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SCANNED SEP 0 9 2010

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation) 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 and ending Check if C Name of organization D Employer identification number use IRS label or Address change ELKHART COUNTY 4-H & AGRI. EXPO., print or Name change type 35-1053099 Doing Business As linitial return See Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Specific Termin-ated 17746 CR 34 574-533-3247 Instruc-Amende return City or town, state or country, and ZIP + 4 2.116 G Gross receipts \$ Applica-GOSHEN, IN 46528 H(a) Is this a group return pending F Name and address of principal officer GALE GERBER Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? _ Yes └__ No Tax-exempt status X 501(c) (3) **◀** (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) J Website: ► WWW.4HFAIR.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1955 M State of legal domicile: IN Part I | Summary Briefly describe the organization's mission or most significant activities A FACILITY FOR THE ELKHART Activities & Governance COUNTY 4-H CLUBS TO SHOWCASE THEIR 4-H PROJECTS ANNUALLY, HOLD Check this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets 126 Number of voting members of the governing body (Part VI, line 1a) 126 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 5 32 Total number of volunteers (estimate if necessary) 126 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 4,890. 18,325. 1,555,152 1,478,656. Program service revenue (Part VIII, line 2g) <u>3,51</u>2. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,842 pnd AUG 16 2010 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 434,378 476,813. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, dolumn (A), line 12 2.000.262. 1.977.306. Grants and similar amounts paid (Part IX, column (A), line 1-3) Benefits paid to or for members (Part IX, column (A), line Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 468,060. 456,439. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,363,644. <u>1,517,495</u> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,985,555 1,820,083. 14,707. 157,223. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,198,674 20 Total assets (Part X, line 16) 3,364,679. 14,619 23,401. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 22 184,055 341,278. Part II | Signature Block Under penalties of perjury, I declare that and complete Declaration of preparer examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct an officer) is based on all information of which preparer has any knowledge alec Sign Signature of officer Date Here PRESIDENT GALE GERBER, Type or print name and title Preparer's identifying number (see instructions) Date Check if Preparer's Paid selfsignature employed Preparer's Firm's name (or RSM MCGLADREY, INC. EIN > yours if Use Only self-employed), PO BOX 99 address, and ELKHART, IN 46515-0099 Phone no. $\triangleright 574-296-3780$ May the IRS discuss this return with the preparer shown above? (see instructions) Yes L___ No

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

Form 990 (2009)

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	990 (2009) ELKHART COUNTY 4-H & AGRI. EXPO., INC. 35-1053099 Page 2 rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION
1	THE ELKHART COUNTY 4-H FAIR AND ITS FACILITIES WERE ESTABLISHED,
	EXPANDED AND ARE TO BE MAINTAINED TO ENHANCE AND ENCOURAGE FAMILY AND
	YOUTH PROGRAMS THAT PROMOTE THE PRINCIPLES EXPRESSED IN THE 4-H CREED:
	"HEAD, HEART, HAND AND HEALTH". YEAR ROUND ACTIVITY, ECONOMIC
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 1,360,756. including grants of \$) (Revenue \$ 1,478,656.)
	4-H FAIR ACTIVITIES
4b	(Code) (Expenses \$ 100,735. including grants of \$) (Revenue \$ 0.)
	TO PROVIDE MEETING ROOM SPACE FOR ANY 4-H CLUBS AND EXTENSION SERVICE
	MEETINGS THROUGHOUT THE YEAR. IN 2009, WE PROVIDED MEETING ROOM SPACE
	FOR 339 4-H CLUB AND EXTENSION SERVICE MEETINGS.
4c	(Code) (Expenses \$ 175,226. including grants of \$) (Revenue \$ 259,305.)
	TO PROVIDE THE COMMUNITY WITH SPACE TO HOLD LARGER PRIVATE AND PUBLIC
	EVENTS. TO ATTRACT FUNCTIONS OR EVENTS THAT DRAW THE PUBLIC TO OUR
	AREA FOR MULTIPLE NIGHT STAYS, WHICH PROVIDES POSITIVE ECONOMIC IMPACT
	TO THE BUSINESSES IN OUR COMMUNITY.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 14,303. including grants of \$) (Revenue \$ 88,715.)
<u>4e</u>	Total program service expenses ▶ \$ 1,651,020. Form 990 (2009)
	Form 990 (2009)

10 X 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX • Did the organization is part at a mount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X • Did the organization bability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X • Did the organization bability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 12 Did the organization bability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 13 Is the organization as school described in section 170(b)(1)(A)(i)()? If "Yes," complete Schedule E 14 Did the organization as chool described in section 170(b)(1)(A)(i)()? If "Yes," complete Schedule F, Part I 15 Did the organization maintain an office, employees, or agents outside of the United States? 16 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		·		Yes	No
2 Is the organization required to complete Schedule B, Schedule G Contributions? 3 Obt the organization engage in detect or underce plantical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities on the section 603(c) notice and reporting requirement and proxy tax" If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(6), 401(c)(6), 4	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dd the organization engage in direct or indirect polifical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Description 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Description 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Description 501(c)(3) organization and the conservation of the section 603(d) notice and reporting recovers advice on the distribution or investment of amounts in such funds or 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 II Did the organization maintain accleations of works of art, instoncal treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 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 Did the organization is answer to any of the following questions "Yes"? If so, complete Schedule D, Part IV Lot the organization is answer to any of the following questions "Yes"? If so, complete Schedule D, Part X, line 102 If "Yes," complete Schedule D, Part X, line 102 If "Yes," complete Schedule D, Part X, line 102 If "Yes," complete Schedule D, Part X, line 103 If "Yes," complete Schedule D, Part X, line 103 If "Yes," complete Schedule D, Part X, line 103 If "Yes," complete Schedule D, Part X, line 103 If "Yes," complete Schedule D, Part X Did the organization report an amount for investments - other sacurities in Part X, line 103 If "Yes," complete Schedule D, Part X Did the organization schedule an amount for investments in p		If "Yes," complete Schedule A	1	X	
public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(3), 501(c)(3), and 501(c)(6) organizations. Is the organization subject to the section 503(6) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II I Did the organization may do nor advesded flunds or any similar funds or 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 II Did the organization maintain collections of works of art, Instoncial flunds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, Instoncial treasures, or other similar assets? If "Yes," complete Schedule D, Part II 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, dobt management, credit repair, or dobt negotiation services? If "Yes," complete Schedule D, Part II Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V II Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for mivestments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part X II Did the organization report an amount for orbic liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part X X II Did the organization is lability for uncertain tax positions under FIN 43? If "Yes," complete Sche	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III be the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II be different organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II be different organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II but he organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II but he 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 list he organization, report an amount to redit regains or debt negotiation services? If "Yes," complete Schedule D, Part IV list he organization, report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII list he organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VIII list he organization report an amount for investments - program related in Part X, line 112 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII list to organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII list to organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Ye	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and priory tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or 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 II 7 Did the organization reserved in roll at conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 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 negotation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Is the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 12 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for orther assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part XIII 14 Did the organization report an amount for orther assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15 that is 5% or more of its total assets reporte		public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for other sasets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII • Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X X IX	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			
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 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 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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19				
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		000	

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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 lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	'		
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	ł		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		l	
	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	25b		X
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		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	ŀ		
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	}		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٦,
_	contributions? If "Yes," complete Schedule M	30	<u> </u>	<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	v
	Schedule N, Part II	32	-	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?	24		v
0.5	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	٠,-		
20	If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		y
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		
38	Note. All Form 990 filers are required to complete Schedule O	38	X	
	Note. Air Form 330 mais are required to complete Schedule O	_	•	L (2009)

Form 990 (2009) ELKHART COUNTY 4-H & AGRI. EXPO., INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u></u>	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 32	_		_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	-	.	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			}
	Tax Shelter Transaction?	_5c_	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		.,
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.L.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
a	provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	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		T -	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	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	ļ	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Ļ	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			}
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	_9a		_
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b_		<u> </u>
10	Section 501(c)(7) organizations, Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities.			}
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
11	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
IJ	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
~		Form	990	(2009)

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

Enter the number of voting members of the governing body 1a 12.6	Sec	tion A. Governing Body and Management										
b. Enter the number of voting members that are independent □ 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? □ Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? □ Did the organization have make any significant changes to its organizational documents since the prior Form 990 was filed? □ Did the organization have members or stockholders? □ Does the organization have members or stockholders? □ Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? □ Ava any decisions of the governing body subject to approval by members, stockholders, or other persons? □ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following □ The governing body? □ Each committee with authority to act on behalf of the governing body? □ Section B. Policies (This Section B equipment) and the governing body? □ Is there any offect, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the creanization's making address? If "Yes," provide the names and addresses in Schedule O □ Does the organization have local chapters, branches, or affliates? □ Did by the organization have local chapters, branches, or affliates? □ Did by The organization have local chapters, branches, or affliates? □ Did by The organization have written pelicies and procedures governing the activities of such chapters, affliates, and branches to ensure their operations are consistent with those of the organization provide and copy of this Form 990 to all members of its governing body before filting the form? □ Did by The organization provided a copy of this Form 990 to all members of its governing body before filting				Yes	No							
2 Did any officer, director, trustee, or key employee have a famely relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization nake any significant changes to its organizational documents since the prior Form 990 was filed? 4 J X 5 Did the organization nake any significant changes to its organizational documents since the prior Form 990 was filed? 5 Does the organization nake any significant changes to its organizational documents since the prior Form 990 was filed? 6 X 7 Does the organization have members or stockholders? 7 Did X 8 Did the organization nake any significant changes to its organization of the organization of the governing body? 8 Did the organization on the members of the governing body subject to approval by members, stockholders, or other persons? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 11 Did Each committee with authority to act on behalf of the governing body? 12 Each committee with authority to act on behalf of the governing body? 13 Each committee with authority to act on behalf of the governing body? 14 Each committee with authority to act on behalf of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 In there are officer, director, trustee, or key employees in device and additivesses in Schedule 0 17 Section B. Policies (fine Section 8 mequests information about policies sort organized by such chapters, affiliates, and branches to ensure their operations are consistent with those procedures governing the activates of such chapters, affiliates, and branches to ensure their	1a	Enter the number of voting members of the governing body 126										
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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

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

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

Check this box if the organization did not co	(B)	y cu	1161		<u>10er</u> 2)	, une	, UIC	(D)	(E)	(F)
Name and Title	Average	İ	Position					Reportable	Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
STAN KNAFEL										
DIRECTOR AT LARGE		X	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
BOB TROYER		1	1		Ì	•	Ì			
IMMEDIATE PAST PRESIDENT		X	<u> </u>	<u> </u>		_	ļ_	0.	0.	0.
SHARON WOGOMAN			1		İ			_	_	_
DIRECTOR AT LARGE		X	<u> </u>	ļ		ļ	<u> </u>	0.	0.	0.
DAVE HOLDERMAN										
FAIR FOUNDATION CHAIRMAN		X	<u> </u>		ļ	Ь	<u> </u>	0.	0.	0.
JEFF BURBRINK										
COUNTY EXTENSION DIRECTO		X	<u> </u>	_	<u> </u>	├ —	<u> </u>	0.	0.	0.
JAN ROBINSON							<u> </u>			
DIRECTOR AT LARGE		X		├-		<u> </u>		0.	0.	0.
MIKE CHRISTOFENO			ļ							
ATTORNEY		X		<u> </u>	 —	-		0.	0.	0.
DAVE HAHN		x		1						
DIRECTOR AT LARGE LARRY STRUBLE		1	\vdash	┢	-	₩	-	0.	0.	0.
TREASURER				X				0.	0.	0.
KELLY ROPP		┢╌	-	12		 	├╌	ļ <u>0.</u>	<u> </u>	
SECRETARY			1	X				0.	0.	_ 0.
GALE GERBER		 	-	^		├	┝			
PRESIDENT				X				0.	0.	0.
TED SAUTTER	<u> </u>	\vdash		-		-	┢			
PRESIDENT ELECT				X				0.	0.	0.
RENEE TROYER-CAMPBELL			1			<u> </u>	_	† - -		
VICE PRESIDENT				X				0.	0.	0.
				<u> </u>		-				

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2009)

\$100,000 in compensation from the organization

		(2009) ELKHA	ART COUNT	Y 4-H &	AGRI. EXPO	., INC.	35-1053	099 Page 9
Pa	rt VI	II Statement of Rever	nue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .	1a	 				
gra	b	Membership dues	1b					,
am,	C	: Fundraising events	1c					
ig'a	d	Related organizations	1d					
S E	е	Government grants (contribute	- I					•
ig a	f	, , ,	1	10 205				
당히		similar amounts not included abo		18,325.				·
SE SE	_	Noncash contributions included in lines	s 1a-1f \$		18,325.			
<u> </u>		Total. Add lines 1a-1f		Business Code				
	2.	4-H ACTIVITIES			1,478,656.	1 478 656		
Program Service Revenue	2 a			300033	1,470,030.	1,470,030.		
Ser				-				
E S								-
P. G.	•							-
P.	f	All other program service reve	enue			7		
		Total. Add lines 2a-2f			1,478,656.			
	3	Investment income (including	dividends, intere	est, and	ļ			
		other similar amounts)		>	3,512.			3,512.
	4	Income from investment of ta	ix exempt bond p	oroceeds >				
	5	Royalties			<u> </u>			
			(i) Real	(ii) Personal	-			
		Gross Rents	513,963.		-			
		Less rental expenses	139,118.		_			
		Rental income or (loss)	374,845.		274 045			274 045
		Net rental income or (loss)	() Canada	(v) Other	374,845.			374,845.
	/ 2	a Gross amount from sales of assets other than inventory	(i) Securities	(II) Other	-			
	,	Less cost or other basis						
	`	and sales expenses						
		Gain or (loss)			1			
		Net gain or (loss)		>				
Φ		Gross income from fundraisir	ng events (not				-	
nue		including \$	of					
ě		contributions reported on line	e 1c) See					
e T		Part IV, line 18	а		_			
Other Revenue	i e	Less direct expenses	b		-			
-		Net income or (loss) from fun		<u> </u>	 			
	9 a	a Gross income from gaming a						
		Part IV, line 19	а		+			
		 b Less direct expenses c Net income or (loss) from gar 	b bana activities	L	†			
	l .	a Gross sales of inventory, less						
		and allowances	а					
		b Less cost of goods sold	b		1			
	l	c Net income or (loss) from sal	_					
		Miscellaneous Reven		Business Code				
	11 :	a MISC INCOME		900099	101,968.	101,968.		
		b						
	•	c			ļ			
		d All other revenue		L	101 05	-		
		e Total. Add lines 11a-11d		.	101,968.			270 255
	12	Total revenue. See instructions.	·		<u>u,977,306.</u>	1,580,624.	0.	378,357.

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	not required to comple (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			J	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	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				Ä.
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)				
7	Other salaries and wages	425,315.	382,784.	42,531.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	31,124.	28,012.	3,112.	
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	83,623.	83,623.		
13	Office expenses				
14	Information technology				
15	Royalties				-
16	Occupancy	144,106.	136,901.	7,205.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,497.		15,497.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	197,383.	177,645.	19,738.	
23	Insurance				
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	GRANDSTAND ENTERTAINMEN	397,875.	397,875.		
b	UTILITIES	161,767.	153,679.	8,088.	
С	INSURANCE	126,904.	120,559.	6,345.	
d	EVENT EXPENSES	93,272.	93,272.		
е	MISCELLANEOUS	32,303.	8,076.	24,227.	
f	All other expenses	110,914.	68,594.	42,320.	
25	Total functional expenses Add lines 1 through 24f	1,820,083.	1,651,020.	169,063.	0.
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				

	990 (2	2009) ELKHART COUNTY 4-H & AGRI. EXPO)., INC	<u> 35 -</u>	1053099 Page 11
Pal	rt X	Datalice Sheet			
	-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	346,622.	2	672,509.
	3	Pledges and grants receivable, net	340,022.	3	012,303.
i	4	Accounts receivable, net	4,961.	4	4,554.
	5	Receivables from current and former officers, directors, trustees, key	4,701.	4	4,554.
	3	employees, and highest compensated employees Complete Part II			
		of Schedule L	5	* *** =***** **** ****	
	6	Receivables from other disqualified persons (as defined under section		,	
	"	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			`
	Ì	Part II of Schedule L	•	6	a human on dado
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,959.	8	3,465.
As	9	Prepaid expenses and deferred charges	22,232.	9	21,623.
	_	Land, buildings, and equipment cost or other	20,232	J	2270200
	.00	basis Complete Part VI of Schedule D 10a 6,145,563.	\$,
	h	Less accumulated depreciation 10b 3,483,035.	2,822,900.	10c	2,662,528.
	11	Investments - publicly traded securities	2,022,500	11	2/002/0200
	12	Investments - other securities See Part IV, line 11	·	12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,198,674.	16	3,364,679.
	17	Accounts payable and accrued expenses	6,050.		14,725.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	8,569.	20	8,676.
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ap		highest compensated employees, and disqualified persons Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24_	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	14,619.	26	23,401.
		Organizations that follow SFAS 117, check here and complete			
Ses		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27_	
Bal	28	Temporarily restricted net assets		28_	
Б	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117, check here			
S Q		complete lines 30 through 34.	•		
set	30	Capital stock or trust principal, or current funds	0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	3,184,055.	32	3,341,278.
_	33	Total net assets or fund balances	3,184,055.		3,341,278.
	34	Total liabilities and net assets/fund balances	3,198,674.	34	3,364,679.

3,341,278. 3,364,679. Form **990** (2009)

Form	990 (2009) ELKHART COUNTY 4-H & AGRI. EXPO., INC. 35-1053099	Pa	ge 12
Par	t XI Financial Statements and Reporting		
	•	Yes	No
1	Accounting method used to prepare the Form 990.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
b	Were the organization's financial statements audited by an independent accountant?		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a		l
	consolidated basis, separate basis, or both:		
	Separate basis X Consolidated basis Both consolidated and separate basis		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
	Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection
Employer identification number

Part I	Reason		ity Status (All organiz				INC .	ructions		5-1053099
								ructions		·
		•	because it is (For lines 1 s, or association of chure	•		•	•			
1					ibea iii se	cuon 170	(D)(I)(A)(I)	١.		
3 🗔			' 0(b)(1)(A)(ii). (Attach Sci tal service organization c		n aaatia-	470/LV(4)/	A.V.::\			
4 =			operated in conjunction					/h)/1)/A)/ii	i) Enter t	he hospital's name
•	city, and state	_	operated in conjunction	with a rios	pital desci	ibed iii se	Cuon 170	וואראאוי אנט	ı). Linter t	rie nospitars name,
5	•		benefit of a college or ur	niversity ov	vned or or	erated by	a governi	mental uni	t describ	ed in
J		(b)(1)(A)(iv). (Comple		iivoroity ov	viica oi op	oraled by	a governi	noma am	t decorib	CG 111
6 🗀			ent or governmental unit	described	l in sectio	n 170(h)(1	WAWA			
7 🗔			eives a substantial part					r from the	general i	nublic described in
. —	-	b)(1)(A)(vi). (Comple	·	or ito oupp	on monna	governine	mai ami c	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gonorar	
в 🗀			section 170(b)(1)(A)(vı). ((Complete	Part II)					
9 X			eives (1) more than 33 1			rom contri	butions, m	nembershi	o fees. ar	nd aross receipts from
			nctions - subject to certa							
			axable income (less sect	-	•	•				•
		509(a)(2). (Complete			•		·	,		·
10 🔲			perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	1).		
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the	purposes of one or
	more publicly	supported organiza	ations described in section	on 509(a)(1	l) or section	on 509(a)(2) See sec	ction 509(a)(3). Che	eck the box that
	describes the	type of supporting	organization and comple	et <u>e lin</u> es 1	1e through	11h				_
	a Type I	b	Type II o	; 🔲 Тур	e III - Fund	tionally int	egrated		d	Type III - Other
e 📖	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r ındırectly	by one o	r more disc	qualified	persons other than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or	section 509(a)(2)
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		rganization, check th								
9	_		organization accepted ar			•				
	•		lirectly controls, either al	one or tog	ether with	persons d	lescribed	ın (ıı) and (III) below,	
	_		upported organization?							11g(i)
		•	n described in (i) above?		•					11g(ii)
	• •		person described in (i) o							11g(in)
h	Provide the fi	ollowing information	about the supported org	ganization	S)					
			(ni) Type of	(iv) le the e	raanization	(v) Did you	, notify the	(vi) Is	the	
	of supported anization	(ii) EIN	organization	in col. (i) his				lorganization	on in col. I	(vii) Amount of
Ulg	amzanom		(described on lines 1-9 above or IRC section	governing		(i) of your		(i) organız U.S	.?	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
···										
]	
								<u> </u>	<u> </u>	
			ļ	<u> </u>						

Schedule A (Form 990 or 990-EZ) 2009	je 2_
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
(Complete only if you checked the box on line 5, 7, or 8 of Part I)	
Section A. Public Support	
Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total	
1 Gifts, grants, contributions, and	
membership fees received. (Do not	
include any "unusual grants ")	
2 Tax revenues levied for the organ-	
ization'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 through 3	
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)	~
6 Public support. Subtract line 5 from line 4 Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (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	
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 instructions)	
13 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	
14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	_]
b 10% -facts-and-circumstances test - 2008. 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	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	=

Scho	edule A (Form 990 or 990 EZ) 2009 E rt III Support Schedule for C	LKHART CO	UNTY 4-H Described in S	& AGRI. E Section 509(a)	XPO., INC	. 35-105	3099 Page 3	
Sec	tion A. Public Support			<u>`-</u>	· · / (complete sm)	. you discould the be	.x 011 11110 0 011 urt 11)	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Gifts, grants, contributions, and	(-)	(4)	<u> </u>	\ <u>-1_</u> ;;;;	19/25	(//	
	membership fees received (Do not							
	include any "unusual grants ")	85,671.	2,670.	12,735.	4,890.	18,325.	124,291.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		1526301.					
3	Gross receipts from activities that						, , , , , , , , , , , , , , , , , , , ,	
Ū	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
J	furnished by a governmental unit to the organization without charge							
c	Total. Add lines 1 through 5	1600289.	1528971.	1558610	1560042.	1496981.	7744932.	
	Amounts included on lines 1, 2, and	1000207.	1320311.	1330043.	1300042.	1430301.	1144334.	
1 a	3 received from disqualified persons	•					0.	
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 amount on line 13 for the year						0.	
_	: Add lines 7a and 7b	-					0.	
	Public support (Subtract line 7c from line 6) ction B. Total Support						7744932.	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	1600289.	1528971.	1558649.	1560042.	1496981.	7744932.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	416,597.	498,424.	682,219.	555,731.	517, <u>4</u> 75.	2670446.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	416,597.	498,424.	682,219.	555,731.	517,475.	2670446.	
	regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	33,927.	37,254.	39,696.	24,244.	101,968.	237,089.	
13	Total support (Add lines 9, 10c, 11, and 12)	2050813.	2064649.	2280564.	2140017.	2116424.	<u> 10652467.</u>	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,	
	check this box and stop here		<u>.</u>				<u> </u>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			, 		
15	Public support percentage for 2009 (line 8, column (f) di	ıvıded by lıne 13, c	olumn (f))		15	<u>72.71 %</u>	
16	Public support percentage from 2008	Schedule A, Part	III, line 15			16	74.25 %	
Sec	ction D. Computation of Inve	stment Incom	e Percentage					
17	17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 25.07 %							
18	18 Investment income percentage from 2008 Schedule A, Part III, line 17							
19a	33 1/3% support tests - 2009. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1		
ŀ	more than 33 1/3%, check this box a 33 1/3% support tests - 2008. If the		=				▶ X	
•	line 18 is not more than 33 1/3%, che	•			•			
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization

ELKHART COUNTY 4-H & AGRI. EXPO., INC.

Employer identification number 35-1053099

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

Conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

and section 170(h)(4)(B)(ii)?

▶ \$.	
ı, provide	

Yes

► \$_____ ► \$____

		COUNTY 4-					<u> 1053099</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures,	or Othe	r Similar As	ssets (continu	ied)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	e following tha	it are a siç	gnificant use of	fits collection i	tems
	(check all that apply):							
а	Public exhibition	d	Loan or ex	change progr	ams			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizat	on's exen	npt purpose in	Part XIV	
5	During the year, did the organization solicit or	r receive donations	of art, historical tre	asures, or oth	er sımılar	assets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's o	collection?			Yes_	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if organization a	answered "Ye	s" to Form	n 990, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	ons or other as	sets not i	ncluded		
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:					
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	212				Yes	No
b	If "Yes," explain the arrangement in Part XIV							
Par		f the organization ar	swered "Yes" to F	orm 990, Part	IV, line 10)		
		(a) Current year	(b) Prior year	(c) Two year	rs back (d) Three years b	ack (e) Four ye	ears back
1a	Beginning of year balance	269,458.	360,644					
b	Contributions	30,000.	35,000					
С	Net investment earnings, gains, and losses	55,942.	<126,186					
đ	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	355,400.	269,458					
2	Provide the estimated percentage of the year							
а	Board designated or quasi-endowment		%					
	Permanent endowment > 100.00	%	_					
								
	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administi	ered for th	e organization		
	by	J				Ü		es No
	(i) unrelated organizations							X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIV the intended uses of the	•						
Pai	t VI Investments - Land, Building			0, Part X, line	10.			
	Description of investment	(a) Cost or o		st or other		cumulated	(d) Book v	/alue
	F/	basis (investi	(-,	s (other)		reciation		
1a	Land	478,					478	,997.
	Buildings	4,996,			3.0	88,808.	1,907	
	Leasehold improvements	110,				18,368.		,568.
	Equipment	559,			7	75,859.		,403.
e						,	100	,
	Add lines 1a through 1e (Column (d) must e	oual Form 990 Part	X column (R) line	10(c))	L		2 662	528

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 ELKHART CO	UNTY 4-H & AGRI	EXPO., INC.	35-1053099 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12.		
' (a) Description of security or category (including name of security)	(b) Book value		d of valuation [.] -year market value
Financial derivatives .			
Closely-held equity interests			
Other			
			
	 		
			
	+		
			
			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13	<u> </u>	
(a) Description of investment type	(b) Book value		d of valuation
	ļ	Cost or end-of	f-year market value
	 		
	 		
	 		
	 		
			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, III			
()	a) Description		(b) Book value
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) I			
Part X Other Liabilities. See Form 990, Part (a) Description of liability		a) Amount	
Federal income taxes		J) Amount	
rederal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) I			
2. FIN 48 Footnote In Part XIV, provide the text of the f	ootnote to the organization's fir	iancial statements that repoi	rts the organization's liability for

uncertain tax positions under FIN 48

	t XI Reconciliation of Change in Net Assets from Form 990 to A					Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	Taditod i main	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			
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 through 8	•	9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	٠ ا	10			
	t XII Reconciliation of Revenue per Audited Financial Statement			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					
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		1		
c	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV)	2d		1 1		
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		1		
c	Add lines 4a and 4b			4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statemer	nts With Expe	nses per	Retu	rn	
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	Prior year adjustments	2b]		
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		
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	4a				
b	Other (Describe in Part XIV)	4b]		
С	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
Pa	t XIV Supplemental Information					
X, lın	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, I e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comple RT V, LINE 4: FUNDS ARE HELD IN PERPETUITY 1	ete this part to pro	vide any add	ditional	Information.	I, Part
<u>E</u> Ll	CHART COUNTY COMMUNITY. THE ELKHART CO 4-H	AND AGRI	C EXPO), I	NC. HOPE	S
<u>TO</u>	RECEIVE A PERCENTAGE OF THE INCOME EARNED	ON THESE	FUNDS	ANN	UALLY.	
			-			
		<u>-</u>				
						

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ELKHART COUNTY 4-H & AGRI. EXPO., INC.

Employer identification number 35-1053099

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEETINGS IN THROUGHOUT THE YEAR AND PROVIDE MEMBERS OF OUR COMMUNITY A
PLACE TO HOLD EVENTS. THE FACILITY ALSO HOLDS LARGE EVENTS THAT BRING
OVERNIGHT GUESTS TO OUR COMMUNITY FOR ECONOMIC IMPACT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT AND INCREASED COMMUNITY INVOLVEMENT ARE THE BASE FOR
CONTINUED PURSUIT OF OUR PURPOSES AND IDEALS. THROUGH PARTICIPATION IN
PROGRAMS OF LEADERSHIP, EDUCATION, AGRICULTURE, CITIZENSHIP, CHARACTER
DEVELOPMENT AND ENTERTAINMENT, WE WILL WORK TO ENRICH THE QUALITY OF
LIFE FOR FAMILY AND COMMUNITY. THE VOLUNTEER SPIRIT MUST BE ENCOURAGED
IN ALL WAYS TO CONTINUE THE TRADITIONS, PRIDE AND ACHIEVEMENTS OF THE
FAIR.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TO PROVIDE OFFICE SPACE FOR THE PURDUE COOPERATIVE EXTENSION SERVICE AS
THEY PROVIDE PROGRAMMING. TO PROVIDE OFFICE SPACE FOR THE FARM SERVICE
AGENCY AND SOIL AND WATER CONSERVATION BECAUSE OF THE AGRICULTURAL
CONNECTION WITH THE FAIR.
EXPENSES \$ 14303. INCLUDING GRANTS OF \$ 0. REVENUE \$ 88715.
FORM 990, PART VI, SECTION A, LINE 2: BARNEY BEER, PAST PRESIDENT AND
NATALIE BEER, DIRECTOR - FAMILY RELATIONSHIP
MEL BARKMAN, MEMBER AND JOANNA BARKMAN, MEMBER - FAMILY RELATIONSHIP
BILL GEORGE, DIRECTOR AND KELLY ROPP, PAST PRESIDENT - FAMILY RELATIONSHIP
MARJORIE GROVES, DIRECTOR AND KATHY SELTENRIGHT, MEMBER - FAMILY
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 832211 02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INC.

Employer identification number

Schedule O (Form 990) 2009

ELKHART COUNTY 4-H & AGRI. EXPO., 35-1053099 RELATIONSHIP DAVE HAHN, DIRECTOR AND BETS HAHN, MEMBER - FAMILY RELATIONSHIP JERYL HOCHSTEDLER, PAST PRESIDENT AND MEL CROSS, PAST PRESIDENT - FAMILY RELATIONSHIP GLEN HOSTETLER, MEMBER AND TRENT HOSTETLER, DIRECTOR - FAMILY RELATIONSHIP HERB MAUST, PAST PRESIDENT AND MONICA CHUPP, MEMBER - FAMILY RELATIONSHIP SAM PERRI, PAST PRESIDENT AND SUE PERRI, DIRECTOR - FAMILY RELATIONSHIP STEVE TRENSHAW, DIRECTOR AND BRAD TRENSHAW, MEMBER - FAMILY RELATIONSHIP ELDIE TROYER, PAST PRESIDENT, JEFF TROY, MEMBER AND KIM RINK, MEMBER -FAMILY RELATIONSHIP JUDI WESDORP, MEMBER AND SARA GRANBERG, MEMBER - FAMILY RELATIONSHIP PHIL WOGOMAN, PAST PRESIDENT AND SHARON WOGOMAN, DIRECTOR - FAMILY RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 7A: ACCORDING TO THE BYLAWS OF THE ORGANIZATION, THERE ARE 28 ORGANIZATIONS THAT MAY APPOINT A VOTING DELEGATE TO THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11: THE ANNUAL FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE COMMITTEE AND THE TREASURER. ANY REVISIONS NEED TO BE APPROVED BY THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION B, LINE 15A: THE PERSONNEL COMMITTEE IS GIVEN THE TASK OF MAKING ALL WAGE RECOMMENDATIONS, INCLUDING THOSE OF THE CEO (EXECUTIVE DIRECTOR). THE PERSONNEL COMMITTIE CONSIDERS THE WAGES OF COMPARABLE TYPES OF POSITIONS WITHIN THE COMMUNITY (ALSO CONSIDERING THIS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number ELKHART COUNTY 4-H & AGRI. EXPO., INC 35-1053099 POSITION DOES NOT HAVE THE ABILITY TO MAKE DECISIONS), PERSONAL PERFORMANCE, COST OF LIVING, HOURS OF WORK RECORDED AND FLUCTUATIONS IN JOB RESPONSIBILITY. FORM 990, PART VI, SECTION C, LINE 18: COPIES OF FORM 990 ARE AVAILABLE UPON REQUEST. (GOVERNMENT GUIDELINES ARE FOLLOWED). FORM 990, PART VI, SECTION C, LINE 19: COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. (GOVERNMENT GUIDELINES ARE FOLLOWED).

Form **8868** (Rev. April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If y	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		ightharpoons				
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)					
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	ed For	m 8868.				
Pai	Automatic 3-Month Extension of Time. Only submit original (no copies needed)						
А сог	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com-	plete					
	l only		▶ □				
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e income tax returns	exten	sion of time				
noted (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or compust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file is gov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you want the additional ated Form 990-T Instead,				
Type print		Emp	oyer identification number				
μ	ELKHART COUNTY 4-H & AGRI. EXPO., INC.	3	5-1053099				
File by due da filing y	Number, street, and room or suite no. If a P O. box, see instructions	Number, street, and room or suite no If a P O box, see instructions					
return							
Chec	ck type of return to be filed (file a separate application for each return)						
X	Form 990 Form 990-T (corporation) Form 47	20					
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52						
	Form 990-EZ Form 990-T (trust other than above) Form 60	69					
	Form 990-PF	370					
Te ● If ● If	KELLY ROPP, SECRETARY The books are in the care of ► 17746-D CR 34 - GOSHEN, IN 46528 The elephone No ► 574-533-3247 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ► and attach a list with the names and EINs of all		r the whole group, check this ers the extension will cover				
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time unto AUGUST 15, 2010, to file the exempt organization return for the organization named as is for the organization's return for		The extension				
2	If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period				
3a	If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	,	\$				
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a_	Ψ				
	tax payments made Include any prior year overpayment allowed as a credit	3b	\$				
С	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	T	<u> </u>				
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)						
	See instructions	3с	\$ N/A				
Caus	tion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8870	EO for payment instructions				