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#### 98040

Form

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008 Open to Public

Inter	mal Revenue Serv			nents	Inspection
<u>A</u>	For the 2008 cal	lendar year, or tax year beginning $11/01/08$ , and ending $10/31/8$	09		
В	Check if applicable	Please C Name of organization		D Employ	yer identification number
$\bigsqcup$	Address change	label or Gratiot County Fair for You	th		
	Name change	print or Doing Business As		38-	6109129
$\equiv$	•	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
$\sqcup$	Initial return	See 214 East Center Street		989	-875-5292
$\square$	Termination	Specific Instruc- City or town, state or country, and ZIP + 4	•	<b>G</b> Gross recei	
$\Box$	Amended return	tions. Ithaca MI 48847		0.01000 10001	J. C. T. C.
$\exists$		F Name and address of principal officer		H(a) is this a	group return for
Ш	Application pending	I Name and address of principal officer			·
				affiliate: H(b) Are all a	affiliates H., H.,
				ınclude	
				If "No,"	attach a list (see instructions)
	Tax-exempt statu	· · · · · · · · · · · · · · · · · · ·		-	
<u>J</u>	Website: ► V	www.gcffy.org			exemption number
<u>K</u>	Type of organization	X   Corporation   Trust   Association   Other ▶   L	Year of formation 1	<u>950</u>	M State of legal domicile MI
_ <u>P</u>	arti Si	ummary	<del></del>		
	1 Briefly de	escribe the organization's mission or most significant activities			
_	1	ITY FAIR FOR YOUTH			
စ္ည		111111111111111111111111111111111111111			
an					
er					
8	2 Check th	is box 🕨 🔲 if the organization discontinued its operations or disposed of more than	25% of its assets.	1 1	
٠ مع	3 Number	of voting members of the governing body (Part VI, line 1a)		3	14
S	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	14
Activities & Governance	5 Total nur	mber of employees (Part V, line 2a)		5	1
ય સ્ટ્ર		mber of volunteers (estimate if necessary)		6	
₹		ss unrelated business revenue from Part VIII, line 12, column (C)		7a	-
>		lated business taxable income from Form 990-T, line 34	<del></del>	0	
	b Net unre	7b	Current Year		
		4,921	35,838		
ି ପ୍	8 Contribut	tions and grants (Part 如语句的VED			
Revenue	9 Program	service revenue (Part VIII, line 29)	9,568	375,339	
ě	10 Investme	ent income (Part Mill column (A), lines 3, 4, and Oth	567	549	
, ez	11 Other rev	venue (Part VIII) ooi mad (A); lines 5, 66, 8c, 9c, 9c, and 11e)	12	7,865	125 <u>,648</u>
2		enue—add lines 8 through 41-(must equal Part VIIII column (A), line 12)	54	2,921	537,374
		nd similar amounts paid (Far Depitumb A), lines (-3)			
)		paid to or for members (Part IX; column (A), line 4)			
)	1	·		8,412	34,684
nses		other compensation, employee benefits (Part IX, column (A), lines 5–10)		0,412	34,004
Sue	I	onal fundraising fees (Part IX, column (A), line 11e)			
Expe	1	draising expenses (Part IX, column (D), line 25)   29,671			
ш	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24f)		8,715	488,358
	18 Total exp	penses Add lines 13-17 (must equal Part IX, column (A), line 25)	51	7,127	<u>523,042</u>
	19 Revenue	less expenses Subtract line 18 from line 12	2	5,794	14,332
P S			Beginning o	of Year	End of Year
Net Assets or Fund Balances	20 Total ass	sets (Part X, line 16)	17	7,390	150,469
Ba Ba	21 Total liab	pilities (Part X, line 26)			
¥,5	22 Net asse	ets or fund balances Subtract line 21 from line 20	17	7,390	150,469
		gnature Block		. /	
				to the best of	
	and	der penalties of perjury, i declare that I have examined this return, including accompanying schedules d bel/ef, it is true, correct, and complete_Declaration of preparer (other than officer) is based on all info	and statements, and ormation of which pre	parer has any	knowledge
٠.	1.	(h) and of making	·		5-10-10
Sig		way a 1 justyn			14640
He	re /	Signature of officer		Date	
		Darcy A. Martyn - President			
		Type or print name and title			
		Date	Check	ıf	Preparer's identifying number
Pai	וח	sparer's	self-	. $\square$	(see instructions)
	eparer's		22/10 employ		P00283318
	-	m's name (or yours Roslund, Prestage & Company, P.	<u>.</u>	EIN	<b>▶</b> 38-2462587
	ıf s	elf-employed), 308 Gratiot Avenue		Phone	
	ado	dress, and ZIP+4 Alma, MI 48801		no 🕨	<u>989-463-6123</u>
		ss this return with the preparer shown above? (see instructions)			Yes No
DAA	For Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.		1	Form <b>990</b> (2908)

) (Revenue \$

Form 990 (2008)

(Must equal Part IX, Line 25, column (B))

DAA

(Expenses \$

4d Other program services (Describe in Schedule O.)

4e Total program service expenses 🕨 💲

including grants of \$

473,337

# Form 990 (2008) Gratiot County Fair for Youth 38-6109129 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Ţ	
	complete Schedule A	1	X	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	•		Λ
4	Schedule C, Part II	4	I	х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<del></del>		
,	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	l	
6	Did the organization maintain any donor advised funds or any accounts where 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			-
	Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		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 US?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	$\longrightarrow$	<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			v
	Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	,,		Х
L	24b-24d and complete Schedule K. If "No," go to question 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
d	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		274		
25a	Section 501(c)(3) and 501(c)(4) 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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27_		Х
		Form	990	(2008)

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Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee 28 Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a X Part IV Have a family member who had a direct or indirect business relationship with the organization? If "Yes," b X 28b complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes." complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 36 organization? If "Yes," complete Schedule R, Part V, line 2

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

Form **990** (2008)

X

FR	R V Statements Regarding Other IRS Filings and Tax Compliance				<del></del>
4.	Fatantha gumber senadad in Day 2 of Fam. 4000. Annual Summany and Transmittel of			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	<b> </b>			
_	U.S. Information Returns. Enter -0- if not applicable	1a 0 1b 0	-		
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<del></del>	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	lable	1c	1	х
20	gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l 1	10		<u> </u>
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a   1			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		25	1	
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	u			
Ja	this return?	,	3a		х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	nority	"		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		х
b	If "Yes," enter the name of the foreign country		- T		<u> </u>
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	sk			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	•			<u> </u>
·	Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			
•	gifts were not tax deductible?	<b>-</b> .	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more that	n			
_	\$75?		7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
•	required to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	<del></del>	1		
_	benefit contract?		7e		_x_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	,	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	on			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsor				
	organization, have excess business holdings at any time during the year?		8		<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
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	11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them )	11b	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a		
b_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		L	<u> </u>
			Form	1 <b>990</b>	(2008)

DAA

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				
		,		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the				
	circumstances, processes, or changes in Schedule O. See instructions				
1a	Enter the number of voting members of the governing body  1a 14				
b	Enter the number of voting members that are independent  1b 14				
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		<u>X</u>
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>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		<u>X</u>
6	Does the organization have members or stockholders?		6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the goverπing body?		7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		<u>X</u> _
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
9a	Does the organization have local chapters, branches, or affiliates?		9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations				
	must describe in Schedule O the process, if any, the organization uses to review the Form 990		10		X
11	Is there any officer, director or 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		11		Χ.
Sec	tion B. Policies				
				Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b		Χ·
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c	X	
13	Does the organization have a written whistleblower policy?		13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official?		15a		<u>X</u>
b	Other officers or key employees of the organization?	į	15b		X
	Describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				
	the organization's exempt status with respect to such arrangements?	ĺ	16b		
Sec	tion C. Disclosure	_			
17	List the states with which a copy of this Form 990 is required to be filed MI				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)				
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest				
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the				
	organization. ▶ BRIAN GARDNER 214 EAST CENTER STREET				
T	FHACA MI 48847	989	-87	5-5	292
			<u> </u>		

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

DARCY MARTYN	(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
PRESIDENT   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
JOE BUTCHER   V. PRESIDENT   O O O O O O O O O O O O O O O O O O	DARCY MARTYN									. <del>.</del> -	
V. PRESIDENT         0         0         0           AMY CRUMBAUGH         0         0         0           TREASURER         0         0         0           NICOLE WHITMORE         0         0         0           SECRETARY         0         0         0           JASON O'BOYLE         0         0         0           DIRECTOR         0         0         0           CARL SZTUCZKO         0         0         0           DIRECTOR         0         0         0           BILL COURTER         0         0         0           DIRECTOR         0         0         0           MATT CARY         0         0         0           DIRECTOR         0         0         0           MARK STORY         0         0         0           DIRECTOR         0         0         0           ARGIL WILLMAN         0         0         0           DIRECTOR         0         0         0           JACOB SHERWCOD         0         0         0           DIRECTOR         0         0         0           AMANDA FISHER         0									0	0	0
AMY CRUMBAUGH   TREASURER											
TREASURER						<u> </u>	<u> </u>		0	0	0
NICOLE WHITMORE   SECRETARY   O		H									
SECRETARY   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					<u>L</u> .	ļ	<u> </u>		0	0	0
JASON O'BOYLE   DIRECTOR		ORE		İ						_	_
DIRECTOR					_		<u> </u>		0	0	0
CARL SZTUCZKO         0         0         0           DIRECTOR         0         0         0           BEN PRITCHARD         0         0         0           DIRECTOR         0         0         0           MATT CARY         0         0         0           DIRECTOR         0         0         0           MARK STORY         0         0         0           DIRECTOR         0         0         0           ARGIL WILLMAN         0         0         0           DIRECTOR         0         0         0           JACOB SHERWOOD         0         0         0           DIRECTOR         0         0         0           AMANDA FISHER         0         0         0           TEEN REP         0         0         0           KEVIN JEROME         0         0         0		ĮΕ		1							_
DIRECTOR         0         0         0           BILL COURTER         0         0         0           DIRECTOR         0         0         0           BEN PRITCHARD         0         0         0           DIRECTOR         0         0         0           MART CARY         0         0         0           DIRECTOR         0         0         0           ARGIL WILLMAN         0         0         0           DIRECTOR         0         0         0           JACOB SHERWOOD         0         0         0           DIRECTOR         0         0         0           AMANDA FISHER         0         0         0           KEVIN JEROME         0         0         0				<u> </u>		<u> </u>	_		0		0
BILL COURTER       0       0       0         DIRECTOR       0       0       0         DIRECTOR       0       0       0         MART CARY       0       0       0         DIRECTOR       0       0       0         ARGIL WILLMAN       0       0       0         DIRECTOR       0       0       0         JACOB SHERWCOD       0       0       0         DIRECTOR       0       0       0         AMANDA FISHER       0       0       0         TEEN REP       0       0       0         KEVIN JEROME       0       0       0		10									0
DIRECTOR         0         0         0           BEN PRITCHARD         0         0         0           DIRECTOR         0         0         0           MARK STORY         0         0         0           DIRECTOR         0         0         0           ARGIL WILLMAN         0         0         0           DIRECTOR         0         0         0           JACOB SHERWOOD         0         0         0           DIRECTOR         0         0         0           AMANDA FISHER         0         0         0           KEVIN JEROME         0         0         0			-	_		_	<b>-</b>		0	<u>U</u>	0
BEN PRITCHARD         0         0         0           DIRECTOR         0         0         0           MARK STORY         0         0         0           DIRECTOR         0         0         0           ARGIL WILLMAN         0         0         0           DIRECTOR         0         0         0           JACOB SHERWOOD         0         0         0           DIRECTOR         0         0         0           AMANDA FISHER         0         0         0           TEEN REP         0         0         0           KEVIN JEROME         0         0         0	4									•	0
DIRECTOR         0         0         0           MATT CARY         0         0         0           DIRECTOR         0         0         0           MARK STORY         0         0         0           DIRECTOR         0         0         0           DIRECTOR         0         0         0           JACOB SHERWOOD         0         0         0           DIRECTOR         0         0         0           AMANDA FISHER         0         0         0           TEEN REP         0         0         0           KEVIN JEROME         0         0         0		D	$\vdash$	┝		├─	<del> </del>		0	0	
MATT CARY       DIRECTOR       0       0       0         MARK STORY       0       0       0         DIRECTOR       0       0       0         DIRECTOR       0       0       0         JACOB SHERWOOD       0       0       0         DIRECTOR       0       0       0         AMANDA FISHER       0       0       0         TEEN REP       0       0       0         KEVIN JEROME       0       0       0		D							0	0	0
DIRECTOR         0         0         0           MARK STORY         0         0         0           DIRECTOR         0         0         0           DIRECTOR         0         0         0           JACOB SHERWOOD         0         0         0           DIRECTOR         0         0         0           AMANDA FISHER         0         0         0           TEEN REP         0         0         0           KEVIN JEROME         0         0         0			<del> </del>	<del> </del>		┢	<del>                                     </del>	-		0	
MARK STORY         0         0         0           DIRECTOR         0         0         0           ARGIL WILLMAN         0         0         0           JACOB SHERWOOD         0         0         0           DIRECTOR         0         0         0           AMANDA FISHER         0         0         0           TEEN REP         0         0         0           KEVIN JEROME         0         0         0			1						٥	O	0
DIRECTOR         0         0         0           ARGIL WILLMAN         0         0         0           DIRECTOR         0         0         0           DIRECTOR         0         0         0           AMANDA FISHER         0         0         0           TEEN REP         0         0         0           KEVIN JEROME         0         0         0		-	┼~	_	-	$\vdash$					
ARGIL WILLMAN DIRECTOR 0 0 0  JACOB SHERWOOD DIRECTOR 0 0 0  AMANDA FISHER TEEN REP 0 0 0 0  KEVIN JEROME									0	0	0
DIRECTOR         0         0         0           JACOB SHERWOOD         0         0         0           DIRECTOR         0         0         0           AMANDA FISHER         0         0         0           TEEN REP         0         0         0           KEVIN JEROME         0         0         0		N	<u> </u>	_			<u> </u>				
JACOB SHERWOOD       0       0       0       0       0         DIRECTOR       0       0       0       0         AMANDA FISHER       0       0       0       0         TEEN REP       0       0       0       0         KEVIN JEROME       0       0       0       0		Γ.			İ		1		0	0	0
AMANDA FISHER TEEN REP 0 0 0 0 KEVIN JEROME		OD									
TEEN REP 0 0 0	DIRECTOR								0	0	0
KEVIN JEROME		R									
	TEEN REP		l						0	0	0
DIRECTOR 0 0 0	KEVIN JEROME										
	DIRECTOR						<u> </u>		0	0	0
			<del> </del>			_	$\vdash$				

2	Ω_	<b>6</b> 1	091	20

1	P	a	_	A	1
	,	0	u	•	

Pa	rt VII Section A	. Officers, Directors, Trus	tees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)				
	(A) (B)  Name and title Average Position (cf							_	(D) Reportable	(E) Reportable		(F) Stimat		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor	mount other npensa from th ganizat nd rela janizat	ation le tion ted	
						· -··		_						
			_		_									
												-		
	<del></del>													
												_		
1b 2	Total number of indi	aduals (including those in 1	2) w	ho re	coiv	ad m	ore f	han	\$100,000 in reportable com	nensation from the				_
	organization ► 0		a) w	110 16	CEIV		lore (	lilati	TOO,000 III reportable con	pensation nom the		1	-	
3	Did the organization	list any former officer, direc	ctor o	or tru	stee	. kev	emr	olove	ee, or highest compensated		Γ	+	Yes	No
4	employee on line 1a For any individual lis	? If "Yes," complete Scheduted on line 1a, is the sum of	ıle J f rep	for s ortab	uch i	ndiv	idual ensat	ion :	and other compensation from	m	-	3	_	X
	indıvıdual								complete Schedule J for su	uch		4	_	<u> </u>
<u>-</u>	services rendered to	d on line 1a receive or accru the organization? If "Yes,"										5		Х
Sec 1	Complete this table t	for your five highest comper	nsate	ed inc	depe	nder	nt coi	ntrac	ctors that received more tha	n \$100,000 of				
	compensation from t	he organization (A) Name and business address						Π	Descrip	(B) blon of services		Com	(C)	on
						··								
			·							·				
	<del></del>						·							
2	Total number of inde	ependent contractors (including	ling t	hose	ın 1	) wh	o rec	ceive	ed more than \$100,000 in			0		
												Form	aan .	(2009

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	la					
ь	Membership dues	ib					
С	Fundraising events	1c					•
d	Related organizations	id					
	Government grants (contributions)	ie .	1,000				
1a b c d e f	All other contributions, gifts, grants, and similar amounts not included above	1f	34,838				
, 0	Noncash contributions included in lines 1a-1			1			
h	Total. Add lines 1a-1f	. •	▶	35,838			•
<u> </u>			Busn. Code			.lslsili	
2a	LIVESTOCK SALE			340,072	340,072		
Ь р	BAKE SALE			32,653	32,653		
C	LIVESTOCK INCOME			1,104	1,104		
d	LATE ENTRY FEE			970	970		
e	PREMIUMS			310	310		
	All other program service reven	ue		230	230		
1	Total. Add lines 2a–2f		<b>•</b>	375,339			<u> </u>
	Investment income (including di	vidends intere	-	3,3,333			
1	other similar amounts)	videride, intere	<b>▶</b>	549	549		
1	Income from investment of tax-	evernet bond r	·	3.5	3.25		
	Royalties	exempt bond p	loceeds				
້	(i) Real	(11)	Personal				
60	Gross Rents		9,662				
1			9,002	1			
	Less rental exps		9 663				
	Rental inc or (loss)	I	9,662	0 663	0 662		Ī
	Net rental income or (loss)  Gross amount from (V. Securities	<del></del>	(u) Other	9,662	9,662		<u> </u>
	sales of assets (i) Securities		(ii) Other				İ
	other than inventory			1			
0	Less cost or other	ŀ					
	basis & sales exps						•
	Gain or (loss)			1			ŧ
1	Net gain or (loss)						<u> </u>
1	Gross income from fundraising event	ıs	İ				
	(not including \$						
1	of contributions reported on line 1c)			1			
	See Part IV, line 18	a					
1	Less direct expenses	p [		1			<b>†</b>
	Net income or (loss) from fundra		<b>P</b>				
	Gross income from gaming activities		1				<b></b>
1	See Part IV, line 19	a		1			1
	Less direct expenses	b					<del></del>
	Net income or (loss) from gamir	ng activities	<u> </u>				<u> </u>
1	Gross sales of inventory, less			1			<b>1</b>
1	returns and allowances	a		1			•
	Less cost of goods sold	b		1			<b></b>
<u> </u>	Net income or (loss) from sales	of inventory	<b>D</b>				
<u> </u>	Miscellaneous Revenue		Busn. Code		85.000		<b>†</b>
11a	FUND RAISERS		-	77,219	77,219		<del></del>
b	PARKING FEES			18,792	18,792		ļ
С	CAMPING			10,145	10,145		<del></del>
d	All other revenue		L	9,830	9,830		
	Total. Add lines 11a-11d		•	115,986			I
1	Total Revenue. Add lines 1h, 2		· -		· · · · · · · · · · · · · · · · · · ·		

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Il other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must	complete column (A) but	are not required to compr	oto columns (b), (o), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		<del>-</del> "		
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16			·· —	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	24 604	32,749	1 025	
7	Other salaries and wages	34,684	32,749	1,935	
8	Pension plan contributions (include section 401(k)			!	
^	and section 403(b) employer contributions)				
9	Other employee benefits Payroll taxes				
10 11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting	<del>-</del>			
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	7,179	2,129	5,050	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	11,967	11,967		
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	8,698	8,698	· <del>-</del>	
23	Insurance	3,050			
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	LIVESTOCK EXPENSE	332,488	332,488		
b	BAKE SALE	30,123	30,123	<u> </u>	
C	REPAIR & MAINTENANCE	24,478	<u>24,478</u>		
d	RODEO	17,538			17,538
θ	GOLF OUTING	8,489	20 50	10.040	8,489
f	All other expenses	47,398	30,705	13,049	
25	Total functional expenses.Add lines 1 through 24f	523,042	473,337	20,034	29,671
26	Joint Costs. Check here  if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

980 Forr		(2008) Gratiot County Fair for	Yo	outh 38-	6109129			_ Pa	ıge 11
	art >					î			
					(A) Beginning of year		(B) End of		
	1	Cash—non-interest bearing			62,773	1	!	57,	566
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net		·		3			
	4	Accounts receivable, net			5,352	4		17,	<u>504</u>
	5	Receivables from current and former officers, directors, tru	ıstees,	key					
		employees, or other related parties. Complete Part II of So	hedule	L L		5	ļ <u>.</u>		
	6	Receivables from other disqualified persons (as defined un	nder se	ection					
		4958(f)(1)) and persons described in section 4958(c)(3)(B)	) Com	plete			•		
		Part II of Schedule L				6			
ध	7	Notes and loans receivable, net				7			
Assets	8	Inventones for sale or use		_		8			
As	9	Prepaid expenses and deferred charges				9			<u>903</u>
	10a	Land, buildings, and equipment cost basis	10a	132,159					
	b	Less: accumulated depreciation. Complete	l '				1		
		Part VI of Schedule D	10b	57,663	109,265	10c		74,4	<u>496</u>
	11	Investments—publicly traded secunties			, — -·· -· ··	11			
	12	Investments—other securities See Part IV, line 11		Ĺ		12			
	13	Investments—program-related See Part IV, line 11		<u></u>		13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11		L		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			177,390	16	1!	50,	<u>469</u>
	17	Accounts payable and accrued expenses		_		17			
	18	<u> </u>							
	19	Deferred revenue		L		19			
	20	Tax-exempt bond liabilities		L		20			
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D				21			
≣	22	Payables to current and former officers, directors, trustees	, key				Ī		
ap		employees, highest compensated employees, and disqual	ıfied				•		
⊐		persons Complete Part II of Schedule L			<u> </u>	22			
	23	Secured mortgages and notes payable to unrelated third p	arties	L		23			
	24	Unsecured notes and loans payable		L		24			
	25	Other liabilities Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25	_			26			
S		Organizations that follow SFAS 117, check here ▶ 🗵	and						
Balances		complete lines 27 through 29, and lines 33 and 34.					<b>‡</b>		
<u><u>a</u></u>	27	Unrestricted net assets		_	177,390	27	1	<u>50,</u>	<u>469</u>
ä	28	Temporanly restricted net assets		<u>_</u>		28			
or Fund	29	Permanently restricted net assets		_,  -		29	ļ		
굡		Organizations that do not follow SFAS 117, check here	₽►L						
ō	l	and complete lines 30 through 34.					1		
ţ	30	Capital stock or trust principal, or current funds		<u> </u>		30	<b></b>		
Se	31	Paid-in or capital surplus, or land, building, or equipment for		_		31	<u> </u>		
As	32	Retained earnings, endowment, accumulated income, or o	other fu	ınds		32			
Net Assets	33	Total net assets or fund balances			177,390	33			469
	34	Total liabilities and net assets/fund balances			177,390	34	1 1	50,	<u>469</u>
<u>P</u>	art )	(I Financial Statements and Reporting					<del></del>		
							f	Yes	No
1			ash	Accrual Oth					v
		ere the organization's financial statements compiled or revie			?		2a		X
		ere the organization's financial statements audited by an ind					_2b_		Χ.
(		Yes" to lines 2a or 2b, does the organization have a commit							1
		e audit, review, or compilation of its financial statements and					2c		$\vdash$
3		a result of a federal award, was the organization required to	o unde	rgo an audit or audits as set f	onn in				1
		e Single Audit Act and OMB Circular A-133?					3a		<del>                                     </del>
1	<u> </u>	Yes," did the organization undergo the required audit or aud	iits?				3b	990	(2008)

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

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Gratiot County Fair for Youth

Employer Identification number 38-6109129

Pi	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) (s	ee ins	struction	ons)		
The	orga	nızatıon is not a	a private foundation because	it is (Please check only one org	ganizatıon.	)							
1	Ň			ciation of churches described in			A)(i).						
2	П		cribed in section 170(b)(1)(A										
3	П			e organization described in secti	ion 170(b)	(1)(A)(iii)	. (Attach	Schedu	le H.)				
4	П	•	•	in conjunction with a hospital de						e hospi	tal's name,		
		city, and state	· ·	•			, , , ,						
5	П	• •		f a college or university owned or	r operated	by a gove	ernmenta	al unit de	scribed	ın			
	_	•	b)(1)(A)(iv). (Complete Part	•	•	, ,							
6	П	-		vernmental unit described in sec	ction 170(l	b)(1)(A)(v	·).						
7	П	-		ubstantial part of its support fron				n the ge	neral pu	blic			
	_		section 170(b)(1)(A)(vi). (Co		_								
8	П			70(b)(1)(A)(vi). (Complete Part II	l)								
9	X			more than 33 1/3 % of its suppo		ntribution	s, memb	ership fe	es, and	i gross			
	_			ot functions—subject to certain e									
				d unrelated business taxable inc									
				, 1975. See section 509(a)(2). (									
10			=	xclusively to test for public safety			a)(4). (se	e instru	ctions)				
11	П			xclusively for the benefit of, to pe									
	_	purposes of o	ne or more publicly supporte	d organizations described in sec	ction 509(a	)(1) or se	ction 509	9(a)(2) \$	See <b>sec</b>	tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	n and com	plete lines	11e thr	<u>ough</u> 11	h				
		а 🗌 Туре	I <b>b</b> Type II	c Type III–Function	ally Integra	ited	d	📗 Тур	e III-Oti	her			
е		By checking t	his box, I certify that the orga	anization is not controlled directly	or indirec	tly by one	or more	disqual	ified				
		persons other	r than foundation managers a	and other than one or more publi	cly suppor	ted organ	ızatıons	descnbe	ed in sec	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or 1	ype III s	upportin	g				
		organization,	check this box										$\sqcup$
g		Since August	17, 2006, has the organizati	on accepted any gift or contribut	ion from ai	ny of the							
		following per											
		(i) A persor	n who directly or indirectly co.	ntrols, either alone or together w	th persons	s describe	ed in (11)					Yes	No
		• •		the supported organization?							11g(i)		
			member of a person describ								11g(il)		
			ontrolled entity of a person d								11g(iii)		
_ <u>h</u>		Provide the f	ollowing information about th	e organizations the organization	supports								
(i)		e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify	1 ' '	ls the	(vil) Amo		
	οη	ganization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?	T	nization in of your	organizat	zed in the	supp	on	
				(see instructions))	governing	dodinoni		port?		S ?			
					Yes	No	Yes	No	Yes	No		_	
								ļ					
					ļ		L		<u> </u>				
							 	<u> </u>	<del>  -</del>				
	_												_
Tota	31		I	I	‡	1	I		.l	ł	1		

Schedule A (Form 990 or 990-EZ) 2008 G Part II Support Schedule for	Organizations D	cosibedin Ca	otions 470/b\/	1\/A\/i\/\ and 4	3-6109129	
(Complete only if you				i)(A)(iv) and i	/ U(D)( 1)(A)(V	(1)
Section A. Public Support	neckeu ine box	on line 5, 7, or	OUI Fait I.)	<del> </del>		
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Calcinual year (or noon year beginning mp	(a) 2004	(6) 2000	(0) 2000	(4) 2007	(0) 2000	(7) 10.01
<ol> <li>Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")</li> </ol>						
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 1-3				_		
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4			<u> </u>			
Section B. Total Support					<del></del>	
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10	. (222 :221 :21:22)	<u> </u>	1	1	<u> </u>	12
<ul><li>Gross receipts from related activities, et</li><li>First five years. If the Form 990 is for the</li></ul>		second third four	h or fifth tay year s	se a section 501(c)	_	<u> </u>
13 First five years. If the Form 990 is for the organization, check this box and stop h		Second, tima, tour	in, or murtax year t	as a section of i(c)	(3)	•
Section C. Computation of Public		age				
			<b>(f)</b> )	· · · · · · · · · · · · · · · · · · ·	Τ,	14
			('')		<u> </u>	15
<ul><li>Public support percentage from 2007 Se</li><li>33 1/3 % support test—2008. If the org</li></ul>			3. and line 14 is 33	1/3 % or more. ch	_	
and stop here. The organization qualific			o, and into 1110 oc			•
b 33 1/3 % support test—2007. If the org			or 16a, and line 15	is 33 1/3 % or moi	e, check this	
box and stop here. The organization qu				10 00 110 10 01 1110	0, 00	•
17a 10%-facts-and-circumstances test—				or 16b, and line 1	4 is 10% or	•
more, and if the organization meets the						
organization meets the "facts-and-circuit						•

b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support

any "unusual grants.")

Calendar year (or fiscal year beginning in)

Gifts, grants, contributions, and membership fees received (Do not include

Gross receipts from admissions, merchandise

(e) 2008

34,883

(d) 2007

23,867

Page 3

(f) Total

151,289

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2004

28,157

(b) 2005

32,169

(c) 2006

32,213

	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	644,050	489,680	531,489	504,858	500,896	2,670,973
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	672,207	521,849	563,702	528,725	535,779	2,822,262
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						
8	Public support (Subtract line 7c from	672,207	521,849	563,702	528,725	535,779	
	line 6.)	0,2,20,	321/013		3237.123		2,822,262
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	672,207	521,849	563,702	528,725	535,779	2,822,262
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	253	427	663	567	549	2,459
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	253	427	663	567	549	2,45
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	672,460	522,276	564,365	529,292	536,328	0 004 70
	and 12)		Land third fairth	1	E 0.00t/on E01/o\/3	<u>1</u> _	2,824,72
14	First five years. If the Form 990 is for the organization, check this box and stop here		secona, mira, iburin	, or militax year as	s a section 501(c)(5	,	▶ [
Sec	tion C. Computation of Public Su		de			<u> </u>	
15	Public support percentage for 2008 (line 8,			n)		15	99.9129 %
16	Public support percentage from 2007 Scher		· ·	" .		16	9
	tion D. Computation of Investmen			<del></del>			
17	Investment income percentage for 2008 (Iir			olumn (f))		17	0.0871 %
18	Investment income percentage for 2007 S			VII		18	9
19a	33 1/3 % support tests—2008. If the organ			4, and line 15 is mi	ore than 33 1/3 %, a	and line	
	17 is not more than 33 1/3 %, check this bo						▶ 2
b	33 1/3 % support tests—2007. If the organ						_
	line 18 is not more than 33 1/3 %, check thi						▶  _
20	Private foundation. If the organization did						<u></u> ▶ <u> </u>
DAA						Schedule A (Form 99	0 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Gratiot County Fair for Youth

38-6109129

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047

Open to Public Inspection

Name	e of the organization		Employer Identification number
G	ratiot County Fair for Youth		38-6109129
	Organizations Maintaining Donor Advised Function of the organization answered "Yes" to Form 990, F	ds or Other Similar Funds or Acc	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised	
	funds are the organization's property, subject to the organization's exclus	ive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	nting that grant funds may be	
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor or other	
	impermissible private benefit?		Yes No
Pa	irt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form !	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al	l that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impor	rtant land area
	Protection of natural habitat	Preservation of certified historic stru	ucture
	Preservation of open space		
2	Complete lines 2a–2d if the organization held a qualified conservation con	ntribution in the form of a conservation easer	ment
	on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	• •	2c
d	Number of conservation easements included in (c) acquired after 8/17/06		2d
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization d	uring
	the taxable year		
4	Number of states where property subject to conservation easement is loc		
5	Does the organization have a written policy regarding the periodic monito	nng, inspection, violations, and	Yes No
•	enforcement of the conservation easements it holds?	and the same the same	Tes No
7	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	_	
7 8	Amount of expenses incurred in monitoring, inspecting, and enforcing easing a contract and an line 2(d) above potentials the		<del></del>
0	Does each conservation easement reported on line 2(d) above satisfy the 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	requirements of section	☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservation easemen	te in the revenue and expense statement, an	
3	balance sheet, and include, if applicable, the text of the footnote to the organization		
	the organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" to		nilar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in art, historical treasures, or other similar assets held for public exhibition, e provide, in Part XIV, the text of the footnote to its financial statements that	education, or research in furtherance of publi	
b	If the organization elected, as permitted under SFAS 116, to report in its r historical treasures, or other similar assets held for public exhibition, educ provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical treasures, or ot	her similar assets for financial gain, provide	the
	following amounts required to be reported under SFAS 116 relating to the		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$
			Cabadula D (Farm 000) 2009

Sche	dule D (Form 990) 2008 Gratiot C	ounty Fair fo	r Youth	38-61	.09129	Page 2
Pa	rt III Organizations Maintaining	Collections of Art, H	istorical Treası	ures, or Other S	imilar Assets	(continued)
3	Using the organization's accession and other ritems (check all that apply):	records, check any of the fo	llowing that are a sig	inificant use of its col	lection	
а	Public exhibition	d Loan o	r exchange program	ıs		
b	Scholarly research	e Other	cgo program			
c	Preservation for future generations	0 🗀 0				
4	Provide a description of the organization's colle	ections and explain how the	y further the organiz	ation's exempt purpo	se in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, his	torical treasures, or	other similar	۲	Yes No
Da	rt IV Trust, Escrow and Custodi				d "Yes" to For	
i, a	Part IV, line 9, or reported a				u 163 (010)	111 000,
1a	Is the organization an agent, trustee, custodiar					
	included on Form 990, Part X?	To other intermediary for e		400010 1101	Γ	Yes No
ь	If "Yes," explain the arrangement in Part XIV a	nd complete the following to	able		_	
_	Too, explain the arrangement in a arrange	complete the femous to	-5.5			Amount
С	Beginning balance				1c	-
4	Additions during the year				1d	· · · · · · · · · · · · · · · · · · ·
•	Distributions during the year				10	
f	Ending balance				1f	
' ?a	Did the organization include an amount on For	m 000 Part Y line 212			<u> </u>	Yes No
	If "Yes," explain the arrangement in Part XIV.	111 000, 1 art X, inic 21				_ 165 160
	rt V Endowment Funds. Compl	ete if organization an	swered "Yes" to	Form 990. Par	t IV. line 10.	<del></del>
	Zildowillone i dildo. Comp	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance		· · · · · · · · · · · · · · · · · · ·			
h	Contributions					
_	Investment earnings or losses					
4	Grants or scholarships					
<u>.</u>	Other expenditures for facilities					
·	and programs					
•	Administrative expenses					
٠	End of year balance		······			
2	Provide the estimated percentage of the year	and halance held as:		<u> </u>	<b></b>	k
-	Board designated or quasi-endowment	%				
h	Permanent endowment > %	"				
c	Term endowment					
3a	Are there endowment funds not in the possess	sion of the organization that	are held and admini	stered for the		
	organization by.	pr mie ergerneenen met				Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sched	ule R?			3b
4	Describe in Part XIV the intended uses of the	•				
	rt VI Investments—Land, Buildi			). Part X. line 10		
	Description of investment	(a) Cost or other basis	(b) Cost or ot		preciation	(d) Book value
	,	(investment)	basis (other	1 ''		• •
12	Land					
	Buildings					
	Leasehold improvements		<del> </del> -			
	Equipment					
	Other		132	,159	57,663	74,496
	. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, column (B)			<b>•</b>	74,496

Schedule D (Form 990) 2008 Gratiot County Fair ic		38-6109129	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-year	ar market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	_		
<b> </b>			
<del> </del>			
<b> </b>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	valuation
*, *	, ,	Cost or end-of-year	
	-	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	
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Total (Column (h) should occup Form 000 Part V and (P) line 42.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.	<u></u>		···········
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description			(b) Book value
(a) Description			(D) DOOK VAIUE
	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	-	<u> </u>	<u> </u>
Part X Other Liabilities. See Form 990, Part X, line 25			
(a) Description of liability	(b) Amount	4	
Federal income taxes		4	
		4	
	<del> </del>	_	
		4	
		4	
		4	
		_	
		7	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)		<b>1</b> ,	
In Part XIV, provide the text of the footnote to the organization's financial stater	ments that reports the orga	inization's liability for	
uncertain tax positions under FIN 48		•	

Sche	edule D (Form 990) 2008 Gratiot County Fair for Youth 38-6109	129	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	·· <u>,                                   </u>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
С	Recovenes of pnor year grants 2c		
d	Other (Describe in Part XIV)		
0	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b			
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	. 5	
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Pnor year adjustments 2b		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
θ	Add lines 2a through 2d	2ө	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	
Pa	art XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
and 2	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
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Schedule D (Form 990) 2008 Gratiot County Fair for Youth	38-6109129	Page 5
Schedule D (Form 990) 2008 Gratiot County Fair for Youth  Part XIV Supplemental Information (continued)		
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98040

# SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public

Inspection

Name of the organization

Gratiot County Fair for Youth

Employer Identification number 38-6109129

Form 990, Part III, Line 4d - All Other Achievements

PROVIDE AN ANNUAL LOCAL FAIR FOR THE YOUTH OF THE COUNTY

TO PROMOTE EDUCATION IN AREAS SUCH AS RAISING LIVESTOCK,

HOME EC., GARDENING, FARM SAFETY, ETC.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board Review of Policies as needed.

Form **4562** 

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

OMB No 1545-0172

ttachment

Identifying number Name(s) shown on return 38-6109129 Gratiot County Fair for Youth Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. Total cost of section 179 property placed in service (see instructions) 2 2 3 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 771 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 2.927 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (business/investment use (e) Convention (g) Depreciation deduction (a) Classification of property year placed in period service only-see instructions) 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property 20-year property 25 yrs S/L 25-year property S/L 27 5 yrs. MM h Residential rental property 27 5 yrs MM S/L ММ S/L 39 yrs Nonresidential real property MM S/I Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs мм S/L 40 yrs. 40-year Part IV Summary (See instructions.) 21 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 22 8,698 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

98040 Gratiot County Fair for Youth 38-6109129 FYE: 10/31/2009	Federal Statements	atemen	S		:	
	Form 990, Part IX, Line 24f - All Other Expenses	4f - All Oth	er Expenses			
Description	Total Expenses	Д.07	Program Service	Management & General		Fund Raising
AWARDS COUNTY BOND SUPPLIES PREMIUM EXPENSE PARKING INSURANCE DINNER AND DANCE FAIR SCHOOL ENTERTAINMENT MISCELLANEOUS PERMITS, LICENSES, AND FE DUES AND SUBSCRIPTIONS OTHER FUND RAISING TOTAL	\$ 8,202 7,745 7,686 6,285 4,122 3,329 3,206 1,100 1,100 791 413 370 315 \$ 47,398	w w	8,202 7,686 6,285 4,122 3,206 30,705	\$ 7,745	w w	3,329

16 , 14