



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545 1150

2008

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 12/01, 2008, **and ending** 11/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C ST. CLAIR COUNTY FAIR ASSOCIATION 200 SOUTH BELT EAST BELLEVILLE, IL 62220	D Employer identification number 37-6028437
			E Telephone number 618-235-0666
			F Group Exemption Number
			G Accounting method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ N/A

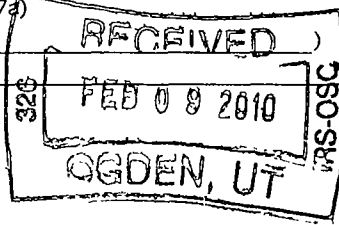
J Organization type (check only one) — 501(c) (4) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 648,535.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	104,920.
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	445,494.
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	90,738.
	6b	Less direct expenses other than fundraising expenses	67,512.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	23,226.
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe ▶ See Statement 1)	7,383.
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	581,023.
	EXPENSES	10	Grants and similar amounts paid (attach schedule)
11		Benefits paid to or for members	
12		Salaries, other compensation, and employee benefits	25,840.
13		Professional fees and other payments to independent contractors	2,100.
14		Occupancy, rent, utilities, and maintenance	555,835.
15		Printing, publications, postage, and shipping	
16		Other expenses (describe ▶ See Statement 2)	47,656.
17		Total expenses (add lines 10 through 16)	631,431.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-50,408.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	343,164.
	20	Other changes in net assets or fund balances (attach explanation)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	292,756.



Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	99,829.	50,122.
23	Land and buildings	197,423.	176,936.
24	Other assets (describe ▶ See Statement 3)	57,637.	76,342.
25	Total assets	354,889.	303,400.
26	Total liabilities (describe ▶ See Statement 4)	11,725.	10,644.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	343,164.	292,756.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

SCANNED MAR 08 2010

15

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? **TO CONDUCT ANNUAL COUNTY FAIR.**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	<u>RESPONSIBLE FOR ANNUAL COUNTY FAIR</u>		

	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	-----		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	-----		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
KAY WEBER 300 ROSS LANE BELLEVILLE, IL 62221	President 0	2,100.	0.	0.
PATRICIA EMMERICH #7 SEVENTH GREEN COURT BELLEVILLE, IL 62220	Vice President 0	2,100.	0.	0.
THOMAS H. VALE 3601 STATE ROUTE 159 FREEBURG, IL 62243	Secretary 0	2,100.	0.	0.
AMBER SCHANTER 105 LOYET O'FALLON, IL 62269	Director 0	2,100.	0.	0.
JOAN COSBEY 328 GILMORE LANE COLUMBIA, IL 62236	Treasurer 0	2,100.	0.	0.
STANLEY E. SCHANTER 7381 WALSH ROAD WALSH, IL 62297	Director 0	2,100.	0.	0.
WARD SCHANTER 5961 NEAL ROAD MASCOUTAH, IL 62258	Director 0	2,100.	0.	0.
KATHY WEIR 911 NORTH 17TH STREET BELLEVILLE, IL 62226	Director 0	2,100.	0.	0.
JAMES HAUCK P.O. BOX 141 FREEBURG, IL 62243	Director 0	2,100.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
37b	b Did the organization file Form 1120-POL for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A	
39	39 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
40b	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
40d	d Enter amount of tax on line 40c reimbursed by the organization	0.	
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed ▶ None		

42a The books are in care of ▶ KATHY WEIR Telephone no ▶ _____
 Located at ▶ 200 SOUTH BELT EAST BELLEVILLE IL ZIP + 4 ▶ 62220

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A
 ▶ **43** | N/A

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Kay Weber*
 Date: 02/05/10
 Type or print name and title: KAY WEBER, PRESIDENT

Paid Preparer's Use Only
 Preparer's signature: *John C. Simpson*
 Date: 12/11/09
 Check if self employed:
 Preparer's Identifying Number (See instructions): N/A
 Firm's name (or yours if self employed), address, and ZIP + 4: Voellinger, Simpson, Dolan & Assoc. P.C., 4010 N. Illinois St., Ste 3, Belleville, IL 62226
 EIN: N/A
 Phone no: (618) 233-8515

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		RACES (event type)	EXHIBITORS SPA (event type)	3 (total number)	(Add col (a) through col (c))	
REVENUE	1	Gross receipts	27,913.	25,757.	37,068.	90,738.
	2	Less. Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	27,913.	25,757.	37,068.	90,738.
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	18,090.	6,476.	42,946.	67,512.
	8	Direct expense summary Add lines 4- through 7 in column (d)				67,512.
	9	Net income summary. Combine lines 3 and 8 in column (d)				23,226.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
		1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Combine lines 1 and 7 in column (d)				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities. _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' Explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain. _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13. Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
------------	---

b An outside facility

13b	%
------------	---

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____

Client 4007

ST. CLAIR COUNTY FAIR ASSOCIATION

37-6028437

12/11/09

08 10AM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

OTHER

	\$	7,383.
Total	\$	<u>7,383.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion
 Insurance
 JUDGES/RIBBONS
 MUSIC/ENTERTAINMENT
 Office Expenses
 SUPPLIES, HAULING, & GRD. MAIN.

	\$	15,551.
		6,402.
		5,646.
		11,443.
		6,208.
		2,406.
Total	\$	<u>47,656.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

Accounts Receivable
 Furniture and Fixtures
 Prepaid Expenses and Deferred Charges

	<u>Beginning</u>	<u>Ending</u>
	\$ 1,857.	\$ 16,856.
	42,133.	46,208.
	13,647.	13,278.
Total	<u>\$ 57,637.</u>	<u>\$ 76,342.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

Accounts Payable and Accrued Expenses

	<u>Beginning</u>	<u>Ending</u>
	\$ 11,725.	\$ 10,644.
Total	<u>\$ 11,725.</u>	<u>\$ 10,644.</u>