Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For the	2017 calend	dar year, or tax year begir	nning	04-0	1 , 2017, and e	nding		03	-31 ,2018
В	Check if a	applicable:	C Name of organization TEXF	AS ASSN OF FAIRS AN	D EXPOSIT	TIONS INC				D Employer Identification no.
	Address	ess change Doing business as TEXAS ASSN OF FAIRS AND EVENTS								74-1983498
	Name cha	me change Number and street (or P.O. box if mail is not delivered to street address)								E Telephone number
	Initial retu	ame change Number and sireet (or P.O. box if mail is not delivered to street address) Room/st. 1730 N RICHMOND RD								
Ī	Final retu	nal return/terminated City or town, state or province, country, and ZIP or foreign postal code								G Gross recelpts
$\bar{\Box}$	Amended		WHARTON, TX 77				\$ 413,472			
Π		oplication pending F Name and address of principal officer:							rolum to	or subordinates? Yes X No
_										s included? Yes No
ī	Tax-exem	not status:	501(c)(3) X 501(c) (6) 4 (insert no.) 4947(a)(1) or 52	97				a list. (see instructions)
<u>, </u>		► N/A	20.(0)(0)	y t (meerine.)	.1761 62		┦,,			
J Website: ► N/A H(c) Group exemption num K Form of organization:										
	art I	Summar		SOCIATION OTHER		Tear of formation. 1	. 3 7 0	IN State	oriega	al domicile: TX
	-		·	sion or most significant activiti	AC TO A	IN THE CO	DEAM	TON AND	3/8 7	NTENANCE OF
	'			THIN THE STATE OF T						
စ္ဆ				SOCIAL AND INDUSTR						
혈		MONTCOLL	ORAL, LIVEBIOCK,	DOCIAL AND INDUSTA	TAU THIER	CEST OF THE	DIM	TE OF T	CAAS	<u> </u>
Ver	2	Check this h	ov > if the organization	n discontinued its operations	or disposed of	more than 25%	of ito r	ot appote		
ဇ္ဗ	3			erning body (Part VI, line 1a)					В	16
Activities & Governance	4			s of the governing body (Par					4	16
	5			n calendar year 2017 (Part V,					5	16
	6		of volunteers (estimate if						6	0
	- 1		-	Part VIII, column (C), line 12						
				from Form 990-T, line 34					7a	0
	 ~	NOT UTITORIES	d business taxable income	FIIOTITI OTTI 930°1, IIIIe 34	• • • • • • •		• • •		7b	0
	8	Contributions	e and grante (Part VIII ling	1h)		. -		Prior Year		Current Year
Φ	9			e 2g)		_				412,073
밁										
Revenue				A), lines 3, 4, and 7d)				 -	_	1,399
LL.				nes 5, 6d, 8c, 9c, 10c, and 11e						0
 -				must equal Part VIII, column						413,472
	- 1	, , , , , , , , , , , , , , , , , , , ,								0
	- 1									53,596
S	_ I			e benefits (Part IX, column (A		•••••				0
2				column (A), line 11e)	• • • • • • •	• • • • • • •				0
Expenses	1		sing expenses (Part IX, col		 -	<u>o</u>		<u>-</u>		
ш				nes 11a-11d, 11f-24e)						335,911
				equal Part IX, column (A), lin						389,507
		nevenue less	s expenses. Subtract line	18 from line 12	· · · · · ·					23,965
Net Assets or	20	Total const-	(Part X, line 16)			F	Beginn	Ing of Current		End of Year
SSE	21		. , , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • •	• • • • • • •	•••••		317	,109	327,922
5	22		es (Part X, line 26)		• • • • • •					0
_	rt II		re Block	line 21 from line 20	<u> </u>	• • • • • • •		317	,109	327,922
				m, including accompanying schedules	and statements of	and to the best of my k	rnowtode	se and belief if	in	
irue	correct, a	and complete. Dec	laration of preparer (other than offi	icer) is based on all information of white	ch preparer has an	y knowledge.	a rownoug		10	
		. сивто	ë guturde					-		<u></u>
Sig	n l		S SHIVERS e of officer			 -			Dale	
Hei				TREGEOR					Date	
61	٦		S SHIVERS, EXEC D	INDUIUN						
		7	·	Drangrada girandura				Oh.c.t.	. I .	
Pai	d	Print/Type prep		Preparer's signature				Check		TIN DOGGOOG
	parer			EMONE ODA	υ	7-23-2018	1	self-employe	σ	P00322072
	Parer Only			STONE CPA				EIN ►		
Jot	. Unity	Firm's address		·			Phone			72 0505
May	the IDC	discuse this r	return with the preparer sh	own above? (see instructions	١	.	Щ.	25	4-7	72-8505 Ves X No
viav	THE HIS	しんしょうしょう くんしょく	i vicini wili ilio picpaidi Sil	UMIT GOODE: LOCK HISHUCHOUS						I Yes IXINA

	990 (2017) TEXAS ASSN OF FAIRS AND EXPOSI		74-1983498	Page 2
Pa	rt III Statement of Program Service Accomp			
		any line in this Part III		<u> </u>
1	Briefly describe the organization's mission:			
	TO AID IN THE CREATION AND MAINTENANCE (S; TO
	ENCOURAGE AND ADVANCE THE EDUCATIONAL, A	AGRICULTURAL, LIVESTOCK, SOCIAL AND I	NDUSTRIAL	
	INTEREST OF THE STATE OF TEXAS			
	· · · · · · · · · · · · · · · · · · ·			
2	Did the organization undertake any significant program service			_
	prior Form 990 or 990-EZ?	• • • • • • • • • • • • • • • • • • • •	∐ Yes ⅓	K No
_	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant cha			_
	services?	• • • • • • • • • • • • • • • • • • • •	∐Yes 🛭	K No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments			
	expenses. Section 501(c)(3) and 501(c)(4) organizations are re		hers,	
	the total expenses, and revenue, if any, for each program service	ce reported.		
	(Codo) \(\sigma_{\text{Coroners}}\tau_{\text	in the little way of the latest t		
48	(Code:) (Expenses \$ 314,973 ii		\$)
	COSTS RELATED TO CONVENTIONS AND TRADE S	SHOWS IN SUPPORT OF THE ORGANIZATION'S	S PURPOSE.	
		<u> </u>		
				·
		<u> </u>	-	
				
			-	
	·		· · · · · · · · · · · · · · · · · · ·	
				
	<u> </u>			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue	<u> </u>	<u> </u>
) (November)	Ψ	
				
	· · · · · · · · · · · · · · · · · · ·		· · · · · ·	
		 		
			 -	
		·		
			<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expenses \$ in	ncluding grants of \$) (Revenue	\$)
		<u> </u>		 '
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 314,9	73		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		100	140
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	i	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	i i		
_	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	.	Х
d	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Ī	Х
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\rightarrow	Х
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	446		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	-	<u>X</u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	\dashv	Λ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	₁₆		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		Λ
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 17	-+	
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		X
			'	

Checklist of Required Schedules (continued) Part IV Yes Nο 20a 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 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 Х 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 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions); X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III. Х 35a X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b 36 · Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. X 38

Form 990 (2017) TEXAS ASSN OF FAIRS AND EXPOSITIONS INC Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and 10 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 . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За 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 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)? X 4a If "Yes," enter the name of the foreign country: > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Х d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e

f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Ī
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Ţ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	T
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		T
	sponsoring organization have excess business holdings at any time during the year?	8	1
9	Sponsoring organizations maintaining donor advised funds.		7
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	T
10	Section 501(c)(7) organizations. Enter:		1
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	
11	Section 501(c)(12) organizations. Enter:	ī	
а	Gross income from members or shareholders	1	Ì
þ	Gross income from other sources (Do not net amounts due or paid to other sources	1	ı
	against amounts due or received from them.)		1
		1	- 1

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Section 501(c)(29) qualified nonprofit health insurance issuers.

the organization is licensed to issue qualified health plans

Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

14a

12a

b 13

b

C

X

13a

14a

14b

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

36	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			
	If there are material differences in voting rights among members of the governing body, or		i	
	if the governing body delegated broad authority to an executive committee or similar	i		
	committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent	-		
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_		X
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_	<u> </u>	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	_6	<u> </u>	_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
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		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		-	
	the year by the following:	l		
a	The governing body?	- 8a	Х	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		ľ	
C	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	_10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,,	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		I	
10	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	_13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			77
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVA	with a taxable entity during the year?			.,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<u>X</u>
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		40.		
Sec	organization's exempt status with respect to such arrangements?tion C. Disclosure	16b		
17				
18				
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Down request Other (explain in Schedule O)		•	
10	— — — (
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	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:			
	CHRIS SHIVERS (830)990-1332, 1730 N RICHMOND RD, WHARTON, TX 77488			

	(2017)	

Section A.

TEXAS ASSN OF FAIRS AND EXPOSITIONS INC

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

Check if Schedule	O contains a rea	sponse or note	to any line in this	Part VII		
Officers, Directors	, Trustees, Key	/ Employees, a	nd Highest Con	npensated I	Employees	

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) (B) (D) (E) (F) (do not check more than one Name and Title Average box, unless person is both an Reportable Reportable Estimated hours per compensation officer and a director/trustee) compensation from amount of reek (list any from related other hours for organizations compensation lhe related ndividual trustee organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related line) organizations (1) STEVE RUSSELL 2.00 DIRECTOR X 0 0 (2) STANLEY DURBIN 2.00 DIRECTOR Х ٥ 0 (3) CHRIS BOLEMAN 2.00 DIRECTOR Х O 0 0 (4) MIKE HERNANDEZ 2.00 DIRECTOR X 0 0 (5) CHARVA INGRAM 2.00 X DIRECTOR 0 0 0 (6) GUY LEAVITT 2.00 DIRECTOR Х 0 0 0 (7) ANGELA RAGLAND 2.00 DIRECTOR Х 0 0 (8) DAWN ROE 2.00 DIRECTOR X 0 0 (9) BRUCE SMILEY KALIFF 2.00 DIRECTOR 0 0 2.00 (10)ROGER WESTMORELAND

X

X

Х

2.00

2.00

2.00

2.00

Position

DIRECTOR

DIRECTOR

(12)DARYL REAL

PRESIDENT

(14)NANCI KIMMEY

VICE PRESIDENT

(11)NEIL YELDERMAN

IMMEDIATE PAST PRESIDENT

(13) JERRY HUFFMAN

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Section A. Officers, Directors, Truste		,,000,	4114	(C Posil)	t oom						
(A) Name and title	(B) Average			ck mo	re Ih	an one bolh an		(D) Reportable	(E) Reportable	Es	(F) stimated	
	hours per week (list any hours for retated organizations below dotted line)		and	a dire		rustee)	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org and	nount of other pensation of the anization direction dire	n I
(15)DOUGLAS BORCHARDT TREASURER	2.00_	i		x					0			0
(16)JEFF_THAYNE	2.00							<u>`</u>	<u> </u>	-		
SECRETARY (17)				Х					0	\vdash		0
				_								
<u>(18)</u>												
(19)												
(20)												
(21)				\dashv	-							
(22)			+	\dashv	_		+					
···		-		_								 -
(23)												
(24)												
(25)								-				
1b Sub-total		• • • •	•••			• • • •	,					
c Total from continuation sheets to Part VII, Section of Total (add lines 1b and 1c)				• •	• •	• • •	.			 		
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limit								than \$100,000 of	·			0
reportable compensation from the organization	<u> </u>								0		Yes	NI-
3 Did the organization list any former officer, direct						-		-		Γ^+	Tes	No
employee on line 1a? If "Yes," complete Schedu 4 For any individual listed on line 1a, is the sum of re										3	\dashv	Х
organization and related organizations greater th	an \$150,000?	If "Yes,	" co	mple		-						
individual					• •				• • • • • • •	4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes										5		X
Section B. Independent Contractors	<u> </u>						_					
 Complete this table for your five highest compensation from the organization. Report compensation. 	-											
(A)								(B)		((C)	
Name and business addres	os							Description of	services	Compe	ensation	
		•						-				
								_				
2 Total number of independent contraction (i.e. t. "	a but === 0	المقادة	a - 1º			N. 10 N . 1 . 2						
2 Total number of independent contractors (includin received more than \$100,000 of compensation from the contractors).			se II ►	sied	apo	ove) wh	Ю					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Related or Unrelated Revenue excluded from tax exempt function revenue business under sections 512-514 Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b 27,871 Fundraising events 1c d Related organizations 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 384,202 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 412,073 **Business Code** Revenue 2a Program Service f All other program service revenue g Total. Add lines 2a-2f _ Investment income (including dividends, interest, and other similar amounts) ▶ 1,399 1,399 Income from investment of tax-exempt bond proceeds . . . ▶ 5 (I) Real (ii) Personal 6a Gross rents b Less: rental expenses c Rental income or (loss) . . . 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less retums and allowances a **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b e Total. Add lines 11a-11d

413,472

1,399

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all c		nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX	<u> </u>	<u> </u>	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				_
4 5	Benefits paid to or for members	53,596	53,596		
9	Compensation of current officers, directors,				
6	trustees, and key employees				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wagés				- ,
8	Pension plan accruals and contributions (include				
•	analian 404 (IA anal 400 (IA)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	-			
а	Management	49,995		49,995	
b	Legal	15,555		49,990	······································
С	Accounting	460		460	
đ	Lobbying			400	
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column		-		
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	12,011		12,011	
17	Travel	237		237	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	261,377	261,377		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,234		6,234	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	·	·		
	(A) amount, list line 24e expenses on Schedule O.)				-
a b	CREDIT CARD AND BANK FEES	5,597		5,597	
C					
d					
e	All other expenses				_
25	Total functional expenses. Add lines 1 through 24e .	200 507	214 072		
26 26	Joint costs. Complete this line only if the	389,507	314,973	74,534	0
	organization reported in column (B) joint costs		1		
	from a combined educational campaign and				
	fundraising solicitation. Check here	1			
_	1				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X <u>........................</u> (A) (B) Beginning of year End of year 1 85,053 1 161,858 Savings and temporary cash investments 2 200,346 2 165,714 3 3 4 31,710 4 350 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualitied persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 в 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 317,109 16 327,922 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 0 Organizations that follow SFAS 117 (ASC 958), check here

| and | complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 317,109 32

Total liabilities and net assets/fund balances

33

34

317,109

317,109

33

34

327,922

327,922

		74-198349	8	Pa	age 1
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)			413,4	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		389,	507
3	Revenue less expenses. Subtract line 2 from line 1	. 3		23,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		317,	109
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses			-	
8	Prior period adjustments	. 8		(13,	152)
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			o
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_	33, column (B))	. 10	3	327,9	922
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	1			
	reviewed on a separate basis, consolidated basis, or both:	•	i		ĺ
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
þ	Were the organization's financial statements audited by an independent accountant?		2b	ļ	х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				ĺ
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			.	ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	, [
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.			.	

За

3b

Form 990 (2017)

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

EEA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest Information.

Name of the organization Employer Identification number TEXAS ASSN OF FAIRS AND EXPOSITIONS INC 74-1983498 01. Form 990 governing body review (Part VI, line 11) BOARD MEMBERS REVIEWED THE 990 PRIOR TO FILING. 02. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATIONS CONFLICT OF INTEREST POLICY IS WRITTEN AND PROVIDED TO EACH BOARD MEMBER 03. Governing documents, etc, available to public (Part VI, line 19) ALL GOVERNING DOCUMENTS, ETC ARE AVAILABLE TO THE PUBLIC UPON REQUEST

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 04-01-2017 ____, and ending <u>03-31-201</u>8

▶ Do not send to the IRS. Keep for your records.

2017

OMB No. 1545-1878

Department of the Treasury			l —
Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information.	T	L
Name of exempt organization		Employer identific	ation number
	RS AND EXPOSITIONS INC	74-198349	8
Name and title of officer			
CHRIS SHIVERS, EX	EC DIRECTOR		
Part I Type of R	eturn and Return Information (Whole Dollars Only)		
	n for which you are using this Form 8879-EO and enter the applicable amount, if any,	from the return. I	f vou
	2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with the		-
	or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the		
	Do not complete more than one line in Part I.	, , , , , , , , , , , , , , , , , , , ,	• •
1a Form 990 check here			
2a Form 990-EZ check he	_		2b
3a Form 1120-POL check	,		
4a Form 990-PF check he	re ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5)		4b
5a Form 8868 check here	▶ D Balance Due (Form 8868, line 3c)		5b
Part II Declaration	n and Signature Authorization of Officer		
organization's 2017 electroare true, correct, and comporganization's electronic reto send the organization's the transmission, (b) the reauthorize the U.S. Treasuntinancial institution account return, and the financial ins Agent at 1-888-353-4537 revolved in the processing resolve issues related to the electronic return and, if apporting the processing resolve issues related to the electronic return and, if apporting the processing on the organization being filed with a second	ALL STONE CPA to enter my PIN 83498 ERO firm name Enter five numbers, but do not enter all zeroe do not enter all zeroe its tax year 2017 electronically filed return. If I have indicated within this return that a contact agency (ies) regulating charities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program, I also autities as part of the IRS Fed/State program at	edge and belief, the y of the turn originator (EF reason for rejection of the test of the test owed on this the financial institution of the organization as my signature.	ion of ial utions d 's
As an officer of the	PIN on the retum's disclosure consent screen. organization, I will enter my PIN as my signature on the organization's tax year 2017 within this retum that a copy of the retum is being filed with a state agency(ies) regula program, I will enter my PIN on the retum's disclosure consent screen.		
Officer's signature	Date I	▶ 07-12-20	18
	ion and Authentication	<u></u>	<u> </u>
	ur six-digit electronic filing identification		
•		2061 3654	1
(,	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		nter all zeros
ndicated above. I confirm	eric entry is my PIN, which is my signature on the 2017 electronically filed return for that I am submitting this return in accordance with the requirements of Pub. 4163, M IRS <i>e-file</i> Providers for Business Returns.		(MeF)
ERO's signature ▶	Ωalà I	▶ 07-23-20	18
			
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To	Do So	

990	Overflow Statement	2017 Page 1
Name(s) as shown on return		FEIN
TEXAS ASSN OF FA	IRS AND EXPOSITIONS INC	74-1983498

ALL OTHER REVENUE LINE 1F

Description		Amount	
CONVENTION REGISTRATION FEES	s	113,243	
CONVENTION SPONSORSHIPS		90,550	
FOUNDATION INCOME	-	22,156	
MEAL REIMBURSEMENTS		4,349	
MEMBERSHIP DIRECTORY COVERS		12,500	
MISCELLANEOUS		100	
OTHER CONVENTION RELATED REVENUE		54,247	
PROFESSIONAL DEVELOPMENT	_	400	
SILENT AUCTION		18,100	
TRADE SHOW		68,557	
Total:	\$	384,202	