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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Interna	al Reven	ue Service		The organiz	ation may have to ι	ise a copy of this	return to satisfy s	tate repo	rting requ	ırements	In	spection
A F	or the	2009 calenda	ır year, oı				, 200	9, and en	ding		, 20	
В	check if a	applicable	Please	C Name of org	anızatıon BI COUNT	Y FAIR, INC					D Employer	identification no.
'_	ddress	change	use IRS label or	Doing Busine	ess As						85-025	6776
	lame ch	ange	print or	Number and	street (or P O box if ma	l is not delivered to st	treet address)		Room/s	uite	E Telephon	e number
lı	nitial retu	ım	type See	BOX 170					İ		(505) 2	87-4179
	erminate	ed	Specific Instruc-	City or town,	state or country, and ZIF) + 4					G Gross rec	eipts
	mended	retum	tions	PREWITT	, NM						\$	134,807
	pplication	n pending	F Name	and address of p	onncipal officer BIRD	YE ABRAHAM						
					, GRANTS, NM				H(a) is	s this a group ref iffiliates?	um for	Yes X No
1 7	ax-exen	npt status	X;501(c)(3) ◀ (inse	rt no) 4947(a)(1) or 527			нь д	re all affiliates in	scluded?	Ves No
JV	Vebsite:	► N/A							H(c) ("No," attach a li roup exemption	st (see instru number	ctions)
K F	orm of a	rganization	Corporation	Trust	Association Other	>	L Year of for	mation		M State of lega		NM
Pai	rt I	Summar	Υ									
	1	Briefly descri	be the org	ganızatıon's n	nission or most sign	ificant activities	4 H ACT	[VITIE:	S FOR 1	WO COUNT	IES	
Ĉ G												
io												
V е i г	2	Check this bo	ox ▶ 🔲 ıt	f the organiza	tion discontinued its	s operations or d	isposed of more th	nan 25%	of its net	assets		
t n	3	Number of vo	oting mem	nbers of the g	overning body (Parl	VI, line 1a) •		• • • •	• • • •	3		16
l a e n	4		•	•	bers of the governi	• , ,	•		• • • •	4	<u> </u>	0
s c e	5	Total number	r of emplo	yees (Part V,	line 2a) • • • • •			• • • •	• • • •	5	<u> </u>	0
8	6	Total number	r of volunt	teers (estimat	e if necessary) • •	<u> </u>		• • • •	• • • •	6		
	7a	Total gross u	nrelated b	business reve	nue from Part VIII,	cplumn (大庫)	图INED	7 · · ·	• • • •	7a		0
	b	Net unrelated	d business	s taxable inco	me from Form 990-	line 34 · · ·		<u> </u>		· • • • 7b		0
n						181 MAD T			Pno	r Year	Cur	Tent Year
≘"	8	Contributions	and gran	nts (Part VIII, I	line 1h)	[ພ] · .ທ່⊌ແ "	· 2010 · · · Q	/· · · L		13,029		0
	9	Program sen	vice reven	iue (Part VIII,	line 2g) · · · ·		8	· · · ∟				0
eo n	10	Investment in	rcome (Pa	art VIII, colum	n (A), lines 3, 4, an	d 7d) WGDE	N.UT					0
≓ ë	11	Other revenu	ie (Part VI	III, column (A)), lines 5, 6d, 8c, 9c	, 10c, and 11e)		• • • • _		(7,53		401
<u>~</u>	12	Total revenue	e - add lin	es 8 through	11 (must equal Par	t VIII, column (A)	, line 12) • • • •	• • • •		5,497	<u>'</u>	401
Ā	13				art IX, column (A), i			—			<u> </u>	0
⊃ E	14	•			rt IX, column (A), lır			• • • _			<u> </u>	0
	15				oyee benefits (Part			⊢				0
Ξé					X, column (A), line			· · · ·			ļ	0
ζŗ					column (D), line 25	·		<u> </u>	· · · · · · · · · · · · · · · · · · ·		 	
ກໍູ), lines 11a-11d, 11			∵ ⊢			<u> </u>	0
_	18				nust equal Part IX, o			∵⊢		r 405		0
	19	Revenue less	s expense	es Subtract li	ne 18 from line 12					5,497	 	401
Net Assets	,							-	Beginning o	Current Year	+	d of Year
or	20	Total assets	•					· · · ·		19,371	<u> </u>	19,792
Fund Bal-	21	Total liabilitie	•	•				···-		19,371		19,792
ances			. — —		act line 21 from line	20				19,311	<u> </u>	
Pai	rt II	Signatur Under paneltir	re Bloc	I declare that I b	ave examined this return	including accompan	ving schedules and sta	atements a	nd to the be	st of my knowler	tae	
		and belief, it is	true, correc	t, and complete	Declaration of preparer (other than officer) is b	pased on all information	of which p	reparer has	any knowledge	.5~	
Sigi	•									1		
_		Signature	e of officer						· · · · -	L Da	te	
Her	е	o.g.na.a.	0 0. 000.									
(m)	1	Type or I	pnnt name a	ind title			. .					
\	حـــــــــــــــــــــــــــــــــــــ	-					Date	Check	ıf	Preparer's ide	entifying numb	per
	N	Preparer's signature		R	/ \	,		0.016	 _{/ed} ▶ <u>▼</u>	(see instruction		
Pard) \	Signature	7	Budge	Wush	AND COMPANY	03-06-2010	employ	/eu - 🕰,			
Prep	arer			BIRDYE	ABRAHAM			- !	EIN	•	***	
*Use (ply	Firm's name (. —	SECOND				-""	-		
		address, and		—	, NM 87020				Phone se	▶ 505-28	7-4179	
May	he IPS	L	return with	<i></i>	r shown above? (se	e instructions)		• • • •				Yes X No

	m 990.(2009) BI COUNTY FAIR, INC		85-0256776 Page 2
Pa	art III . Statement of Program Service Accomplishment	ts	
1	Briefly describe the organization's mission		
	'4 H ACTIVITIES FOR TWO COUNTIES		
			
2	Did the organization undertake any significant program services during the		
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how		
	services? · · · · · · · · · · · · · · · · · · ·		· · · Yes X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trust		nd
	allocations to others, the total expenses, and revenue, if any, for each prog	gram service reported	
	(0.1)		
4a	, (ants of \$) (Revenue	\$)
	4 H ACTIVITIES		
			
			
			
4b	(Code) (Expenses \$ including gra	ints of \$) (Revenue	\$)
		, <u>, , , , , , , , , , , , , , , , , , </u>	
		·	
4c	(Code) (Expenses \$ including gra	ants of \$) (Revenue	\$)
			.
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses		

Pa	rt IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
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 proxy tax? If "Yes," complete Schedule C, Part III	5		X
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 I · · · · · · · · · · · · · · · · · ·	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		İ	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	ŀ	Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI		İ	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		i	
•	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		l	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		ŀ	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		ĺ	
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12		Х
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional · · · · · · · · · · · · · · · · · · ·			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		l	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	FFA	Form	990 (2	(900)

Part IV Checklist of Required Schedules (continued) 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 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 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 question 25 24a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a X b Is the organization 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 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 Χ 28 Was the organization a party to a business transaction with one of the following parties, directly or indirectly (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X An entity of which a current or former officer, director, trustee, or key employee of the organization (or a С family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19? 38

Pai	rt 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 • • • • • • • • • 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c		Х
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	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			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)? · · · · · · · · · · · · · · · · · · ·	4a		X
b	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		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		
	Regarding Prohibited Tax Shelter Transaction?	5c		├─
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	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	٥.		٠.,
_	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		v
		-/a 7b		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
d	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			·
е	benefit contract? • • • • • • • • • • • • • • • • • • •	7e		v
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
h	required? • • • • • • • • • • • • • • • • • • •	7h		x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
Ū	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		Х
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		x
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •			1
11	Section 501(c)(12) organizations. Enter			1
· ·	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	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		<u>L</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year · · · · · · · 12b			

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

Section A Governing Rody and Management

	Schedule O See instructions			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body · · · · · · · · · · · · · · · · · · ·			!
ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
•	any other officer, director, trustee, or key employee?	_2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5 6		<u>X</u>
6 7a	Does the organization have members or stockholders?	•	X	
/a	of the governing body? • • • • • • • • • • • • • • • • • • •	7a	v	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
ь 8	Did the organization contemporaneously document the meetings held or written actions undertaken during		<u>X</u>	
0	the year by the following			-
•	The governing body? • • • • • • • • • • • • • • • • • • •	8a		
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		^	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O · · · · · · · · · · · · · · · · · ·	9	х	
800	tion B. Policies (This Section B requests information about policies not required by the Internal		Λ	
	nue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11	Х	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		<u>X</u>
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		<u>X</u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NM			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ (505) 287-4179			

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

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

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 compensate any current officer, director, or trustee

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average					at apply		Reportable	Reportable compensation	Estimated
	hours per week	Itd nri dur ise vtc ieo uo Ir	nr su ts tt e	f c e	Key employee	H c e g mp h p l e e o s n s e t s e t e d	F orm e r	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DUANE ANDERSON										
PRESIDENT	4			X						
MIKE CASADOS										
VICE PRESIDENT	2	L		X						
BIRDYE ABRAHAM										
TREASURER	6			X	L					
HILDA GARCIA					}	1				
SECRATARY		<u> </u>		X		<u></u>				
CHET ROBINSON					1					
TRUSTEE	2	X								
RUSS DOUGLAS										
TRUSTEE	2	X								
		<u> </u>							ļ	
					1					
		ļ	_	<u> </u>	 	ļ			-	
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		-	-		<u> </u>					
			<u> </u>		<u> </u>	ļ				
			<u> </u>							Form 990 (200

	(A)	(B)				(C)			(D)	(E)	_	(F)	
	Name and Title	Average hours per week	l t d nrı dur ı se v t d ı e t	1 t	O f f c e	K e y e m p l o y e e	H c e I o m g mp h p l e e o y t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	stimated nount of other ipensati rom the janizatio d relate anizatio	f son on ed
					-						<u> </u>		
			ļ <u>-</u>	-	_								
													
		<u> </u>											
					-	<u> </u>				.,			
		-										- ·	
						-							
						-							
-													
													
	otal · · · · · · · · · · · · · · · · · · ·									0	<u></u>		0
	otal number of individuals (including but not limited to eportable compensation from the organization	to those listed	abov	e) w	ho r	ecer	ved mo	ore ti	nan \$100,000 in	0			
												Yes	No
	old the organization list any former officer, director or mployee on line 1a? If "Yes," complete Schedule J fo										3	-	X
	or any individual listed on line 1a, is the sum of repo											-	
ti	ne organization and related organizations greater tha	an \$150,000?	If "Ye	s," c	omp	lete	Sched	lule .			_		
	ndıvıdual - · · · · · · · · · · · · · · · · · ·										4		X
	and any person listed on line 1a receive or accrue cor												v
	ervices rendered to the organization? If "Yes," comp	lete Schedule	J TOP	suc	n pe	rson		• •			5		Х
	ion B. Independent Contractors complete this table for your five highest compensated	d independer	t cont	racto	ors th	hat r	eceive	d mo	ore than \$100,000	of			
С	ompensation from the organization												
	(A) Name and business address	s							(B) Description of s	ervices		(C) ensation	
									 -	1-			
	otal number of independent contractors (including binore than \$100,000 in compensation from the organi		to tho	se lı	sted	abo	ve) wh	o red	ceived				
n	iore mail 9 100,000 ili compensation nom me organi	EEA									Form 9	90 (20	009)

EEA

Part IX Statement of Functional Expenses

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

other organizations must complete column (A) but are not required to complete columns (B

	All other organizations must complete colum	in (A) but are not requ	irea to complete colui	mns (B), (C), and (D).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	- Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21 · · · · ·				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22 · · · · · · · · · · · ·				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	· · · · · · · · · · · · · · · · · · ·			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages · · · · · · · · · · · · · · · · · · ·				
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions) • • • • • •				
9	Other employee benefits				
	Payroll taxes · · · · · · · · · · · · · · · · · · ·			-	
10 44	1				
11	Fees for services (non-employees)				
a	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 • • • • • • • • • • • • • • • • • • •				
13	Office expenses · · · · · · · · · · · · · · · · · ·				
14	Information technology · · · · · · · · · · · · · · · · · · ·				
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel · · · · · · · · · · · · · · · · · · ·		-		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates · · · · · · · · · · · · · · · · · · ·				
22	Depreciation, depletion, and amortization				
23	Insurance · · · · · · · · · · · · · · · · · · ·				
24	Other expenses Itemize expenses not		<u> </u>		
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
-	578 of total expenses shown on line 20 below /	<u></u>			
a b					
		- 			
c C				-	
d					
e	All all an annual and an annual and an annual and an annual and an annual and an annual and an an an an an an an an an an an an an				
_ f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f		ļ 	 	ļ
26	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs		1		
	from a combined educational campaign and				
	fundraising solicitation · · · · · · · · · · · · · · · · · · ·	l		<u> </u>	

	t X	Balance Sheet	(A)		(B)
•	•		Beginning of year		End of year
_	1	Cash - non-interest-bearing	19,371	1	19,792
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		1	
		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			
A S		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
s	7	Notes and loans receivable, net		7	
e	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D · · · · · 10a			
	Ь	Less accumulated depreciation · · · · · · · · · · · 10b		10c	
	11	Investments - publicly traded securities		11	
	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)	19,371	16	19,792
	17	Accounts payable and accrued expenses		17	
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
L	19	Deferred revenue		19	
i	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
b	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · · ·		21	
į	22	Payables to current and former officers, directors, trustees, key			
i		employees, highest compensated employees, and disqualified			
t		persons Complete Part II of Schedule L		22	
l e	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·		23	
s	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 · · · · · · · · · · · · · · · · · ·	0	26	0
		Organizations that follow SFAS 117, check here			
l F		complete lines 27 through 29, and lines 33 and 34.		-	
u	27	Unrestricted net assets		27	19,792
n d	28	Temporarily restricted net assets		28	
` _	29	Permanently restricted net assets		29	
B		Organizations that do not follow SFAS 117, check here			
Ī		and complete lines 30 through 34.			
a	30	Capital stock or trust principal, or current funds		30	
C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
е	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances	0	33	19,792
	34	Total liabilities and net assets/fund balances	0	34	19,792 Form 990 (2009

Form	990 (2009) BI COUNTY FAIR, INC	85-0256776		Pa	age 12
Pa	rt XI · Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	Γ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	· • • • • • • • • • • • • • • • • • • •	2a		X
b	Were the organization's financial statements audited by an independent accountant?	· • • • • • • [2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	Γ			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? • • • •		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	Ī			
	issued on a consolidated basis, separate basis, or both		2d	ĺ	
	separate basis consolidated basis both consolidated and separate basis			_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		- 1		
	the Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits?	• • • • • • •	3ь		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2009

Open to Public Inspection

Employer identification number

BI	COU	NTY FAIR, INC								256776			
Pa	rt I	Reason for	Public Charit	y Status (All organiz	ations mus	t complete	this part)	See instri	uctions				
The	orgai			use it is (For lines 1 thro	-								
1	_			ssociation of churches d		section 1	70(b)(1)(A)	(i).					
2]	A school described	ın section 170(b)(1)(A)(ii). (Attach Schedule	€E)								
3	السيا	A hospital or a coop	erative hospital ser	vice organization descri	bed in sect	tion 170(b)	(1)(A)(iii).						
4		A medical research	organization opera	ted in conjunction with a	hospital d	escribed in	section 1	70(b)(1)(A	.)(iii). Ente	r the hospit	al's nan	ıe,	
		city, and state											
5		An organization ope	rated for the benef	it of a college or univers	ity owned o	or operated	by a gove	rnmental	unit descri	bed in			
		section 170(b)(1)(A)											
6				governmental unit desc									
7		An organization that	normally receives	a substantial part of its s	support froi	m a goverr	nmental un	it or from	the genera	l public			
		described in section	170(b)(1)(A)(vi). ((Complete Part II)									
8	=	•		170(b)(1)(A)(vi). (Comp		-							
9	$\mathbf{X}_{\mathbf{x}}$	-	· ·	(1) more than 33 1/3%						_			
		•		empt functions - subject		•							
				and unrelated business		-		1 tax) from	m business	ses			
	_			30, 1975 See section		-	-						
10		0 0	•	d exclusively to test for p		•	-						
11			•	d exclusively for the ber	-				-				
			. ,	orted organizations desc		•		•		section			
				the type of supporting o			-		igh 11h	_ -			
		a 🔛 Type I	b Typ	_			lly integrate		d	Type II	II-Other		
е	=	•	•	rganization is not contro									
				rs and other than one or	more pub	licly suppo	rted organ	zations de	escribea in	section			
_		509(a)(1) or section			0.45-1.4		U T	111					
f		•		etermination from the IR	S that it is a	a iype i, i	ype II, or I	ype III sup	ppoπing				_
		organization, check								• • • • •		• • •	••
g			106, has the organiz	zation accepted any gift	or contribu	tion from a	iny or the						
		following persons?	٠ عنان عنان مطالب		. tamathar	uth noron	o doooribo	d 15 (11)					
		• •		controls, either alone or	_		is describe	u in (ii)			44.0	Yes	No
				y of the supported organ cribed in (i) above? ••							11g(i)		
				n described in (i) or (ii) a							11g(a)		-
_				t the organizations the or							11g(iii)		
h	N		(ii) EIN	(iii) Type of organization	(iv) Is the c		(v) Did yo	ou notify	(vi)	s the	(vii)	Amount	of
	(i) N	lame of supported organization	(0) 2.114	(described on lines 1-9	in col (i) lis	-	the organi		organizat			upport	
				above or IRC section (see instructions))	governing	document?	col (i)	of your oort?	(i) organiz	zed in the S?			
				(See Instructions)	Yes	No	Yes	No	Yes	No			
					† -								-
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			<u> </u>					_					
			1	l	1	I	I		I	1			

	tion A. Public Support		·		r		
Cal	endar year (or fiscal year beginning ın)	(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 organization's benefit and either paid to or expended on its behalf						-
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 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 · ·						
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Cal	endar 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 • • • • • • • • • • • • • • • • • •						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10 · · · ·						
2	Gross receipts from related activities, etc. (see instru	uctions) • • •		• • • • • • •	• • • • • •	12	
13	First five years. If the Form 990 is for the organization organization, check this box and stop here	• • • • • • •	d, third, fourth, o	fifth tax year as	a section 501(c)(3)	• • • • • •
<u>sec</u> 4	tion C. Computation of Public Support Public support percentage for 2009 (line 6, column (f) divided by line	11 column (f))			14	9
5	Public support percentage from 2008 Schedule A, P					15	9
6a	33 1/3% support test - 2009. If the organization did					_ 	
	and stop here. The organization qualifies as a public						
b	33 1/3% support test - 2008. If the organization did i			a, and line 15 is 3	33 1/3% or more,	check this	
-	box and stop here. The organization qualifies as a p						
7a	10%-facts-and-circumstances test - 2009. If the org			line 13, 16a, or	16b, and line 14	ıs 10% or	
	more, and if the organization meets the "facts-and-c						
	organization meets the "facts-and-circumstances" te						
b	10%-facts-and-circumstances test - 2008. If the org						
~	more, and if the organization meets the "facts-and-c						
	•						
	organization meets the "facts-and-circumstances" te	est The organiza	ition qualifies as	a publicly suppo	rted organizatior)	🕨

-0-07-10-	2000						- rage o
Pa	Support Schedule for Organiza (Complete only if you checked the box on	tions Descri	ibed in Secti	on 509(a)(2)			
500							
	etion A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(6) Total
Cai	endar year (or riscar year beginning in)	(a) 2005	(b) 2006	(6) 2007	(0) 2008	(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				-		
	organization's tax-exempt purpose				<u></u>		
3	Gross receipts from activities that are not an unrelated trade or business under section 513 -						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				_		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·				. —		i
8	Public support (Subtract line 7c from line 6)						
<u></u>		<u> </u>			· · · · · · · · · ·]	<u> </u>
	etion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · ·	(a) 2003	(b) 2000	(0) 2007	(u) 2000	(e) 2009	(i) Iotai
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization organization, check this box and stop here	ion's first, second	d, third, fourth, or	fifth tax year as	a section 501(c)	(3)	▶[]
Sec	tion C. Computation of Public Support	Percentage					
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, F					16	%
Sec	tion D. Computation of Investment Inco	ome Percent	age				
17	Investment income percentage for 2009 (line 10c, co	olumn (f) dıvıded	by line 13, colur			17	%
18	Investment income percentage from 2008 Schedule	A, Part III, line 1	7		• • • • • • •	18	%
19a	33 1/3% support tests - 2009. If the organization did 17 is not more than 33 1/3%, check this box and sto	i not check the b	ox on line 14, an anization qualifie	d line 15 is more s as a publicly s	than 33 1/3%, a upported organi	and line zation	▶ □
b	33 1/3% support tests - 2008. If the organization did line 18 is not more than 33 1/3%, check this box and	i not check a box d stop here. The	on line 14 or lin organization qu	e 19a, and line 1 alifies as a public	6 is more than 3	33 1/3%, and ganization •	▶□
20	Private Foundation: If the organization did not chec		-				· · · · ▶ 🔯

990	Overflow Statement	2009 Page 1
Name(s) as shown on return		FEIN
BI COUNTY FAIR, IN	NC	85-0256776

Description		Amount	
LIVESTOCK		\$	94,946
TROPHYS			1,800
GATE AND BOOTHS			2,406
KITCHEN			8,087
MISC			15,799
ENTREES			2,886
PERCENT			6,156
FIDDLER			2,727
	Total:	\$	134,807

Description		Amount	
LIVESTOCK		\$	94,723
ADVERTISING			7,870
DUES			224
INSURANCE			1,985
JUDGES			1,316
KITCHEN			7,206
LEGAL			1,529
LIVESTOCK TACK			69
OFFICE			805
REPAIRS			5,707
SUPPLIES			2,810
TÀX			1,624
TROPHIES AND AWARDS			3,027
UTILITIES			2,811
FIDDLER			2,497
PICTURES			203
	Total:	\$	134,406