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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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493194018302

Open to Public

Form 990
Department of the

Treasury

Inspection Internal Revenue Service For the 2020 calendar year, or tax year beginning 09-01-2020 , and ending 08-31-2021 C Name of organization D Employer identification number B Check if applicable: HOUSTON LIVESTOCK SHOW AND RODEO ☐ Address change EDUCATIONAL FUND 76-0260204 % Katie Grahmann ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Application pending (832) 667-1000 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 100,941,774 Name and address of principal officer: H(a) Is this a group return for CHRIS BOLEMAN □Yes ☑No subordinates? 3 NRG PARK H(b) Are all subordinates Houston, TX ☐ Yes ☐No included? Tax-exempt status: **✓** 501(c)(3) 4947(a)(1) or 501(c) () ◀ (insert no.) If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation: 1988 M State of legal domicile: TX **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 17 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6 35,000 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 77,562 **b** Net unrelated business taxable income from Form 990-T, line 39 3,150 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 5,624,834 8,410,633 Ravenue 9 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,396,383 14,514,113 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,021,217 22,924,746 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 18,874,861 16,687,297 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 464,816 494,039 Expenses 0 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 299,173 292,743 19,638,850 17,474,079 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . -5,617,633 Net Assets or Fund Balances **Beginning of Current Year End of Year** 117,451,664 106,778,210 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 50,877,841 26,993,994 66,573,823 79,784,216 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here KATIE GRAHMANN TREASURER Type or print name and title

PHILADELPHIA, PA 19103

Firm's name PricewaterhouseCoopers LLP

Firm's address ► 2001 MARKET ST SUITE 1800

Preparer's signature

Print/Type preparer's name

Paid

Preparer Use Only Check \square if

self-employed

Phone no. (267) 330-3000

Firm's EIN ▶

P00460263

☑ Yes ☐ No

Form	990 (2020)					Page 2
Pa	rt III Statemen	t of Program Servi	ce Accomplis	hments		
	Check if Sch	edule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the	organization's mission:				
SEE :	SCHEDULE O					
2	Did the organization	n undertake any signific	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe th	nese new services on Sc	hedule O.			
3	Did the organization	n cease conducting, or r	nake significant	changes in how it cond	lucts, any program	
	services?					☐ Yes ☑ No
	If "Yes," describe th	nese changes on Schedu	ıle O.			
4	Section $501(c)(3)$ a		ons are required	to report the amount	e largest program services, as meas of grants and allocations to others,	
4a	(Code:) (Expenses \$	14,186,000	including grants of \$	14,186,000) (Revenue \$	0)
	See Additional Data					
4b	(Code:) (Expenses \$	2,501,297	including grants of \$	2,501,297) (Revenue \$	0)
	See Additional Data					
4c	(Code:) (Expenses \$	528,942	including grants of \$	0) (Revenue \$	0)
	See Additional Data					
4d	Other program serv					
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program sei	rvice expenses >	17,216,2	39		
4e	Total program sei	rvice expenses ►	17,216,2	39		Form 99

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Par	tiV 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part 2	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? <i>If "Yes," complete Schedule D,</i> 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, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	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 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d	Yes	
е	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	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	Yes	

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🖼

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

 13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

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Yes

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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art	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No.
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	1		N
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	31		No No
	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		N ₁
	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	
ı	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N-
	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		
	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
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ali	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V			旦
			Yes	N
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	JI		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0		ı '	1

1c

01111				rage 3
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	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)? If "Yes," enter the name of the foreign country:	4a		No
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			_
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
	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	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
12	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Га	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	· resp		ımes ✓
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 17			
	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 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	42-	V	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		V	
	The organization's CEO, Executive Director, or top management official	15a 15b	Yes Yes	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	120	res	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII $\,$. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- 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

See instructions for the order in which to list the	•										
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours	Position that pers	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(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	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations	
(1) JOEL COWLEY FORMER PRESIDENT	0.0						х	0	535,291	95,914	
(2) JENNIFER HAZELTON VP,TREASURER,ASST SECRETARY	1.0 50.0			х				0	341,842	117,449	
(3) SHERRY HIBBERT SECRETARY	1.0			х				0	324,391	119,126	
(4) CHRIS BOLEMAN PRESIDENT	1.0			х				0	368,936	32,909	
(5) JAMES OLIVER BLOODWORTH	50.0 0.25	X						0	106,466	C	
DIRECTOR (6) BRADY FARLEY CARRUTH CHAIRMAN OF THE BOARD	2.5 1.0 10.0	Х						0	0	(
(7) ANDREW PORTALES CANTU DIRECTOR	0.25	Х						0	0	C	
(8) WARNER DEAN ERVIN DIRECTOR	0.25 2.5	Х						0	0	C	
(9) GEORGE RAYMOND HINSLEY III DIRECTOR	0.25 2.5	Х						0	0	C	
(10) JULIAN PERRY HUNNICUTT III DIRECTOR	0.25 2.5	Х						0	0	C	
(11) PARKS CASE JOHNSON DIRECTOR	0.25 2.5	X						0	0	C	
(12) DONLEY DUARD JORDAN DIRECTOR	0.25 2.5	Х						0	0	C	
(13) KELLY J LARKIN DIRECTOR	0.25 2.5	X						0	0	C	
(14) JACK ALLEN LYONS DIRECTOR	0.25 2.5	Х						0	0	C	
(15) PATRICIA MANN PHILLIPS DIRECTOR	0.25 2.5	Х						0	0	C	
(16) WELSEY EDWARD SINOR DIRECTOR	0.25 2.5	Х						0	0	C	
(17) NOEL ROBERT SMITH DIRECTOR	0.25	Х						0	0	C	

(A)

Name and title

Part VII

amount of other

compensation

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	!	any hours	ĺ	direct	tor/t	trust	tee)		organization	organizations		from t		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)		organizati relate organiza	ed	
	UDOLPH HARROLL STEVENS JR	0.25												_
DIRECT	TOR	2.5							· '		이		(0
(19) JC	DE VAN MATRE	0.25						\Box						_
DIRECT	TOR	2.5									0		(0
	HARLEEN LAWING WALKOVIAK	0.25				1								_
DIRECT	TOR	1.0		'							0		(0
(21) JA	AMES ALFRED WINNE III	0.25				T		\Box						_
DIRECT	TOR	2.5		'							이		(J
1h Sı	ub-Total						→							- - -
с То	ub-lotal	/II, Section A				1			0	1,676,926			365,398	- 8
	Total number of individuals (including but of reportable compensation from the orga		those li	sted a	abo\	/e) v	who re	ceive	ed more than \$10	0,000				_
												Yes	No	_
	Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J for</i>									employee on	3	Yes		
	For any individual listed on line 1a, is the organization and related organizations gre									the				
	individual		. ,		•	•	•	•		[4	Yes		_

(C)

Position (do not check more

than one box, unless person

is both an officer and a

(D)

Reportable

compensation

from the

(E)

Reportable

compensation

from related

5

(B)

Description of services

Nο

(C) Compensation

Form 990 (2020)

services rendered to the organization? If "Yes," complete Schedule J for such person .

compensation from the organization ▶ 0

5

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

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.

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

Section B. Independent Contractors

Name and business address

(B)

Average

hours per

week (list

		Statement	of F	Pavanus						Page 9
Part	VIII				resno	onse or note to any	line in this Part VIII			\sqcap
				o contains a	, 55,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
v	1a	Federated campaig	gns		1a			revenue	ı	312 311
Gifts, Grants ilar Amounts	ь	Membership dues			1b					
<u>وا</u> ود	С	Fundraising events	5.	. [_	1c					
ifts,	u u	Related organization		<u> </u>	ld	6,085,764				
Contributions, Gift: and Other Similar		Government grants (<u> </u>	le					
Contributions, and Other Sim	Ť	All other contributions and similar amounts above	not in	schudod	1f	2,324,869				
ibul Sthe	g	Noncash contributions lines 1a - 1f:\$	s incl							
ont od C			- 16		1g					
<u>ة ت</u>	n	Total. Add lines 1a	3-11	• • •	• •	►	8,410,633		T	
	2a					Business Code				
en										
Ven	Ь									
Program Service Revenue										
rvic	C									
Σ	d									
grar	e									
ě										
		All other program								
	⊢	Total. Add lines 2				0				<u> </u>
		Investment income imilar amounts) .			nas, i	nterest, and other	1,425,839		77,562	1,348,277
		Income from invest	men	it of tax-exer	npt bo		<u> </u>			
	5	Royalties	r i	(i) Rea	· ·	(ii) Personal		1		
	_	_			<u>. </u>	(ii) i ersenar	1			
		Gross rents	6a				_			
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c		0	,	0			
	d	Net rental income		(loss)			<u> </u>			
				(i) Securi	ties	(ii) Other				
	7a	7a Gross amount from sales of assets other than inventory		05.302						
				,						
	ь	Less: cost or	7b	78.0	17,028					
		other basis and sales expenses		70,0	17,020					
	c	Gain or (loss)	7c	13,0	88,274	,				
	d	Net gain or (loss)	•				13,088,274	1		13,088,274
ē	8a	Gross income from fu (not including \$		ising events of						
en.		contributions reported See Part IV, line 18	d on l	line 1c).						
Rev		Less: direct expen			8a 8b	0				
Other Revenue		Net income or (los				ents 🕨				
₽										
	Уа	Gross income from See Part IV, line 19	gamı •	• •	9a	0				
	b	Less: direct expen	ses		9b	0				
	c	Net income or (los	s) fr	om gaming a	ctiviti	es >				
	10a	Gross sales of inve	entor	ry, less						
		returns and allowa	nces	5	10a	0				
		Less: cost of good			10 b		_			
	c	Net income or (los Miscellaneo			nvent	ory ► Business Code			1	
	11		IN				1			
	b	•								
	c									
		All other revenue							1	
		Total. Add lines 1			• •	•	(_	
	12	Total revenue. S	ee ir	nstructions .	•	• • • •	22,924,746	5	77,562	14,436,551

Do 1 7b, 8	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must conclude if Schedule O contains a response or note to an anotinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.		<u> </u>		mn (A).
7b, 8	Check if Schedule O contains a response or note to an not include amounts reported on lines 6b,	y line in this Part IX	<u> </u>		mn (A).
7b, 8	not include amounts reported on lines 6b,				
		Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,501,297	2,501,297	g	
	Grants and other assistance to domestic individuals. See Part IV, line 22	14,186,000	14,186,000		
	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			_
	Compensation of current officers, directors, trustees, and key employees	0			
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			0
7	Other salaries and wages	349,573	343,733	5,840	
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	59,547	56,504	3,043	
9	Other employee benefits	60,248	47,086	13,162	
10	Payroll taxes	24,671	23,543	1,128	
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
C	Accounting	46,195		46,195	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	111,905		111,905	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	62,124	24,300	37,824	
12	Advertising and promotion	2,454		2,454	
13	Office expenses	7,136		7,136	
14	Information technology	12,000	12,000		
15	Royalties	0			
16	Occupancy	0			
17	Travel	1,058	1,058		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	59		59	
	Interest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	0			
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	276		276	
	expenses on Schedule O.) BAD DEBT EXPENSE	20,000		20,000	
- b	FOOD & BEVERAGE SERVICES	8,177	6,760	1,417	
-	OTHER AWARDS/BADGES	7,958	7,958		
c	d DUES & SUBSCRIPTIONS	7,151		7,151	
-	e All other expenses	6,250	6,000	250	
-	Total functional expenses. Add lines 1 through 24e	17,474,079	17,216,239	257,840	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Page **11**

0

0

0

0

0

0

0

0

0

0

0

0

0

26,820,750

26.993.994

75,815,357

3,968,859

79,784,216

106,778,210

Form 990 (2020)

83,957,774

17,167,729

5,619,096

173,244

106,778,210

Check if Schedule O contains a response or note to any line in this Part IX .

			,
1 Cash-non-interest-bearing	0	1	33,6
2 Savings and temporary cash investments	0	2	
3 Pledges and grants receivable, net	0	3	

Beginning of year

0

0 10c

0 13

0

0 15

0 19

0

0 21

0 22

0

0 24

49,282,228

50.877.841

62,956,816

3,617,007

66,573,823

117,451,664

96,245,143

21,206,521

117,451,664

1,595,613

9

11

12

14

16

17 0 18

20

23

25

26

27

28

29

30

31

32

33

0 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled 0 5 Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0 0

6 Notes and loans receivable, net 7 Assets 0 8 Inventories for sale or use

Prepaid expenses and deferred charges .

10a basis. Complete Part VI of Schedule D 10b b Less: accumulated depreciation 11 Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11 .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

2c

3a

3h

No

Form 990 (2020)

Additional Data

Software ID:

Software Version:

EIN: 76-0260204

Name: HOUSTON LIVESTOCK SHOW AND RODEO

EDUCATIONAL FUND

Form 990 (2020)

Form 990, Part III, Line 4a:

THE HLSR EDUCATIONAL FUND AWARDED 493 \$20,000 SCHOLARSHIPS FOR TEXAS STUDENTS TO ATTEND TEXAS COLLEGES AND UNIVERSITIES. IT FUNDED ANOTHER 140 SCHOLARSHIPS TO TEXAS STUDENTS PARTICIPATING IN AND SELECTED BY 4-H & FFA. 49 OTHER SCHOLARSHIPS ARE AWARDED TO STUDENTS STUDYING SPECIFIC PROGRAMS AT UNIVERSITIES. IN ADDITION, THE ACHIEVEMENT SCHOLARSHIP WAS AWARDED TO OTHER EXISTING SCHOLARS, A TOTAL OF \$1.2 MILLION AWARDED TO 99 STUDENTS.

Form 990, Part III, Line 4b: AWARDED \$2,501,297 IN EDUCATIONAL AND AGRICULTURE GRANTS TO VARIOUS ORGANIZATIONS. SOME OF THE GRANTS FOCUS ON SUPPORTING THE AGRICULTURAL INDUSTRY, BENEFITTING FFA AND 4-H PROGRAMS AND AGRICULTURAL PROGRAMS AT VARIOUS UNIVERSITIES. THERE ARE ALSO GRANTS FOR CHILDREN AND YOUTH

EDUCATIONAL PROGRAMMING AT MANY CULTURAL ORGANIZATIONS. MAINLY FOCUSED IN THE HOUSTON AREA.

IN ADDITION TO THE SCHOLARSHIPS AND GRANTS AWARDED, RESOURCES ARE ALSO SPENT TO EDUCATE THE PUBLIC ON THE EDUCATIONAL FUND'S PROGRESS AND TO SUPPORT THE SCHOLARSHIP STUDENTS STRIVING TO MEET THEIR DEGREE GOALS. AN ANNUAL EXHIBIT INFORMS RODEO ATTENDESS OF THE EDUCATIONAL FUND'S ACTIVITIES AND EDUCATIONAL IMPACT ON THE COMMUNITY. STUDENT ASSISTANCE PROGRAMS, CAMPUS EVENTS, AND OTHER ENDEAVORS HELP GIVE STUDENTS THE

RESOURCES TO BE SUCCESSFUL. ONCE A STUDENT HAS GRADUATED, THEY CAN JOIN THE SCHOLARSHIP ALUMNI ASSOCIATION, PROVIDING THEM A CHANCE TO GIVE

BACK TO THE COMMUNITY AND ORGANIZATION, CONNECT WITH CURRENT SCHOLARS AND NETWORK WITH PAST SCHOLARS.

Form 990, Part III, Line 4c:

efil	e GR/	APHIC prii	1t - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493194018302
	m 99	OULE A	Cor	nplete if the org	harity Status ganization is a section 4947(a)(1) nonexer	on 501 (c)(3) o	ganization or	ort 📙	2020
Depart	nent of	f the Treasury	•		Attach to Form 9 gov/Form990 for in	90 or Form 990)-EZ.	rmation.	Open to Public Inspection
Name HOUS	of th	nie Service he organiza VESTOCK SHO						Employer identifica	<u> </u>
	_	L FUND	for Bublic	Charity Statu	c (All organizations	must complete	a thic part \ C	76-0260204	
	't I rganiz				s (All organizations it is: (For lines 1 throu			ee mstructions.	
1	_	A church, c	onvention of	churches, or ass	ociation of churches d	escribed in secti	on 170(b)(1)((A)(i).	
2	$\overline{\Box}$	A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Scho	edule E (Form 99	0 or 990-EZ).)		
3	\exists				ce organization descri	•		iii).	
4		·	esearch orga	•	d in conjunction with a			•	ter the hospital's
5			ation operate (iv). (Compl		of a college or univers	sity owned or ope	erated by a gove	ernmental unit describ	ed in section 170
6		A federal, s	tate, or loca	government or	governmental unit des	cribed in section	170(b)(1)(A)(v).	
7		section 17	'0(b)(1)(A)	(vi). (Complete	•			nit or from the genera	l public described in
8			•		170(b)(1)(A)(vi). (•	•		
9		An agriculti non-land gi	ural research ant college o	i organization des of agriculture. Se	scribed in 170(b)(1)(e instructions. Enter tl	A)(ix) operated he name, city, ar	in conjunction in and state of the c	with a land-grant colle college or university:	ege or university or a
10		from activit	ies related to income and	o its exempt fund unrelated busine	(1) more than 331/3% tions—subject to certa ss taxable income (les	ain exceptions, a	nd (2) no more	than 331/3% of its su	pport from gross
l1	П			509(a)(2). (Consed and operated	exclusively to test for	public safety. Se	e section 509	(a)(4).	
12	☑	more public	ly supported	d organizations de	exclusively for the ber escribed in section 50 he type of supporting	9(a)(1) or sect	ion 509(a)(2)	. See section 509(a	
а	✓	organizatio	n(s) the pow		ted, supervised, or co opoint or elect a major				
b		manageme	nt of the sup		rvised or controlled in ion vested in the sam nd C.				
C					ipporting organization				ed with, its
d		Type III n	on-function integrated.	nally integrated The organization	ns). You must comp A supporting organiz generally must satisfy IV, Sections A and	ation operated ir	connection wit	h its supported organ	` '
e		Check this	box if the org	ganization receive	ed a written determina	ation from the IR	S that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	-		•	ntegrated supporting :	-		1	
g					pported organization(s			· · · · · · · · · · · · · · · · · · ·	
	(i) N	lame of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) HOUS RODE		IVESTOCK SHO	W AND	741142851	10	Yes		0	(
								_	
Tota		would De Je	1	tice, see the In		Cat. No. 11285F		0 Schedule A (Form 99	

Sch	nedule A (Form 990 or 990-EZ) 2020						Page 2
P	Part II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	Section A. Public Support Calendar vear		I		I		
	(or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						
S	Section B. Total Support	T	ı			1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7							
8							-
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9							
_	activities, whether or not the						
	business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						_
11							
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for t						zation check
	this box and stop here	=			•		zation, check
	Section C. Computation of Publi				<u> </u>		
	Public support percentage for 2020 (li			column (f))		14	
	Public support percentage for 2019 Sc					15	
	a 33 1/3% support test—2020. If the						hox
100	and stop here. The organization qual						
b	33 1/3% support test—2019. If th	ne organization did	not check a box of	n line 13 or 16a,	and line 15 is 33 i		k this
_	box and stop here. The organization						
17 a	a 10%-facts-and-circumstances tes	t—2020. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization	n meets the "facts	-and-circumstanc	es" test, check thi	s box and stop h e	e re. Explain	
	in Part VI how the organization meets			-			. 🗆
_	organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organis						
	Explain in Part VI how the organization						
	supported organization						▶□
18		on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						▶□
					Schodu	le A (Form 990 o	r 990-F7\ 2020

Р	art III Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	tne tests listed	pelow, please co	impiete Part II.)	
	ection A. Public Support		1	T		1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
-	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
L	Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support			_			
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	(or fiscal year beginning in) ▶	(-, 	(-,	(-,	(,	(-)	(-,
9							
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on. Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and stop here						▶ ∐
Se	ection C. Computation of Public S	Support Perce	entage				_
15	Public support percentage for 2020 (lin	ie 8, column (f) d	livided by line 13,	column (f))		15	
16	Public support percentage from 2019 S	chedule A, Part I	II, line 15			16	
	ection D. Computation of Investi		*				-
17	Investment income percentage for 202			line 13. column (f))	17	
		-					
18	Investment income percentage from 2					18	47.
	331/3% support tests—2020. If the						_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2019. If the	e organization dic	not check a box	on line 14 or line :	19a, and line 16 is	s 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 publ	icly supported org	janization	ightharpoons
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	19a, or 19b, check	this box and see	instructions	. ▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked

Page 4

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

No

No

No

No

No

No

No

No

Schedule A (Form 990 or 990-EZ) 2020

5a

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
	describe the designation. If instance and community relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		No

	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,				
	describe the designation. If historic and continuing relationship, explain.	1	Yes		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described				
2 3a	in section 509(a)(1) or (2).				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and				
	3c below			-	

	They describe in the supported organizations are designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
	III Section 309(a)(1) or (2).	2		No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a		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 Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3h	

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		

		34		140
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			No

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

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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b

and 5c 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

SCITE	edule A (Form 990 of 990-E2) 2020		F	age :
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	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 lines 11b and 11c below, the governing body of a supported organization?			No
b	A family member of a person described in 11a above?			
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		No
S	<u>VI.</u> ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		No
S	ection C. Type II Supporting Organizations			
	ection c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
	// 11 2 3		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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
,	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
١	 b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. 	3h		

3b

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

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6

Schedule A (Form 990 or 990-F7) 2020

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
		ı	

Other distributions (describe in Fait VI). See instruction	0			
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				
9 Distributable amount for 2020 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				

7 Total annual distributions. Add lines 1 through 6.				
Distributions to attentive supported organizations to what details in Part VI). See instructions	nich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016			·	
c From 2017				
d From 2018				
E 3010				

(see instructions)	Excess Distributions	Pre-2020	Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			

a 110111 20101 1 1 1 1 1 1		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		
${f c}$ Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		

c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
b Excess from 2017		
c Excess from 2018		

Schedule A (Form 990 or 990-EZ) (2020)

d Excess from 2019. e Excess from 2020.

Schedule A (F	Form 990 or 990-EZ) 2	2020 Pa
	Section A, lines 1, 2, 3 Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part I 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line es 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
		Facts And Circumstances Test
990 Sched	ule A, Supplemen	tal Information
	ırn Reference	Explanation
Houston Live Rodeo	estock Show and	

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

(Form 990)

Department of the Treasury

As Filed Data -

DLN: 93493194018302

OMB No. 1545-0047

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.

Open to Public

Inter	nal Revenue Service Go to <u>www.irs.gov/Forn</u>	1990 for instructions and the lat	est information	on. Inspection
HC	ame of the organization DUSTON LIVESTOCK SHOW AND RODEO DUCATIONAL FUND			ployer identification number 0260204
	art I Organizations Maintaining Donor Advi		Funds or Acc	
	Complete if the organization answered "Ye	(a) Donor advised funds	·	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	+	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)		+	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		<u> </u>	
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex			funds are the \Box Yes \Box No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other i	purpose confer	
Pa	art II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the orga			
	Preservation of land for public use (e.g., recreation		ion of an histor	rically important land area
	Protection of natural habitat	· —		ed historic structure
		☐ Freservat	lon or a certifie	a Historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution	in the form of a	a conservation Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histori	c structure included in (a)	. 2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a his	toric 2d	
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or termin	nated by the or	ganization during the
4	Number of states where property subject to conservation	on easement is located 🟲		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		nandling of viol	ations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and en	forcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcin	ng conservation	easements during the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?			(4)(B)(i) ☐ Y es ☐ N o
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's finar		
Pa	Organizations Maintaining Collections Complete if the organization answered "Ye			milar Assets.
1a	7611	SC 958, not to report in its revenue lic exhibition, education, or researcl	statement and	
b		SC 958, to report in its revenue stat		
	(i) Revenue included on Form 990, Part VIII, line ${f 1}$			> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, histori following amounts required to be reported under FASB.	cal treasures, or other similar asset		
а		•		. ▶\$

Par	***	Organizations Main	taining Colle	ections of Art,	Histori	cal Ti	reasu	res, or	r Other	Similar As	ssets (co	ntinued)	
3		g the organization's acquisit s (check all that apply):	tion, accession,	and other records	s, check	any of	the fol	lowing t	hat are a	significant u	use of its c	ollection	
а		Public exhibition			d		Loan	or excha	ange prog	ırams			
b		Scholarly research			е		Other	·					
c		Preservation for future ge	nerations										
4	Provi	de a description of the orga		ctions and explain	how the	ey furth	her the	organiz	zation's ex	xempt purpo	se in		
5		ng the year, did the organiz s to be sold to raise funds									☐ Yes		No
Pai	t IV	Escrow and Custodi Complete if the organ X, line 21.			orm 990	, Part	IV, lir	ne 9, or	r reporte	ed an amou	ınt on Fo	rm 990,	Part
1a		e organization an agent, tru ded on Form 990, Part X? .									Yes		No
b	If "Ye	es," explain the arrangeme	nt in Part XIII a	and complete the f	ollowina	table:		[A	mount		_
c		nning balance		·	-			ŀ	1c				_
d	_	ions during the year						-	1d				_
e		ibutions during the year .						The state of the s	1e				_
f		ng balance						ŀ	1f				_
													_
2a		he organization include an									_	⊔ г	10
b		es," explain the arrangeme	nt in Part XIII. (Check here if the e	explanat	ion has	been	provided	d in Part :	XIII	Ш		
Pa	rt V	Endowment Funds.	::			Dat	T) / 1:-	10					
		Complete if the organ	Ization answe	ered "Yes" on Fo (a) Current year		rior yea			ears hack	(d) Three year	ars hack (e	1 Four ve	ars hack
1a	Beainn	ning of year balance	h	(a) carrent year	(5)	Tior yea	-	C) IWO y	cars back	(d) Tilled yes	dis back (c	.y rour yea	ars back
	-	outions	· · ·										
		vestment earnings, gains, a	and losses										
		or scholarships	-										
e	Other	expenditures for facilities ograms											
		istrative expenses	🕇										
		year balance	-										
2		, de the estimated percentac	L ne of the curren	t year end halance	e (line 1:	a colu	mn (a)	ı) həld ə	c·	l			
ے a		d designated or quasi-endo		e year end balance	c (IIIIC I	g, colu	····· (u)) ficia a	J.				
		anent endowment ►											
b		***************************************											
С		endowment > percentages on lines 2a, 2b		ogual 100%									
За	Are tl	hercentages on lines 2a, 2b here endowment funds not nization by:	•		ation tha	t are h	eld and	d admini	istered fo	r the		Yes	No
	(i) U	nrelated organizations .									3a(i)	
b	` '	Related organizations .es" on 3a(ii), are the relate									3a(i 3b		
4		ribe in Part XIII the intende											
Pai	t VI												
		Complete if the organ									rt X, line	10.	
	Descri	iption of property	(a) Cost or othe (investment		t or other	basis (d	other)	(c) Acc	umu la ted o	depreciation	(d)	Book valu	ıe
1a	Land												
b	Buildin	ngs											
		nold improvements											
		nent											
		lines 1a through 1e. (Colu	mn (d) must ea	ual Form 990. Par	t X, colu	mn (B), line .	10(c).)		>			

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	orm 990 Part IV line	11h Saa Form 990 1	Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Metho	d of valuation:
(1) Financia	(including name of security)		Cost or end-of	-year market value
(2) Closely-	held equity interests			
(3) Other (A) ALTERNA	ATIVE INVESTMENTS	17,167,729		F
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	17,167,729		
	Investments—Program Related.	•		
	Complete if the organization answered 'Yes' on F (a) Description of investment	orm 990, Part IV, line :	(b) Book value	Part X, line 13. (c) Method of valuation:
	(a) Description of investment		(b) book value	Cost or end-of-year market value
(1)				value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets.	000 5 : 7: / ::	440	
	Complete if the organization answered 'Yes' on Fo	onn 990, Part IV, line 1 	<u>u. See Form 990, Par</u>	t X, line 15. (b) Book value
	M HLSR, INC.			5,619,096
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			5,619,096
Part X	Other Liabilities.			
	Complete if the organization answered 'Yes' on Fo		1e or 11f.See Form	990, Part X, line 25. (b) Book
1.	(a) Description of lie	ability		value
	income taxes RSHIPS & GRANTS PAYABLE			0 26,820,750
(2) SCHOLAI	S.E. S & SIVINIS LATABLE			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) ————				
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of	the footnote to the organ		26,820,750
	x positions under FIN 48 (ASC 740). Check here if the tex			ments that reports the organiz
	· · · · · · · · · · · · · · · · · · ·			

1

2

h

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Schedule D (Form 990) 2020

30.684.472

7,759,726

22,924,746

22,924,746

Page 4

Add lines 4a and 4b .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 17,474,079 1 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a а 2b 2c 2d Other (Describe in Part XIII.) Add lines 2a through 2d . . 2e 3 3 17,474,079 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b . . . 4b b Other (Describe in Part XIII.) Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 17,474,079 Part XIII Supplemental Information

Explanation

2a

2h

2c

2d

4a

4b

7,759,726

2e

4c

5

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Other (Describe in Part XIII.)

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

Return Reference

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2020

<u> </u>	orm 990) 2020 Supplemental Info	rmation (continued)	Page 5		
Ret	Return Reference Explanation				
			Schedule D (Form 990) 2020		

SCHEDULE F Form 990)	State	ement of A	Activities (es Outside the United States				
Form 990)	► Comp	lete if the organi		Yes" to Form 990, Part IV, line 14b, 15, or 16. to Form 990. instructions and the latest information. Open to Public Inspection				
pepartment of the Treasury aternal Revenue Service	•	Go to www.irs.	gov/Form990 for i					
lame of the organization IOUSTON LIVESTOCK SH DUCATIONAL FUND	OW AND ROD	≣0			Employer id 76-0260204	entification number		
	nformation Part IV, line		Outside the l	Jnited States. Comple	te if the organization	answered "Yes" on		
other assistance, t	he grantees'	eligibility for th	ie grants or assi	substantiate the amoun stance, and the selection	criteria used	☐ Yes ☐ No		
2 For grantmakers outside the United		Part V the orga	anization's proce	edures for monitoring the	use of its grants and	other assistance		
3 Activites per Region	. (The following	ng Part I, line 3	table can be dupli	icated if additional space is	needed.)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region			
Central America and	the	0	0	Investments		6,453,840		
Caribbean								
Caribbean								
Caribbean 3a Sub-total b Total from continuat Part I		C	0			6,453,840		

Schedule F (Form 990) 2020							Page 3
Part IIII Grants and Ot				ad States. Complete if	\overline{i} the organization an	swered "Yes" on Form 9	
	duplicated if addition			т	т	T	т
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				1		<u> </u>	1
·					<u> </u>		

Sched	dule F (Form 990) 2020		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		✓ Yes	∐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713: don't file with Form 990).	□Yes	√ No

Page	Schedule F (Form 990) 2020	Sche
uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting metho expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide	amounts of investments vs.	Pa
Explanation	ReturnReference	

Schedule F (Form 990) 2019

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I | Capture | Captu

(Form 990)

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

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

OMB No. 1545-0047

DLN: 93493194018302

Open to Public Inspection

reasury nternal Revenue Service			► Go to <u>ww</u>	<u>w.irs.gov/Form990</u> for	the latest information	on.			Inspection	
ame of the organization	SHOW AND PODEC	1					Empl	loyer identifica	tion number	
DUCATIONAL FUND							76-0	260204		
	Information o									
				the grants or assistance, i		for the grants or assistance	e, and		☑ Yes	□N
_	-	•	_	e of grant funds in the Ur						
Part III Grants and that receiv	d Other Assistan ed more than \$5,0	ce to Domest 000. Part II can	tic Organizations ar n be duplicated if add	nd Domestic Governme itional space is needed.	nts. Complete if the o	ganization answered "Yes"	on Form 990,	, Part IV, line 2	21, for any recip	ient
(a) Name and addr organization or government) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descr noncash a		(h) Purpose of or assistance	f grant
1) See Additional Data										
2)										
3)										
4)										
5)										
6)										
7)										
8)										
9)										
10)										
11)										
12)										
	•		-					. • —		60
or Danerwork Peduction					Cat No. 50055				dula I /Form 990	1 2020

(3)

(4)

Schedule I (Form 990) 2020

Page **2**

(a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other)

See Additional Data Table

(1)

(2)

(5) (6)

(7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. **Return Reference** Explanation FORM 990, SCHEDULE I, PART I, PROCEDURES FOR MONITORING THE USE OF GRANTS GRANTS ARE MADE ONLY TO 501(C)(3) CHARITIES OR RECOGNIZED INSTITUTIONS OF HIGHER EDUCATION. ALL APPLICANTS MUST SUBMIT A COMPLETED HOUSTON LIVESTOCK SHOW AND RODEO GRANT APPLICATION WITH REQUIRED MATERIAL BY THE DEADLINE STATED. LINE 2 IN KEEPING WITH THE MISSION OF THE SHOW, ALL GRANT APPLICATIONS MUST BENEFIT YOUTH, SUPPORT EDUCATION, EXPAND AGRICULTURAL HORIZONS AND/OR PRESERVE AND HONOR PIONEER HERITAGE AND CULTURES. FUNDING PRIORITY WILL BE GIVEN TO PROGRAMS THAT BENEFIT AND INCLUDE THE MAXIMUM NUMBER OF PARTICIPANTS, MEET THE HIGHEST STANDARDS OF ACCOUNTABILITY, INCLUDING DETAILED FINANCIAL REPORTING, AND PROVIDE THE MAXIMUM RECOGNITION TO THE HOUSTON LIVESTOCK SHOW AND RODEO. THE HOUSTON LIVESTOCK SHOW AND RODEO RESERVES THE RIGHT TO REJECT ANY OR ALL APPLICATIONS AND IS NOT LIABLE FOR ANY COSTS INCURRED BY THE APPLICANT IN THE DEVELOPMENT, SUBMISSION, OR REVIEW OF THE APPLICATION. ANY COSTS INCURRED IN THE PREPARATION OF THE APPLICATION SHALL BE BORNE BY THE APPLICANT. SUBMITTING A PROPOSAL DOES NOT GUARANTEE THAT THE APPLICANT WILL RECEIVE FUNDING FROM THE HOUSTON LIVESTOCK SHOW AND RODEO; THEREFORE, APPLICANTS SHOULD NOT MAKE ANY PURCHASES OR INCUR ANY COSTS ASSOCIATED WITH THE PROPOSED PROJECT UNTIL CONTACTED IN WRITING BY THE HOUSTON LIVESTOCK SHOW AND RODEO REGARDING THE STATUS OF THE PROPOSAL. IF THE APPLICANT RECEIVES A GRANT, ANY COSTS INCURRED PRIOR TO THE CONTRACT START DATE WILL NOT BE REIMBURSED. GRANT FUNDING MAY NOT BE UTILIZED FOR BUILDING PROJECTS, FOR PROJECTS REQUIRING MULTI-YEAR SUPPORT, OR FOR CERTAIN ADMINISTRATIVE EXPENSES WHICH MAY INCLUDE SALARIES, STIPENDS AND FRINGE BENEFITS. IN ADDITION, FUNDS MAY NOT BE USED TO PAY INDIRECT COSTS TO ANY ORGANIZATION, AGENCY OR INSTITUTION, PROPOSALS WHICH HAVE BUDGETS THAT CONTAIN ANY OF THE AFOREMENTIONED EXPENSE ITEMS WILL NOT BE ACCEPTED. IF A DECISION IS MADE TO FUND A GRANT PROPOSAL. AN AWARD LETTER WILL BE SENT TO THE SUCCESSFUL APPLICANT. THE LETTER WILL DETAIL ITEMS SUCH AS BUDGET, REPORTING REQUIREMENTS, HOUSTON LIVESTOCK SHOW AND RODEO GENERAL PROVISIONS AND ANY OTHER SPECIFIC REQUIREMENTS THAT MAY APPLY TO THE AWARD. THE GRANT WILL PROVIDE FUNDS FOR AN APPROVED PROJECT AND ASSOCIATED COSTS THAT ARE INCURRED IN THE BUDGET AND ARE REASONABLE AND NECESSARY. A REQUEST FOR RETURN OF ANY FUNDS MAY OCCUR IF ANY OF THE STATED REQUIREMENTS OF THE GRANT ARE NOT MET. IT IS THE RESPONSIBILITY OF THE

PROJECT MAY BE SUBMITTED FOR CONSIDERATION.

GRANT APPLICANT TO MAINTAIN A RECORD OF ALL COSTS AND ACTIVITIES RELATED TO THE ADMINISTRATION OF THE PROJECT AND SUCH INFORMATION SHOULD BE AVAILABLE TO THE SHOW UPON REQUEST AT ANY TIME DURING THE PROJECT. SITE VISIT(S) BY THE SHOW STAFF MAY ALSO OCCUR. SHOULD FUNDS REMAIN FOLLOWING COMPLETION OF THE PROJECT, A WRITTEN REQUEST THAT REMAINING FUNDS BE CONSIDERED FOR USE AS SUPPLEMENTAL FUNDING FOR ANOTHER

Additional Data

SAM HOUSTON STATE

UNIVERSITY PO BOX 2027 HUNTSVILLE, TX 77341

Software ID: **Software Version: EIN:** 76-0260204 Name: HOUSTON LIVESTOCK SHOW AND RODEO **EDUCATIONAL FUND** Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. /L) CIN (a) IDC applian

(a) Name and address or	(D) ETIA	(c) IRC section	(a) Amount of cash	(e) Amount of non-	(T) Method of Valua
organization		if applicable	grant	cash	(book, FMV, apprais
or government				assistance	other)

170(c)(1)

assistance other)) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptio non-cash assist
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on of (h) Purpose of grant or assistance stance

GRADUATE

GRADUATE ASSISTANCE

ASSISTANCE

34,680

ANGELO STATE UNIVERSITY 75-6002403 170(C)(1) 14,300 IFMV **ASU STATION 11023** SAN ANGELO, TX 76909

75-6001430

IFMV

N/A

N/A

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-6002514 170(c)(1) 29.500 IN/A IGRADUATE STEPHEN F AUSTIN STATE IFMV UNIVERSITY LASSISTANCE

PO BOX 13052 SFA STATION NACOGDOCHES, TX 76962

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

STEPHENVILLE, TX 76402

TARLETON STATE UNIVERSITY 75-6001870 170(c)(1) 28.000 IN/A GRADUATE IFMV BOX T-0180 LASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 74-2245072 501(C)(3) 64.500 IN/A IGRADUATE TEXAS A & M FOUNDATION IFMV 401 GEORGE BUSH DRIVE LASSISTANCE

COLLEGE STATION, TX 77840 TEXAS A & M UNIVERSITY AT 75-6001353 170(C)(1) 37.800 IFMV N/A IGRADUATE LASSISTANCE COMMERCE

PO BOX 3011 COMMERCE, TX 75429

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 74-6001530 170(c)(1) 70.400 **IFMV** IN/A GRADUATE TEXAS A & M UNIVERSITY-KINGSVILLE LASSISTANCE MSC 114 700 UNIV BLVD

KINGSVILLE, TX 78363 TEXAS STATE UNIVERSITY -74-6002248 170(c)(1) 16.210 lFM∨ IN/A IGRADUATE SAN MARCOS LASSISTANCE

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

601 UNIVERSITY DR SAN MARCOS, TX 78666

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 75-6002622 170(c)(1) 93.600 IN/A GRADUATE TEXAS TECH UNIVERSITY IFMV LASSISTANCE

PO BOX 42123 LUBBOCK, TX 79409

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

HOUSTON, TX 77002

ALLEY THEATRE 74-1143076 501(c)(3) 30,000 IFMV N/A IGRANTS 615 TEXAS AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AMERICAN FESTIVAL FOR THE 76-0460311 501(C)(3) 20.000 **IFMV** IN/A IGRANTS ARTS

1718-A LUBBOCK STREET HOUSTON, TX 77007 IN/A IGRANTS

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

HOUSTON, TX 77063

BARBARA BUSH HOUSTON 46-5037878 501(c)(3) 40.000 lFM∨ LITERACY FOUNDATION 7887 SAN FELIPE ST STE 250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) BAYLOR COLLEGE OF 74-1613878 501(c)(3) 60.000 IFMV IN/A IGRANTS

LONE STAR

1003 WASHINGTON AVENUE HOUSTON, TX 77002

MEDICINE BRASS PROGRAM ONE BAYLOR PLAZA MSBCM 160 HOUSTON,TX 77030		(-)(-)	·			
BIG BROTHERS BIG SISTERS	75-0800632	501(c)(3)	25,000	FMV	N/A	GRANTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BOOKS BETWEEN KIDS 46-2054301 501(c)(3) 50.000 IFMV N/A IGRANTS

PO BOX 25072 HOUSTON, TX 77265			·			
BORDERLANDS RESEARCH	74-6000027	170(C)(1)	30,000	FMV	N/A	GRANTS

ALPINE, TX 79832

INST SUL ROSS UNIV BOX C-110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DOVE AND CIDLS CLUDS OF 76 0270042 E01(C)(2) 2E 000 I EMAL NI/A CDANTS

IFMV

IN/A

IGRANTS

BUTS AND GIRLS CLUBS OF	/6-02/0942	201(C)(3)]	25,000	FIMIV	INJA	JGKANIS
GREATER HOUSTON						
815 CROSBY						
HOUSTON, TX 77019						

25.000l

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

501(c)(3)

BOYS AND GIRLS COUNTRY 74-6026198

18806 ROBERTS ROAD HOCKLEY, TX 77447

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

IFMV

N/A

IGRANTS

BREAKTHROUGH HOUSTON	74-1185668	501(c)(3)	25,000	FMV	N/A	GRANTS
2401 CLAREMONT LN HOUSTON, TX 77019						

52,400

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

501(C)(3)

BROOKWOOD COMMUNITY

BROOKSHIRE, TX 77423

1752 FM 1489

74-1587672

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government CAMP FOR ALL 76-0404267 501(c)(3) 15.000l IN/A IGRANTS IFMV

N/A

IGRANTS

CAMP FOR ALL 76-0404267 501(c)(3) 15,000 FMV 10500 NW FREEWAY STE 220 HOUSTON, TX 77092 25,000 FMV

PO BOX 2768 HOUSTON, TX 77252

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 74-2137744 501(c)(3) 25.000 **IFMV** IN/A IGRANTS CRIME STOPPERS OF HOUSTON

IFMV

IN/A

IGRANTS

100.000

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

501(c)(3)

PO BOX 541654 HOUSTON, TX 772541654 CRISTO REY JESUIT COLLEGE PREP SCHOOL

6700 MOUNT CARMEL STREET HOUSTON, TX 77087

26-3159838

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government GLASSELL SCHOOL OF ART 74-1109655 501(C)(3) 30.0001 IFMV IN/A IGRANTS

PO BOX 6826 HOUSTON, TX 77265		(-)(-)	,			
HEART	73-1644107	501(c)(3)	50,000	FMV	N/A	GRANTS

6717 STUEBNER AIRLINE RD HOUSTON, TX 77091

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 74-1394920 501(c)(3) 50.000 **IFMV** IN/A IGRANTS HOUSTON BALLET FOUNDATION

IFMV

IN/A

IGRANTS

25.000

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

501(c)(3)

601 PRESTON ST HOUSTON, TX 77002 HOUSTON COMMUNITY

COLLEGE 3100 MAIN ST HOUSTON, TX 77002 74-1885205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 74-6016764 501(c)(3) 50.000 IN/A IGRANTS HOUSTON GRAND OPERA IFMV 510 PRESTON STREET

IFMV

N/A

IGRANTS

50,000

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

501(c)(3)

HOUSTON, TX 77002
HOUSTON HISPANIC FORUM

500 DALLAS ST SUITE 2700 HOUSTON, TX 77002 76-0157628

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

HOUSTON POLICE	20-12092/2	501(c)(3)	50,000	FMV	N/A	GRANTS
FOUNDATION						
PO BOX 346						
HOUSTON, TX 77001						

900 PORTWAY DR HOUSTON, TX 77024

N/A HOUSTON SPCA 74-1287171 501(c)(3) 60.000 IFMV IGRANTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) TS

HOUSTON SYMPHONY	74-1157373	501(c)(3)	50,000	FMV	N/A	GRANTS
615 LOUISIANA ST STE 102						
HOUSTON, TX 77002						

1513 CAMBRIDGE HOUSTON, TX 77030

HOUSTON ZOO 74-1590271 501(c)(3) 25,000 IFMV N/A IGRANTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MEDILIFE OF HOUSTON 76-0265210 501(c)(3) 15.000l IFMV IN/A IGRANTS

600 JEFFERSON SUITE 623 HOUSTON, TX 77002		(-)(-)				
MEMORIAL PARK CONSERVANCY	76-0655841	501(c)(3)	30,000	FMV	N/A	GRANTS

7575 NORTH PICNIC LAND HOUSTON, TX 77007

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-2189925 501(c)(3) 25.000 IN/A IGRANTS MIRACLE FARM IFMV

10802 FM 2621
BRENHAM, TX 77058

NASA SHARED SERVICES 26-3084552 GOV'T 100,000 FMV N/A GRANTS
CENTER

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

2101 NASA PARKWAY HOUSTON, TX 77058

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NEURALIC EDUCATION CENTED 74 2120220 E01/-1/21 100 000 I EMAL NI/A CDANTO

4433 BISSONNET STREET BELLAIRE, TX 77401	74-2128239	501(c)(3)	100,000	FMV	IV/A	GRANTS
PRAIRIE VIEW A&M UNIVERSITY	74-6001078	501(C)(3)	15,000	FMV	N/A	GRANTS

PO BOX 519 MS 1001 PRAIRIE VIEW, TX 77446

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 76-0606866 501(c)(3) 50,000 IFMV N/A IGRANTS RISE SCHOOL OF HOUSTON

HOUSTON, TX 77021						
SAM HOUSTON STATE UNIVERSITY	74-6001430	170(C)(1)	25,000	FMV	N/A	GRANTS

HUNTSVILLE, TX 77341

PO BOX 2027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 74-2168515 501(C)(3) 15.000l **IFMV** IN/A IGRANTS SIRE THERAPEUTIC HORSEMANSHIP 11211 KATY FWY SUITE 660

HOCKLEY, TX 77447 SMALL STEPS NURTURING 76-0471755 501(c)(3) 100.000 IFMV IN/A IGRANTS

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

HOUSTON, TX 77026

CENTER 2902 JENSEN DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-3541913 501(C)(3) 50,000 IFMV N/A IGRANTS TEACH FOR AMERICA

TWO GREENWAY PLZ STE 500 HOUSTON, TX 77046						
TEXAS 4-H YOUTH DEVELOPMENT FOUNDATION	74-6091147	501(C)(3)	30,500	FMV	N/A	GRANTS

PO BOX 11020

COLLEGE STATION, TX 77845

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 74-2245072 501(c)(3) 13.000l lFM∨ IN/A IGRANTS TEXAS A&M FOUNDATION -VETERAN BOOTCAMP 401 GEORGE BUSH DR

COLLEGE STATION, TX 77840 74-2245072 501(c)(3) 11.000 lFM∨ IN/A IGRANTS TEXAS A&M FOUNDATION -BUSH SCHOOL OF GOV'T

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

COLLEGE STATION, TX 77840

401 GEORGE BUSH DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-6001530 170(C)(1) 7.500l IN/A IGRANTS TEXAS A&M UNIVERSITY-IFMV KINGSVILLE

MSC 114 700 UNIV BLVD KINGSVILLE, TX 78363

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

AUSTIN. TX 78753

TEXAS FEA ASSOCIATION 74-6104609 501(C)(3) 40.000 IN/A IGRANTS IFMV 614 EAST 12TH STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 74-6003178 501(C)(3) 75.000l IN/A IGRANTS TEXAS HEARING INSTITUTE IFMV 3100 SHENANDOAH ST

HOUSTON, TX 77021 TEXAS RANGERS 74-2226156 501(c)(3) 17.000 IFMV ASSOCIATION FOUNDATION

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

IGRANTS 104 TEXAS RANGER TRAIL WACO, TX 76706

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-6043842 501(c)(3) 13.360 **IFMV** IN/A IGRANTS TEXAS TECH FOUNDATION PO BOX 42131 LUBBOCK, TX 79409 TEXAS WILDLIFE 74-2605516 501(c)(3) 50.000 IFMV N/A IGRANTS

ASSOCIATION FOUNDATION INC 2800 NE LOOP 410 STE 105

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

SAN ANTONIO, TX 78218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THEATDE HADDED THE STADS 74-1621647 501/61/21 25 0001 |EM\/ N/A CDANTS

800 BAGBY ST STE 200 HOUSTON, TX 77002	74-1021047	301(c)(3)	23,000	IFMIV	19/4	GRAINTS
TO EDUCATE ALL CHILDREN	20-2425139	501(c)(3)	25,000	FMV	N/A	GRANTS

IEACH 2900 WESLAYAN SUITE 375

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

HOUSTON, TX 77027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 74-6000203 170(c)(1) 25.000 **IFMV** IN/A IGRANTS UNIV OF TX COLLEGE OF NATURAL SCIENCES 1 UNIVERSITY STATION G2550 AUSTIN.TX 78712

lFM∨

IN/A

IGRANTS

60.000

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

170(c)(1)

U TX HLTH SCI CRT HOUSTON

SCH OF NURSING 7000 FANNIN ST STE 1200 HOUSTON, TX 77030 74-1761309

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government WRITERS IN THE SCHOOLS 76-0338549 501(C)(3) 25.000l IN/A IGRANTS IFMV 1523 WEST MAIN ST

IFMV

N/A

IGRANTS

75,000

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

501(C)(3)

HOUSTON, TX 77006
YELLOWSTONE ACADEMY

3000 TRULLEY ST HOUSTON, TX 77004 76-0686870

 4-H, FOUR-YEAR, \$20,000
 70
 1,400,000
 FMV
 N/A

 4-H, FOUR-YEAR, \$20,000
 70
 1,400,000
 FMV
 N/A

 AREA GO TEXAN, FOUR-YEAR, \$20,000
 79
 1,580,000
 FMV
 N/A

 EXHIBITORS, FOUR-YEAR, \$20,000
 30
 600,000
 FMV
 N/A

FMV

FMV

1,400,000

280,000

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

FFA, FOUR-YEAR, \$20,000

HILDEBRAND, FOUR-YEAR, \$20,000

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. HOUSTON AREA SCHOLARS, FOUR-YEAR, 350 7,000,0001 FMV \$20,000 HOUSTON AREA SCHOLARS, FOUR-YEAR, 350 7,000,000 FMV \$20,000 SCHOOL ART, FOUR-YEAR, \$20,000 300,000 FMV MILITARY, FOUR-YEAR, \$20,000 100,000 FMV VOCATIONAL SCHOLARSHIP FUNDING 200,000 lFM∨

FMV

10.000

TCU RANCH MANAGEMENT PROGRAM

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. TAMU DR VET MEDICAL 96,000 TAMU DR VET MEDICAL 96.000l IFMV

IFMV

1.220.000 J

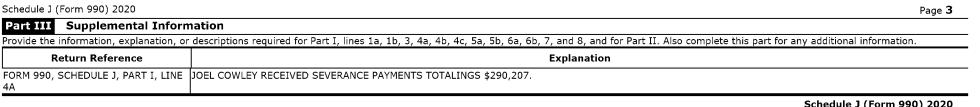
ACHIEVEMENT SCHOLARSHIP

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19319	4018	302
Sch	edule J	C	ompensati	ion Information	10	1B No.	1545-0	0047
(Fori	n 990)	► Complete if the org	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV ato Form 990.	, line 23.	20	2(<u> </u>
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest infor	mation.	pen i Insp	to Pul ectio	
Nar	ne of the organiz				Employer identificat			
	JSTON LIVESTOCK S ICATIONAL FUND	SHOW AND RODEO			76-0260204			
Pa	rt I Questi	ons Regarding Compensa	ation					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati				
	□ Discretion	nary spending account	Ш	Personal services (e.g., maid, chau	πeur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1 b		
2				or allowing expenses incurred by all r, regarding the items checked on Lii	no 152	2		
	unectors, truste	ees, officers, including the CEO/	Executive Director	r, regarding the items checked on th	ne ia:			
3				ed to establish the compensation of t	he			
				not check any boxes for methods CEO/Executive Director, but explain	in Part III.			
				Maile				
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations		Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	îling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a	Yes	
b		• • •		ified retirement plan?		4b	100	No
С			•	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Par	t III.			
	0) F04(-)(4) F04(-)(20	.					
5	, ,,,	s), 501(c)(4), and 501(c)(29	, ,	the organization pay or accrue any				
,		ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	n?				5a		No
b	=					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b				$\bullet = \bullet = \bullet = \bullet = \bullet = \bullet = \bullet = \bullet$		6b		No
	· ·	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe rt III		7		No
8	subject to the ir	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d 		8		No.
9				presumption procedure described in		9		No_
For F	Panerwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. !	50053T Schedule J		990)	2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation i
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prio Form 990
1 JOEL COWLEY FORMER PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	243,224	0	292,067	75,815	20,099	631,205	0
2 JENNIFER HAZELTON VP,TREASURER,ASST	(i)	0	0	0	0	0	0	0
SECRETARY	(ii)	340,277	0	1,565	103,465	13,984	459,291	0
3 SHERRY HIBBERT SECRETARY	(i)	0	0	0	0	0	0	0
ZECKETAKT	(ii)	317,138	0	7,253	105,142	13,984	443,517	0
4 CHRIS BOLEMAN PRESIDENT	(i)	0	0	0	0	0	0	0
KESIDENT	(ii)	367,139	0	1,797	8,550	24,359	401,845	0
	++		-					
	++		-					
	++							
	++		-					
	++		+					
	++		-					



efile GRAPH	C print - DO NOT PROCESS As Filed	Data -	DLN	93493194018302				
SCHEDUL (Form 990 or EZ)	Complete to provide inform Form 990 or 990-EZ o	upplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.						
Name! Betherofg HOUSTON LIVESTO EDUCATIONAL FUN 990 Schedule	Employer ident 76-0260204	ification number						
Return Reference		Explanation						
FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1	THE HOUSTON LIVESTOCK SHOW AND ROD RATED UNDER THE LAWS OF THE STATE OF JUNDER SECTION 501(C)(3) OF THE INTERNAT AS ORGANIZED FOR CHARITABLE, EDUCAT ON OF SCHOLARSHIPS, GRANTS AND AWAF ORGANIZATIONS UNDER SECTION 501(C)(3) WAS INITIALLY FUNDED BY THE HOUSTON I OF THE EDUCATIONAL FUND ARE USED EX ORGANIZATION AND TO MEET NECESSARY	F TEXAS IN JUNE 1988 A AL REVENUE CODE IN A IONAL AND SCIENTIFIC RDS TO STUDENTS AND) OF THE INTERNAL REV LIVESTOCK SHOW AND CLUSIVELY IN FURTHEF	AND WAS GRANTED TAX EXEMI PRIL 1989. THE EDUCATIONAL I PURPOSES, INCLUDING THE D ORGANIZATIONS THAT QUALI VENUE CODE. THE EDUCATION RODEO, INC. IN JUNE 1989. THI RANCE OF THE EXEMPT PURPO	PT STATUS FUND W ISTRIBUTI FY AS EXEMPT AL FUND E FUNDS				

Return Explanation Reference

FORM 990. VOLUNTEERS MORE THAN 35,000 VOLUNTEERS FOR THE HOUSTON LIVESTOCK SHOW AND RODEO (EIN: 74-1 142851) ALSO SUPPORT AND RAISE FUNDS FOR THE HLSR EDUCATIONAL FUND. PART I. LINE I

990 Schedule O, Supplemental Information

Return Explanation
Reference

FORM 990,	FAMILY AND BUSINESS RELATIONSHIPS THE FOLLOWING RELATIONSHIPS EXIST BETWEEN OFFICERS AND D
PART VI,	IRECTORS: JAMES OLIVER BLOODSWORTH, DONLEY DUARD JORDAN, GEORGE RAYMOND HINSLEY III, JULIA
SECTION A,	N PERRY HUNNICUTT III, PATRICIA MANN PHILLIPS, AND WESLEY EDWARD SINOR: BUSINESS RELATIONS
LINE 2	HIP JOE VAN MATRE AND JAMES ALERED WINNE III. BLISINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	990 REVIEW PROCESS THE AUDIT COMMITTEE, A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE, ALONG
PART VI,	WITH OUTSIDE TAX SPECIALISTS, REVIEW THE RETURN WITH SENIOR MANAGEMENT. THE AUDIT COMMITTE
SECTION B,	E THEN RECOMMENDS APPROVAL OF THE TAX RETURNS INCORPORATING ANY CHANGES THEY SUGGEST TO TH
LINE 11B	E EXECUTIVE COMMITTEE WHICH THEN GIVE FINAL APPROVAL

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY HOUSTON LIVESTOCK SHOW AND RODEO, INC. (EIN: 74-1142851) ("HLS R") DISTRIBUTES A CONFLICT OF INTEREST/FORM 990 QUESTIONNAIRE ANNUALLY. THE COMPLETED QUES TIONNAIRES ARE REVIEWED BY HLSR'S GENERAL COUNSEL AND ARE PROVIDED TO ACCOUNTING FOR DISCLOSURE ON THE TAX RETURN WHERE APPROPRIATE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	COMPENSATION POLICY HOUSTON LIVESTOCK SHOW AND RODEO, INC. (EIN: 74-1142851) HAS A COMPENS ATION 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 MAKI NG PROCESS. ALL COMPENSATION IS PAID BY HOUSTON LIVESTOCK SHOW & RODEO, INC. (EIN: 74-1142 851) AND SALARIES & BENEFIT COSTS ARE ALLOCATED TO THE HOUSTON LIVESTOCK SHOW AND RODEO ED UCATIONAL FUND FOR SERVICES PERFORMED IN RELATION TO THIS ENTITIES OPERATIONS.

Return Explanation
Reference

FORM 990, DOCUMENTS AVAILABLE TO THE PUBLIC GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FI NANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

SECTION C, LINE 19

SCHEDULE R
(Form 990)

Related

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493194018302

Open to Public Inspection

	OCK SHOW AND RODEO							Emp	loyer identif	icatio	n number		
EDUCATIONAL FUN	ND							76-0	260204				
Part I	dentification of Disregarded Entities. Complete	if the orgar	nization answe	ered "Yes	s" on Form	990, Part	IV, line 3	3.					
Na	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domio or foreign) cile (state country)	(d) Total income		(e) End-of-year asset		(f Direct co ent	ntrolling	
Part II Ide	entification of Related Tax-Exempt Organization at the common terms of the tax year.	ons. Compl	ete if the orga	nization	answered	"Yes" on I	orm 990,	Part I	V, line 34 be	ecaus	e it had one or	more	
	(a) ame, address, and EIN of related organization		(b) ary activity	Legal do	(c) micile (state gn country)	(d Exempt Co) de section		(e) charity status on 501(c)(3))	D	(f) Pirect controlling entity	Section (13) co ent	512(b) ntrolled
												Yes	No
(1)HOUSTON LIVI 3 NRG PARK HOUSTON, TX 77 74-1142851	ESTOCK SHOW AND RODEO INC	EDUCATIO	V		TX	501(c)(3)		10		NA			No

										IV, line 34,				
(a) Name, address, and Ei related organizatio	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomin income(rel- unrelate excluded f tax und- sections 5 514)	ated, total incon d, from er 612-		Disprop	h) ortionate otions?	(i) Code V-UBI amount in bo 20 of Schedule K-: (Form 1065	Gene x man par	(j) eral or naging tner?	(k Percer owner	ntag
								Yes	No		Yes	No		
Part IV Identification of Related Org	anizations Tayable as a C							_					•	
because it had one or more rela	ated organizations treated as	Corporation s a corporation	or Trus on or tru	t. Comple st during t	te if the or he tax yea	ganization ar r.	swered "Ye	s" on I	orm s	990, Part I	v, line	e 34		
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated as a cated organizations treated as a cated organizations treated as a cated organizations raxable as a cated organizations treated as a cated organizations treated as a cated organizations treated as a cated organizations are cated organizations treated as a cated organizations treated as a cated organizations are cated organizations treated as a cated organizations are cated organizations ar	a corporation do (state	(c) _egal omicile or foreign	st during t	te if the org he tax yea (d) ect controlling entity	r. (e)	(f) Share of tota income	l Shar	(g) e of end year assets	-of- Perc	(h) entage ership	s ((i) Section 5 13) cont entit	trolle y?
because it had one or more relation (a) Name, address, and EIN of related organization	ated organizations treated as (b)	do (state	on or tru (c) _egal omicile	st during t	he tax yea (d) ect controlling	(e) Type of entity (C corp, S corp,	(f) Share of tota	l Shar	(g) e of end year	-of- Perc	(h) entage	s (13) cont entit	trolle
because it had one or more relation (a) Name, address, and EIN of related organization 1)CORRAL CLUB INC NRG PARK OUSTON, TX 77054	ated organizations treated as (b) Primary activity	do (state	on or tru (c) Legal omicile or foreign untry)	st during t	he tax yea (d) ect controlling	r. (e) Type of entity (C corp, S corp, or trust)	(f) Share of tota	l Shar	(g) e of end year	-of- Perc	(h) entage	s (13) cont entit	trolle y?
because it had one or more relation (a) Name, address, and EIN of related organization 1)CORRAL CLUB INC NRG PARK HOUSTON, TX 77054	ated organizations treated as (b) Primary activity	do (state	on or tru (c) Legal omicile or foreign untry)	st during t	he tax yea (d) ect controlling	r. (e) Type of entity (C corp, S corp, or trust)	(f) Share of tota	l Shar	(g) e of end year	-of- Perc	(h) entage	s (13) cont entit	trolle y?
because it had one or more rela (a) Name, address, and EIN of	ated organizations treated as (b) Primary activity	do (state	on or tru (c) Legal omicile or foreign untry)	st during t	he tax yea (d) ect controlling	r. (e) Type of entity (C corp, S corp, or trust)	(f) Share of tota	l Shar	(g) e of end year	-of- Perc	(h) entage	s (13) cont entit	trolle y?
because it had one or more relation (a) Name, address, and EIN of related organization 1)CORRAL CLUB INC ING PARK HOUSTON, TX 77054	ated organizations treated as (b) Primary activity	do (state	on or tru (c) Legal omicile or foreign untry)	st during t	he tax yea (d) ect controlling	r. (e) Type of entity (C corp, S corp, or trust)	(f) Share of tota	l Shar	(g) e of end year	-of- Perc	(h) entage	s (13) cont entit	trolle y?
because it had one or more relation (a) Name, address, and EIN of related organization 1)CORRAL CLUB INC NRG PARK HOUSTON, TX 77054	ated organizations treated as (b) Primary activity	do (state	on or tru (c) Legal omicile or foreign untry)	st during t	he tax yea (d) ect controlling	r. (e) Type of entity (C corp, S corp, or trust)	(f) Share of tota	l Shar	(g) e of end year	-of- Perc	(h) entage	s (13) cont entit	trolle y?
because it had one or more relation (a) Name, address, and EIN of related organization 1)CORRAL CLUB INC NRG PARK HOUSTON, TX 77054	ated organizations treated as (b) Primary activity	do (state	on or tru (c) Legal omicile or foreign untry)	st during t	he tax yea (d) ect controlling	r. (e) Type of entity (C corp, S corp, or trust)	(f) Share of tota	l Shar	(g) e of end year	-of- Perc	(h) entage	s (13) cont entit	trolle y?
because it had one or more relations (a) Name, address, and EIN of related organization 1)CORRAL CLUB INC NRG PARK OUSTON, TX 77054	ated organizations treated as (b) Primary activity	do (state	on or tru (c) Legal omicile or foreign untry)	st during t	he tax yea (d) ect controlling	r. (e) Type of entity (C corp, S corp, or trust)	(f) Share of tota	l Shar	(g) e of end year	-of- Perc	(h) entage	s (13) cont entit	trolle y?

Schedule R (Form 990) 2020		P	age 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	3	No
b Gift, grant, or capital contribution to related organization(s)	11	,	No
c Gift, grant, or capital contribution from related organization(s)	. 10	Yes	
d Loans or loan guarantees to or for related organization(s)	10	ı	No
e Loans or loan guarantees by related organization(s)	16	2	No
f Dividends from related organization(s)	11	f	No
g Sale of assets to related organization(s)	19	<u>, </u>	No
h Purchase of assets from related organization(s)	11	1	No
i Exchange of assets with related organization(s)	11	i T	No
5 Lance of 6 cilibrate and an extra contract to the contract of the city of th	4.5	.—	No

g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	

${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
${f s}$ Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this (a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining		mucali ca d	
ivalile of related organization	type (a-s)	Amount involved	Method of determining	amount	iivoivea	
ivalile oi related organization		Amount involved	Pleaned of determining	amount	IIvoivea	
ivalile oi relateu organization		Amount involved	Method of determining	amount I	IIvoivea	
ivalile oi related organization		Amount involved	Method of determining	amount I	IIVoivea	

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.

was not a related organization. See instructions regarding exclusion	n for certain inv	estment p	artnerships.										
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•									Schedul	e R (Form	990)) 2020

chedule R (Form 990) 2020		Page 5	5
Part VII	Supplemental Information		
Provide additional information for responses to questions on Schedule R. (see instructions).			
Return Reference		Explanation	