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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning **JANUARY 1**, 2009, and ending **DECEMBER 31**, 20 **09****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**HILLSBOROUGH COUNTY AGRICULTURAL FAIR, INC.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

P.O. BOX 391

City or town, state or country, and ZIP + 4

NEW BOSTON, NH 03070-0391**D** Employer identification number**02-6012425****E** Telephone number**603-487-2930****F** Group Exemption Number ►

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

G Accounting Method: ☒ Cash ☐ Accrual
 Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

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	1	3,735.00
	2	Program service revenue including government fees and contracts	2	59,092.95
	3	Membership dues and assessments	3	0
	4	Investment income	4	250.28
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ 1,195.00 of contributions reported on line 1)	6a	NetSummaryAttach
	b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1195.00	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ►)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	64,273.23	
Expenses	10	Grants and similar amounts paid (attach schedule) <i>Premiums, trophies, ribbons</i>	10	17,085.82
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors <i>Bank fees, Insurance</i>	13	5,878.50
	14	Occupancy, rent, utilities, and maintenance <i>Tents, toilets, electricity, ground maintenance</i>	14	7,250.38
	15	Printing, publications, postage, and shipping	15	1,951.13
	16	Other expenses (describe ► See attached expenses summary)	16	30,626.59
	17	Total expenses. Add lines 10 through 16	17	62,792.42
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1480.81
	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)	19	
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

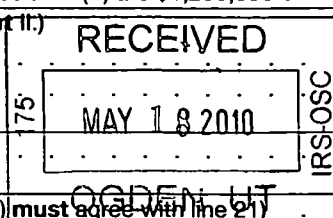
22	Cash, savings, and investments	(A) Beginning of year	(B) End of year	
	23	Land and buildings	22	51,653.65
	24	Other assets (describe ►)	23	
	25	Total assets	24	
	26	Total liabilities (describe ►)	25	51,653.65
	27	Net assets or fund balances (line 27 of column (B)) must agree with line 21	26	
		27	51,653.65	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED JUL 07 2010



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

What is the organization's primary exempt purpose? **AGRICULTURAL EDUCATION**
 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, and other relevant information for each program title.

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

28	Premiums, Trophies and ribbons The Fair is a combination of UNH Cooperative Extension, 4-H Youth Development, Family Consumer Community, Grange, agricultural exhibits, livestock shows and pulling events - all open to the public. (Grants \$) If this amount includes foreign grants, check here ☐	28a	17,085.82
29	 (Grants \$) If this amount includes foreign grants, check here ☐	29a	
30	 (Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	17,085.82

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

(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 & deferred compensation	(e) Expense account and other allowances
Wayne Meattley 128 Ridgeview Rd, Weare, NH 03281	President - 12	0	0	0
Steven Ives 104 Riverdale Rd, New Boston, NH 03070	Vice President - 4	0	0	0
Janell George 8 Walmsley Circle, Milford, NH 03055	Secretary - 8	0	0	0
Sharon Mullen 224 Lyndeboro Road, New Boston, NH 03070	Treasurer - 12	0	0	0
Jennifer Brown 89 Lull Road, New Boston, NH 03070	Director - 8	0	0	0
Arlene Dodge 116 Tucker Mill Road, New Boston, NH 03070	Associate - 6	0	0	0
Emily Howarth & Wayne Howarth 964 Pleasant Pond Road, Frankestown, NH 03043	Director - 6 each	0	0	0
Lillian Zimmermann 58 Willard Pond Road, Hancock, NH 03449	Junior Director - 2	0	0	0
Fred Byam 490 Weare Road, New Boston, NH 03070	Director - 3	0	0	0
Skip Cilley 532 Pleasant Pond Road, Frankestown, NH 03043	Associate- 3	0	0	0
Bill Matheson PO Box 54, New Boston, NH 03070	Associate - 4	0	0	0
Jolee Chase 168 Old Milford Road, Brookline, NH 03033	Director - 10	0	0	0
Emily Bailey 5 Broman Way, Lyndeborough, NH 03082	Junior Director - 2	0	0	0
Danielle Deyo 23 Christy Road, New Boston, NH 03070	Director - 10	0	0	0
Garth Witty 60 Old Amherst Road, Mont Vernon, NH 03057	Director - 2	0	0	0
Michael Chase 168 Old Milford Road, Brookline, NH 03033	4-H Rep - 2	0	0	0
Dan DeLetter 8 McQuestion Road, Merrimack, NH 03054	Associate - 2	0	0	0
Krista MacArthur 530 Sheffield Road, Manchester, NH 03103	Associate - 2	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part 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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		✓
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 outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b 27,097gate		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
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.		✓
41	List the states with which a copy of this return is filed. ▶ New Hampshire		
42a	The organization's books are in care of ▶ Sharon Mullen Telephone no. ▶ 603-487-2930 Located at ▶ 224 Lyndeboro Road, New Boston, NH ZIP + 4 ▶ 03070		
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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
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: ▶		
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 ▶ 43 250.28		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
			✓
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		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b 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 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 a section 527 organization?	49b	

50 Complete this table for the organization's 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."

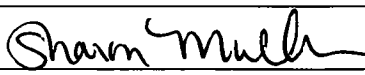
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None		0	0	0

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

51 Complete this table for the organization's 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
None		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Signature of officer		15-14-10 Date	
	Sharon Mullen, Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no
	May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No			

Hillsborough County Agricultural Fair
2009 - 990EZ Tax Report
Explanation of Line 6

c/o Sharon Mullen, Treasurer
224 Lyndeboro Road
New Boston, NH 03070
603-487-2930
sharonmullen@comcast.net

TAX ID# 02-6012425

SPECIAL EVENT	REVENUE
Pig Roast	\$ 1,195.00
Total Net Revenue	\$ 1,195.00

Hillsborough County Agricultural Fair programs and policies are consistent with pertinent Federal and State laws and regulations on non-discrimination regarding age, color, handicap, national origin, race, religion, sex, sexual orientation, or veteran's status.

If you have special needs to participate in this program, you are encouraged to contact the:
Hillsborough County Agricultural Fair
603-641-6060
329 Mast Road
Goffstown, NH 03045

Hillsborough County Agricultural Fair
2009 - 990EZ Tax Report
Explanation of Line 16

c/o Sharon Mullen, Treasurer
224 Lyndeboro Road
New Boston, NH 03070
603-487-2930
sharonmullen@comcast.net

TAX ID# 02-6012425

EXPENSES	2009	Expense Line Item #
Advertising	\$ 6,645.50	16
Annual & State Meetings	\$ 195.00	16
Donations/Gifts	\$ 112.50	16
Dues	\$ 600.00	16
Entertainment	\$ 3,409.10	16
Mounted Police	\$ 939.40	16
Truck Pulls	\$ 2,600.00	16
Horse & Ox Skid	\$ 1,475.00	16
Licensing/Filing Fee's	\$ 125.00	16
Meals		16
4-H Breakfast	\$ 250.00	16
Judge's	\$ 75.00	16
Appreciation Dinner	\$ 2,992.91	16
Miscellaneous	\$ 211.40	16
Services		16
Buses	\$ 938.79	16
Electrician	\$ 165.00	16
Judge Fees	\$ 900.00	16
Parking	\$ 1,200.00	16
Police	\$ 1,233.44	16
Sound Setup	\$ 1,375.00	16
Toilets	\$ 800.00	16
Trash Removal	\$ 1,235.55	16
Supplies	\$ 130.00	16
Tee Shirts/Sweatshirts	\$ 3,018.00	16
Total Net Expenses	\$ 30,626.59	

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If you have special needs to participate in this program, you are encouraged to contact the.
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