Dafavana	Fundamental
Return Reference	Explanation

#### Software ID: **Software Version:**

**EIN:** 74-1142851

Name: HOUSTON LIVESTOCK SHOW AND RODEO INC

Form 990, Schedule J,	Part 1	II - Officers, Direc	tors, Trustees, Ke	ey Employees, and	d Highest Compen	sated Employees	1	
(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MI:  (ii)  Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1Jill Clement EXECUTIVE DIR -ADMIN &	(1)	158,695	16,000	755	33,964	23,042	232,456	0
TICKETS	(11)	0	0	0	0			0
1Joe Bruce Hancock JR GENERAL MANAGER,	(1)	283,421	20,000	2,519	67,231	23,640	396,811	0
DIRECTOR	(11)	0	0	0	0			0
2GEORGE BAYLESS	(1)	194,378	4,300	0	41,884	17,828	258,390	0
MANAGING DIRECTOR - ENTERTAIN	(11)	0	0	0	0			0
3DAN CHENEYVP/COO	(1)	355,221	25,000	0	7,950	10,787	398,958	0
	(11)	0	0	0	0	-	- 0	0
4JOEL COWLEY PRESIDENT & CEO	(1)	416,794	72,795	1,630	56,778	23,640	571,637	0
TRESIDENT & CEO	(11)	0	0	0	0	- - 0		0
5MICHAEL DEMARCO EXECUTIVE DIRECTOR-	(1)	182,251	18,000	1,843	54,551	10,330	266,975	0
OPERATIONS	(11)	0	0	0	0			0
6STEVE GUMERMAN MANAGING DIRECTOR - IS	(1)	190,468	4,300	0	46,784	23,304	264,856	0
MANAGING BIRECTOR 15	(11)	0	0	0	0	 - 0		0
7JENNIFER HAZELTON CHIEF FINANCIAL OFFICER	(1)	279,880	25,000	496	50,554	10,787	366,717	0
CHIEF FINANCIAE OF TEEK	(11)	0	0	0	0			0
8SHERRY HIBBERT GENERAL COUNSEL	(1)	274,582	19,000	2,147	58,863	10,787	365,379	0
	(11)	0	0	0	0	-	- 0	0
9MARY S MARTIN EXECUTIVE DIRECTOR -	(1)	195,327	18,000	2,519	68,872	17,846	302,564	0
MARKETING	(11)	0	0	0	0	-		0
10ANDY SLOAN	(1)	302,165	20,000	1,843	65,237	23,640	_	n
CHIEF INFORMATION OFFICER	(11)	0	0	0	0			0
11MANZELL LEROY SHAFER	7.3	118,750				0	0	
CONSULTANT TO 9/15, FORMER COO	(1)		0	0	0	0	118,750	0
	(11)		0	0	0	0	0	0

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**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.

Department of the Treasury

(Form 990 or 990-EZ)

Schedule L

2015

DLN: 93493178004167 OMB No 1545-0047

> Open to Public Inspection

► 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. Internal Revenue Service

lame of the organization OUSTON LIVESTOCK SHOW AND RODEO INC					En	Employer identification number								
								74-1142851						
				•			(4), and 501(d 25a or 25b, or		-			40b		
	ne of disquali						fied person an			cription		(d) Corr	ected	
					0	rganızatıon			tran	saction		Yes	No	
											-			
	amount of tax				-	•	ons during the	e year ı	under	section section				
			on line 2		mburs ad by t	he organizatio			•	<b>P</b> \$				
<b>3</b> Enter the a	iniount of tax	., II ally	, on time 2	, above, rei	inibarsea by t	ne organizacio	,,,,		•	РФ				
Part II Lo	ans to an	d/or I	From In	terested	Persons.									
					." on Form 99 90, Part X, lin		line 38a, or F	orm 99	0, Pai	t IV, lin	ie 26, d	or if the		
019	jamzacion rep	Jorecu e	an amount	OII I OIIII 3.	50,1 arc x, iii	10 3, 0, 01 22								
(a) Name of	(b) Relation		(c)	(d) Loan		(e)O riginal principal		(g)		(h		(i)Wrı		
interested person	with organizati				or from the organization?		due	default?			Approved by board or		agreement?	
<b>P</b> 0.000				- · · · · · · · · · · · · · · · · · · ·		amount				commi			_	
				То	From			Yes	No	Yes	No	Yes	No	
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tal			<b>▶</b> \$							l	1			
	ants or As	sistar		efitina Ir	iterested I	Persons.								
Coi	mplete if th	e orga	nızatıon	answered	"Yes" on Fo	orm 990, Pa	rt IV, line 27							
(a) Name of				p between	(c) A mount	t of assistance	e <b>(d)</b> Type	ofassı	stance	e <b>(e)</b>	Purpos	se of ass	ıstanc	
perso	on	Intere	ested pers organiza	on and the										
			organiza	21011										
-														
							1							
					1									
					1		1			+				
					+		+			+				
							+							
		<del>                                     </del>			+		+			_				

Page 2

#### **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship (c) A mount of (d) Description of (e) Sharing between interested transaction transaction Ωf person and the organization's revenues? organization Yes No See Additional Data Table **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions) Return Reference Explanation

#### **Additional Data**

Software ID: Software Version:

**EIN:** 74-1142851

Name: HOUSTON LIVESTOCK SHOW AND RODEO INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (c) A mount of (d) Description of transaction (e) Sharing (a) Name of interested person (b) Relationship between interested transaction of person and the organization's revenues? organization Yes No (1) Durwood Greene Construction Co OWNED BY VICE 939,943 PROVIDER OF PRODUCT Νo PRESIDENT (1) Lone Star Exhibits Owned by Board 935,603 PROVIDER OF PRODUCT Νo Member (2) Murphy Buckle Company Owned by Board 657,035 PROVIDER OF PRODUCT Νo Member

Form 990, Schedule L. Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) A mount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No Owned by Board 512.891 PROVIDER OF PRODUCT (4) SignTex Imaging Nο Members (1) The Larvat Company OWNED BY FAMILY 151.538 PROVIDER OF PRODUCT Nο OFMEMBER Owned by Board 167,145 | PROVIDER OF PRODUCT (2) Executive Tovs Nο Member

Form 990, Schedule L. Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) A mount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? No Yes Owned by Board 193.771 PROVIDER OF PRODUCT (7) BAYOU CITY EVENT CENTER Nο Member (1) SCHAEFER RANCHWEAR Owned by Board 182.072 PROVIDER OF PRODUCT Nο Member SISTER OF BOARD 159.910 EMPLOYEE COMPENSATION (2) CATHY CUNDIFF Nο MEMBER

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SCHEDULE M (Form 990)

Department of the Treasury

## **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No 1545-0047

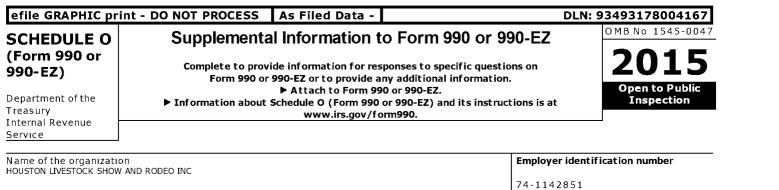
DLN: 93493178004167

2015

Open to Public Inspection

	al Revenue Service							
	e of the organization TON LIVESTOCK SHOW AND RODEO INC				Employer identificat	ion nu	mber	
005	TON EVESTOCK SHOW AND ROBES INC				74-1142851			
Pa	rt I Types of Property			-				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do noncash contrib	etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	6	161,900	VALUE ON RECEIP	T		
LO	Securities—Closely held stock $\cdot$							
l1	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
L4	Qualified conservation contribution—Other							
L5	Real estate—Residential .							
<b>L6</b>	Real estate—Commercial							
L7	Real estate—Other							
18	Collectibles							
L <b>9</b>	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	Other ► ()							
	Other ▶ ()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization comple				29			
	To time the organization compre		203, rure 11, bonde menne	Meagement			Yes	No
30a	During the year, did the organiza						103	140
	it must hold for at least three ye	ars from th	e date of the initial contribu	tion, and which is not requ	red to be used			
	for exempt purposes for the enti	re holding p	period?			30a		Νo
b	If "Yes," describe the arrangem							
31	Does the organization have a gif	t acceptan	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	noncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	in column (c) for a type of	property for which column (	(a) is checked,			

Schedule M (Form 990) (2015)



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION The Houston Livestock Show and Rodeo was organized for charitable, educational and scientific purposes to encourage and promote the breeding, raising and mar keting of better livestock and farm products at public fairs and to promote and maintain it esearch and educational functions within the livestock industry. It is the general policy of the Show to utilize, in the fiscal year subsequent to which it is earned, the excess of its revenue over expenses for the furtherance of its exempt purpose, including the granting and/or funding of scholarships, educational endow ments, agricultural research projects and other similar programs and the funding of related capital additions and improvements. The funds of the Houston Livestock Show and Rodeo are used exclusively to meet necessary expenses for its upkeep and operation and in furtherance of the exempt purpose of the organ ization. FORM 990, PART VI, SECTION A, LINE 2 BUSINESS RELATIONSHIPS THE FOLLOWING OFFICER'S AND DIRECTORS HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER EMPLOYED BY DL. DOYLE CONST RUCTION CO. DOUGLAS DOYLE Jim Bob TAYLOR EMPLOYED BY CANNONBALL TRUCKING, INC. RONALD EU BANKS JIM LIGHTFOOT OFFICER/DIRECTOR/BMLOYEE OF HOMETRUST MORTGAGE CO. GERALD LYNN NUNEZ KEN JACOBSON STEVE ROE EMPLOYED BY MONTALBANO LUMBER CO. YANCE MONTALBANO JOHN MONTALBANO SEMPLOYED BY METRO VALUATION SERVICES. GERALD LYNN NUNEZ JAMES MUSHINSKI WORKS AT JOHN L. WORTHAM & SON, LP. Robert B. Kneppler JACK LYONS ROBERT E. PAINE RYAN O. SMITH REGAN MILL ER KATZ. DIRECTORS AND MEMBERS OF EXECUTIVE COMMITTEE OF TITLE DATA, INC. JAMES WINDHAM E. D. LESTER DIRECTORS AND SHAREHOLDERS OF AGGREDYNE, INC. ROBERT HUX BRADY CARRUTH RED GRIF FIN DENNIS STEGER WORKS FOR CAMP CONSTRUCTION ROGER CAMP MIKE KOCH WORKS FOR DETECTION & SUPPRESSION INT. CHRISTOPHER ENNIS RICHARD WEIMAN BOARD OF DIRECTORS OF THE HOUSTON APART MENT ASSOCIATION. MICHAEL T. DEMARCO DON JORDAN JOHN O SMITH P. MICHAEL WELLS, JR. JIM WINDHAM WORKS FOR BLEZER BUILDING INC. CHRIS RICHARDSON JENNIFER H

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1	WNERS OF LESURE TRAVEL ALLIANCE, INC. JOHN O. SMITH JAMES E. PARISH JOE VAN MATRE WILLIA M.L. LAWLER MICHAEL. S. MCKINNEY CLAY A. PARKER OWNERS OF CPI WIRECLOTH AND SCREENS, INC. G LENN T. LLIE (FATHER). MICHAEL S. MCKINNEY CLAY A. PARKER OWNERS OF CPI WIRECLOTH AND SCREENS, INC. G LENN T. LLIE (FATHER). MICHAEL. S. MCKINNEY CLAY A. PARKER OWNERS OF CPI WIRECLOTH AND SCREENS, INC. G LENN T. LLIE (FATHER). MICHAEL. S. MCKINNEY. PARTINERS IN A REAL ESTATE VENTURE TODD R. IDDLE JOE VAN MATRE THE FOLLOWING OFFICERS AND DIRECTORS HAVE A FAMILY RELATIONSHIP WITH E ACH OTHER JERRY ANDREW (MOTHER) KATHLEEN "KAKI" HERD. (DAUGHTER) RATHAN M. BROWN (FATHER). TERRY MACK BROWN (SON). MICHAEL. A. CURLEY (FATHER). WICHAEL. C. CURLEY (SON) TOM DOMPIER (FAT HER). SHELLY DOMPIER MULANAX (DAUGHTER) ROY ELLEDGE, JR. (FATHER). BRENDA STUBBS (STEP-DAUGH TER). SHLLY DOMPIER MULANAX (DAUGHTER) ROY ELLEDGE, JR. (FATHER). BRENDA STUBBS (STEP-DAUGH TER). SUZANNE EPPS (MOTHER). JAMES C. EPPS III (SON) LZ JAMESON (SISTER-IN-LAW) PAT GILBERT (BROTHER-IN-LAW) G. W. KENT (BROTHER). JAMES ALAN KENT (BROTHER). KEN C. MOURSUND (BROTHER-IN-LAW) JOHN PORTER WADE (BROTHER-IN-LAW). BOWARD SCHULZ (FATHER-IN-LAW) JEFRREY HAYES (SON-IN-LAW) R. B. BUD O'SHIELES (FATHER). KELLY O'SHIELES (DAUGHTER). PATRICK D. PENNINGTON (BROT HER-IN-LAW) CATHY CUNDIFF (SISTER-IN-LAW). STAFF MEMBER). R. H. STEVENS (FATHER-IN-LAW). JAMES R. TAYLOR (SON-IN-LAW). R. STEVENS (FATHER-IN-LAW). ROBERT LLOY BECKEY. GENTHER IN-LAW). ROBERT LLOY G. (BROTHER-IN-LAW). ROBERT LLOY G. (BROTHER-IN-LAW). PERRY MICHAEL. WELLS JR. (SON). PERRY MICHAEL. WELLS JR. (BROTHER). CLAYTON T. WELLS (BROTHER). CLAYTON T. WELLS (BROTHER). CLAYTON T. WELLS (BROTHER). CLAYTON T. WELLS (BROTHER). JAMES G. (BROTHER). G. (BROTHER). G. (BROTHER). CLAYTON S. (BROTHER). J

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1	ion of the business and affairs of HLSR FORM 990, PART VI, SECTION B, LINE 11B FORM 990 R EVIEW PROCESS The audit committee, a sub-committee of the executive committee, along with outside tax specialists, review the return with senior management. The audit committee their recommends approval of the tax returns incorporating any changes they suggest to the exe cutive committee which then give final approval.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY HLSR distributes a conflict of interest/Form 990 questionnaire annually. The completed questionnaires are reviewed by HLSR's general counsel and are provided to accounting for disclosure on the tax return where appropriate

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	COMPENSATION POLICY Houston Livestock Show and Rodeo has a compensation committee which reviews performance of the CEO annually. The compensation committee recommends or reviews and approves compensation for the CEO and all of senior management. The committee uses compensation studies done by outside consultants in their decision making process.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS MADE AVAILABLE TO THE PUBLIC HLSR's governing documents, conflicts of interest policy, and financial statements are made available to the public by request. In addition, summarized financials are available on the Show's website (www hlsr com)

### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2 & FORM 990 PART IV, LINE 12	EXPLANATION OF COMBINED AUDIT REPORT The Houston Livestock Show & Rodeo, Inc., The Houston Livestock Show & Rodeo Educational Fund (EIN 76-0260204) and Corral Club, Inc. (EIN 74-2079763) have a combined audit report. Houston Livestock Show & Rodeo, Inc. has an audit committee charged with responsibility for the oversight of the combined audited financial statements and the selection of an independent accountant.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990,	OTHER CHANGES IN NET ASSETS OR FUND BALANCES PENSION COSTS (4,248,672) TOTAL (4,248,672)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 896050

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SECURITY/CROWD CONTROL TOTAL FEES 2230622

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CLEANING AND WASTE REMOVAL TOTAL FEES 2474687

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MULTIMEDIA PRODUCTION TOTAL FEES 3973931

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEAT PROGRAM TOTAL FEES 1096884

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 9855173

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION AWARDS-EXHIBITORS/PARTICIPANTS TOTAL EXPENSES 4905616 PROGRAM SERVICES 4827353 FUNDRAISING 78263

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION CREDIT CARD COMMISSIONS TOTAL EXPENSES 2128849 PROGRAM SERVICES 1697654 MANAGEMENT AND GENERAL 158423 FUNDRAISING 272772

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION OTHER AWARDS/BADGES TOTAL EXPENSES 1267675 PROGRAM SERVICES 335042 FUNDRAISING 932633

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION STAR MERCHANDISE TOTAL EXPENSES 1234912 PROGRAM SERVICES 1234912

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION OTHER EXPENSES TOTAL EXPENSES 2243752 PROGRAM SERVICES 1302471 MANAGEMENT AND GENERAL 774499 FUNDRAISING 166782

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## **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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

Inspection

**Employer identification number** 

				74-11428	351			
Part I Identification of Disregarded Entities (		answered "Yes" on	Form 990, P	art IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	D	(f) Direct controlling entity		
David Thomas of Poloted Tou Fundant O				Faure 000 Pa	TV 1	24 bassus de	h = d = -	
Part II Identification of Related Tax-Exempt O or more related tax-exempt organizations du		the organization ans	swerea "Yes"	on Form 990, Pa	irt IV, I	ine 34 because it	nad one	2
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Exempt Code s	ection Public charity (if section 501		(f) Direct controlling entity	Section (13) co ent	ontrolle tity?
(1)HLSR EDUCATIONAL FUND Three NRG Park	SCHOLARSHIPS	ТХ	501(c)(3)	11, I		HLSR	Yes	No
HOUSTON, TX 77054 76-0260204								
(2)HLSR INSTITUTE FOR TEACHER EXCELLENCE Three NRG Park	EDUCATION	TX	501(c)(3)	11, I		HLSR	Yes	
HOUSTON, TX 77054 76-0539447								
(3)HLSR ENDOWMENT FOUNDATION Three NRG Park	SCHOLARSHIPS	TX	501(C)(3)	11, I		HLSR	Yes	
HOUSTON, TX 77054 20-3612828								
(4)HHSB INC Three NRG Park	PUBLIC FAIR	TX	501(C)(3)	11, I		HLSR	Yes	
Houston, TX 77054 30-0721227							$\bot$	_

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

<b>(a)</b> Name, address, and EIN of related organization	(b)	(c)	(d)	(e)	(f)	(g)	(h	)	(i) Code V-UBI	Ú		(k)
Name, address, and EIN of	Primary activity		Direct	Predominant	Share of	Share of	Disprop	rtionate itions?	Code V-UBI	Gener	ral or	Percentage
related organization		domicile (state or		ıncome(related, unrelated,	total income	assets	alloca	itions?	amount in box 20 of	parti	iging nar?	ownership
		foreign	Criticy	excluded from		43300			Schedule K-1	purci	ici.	
		country)		tax under					(Form 1065)			
				sections 512-								
				514)			Yes	No		Yes	No	
							163	110		103	140	
								-				

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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(ı) Section (b)(1 contro entit	l3) illed y?
								Yes	No
(1)CORRAL CLUB INC	BAR OPERATION	TX	NA	C CORP					
Three NRG Park HOUSTON, TX 77054 74-2079763									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Part V	Transactions With Related Org	ganizations Complete	if the organization answered	"Yes" on Form 990,	, Part IV, line 34, 3	5b, or 36.

<b>1</b> During the tax year, did the orgranization engage in any of the following transactions	with one or more related organizations I	isted in Parts II-IV	?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	ty			1a		No
f b Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				<b>1</b> d		No
f 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)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
$\boldsymbol{j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related orga	inization(s)			11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization	:ion(s)			1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
${f q}$ Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				<b>1</b> s		No
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete this line, including c	overed relationships	s and transaction thresholds			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved			
1)HLSR EDUCATIONAL FUND	B, N,	13,303,677	actual			
2)CORRAL CLUB INC	N, O,	1,390,698	actual			
			- I			

## 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																	
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of	total end-of-year income assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
												1 I					
													<u>.                                    </u>				

