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## **50rm 990-EZ**

Short Form 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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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

For the 2009 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number Please Address use IRS WESTERN CAROLINA STATE FAIR tabel o Name Change 26-4042517 FOUNDATION INC print or type Initial Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number See Specific Termin-ated 111 PARK AVENUE SW 706-722-4481 Instruc-City or town, state or country, and ZIP + 4 Amende F Group Exemption tions Application pending AIKEN, SC 29801 Number > G Accounting method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check > X if the organization is not Website: ► N/A 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) -  $\times$  501(c) (3)  $\rightarrow$  (insert no.) \_\_\_\_ 4947(a)(1) or Check In 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. 414,380. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 1 412,667. Program service revenue including government fees and contracts 2 2 3 3 Membership dues and assessments 1,617. Investment income 4 Gross amount from sale of assets other than inventory 5a Less; cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5<u>c</u> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line-6b from line 6a) 60 Gross sales of inventory, less returns and altiowanted V 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7c Other revenue (describe 

OTHER MANGOME 2010 96. Я Я Total revenue. Add lines 1, 2, 3 4, 5c, 6c, 7c, 414,380. 9 9 Grants and similar amounts paid (attack screen) 10 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 18,837. 13 Professional fees and other payments to independent contractors 13 71,796. SEE STATEMENT 3 14 14 Occupancy, rent, utilities, and maintenance 7,833. Printing, publications, postage, and shipping 15 15 254,147. SEE STATEMENT 1) 16 Other expenses (describe 16 <u>352,613.</u> 17 17 Total expenses. Add lines 10 through 16 61,767. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 0. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 20 20 61,767 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Part II (See the instructions for Part II.) (A) Beginning of year (B) End of year 144,739. 0. 22 Cash, savings, and investments 23 Land and buildings 0. 15,726. Other assets (describe ► OTHER DEPRECIABLE ASSETS 24 160,465. Total assets 0. 25 Total liabilities (describe SEE STATEMENT 2 ) 0. 26 98,698.

61,767. Form **990-EZ** (2009)

0 . 27

Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

WESTERN CAROLINA STATE FAIR

	n 990-EZ (2009) FOUNDATION INC					<u> 26-</u>	40425	17 Page 2
	art III Statement of Program Service Accomplishme	<del>``</del>	ns for	Part III.)			E:	xpenses
₩h	at is the organization's primary exempt purpose? SEE STATEMEN	<u>r 5</u>						or section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pu				nozet	be	1	4) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevant						for others)	<u> </u>
28	TO PROVIDE FAIR ACTIVITIES FOR THE		OF	AIKEN,				
	SOUTH CAROLINA AND WESTERN SOUTH C.	AROLINA						
	(Grants \$ ) If this amount includes foreign	grants, check here				$oxed{oxed}$	28a	352,613.
29								
	(Grants \$ ) If this amount includes foreign	grants, check here			<u> </u>		29a	<del></del>
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			<u> </u>	<u> </u>	31a	
32	Total program service expenses (add lines 28a through 31a)	<u> </u>					32	<u>352,613.</u>
P	art IV List of Officers, Directors, Trustees, and Key	Employees. List each	one ev	ven if not comper	sated (			
		(b) Title and average t	nours	(c) Compens	ation		ontributions	(e) Expense
	(a) Name and address	per week devoted		(If not paid,			employee efit plans &	account and
		position		-0)			eferred	other allowances
				ļ		com	pensation	
	AN GREGORY	PRESIDENT,	DI	RECTOR				
	BOX 707, AIKEN, SC 29802	0.00			0.		0.	0.
	RREN LUCAS	_VICE PRESI	DEN	T, DIR		OR		}
	BOX 707, AIKEN, SC 29802	0.00			0.	<u> </u>	0.	0.
	ANE PHILLIPS	TREASURER,	DI	RECTOR		l		
	BOX 707, AIKEN, SC 29802	0.00			0.		0.	0.
	RY WOLF	SECRETARY,	DI	RECTOR	i	l		
<u>PC</u>	BOX 707, AIKEN, SC 29802	0.00			0.	<u> </u>	0.	0.
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9321 02-0							Form !	<b>990-EZ</b> (2009)

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Pa	art V Other Information (Note the statement requirements in the instructions for Part V)				
$\overline{}$				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		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	Ţ	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	Ī			
	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?		35a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	Ī	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"				
	complete applicable parts of Sch. N		36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.			
	Did the organization file Form 1120-POL for this year?		37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	Ī			
	in a prior year and still outstanding at the end of the period covered by this return?	ļ	38a		X
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A				
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on line 9				İ
þ	Gross receipts, included on line 9, for public use of club facilities 39b N/A		ļ		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	_			
	section 4911 ▶	0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	i			
	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	L	40b		X
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	<u>0.</u>			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the				
	organization	0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	İ			
	transaction? If "Yes," complete Form 8886-T	L	40e	<u></u>	X
41	List the states with which a copy of this return is filed.   SC				
42 a	The organization's books are in care of ► DIANE PHILLIPS Telephone no. ► 80:				
		► <u>29</u>	<u> 180</u>	<u>2                                     </u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		1	V	N.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	Г		Yes	_
	account)?	-	42b		X
	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.		40-		<b>.</b>
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	L	42c		<u> </u>
40	If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here				
43	and enter the amount of tax-exempt interest received or accrued during the tax year	7	N/A		ш
	and enter the amount of tax-exempt interest received of accross during the tax year		<u> </u>		
			ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Γ	$\dashv$		
77	Form 990-EZ		44		х
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	-	<del></del>		43
	completed instead of Form 990-EZ		45	ŀ	х
		Fr		90-EZ (	
		, ,	_,,,,	(	,

# WESTERN CAROLINA STATE FAIR

Form 990-EZ (2009)

FOUNDATION INC

26-4042517

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Form 990-EZ (2009)

Pa	rt VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. A	il secti	on 50°	I(c)(3)							
•	organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tab and 51	les for	lines (	50							
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public		Yes	No							
	office? If "Yes," complete Schedule C, Part i	46		Х							
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II											
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E											
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X							
b	If "Yes," was the related organization a section 527 organization?	49b									
	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who than \$100,000 of compensation from the organization. If there is none, enter "None."		ceived	more							
	(a) Name and address of each employee paid more per week devoted to than \$100,000 (c) Compensation to employee paid more position (c) Compensation to employee benefit plans deferred	e ( & a oth	e) Expe ccount er allov	and							
	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensated independent contractors.	sation	rom the	e							
		(c) Con	npensa	 tion							
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
a	(a) Name and address of each employee paid more than \$100,000  NONE  Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from to organization. If there is none, enter None:  NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (d) Contributions to employee benefit plans & each other address of each other address of each other address of each independent contractors who each received more than \$100,000 of compensation from to organization. If there is none, enter None:  NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compens  (d) Contributions to employee benefit plans & each other address of each ot										
Sıgn Here	correct, and complète Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Date	elief, it is									
	Type of print name and title										
Paid Prepa Use (	Preparer's signature Date  O5/12/10 Check if self- employed Preparer's identifying in the control of the contro	number (	See insti	•)							
USEL	Firm's name (or yours CHERRY, BEKAERT & HOLLAND, LLP										
	rf self-employed). ▶5350 WOODSIDE EXEC. COURT										
	address, and ZIP+4 AIKEN, SC 29803 NO. 803-6			2							
May t	the IRS discuss this return with the preparer shown above? See instructions	X Y	s 🗌	No_							

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

WESTERN CAROLINA STATE FAIR

**Employer identification number** 

26-4042517

		FOUNDAT							26	<u>5-4042517</u>			
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t ) See ins	tructions.					
The organ	ization is not	a private foundation	because it is. (For lines	1 through	11, check	only one b	oox)						
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	)(b)(1)(A)(i)	).					
2 🖳	A school des	scribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)									
3 🖳	•	,	tal service organization (										
4	A medical re	search organization o	operated in conjunction	with a hos	pital desc	ribed in <b>s</b> e	ection 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,			
	city, and stat	te	<del></del>		<del> </del>					<del></del>			
5 🔲	•	•	benefit of a college or u	niversity o	wned or o	perated by	a governi	mental uni	t describe	ed in			
		<b>(b)(1)(A)(iv).</b> (Comple	· ·										
6 📙		. •	ent or governmental uni										
7 📖	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
	section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8 🖳	-			-					4				
9 X	•	•	eives: (1) more than 33						•	•			
		•	nctions - subject to certa	•	•	-				•			
			axable income (less sect	tion 511 ta	ix) from bu	sinesses	acquired b	y the orga	inization a	arter June 30, 1975			
40		509(a)(2). (Complete	•	at for publ	in anfatu (	Soo oostia	E00/a)/	• • • • • • • • • • • • • • • • • • • •					
10	_	•	perated exclusively to te perated exclusively for the	-	-			-	v out the	nurnoses of one or			
'' -	=	- ·	itions described in secti										
	•		organization and compl		•		L). OCC <b>36</b> (	20011 2020	<b>a</b> )( <b>0</b> ). One	on the box that			
	a Type		¬ =		e III - Func		tegrated		d	Type III - Other			
е 🗔			t the organization is not			-	-	r more dise		• •			
	• -	-	han one or more publicly										
f		=	ten determination from t						,,,,	```			
	supporting o	rganization, check th	nis box										
g	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	sons?				
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	described	ın (ıi) and (	III) below,	Yes No			
	the gov	erning body of the su	upported organization?							11g(i)			
	(ii) A famıly	member of a persor	n described in (i) above?	)						11g(iı)			
	(iii) A 35%	controlled entity of a	person described in (i) of	or (II) abov	e?					11g(iii)			
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)								
		T	410 T	·					. 1				
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organization	the on in col.	(vii) Amount of			
orga	anızatıon		(described on lines 1-9		sted in your document?		tion in col. r support?	(i) organiz U.S	ed in the	support			
			above or IRC section (see instructions))	<u> </u>	r	Yes	No	Yes	No				
			(see instructions))	Yes	No	res	NO	Tes	NO				
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Pa	(Complete only if you checke	_			(D)(1)(A)(IV) an	ia 170(a)(1)(A)(i	VI)
·		d the box on line s	o, r, or o or Fait i				
	ction A. Public Support			1	T	T	T =
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants contributions, and					ļ	
	membership fees received (Do not						
	include any "unusual grants ")		<del></del>	<u> </u>	<del> </del>		· · · · · · · · · · · · · · · · · · ·
2	Tax revenues levied for the organ						
	ization's benefit and either paid to	İ					
	or expended on its behalf				<del> </del>		
3	The value of services or facilities						
	furnished by a governmental unit to				1		
	the organization without charge		-	ļ			
4	Total. Add lines 1 through 3			ļ			
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		}				
	amount shown on line 11,		,				
	column (f)						
	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support		₹	1	1	T	·
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,					-	
	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	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					· · · · · · · · · · · · · · · · · · ·	
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor						<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			1	
14	Public support percentage for 2009 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2008					15	%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2009.</b> If the org	anızatıon dıd not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	this box and stop I	here. Explain in Pa	irt IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	d organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2008.If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	heck this box and	stop here. Explai	n in Part IV how the	e
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	icly supported org	anızatıon	ightharpoons
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	s 🕨
	<del></del>				Sch	edule A (Form 990	or 990-EZ) 2009

#### WESTERN CAROLINA STATE FAIR

26-4042517 Page 3 Schedule A (Form 990 or 990 EZ) 2009 FOUNDATION INC 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.) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (b) 2006 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 412,667. 412,667. organization's tax-exempt purpose 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 412,667. 412,667. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 412,667. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 412,667. 412,667. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,713. 1,713. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,713 1,713. c Add lines 10a and 10b 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) 414,380. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.59 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .41 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not  $\triangleright \mathbf{X}$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Depreciation and Amortization** 990EZ (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

Identifying number

Part II   Section 16 Expense Certain Property Under Section 179 Note: If you have any lated property, complete Part V before you complete Part I   250 , 000 . 2   101 cost of section 179 property placed in service (see instructions)   2   3   800 , 000 . 4   3   800 , 000 . 4   4   5   6   6   6   6   6   6   6   6   6	WESTERN CAROLINA STATE	E FAIR		FORM 9	90-E	Z PAGE	1	26-4042517
2 Total cost of section 179 property placed in service (see instructions) 3 800,000. 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0 5 Date instruction to the year Submedia Act how line 1 Types y lies, enter -0. 6 Submedia Act how line 1 Types y lies, enter -0. 7 Listed property. 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 130 fly your 2008 from 4582 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 2 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 3 Carryover of disallowed deduction from line 3 of 10 lines 9 and 10, lies line 12 4 Section 179 expense deduction 12010 Add lines 9 and 10, lies line 12 4 Section 179 expense deduction 12010 Add lines 9 and 10, lies line 12 5 Property subject to section 1680(12) election 15 (10 property) (See instructions) 15 Property subject to section 1680(12) election 16 (Ohre depreciation (Do not include listed property) (See instructions) 16 If your selection (Do not include listed property) (See instructions) 17 MACRS deductions for assets placed in service than 3 (Subsection 6) 18 If your selection property in the 10 property (See instructions) 19 If your selection property in service than 3 (Subsection 6) 19 If your selection (Po not include listed property) (See instructions) 19 If your property (See instructions) 2 Section A Section A Seate Placed in service than 2007 Fax Year Using the General Depreciation System (Scholars) 2 Section A Seate Placed in Service During 2009 Fax Year Using the General Depreciation System 5 (See Advisors) 2 Syear property (See instructions) 2 Syear property (See instructions) 2 Syear property (See instructions) 2 Syear property (See instructions		rty Under Section 1	79 Note: If you have	any listed pro	perty, c	omplete Pai	t V before y	ou complete Part I
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b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property  h Residential rental property / 27 5 yrs MM S/L  i Nonresidential real property / 27 5 yrs MM S/L  i Nonresidential real property / 39 yrs MM S/L  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life b 12-year c 40-year / 40 yrs MM S/L  Part IV Summary (See instructions)  21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.  22 20 , 859.	(a) Classification of property	year placed	(business/investmei	nt use (a) t		(e) Conventio	in (f) Method	(g) Depreciation deduction
c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property / 275 yrs MM S/L i Nonresidential real property / 39 yrs MM S/L  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life b 12-year 20a Class life b 12-year 20a Class life c 40-year / 40 yrs MM S/L  Part IV Summary (See instructions)  21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr. 22 20,859.	19a 3-year property					<u> </u>		
d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property / 27 5 yrs MM S/L i Nonresidential real property / 27 5 yrs MM S/L  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life b 12-year / 40-year / 40 yrs MM S/L  Part IV Summary (See instructions)  21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr. 22 20,859.	b 5-year property					<b>_</b>		
e 15-year property f 20-year property g 25-year property h Residential rental property / 27 5 yrs MM S/L i Nonresidential real property / 27 5 yrs MM S/L  i Nonresidential real property / 39 yrs MM S/L  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life b 12-year c 40-year / 40 yrs MM S/L  Part IV Summary (See instructions)  21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr. 20 20 , 859.	c 7-year property							
f 20-year property g 25-year property h Residential rental property / 27 5 yrs MM S/L i Nonresidential real property / 39 yrs MM S/L  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life b 12-year c 40-year / 40 yrs MM S/L  Part IV Summary (See instructions)  21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr. 20 yes S/L 21 Sor assets shown above and placed in service during the current year, enter the	d 10-year property		- · · · - · · · · · · · · · · · · · · ·					
g 25-year property h Residential rental property / 27 5 yrs MM S/L  i Nonresidential real property / 39 yrs MM S/L  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life b 12-year c 40-year / 40 yrs MM S/L  Part IV Summary (See instructions)  21 Listed property Enter amount from line 28 27 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.  22 20,859.	e 15-year property							
h Residential rental property  / 27 5 yrs MM S/L  i Nonresidential real property  / 39 yrs MM S/L  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life  b 12 year  c 40 year  / 40 yrs MM S/L  Part IV Summary (See instructions)  21 Listed property Enter amount from line 28  22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21  Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.  22 20,859.	f 20-year property							
h Residential rental property / 27 5 yrs MM S/L  i Nonresidential real property / 39 yrs MM S/L  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life S/L  b 12-year S/L  c 40-year / 40 yrs MM S/L  Part IV Summary (See instructions)  21 Listed property Enter amount from line 28  22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21  Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.  22 20,859.	g 25-year property			25	5 yrs	ļ	S/L	
i Nonresidential real property  / 39 yrs MM S/L  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life  b 12-year	h Regidential reptal property	/		27	5 yrs	MM	S/L	
Nonresidential real property	n nesidential tental property	/	<del></del>	27	5 yrs	MM	S/L	
Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life  b 12-year  c 40-year  /	: Negrondential real property	/		39	yrs yrs	MM	S/L	
20a Class life b 12-year 12 yrs S/L c 40-year / 40 yrs MM S/L  Part IV Summary (See instructions)  21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr. 22 20,859.		/				MM	S/L	
b 12-year	Section C - Assets F	Placed in Service	During 2009 Tax	Year Using th	e Alterr	ative Depre	eciation Sys	stem
c 40-year / 40 yrs MM S/L  Part IV Summary (See instructions )  21 Listed property Enter amount from line 28  22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21  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	20a Class life						S/L	
Part IV Summary (See instructions )  21 Listed property Enter amount from line 28  22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21  Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.  22 20,859.	b 12-year			12	2 yrs		S/L	
21 Listed property Enter amount from line 28  22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21  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	c 40-year	1		40	) yrs	ММ	S/L	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21  Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.  22 20,859.	Part IV Summary (See instructions)		•					
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21  Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.  22 20,859.		28					21	
Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.  22 20,859.  23 For assets shown above and placed in service during the current year, enter the	' ' '		es 19 and 20 in co	lumn (g), and I	ine 21			
	Enter here and on the appropriate lines	of your return Pa	artnerships and S o	corporations -			22	20,859.
		=	e current year, ente	er the	23			

WESTERN CAROLINA STATE FAIR Form 4562 (2009) FOUNDATION INC 26-4042517 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes Νo (b) (c) (e) (f) (g) (d) Date Business/ Basis for depreciation Elected Type of property Recovery Method/ Depreciation Cost or section 179 placed in investment (business/investment (list vehicles first ) other basis Convention deduction use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use. % % 27 Property used 50% or less in a qualified business use % S/L % S/L % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year Add lines 30 through 32 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) (f)

Part VI Amortization

(a)
Description of costs

(b)
Date amortization
begins

Amortizable
amount

(c)
Amortizable
amount

Code
section

Amortization
penod or percentage

42 Amortization of costs that begins during your 2009 tax year

43 Amortization of costs that began before your 2009 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

45 Amortization of costs that began before your 2009 tax year

46 Amortization of costs that began before your 2009 tax year

47 Amortization of costs that began before your 2009 tax year

48 Amortization of costs that began before your 2009 tax year

49 Amortization of costs that began before your 2009 tax year

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
ADVERTISING			42,586.
ARTS & CRAFTS			1,195.
BANK CHARGES			320.
BAR EXPENSE			4,722.
CASUAL LABOR			48,424.
CATERING			3,450.
CONTRIBUTIONS			100.
DUES			975.
EMPLOYEE BENEFITS			200.
ENTERTAINMENT			63,025.
FEES			550.
FOOD EXPENSE			7,147.
INSURANCE			30,322.
INTEREST			97.
JANITORIAL			4,399.
LICENSES & PERMITS			400.
PARKING			372.
POSTAGE			170.
RADIOS			510.
RENT - EQUIPMENT			30,846.
SECURITY			2,500.
SUPPLIES			7,817.
TRAVEL			2,849.
PEST CONTROL			1,171.
TOTAL TO FORM 990-EZ, LINE 16			254,147.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEPOSITS		0.	1,000.
LOAN FROM AIKEN JAYCEES		0.	90,531.
DUE TO ALL-STAR RENTS		0.	7,167.
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TOTAL TO FORM 990-EZ, LINE 26		0.	98,698.
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WESTERN CARC	)LINA STATI	FAIR	FOUNDATION	I
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26	-4	0	4	2	5	1	7

FORM 990-EZ	OCCUPANCY,	RENT,	UTILITIES	AND	MAINTENANCE	STATEMENT	3
DESCRIPTION						AMOUNT	
DEPRECIATION OTHER EXPENSES						20,85 50,93	
TOTAL TO FORM	990-EZ, LINE	14				71,79	96.

 990-EZ PG 2

STATEMENT

5

TO PROMOTE THE BETTERMENT AND IMPROVEMENT OF THE COMMUNITIES AND CITIZENS OF AIKEN, SOUTH CAROLINA, AND WESTERN SOUTH CAROLINA