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SCANNED JUN 1 4 2010

Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

OMB No 1545-1150

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

Open to Public Inspection

_		e 2009 calendar year, or tax year beginning		and end	ing				
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	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attack	h a comp	leted	1	-		X Cash	Accrual
_		Schedule A (Form 990 or 990-EZ).				specify)			
		e: ▶ <u>N/A</u>		 _	H Check	_		he organizatio	
		empt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)							, 990-EZ, or 990-PF)
K	Check						ian \$2	25,000. A Fori	m 990-EZ or
_		Form 990 return is not required, but if the organization chooses to file a return				turn.			20005
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form				<u> </u>	<u> </u>	411	30925.
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund	u Daia	nces (S	ee the instr	uctions t	or Pai	rt I.)	00070
	1	Contributions, gifts, grants, and similar amounts received				-	1		22978.
Revenue	2	Program service revenue including government fees and contracts				- }-	2		
	3	Membership dues and assessments				-	3		
	4	Investment income	1 - 1			-	4		297.
	5a	Gross amount from sale of assets other than inventory	<u>5a</u>						
	b	Less: cost or other basis and sales expenses	5b				_		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				<u></u> -	5c		
		6 Special events and activities complete and leading parts of Schedule G). If any amount is from gaming, check here ▶							
	a	Gross revenue (no) including \$ of contributions	1 - 1		7.0				
	١.	reported on line 1) The many of 7010 Column than fundraising expenses of	6a			50.	l		
	l.		6b		9	46.			6704
	_c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	1 - 1			-	6c		6704.
	7a	Gross sales of inventory, less comparation of the sales o	7a						
	b	Less: cost of goods sold	7b				7.		
	8 8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe ►				, 	7c 8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				′	9		29979.
_	10	Grants and similar amounts paid (attach schedule)	Stmi	: 3	Stmt	2	10		$\frac{23373.}{2137.}$
	111	Benefits paid to or for members	Demi		Deme	"	11	 -	2137.
G	12	Salaries, other compensation, and employee benefits					12		
Se	13	Professional fees and other payments to independent contractors				F	13		730.
Expenses	14	Occupancy, rent, utilities, and maintenance				T T	14		
Щ	15	Printing, publications, postage, and shipping					15		
	16		See S	State	ment	1 1	16		231.
	17	Total expenses Add lines 10 through 16				/	17		3098.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		-			18		26881.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))							
Ass		(must agree with end-of-year figure reported on prior year's return)					19		63347.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)					20		
z	21	Net assets or fund balances at end of year. Combine lines 18 through 20				▶	21		90228.
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or m	ore, file f	orm 990	instead of Fe	orm 990	-EZ.		
		(See the instructions for Part II.)		(A)	Beginning o	f year		(B) End	l of year
2	2 Cas	h, savings, and investments			63	347.	22		90228.
2	3 Lar	d and buildings					23		
2	4 Oth	er assets (describe >)				24		
2	5 Tot	al assets			63	347.			90228.
2		al liabilities (describe ►)			0.	_		0.
2		assets or fund balances (line 27 of column (B) must agree with line 21)			63	<u>347.</u>	27		90228.
93	2171	I HA For Drivery Act and Denormark Paduation Act Notice see the congrete inc	tructions					Form Q	90-F7 (2009)

	n 990-EZ'(2009) BENTON COUNTY FAIRGROUNDS			93-	12551	30 Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		Ε	xpenses
Wha	at is the organization's primary exempt purpose? See Statement	t 6			(Required for	or section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pu		ise manner descri	he.		4) organizations and
	services provided, the number of persons benefited, and other releva				for others)	7(a)(1) trusts, optional
	FUNDING PRESERVATION AND IMPROVEMENT		<u> </u>		1	
20	· · · · · · · · · · · · · · · · · · ·	NI OF THE AGIN	G DEMION	—		
	COUNTY FAIRGROUNDS.					
						625
	(Grants \$) If this amount includes foreign	grants, check here		ш	28a	637.
29	See Statement 5					
					1	
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		29a	<u> 1500.</u>
30						
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (attach schedule)	-	<u>F</u>			
٠.	(Grants \$) If this amount includes foreign	grants chack hara	_		31a	
22	Total program service expenses (add lines 28a through 31a)	grants, check here			32	2137.
P.	art IV List of Officers, Directors, Trustees, and Key	Employees Lust and and an	van if not componented	/San the		for Port IV
	art iv Elect of Officero, Directors, Frances, and resy.	List each one ex	ven ii not compensateu	1	ontributions	
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
_				com	pensation	ļ
	DBYN RICE, 110 SW 53RD STREET,	PRESIDENT	_		_	
	ORVALLIS, OR 97333-2935	1.00	0.		0.	0.
	NALD STUDIER, 110 SW 53RD STREET,	SECRETARY				į
	ORVALLIS, OR 97333-2935	1.00	0.		0.	0.
JU	JDY WARDEN, 110 SW 53RD STREET,	TREASURER				1
CC	ORVALLIS, OR 97333-2935	1.00	0.		0.	0.
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932 02-0	172 08-10				Form	990-EZ (2009)

33 Dut the organization engage in any activity not previously reported to the IRSP IT I Yes, attach a detailed description of each activity 43 Were any sharpes made to the organization geometrial "I Yes," attach a contended copy of the changes 44 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-1, attach a statement explaining why the organization of not report the income on Form 990-1. 45 If the organization had uncome from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-1, attach a statement explaining why the organization of not report the income on Form 990-1. 46 If the organization andergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spotiate parts of Sch. N 47 Enfirt amount of political expenditures, direct or indirect, as described in the instructions. 48 Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 49 If "Yes," and the previous organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 40 If "Yes," organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year, and still outstanding at the end of the period covered by this return? 41 If "Yes," organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year, and still outstanding at the end of the previous provided on the secondary of the organization engage in any section 9356 excess benefit transaction of the provided on the secondary of the	Fe	Other information (Note the statement requirements in the instructions for Part V)		V	
34 Were any changes made to the organization or operating documents? If Yes, attach a conformed copy of the changes If the organization had income from business activities, such as hose eported on here S2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. 35 If the organization had virule as the statement explaining why the organization did not report the income on Form 990-T. 36 If the organization had virule as the statement explaining why the organization did not report the income on Form 990-T. 36 If the organization had report the income on Form 990-T. 37 If Yes, has if filed a tax return on Form 990-T for this year? 38 If the armount of political expenditures, direct or indirect, as described in the instructions. 39 If the organization with a statement explaining and the explaining at the end of the period covered by this return? 30 If the organization of the Form 120-P0L for this year? 310 If the organization with a first with a statement of the organization with a statement explaining at the end of the period covered by this return? 311 If Yes, complete Schedule L, Part I I and enter the total amount involved 312 Section 501(c)(2) organizations. Enter: 313 If Yes, complete Schedule L, Part I I and enter the total amount involved 314 If Yes, the statement of the organization of the organization during the year under: 315 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disqualited person during the year under section 4912, 4955, and 4950 315 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40 reimbursed by the organization and the person during the year under section 4912, 4955, and 4950 316 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40 reimbursed by the organization with a disqualited person organization and thing requirements filed. POR 317 If Yes, centre the name of the f	20	Did the exceptation engage in any activity and provided to the IDCO IS N/co I ottack a detailed decountry of such potential	-	Yes	-
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on from 990-11 to 10 the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 36 If we organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "yes," complete applicable parts of Stor. N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 38 bid the organization brown from nor, make any bid most bid, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 bid the organization brown from, or make any bid most bid, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 39 bid the organization brown from, or make any bid and amount involved 38 certion 501(c)(7) organizations. Enter: 39 inflation fees and capital contributions micluded on line 9 39 in 1/4					X V
reported on Form 990-T, attach a statement explaning why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Fes," has it filed a fair return of Form 990-T for this year? 355.			34		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b if Yes, has it field a tax return on Form 990-T for this year? 35b If Yes, has it field a tax return on Form 990-T for this year? 37c Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, onlike any liquidation of the form 1120-POL for this year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization berrow from, or make any biass to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If Yes, Complete Schedule L. Part II and enter the total amount involved 38b N/A 39c Schon 501(c)(X) organizations. Enter: a linitation thes and capatal contributions included on line 9 b Gross recepts, included on hine 9, for public use of club facilities b Gross recepts, included on hine 9, for public use of club facilities c Gross recepts, included on hine 9, for public use of club facilities b Gross recepts, included on hine 9, for public use of club facilities c Gross recepts, included on hine 9, for public use of club facilities b Gross recepts, included on hine 9, for public use of club facilities c Gross recepts, included on hine 9, for public use of club facilities b Gross recepts, included on hine 9, for public use of club facilities c Gross recepts, included on hine 9, for public use of club facilities c Gross recepts, included on hine 9, for public use of club facilities c Gross recepts, included on hine 9, for public use of club facilities c Gross recepts, included on hine 9, for public use of club recepts and the organizations. Enter amount of tax imposed on the organization on gros	30				
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b If Yes, 'nas if filled a tax return on Form 990-T for this year? 50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Sch. N 73 Enfert amount of political expenditures, direct or indirect, as described in the instructions. 13 Did the organization file Form 1120-POL for this year? 13 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 10 If Yes, 'complete Schedule I, Part I and other the total amount involved 11 If Yes, 'complete Schedule I, Part I and other the total amount involved 12 Section 501(c)(3) organizations. Enter: 12 Initiation fees and capital contributions included on line 9 13 Gross receipts, included on line 9, for public use of club facilities 13 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: 13 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations sprior forms 990 or 990-E72 If Yes, 'complete Schedule I, Part I 14 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person in a prior year, and that the transaction and the transaction of the organization sprior forms 990 or 990-E72 If Yes, 'complete Schedule I, Part I 14 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person and prior year, and that the transaction and the transaction of the organization shocks are in care of Part 1 Par	a		25.0		.
36 bit the organization underigo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 77 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0. 57 b Did the organization life Form 1120-POL for this year? 38 b Did the organization the Form 1120-POL for this year? 38 b Did the organization brown from, or make any long instance of the prior of the organization file Form 1120-POL for this year? 38 b Did the organization the Form 1120-POL for this year? 38 b Did the organization brown from, or make any long instance of the prior of the prior of the prior p			-	NT /	
as a plicable parts of Sch. N 37a			350	14/	<u> </u>
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b Gross recepts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 . ; section 4912 ► 0 .; section 4955 ► 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed. ► OR 1 List the states with which a copy of this return is filed. ► OR 2 The organization's books are in care of ► JUDY WARDEN, TREASURER 1 Located at ► 110 SW 53RD STREET, CORVALLIS, OR 2 IP+4 ► 97333-2935 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts e At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amoun					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 .; section 4915 ▶ 0 . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If Yes,* complete Schedule L, Part I 40b X C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 D . Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T List the states with which a copy of this return is filled. ▶ OR 11 List the states with which a copy of this return is filled. ▶ OR 12 The organization's books are in care of ▶ JUDY WARDEN, TREASURER Telephone no. ▶ (541) 766-6521 Located at ▶ 110 SW 53RD STREET, CORVALLIS, OR 21P+4 ▶ 97333-2935 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If Yes,* enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,* enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization	_		1		
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completed instead of Form 990-EZ	4-		44	-	X_
<u>completed instead of Form 990-EZ</u> Form 990-EZ (2009)	45				7.5
				00.57	

May the IRS discuss this return with the preparer shown above? See instructions

Philomath, OR

Practical Business Services Inc.

119 S 16th Street - P.O. Box 1240

97370-1240

X Yes No Form 990-EZ (2009)

Preparer's identifying number (See instr.)

541-929-2811

Paid

Preparer's Use Only Preparer's signature

Firm's name (or yours

rf self-employed),

address, and ZIP + 4

Check if self-

employed 🛌

EIN >

Phone ▶

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			COUNTY FAIRG						<u>93</u>	<u>-1255</u>	<u> 130</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	tructions				
The organ	ızatıon ıs not a	private foundation	because it is (For lines 1	l through ¹	11, check d	only one b	ox.)					
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	١.				
2	A school des	cribed in section 17	O(b)(1)(A)(ii). (Attach Sc	hedule É)								
з 🗀	A hospital or	a cooperative hospr	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4	A medical res	earch organization of	operated in conjunction	with a hos	pıtal descr	ıbed ın se	ction 170	(b)(1)(A)(ii). Enter th	e hospital	's nam	e,
	city, and state	e										
5 🔙	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	mental und	describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🗀	A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 X	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	nembershij	o fees, and	d gross red	ceipts f	from
	activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	/3% of its	support fo	rom gross	ınvestı	ment
	income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon at	ter June 3	0, 197	5
	See section	509(a)(2). (Complete	Part III)									
10 🔲	An organizati	on organized and or	perated exclusively to tes	st for publ	ic safety S	See sectio	n 509(a)(4	\$).				
11 🔲	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	rm the fur	nctions of,	or to carry	y out the p	urposes c	of one o	or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	n 509(a)(2	2) See sec	ction 509(a	a)(3). Ched	k the box	that	
	describes the	type of supporting	organization and comple	et <u>e lin</u> es 1	1e through	11h						
	a L Type I	b	_] Type II	: 🔲 Тур	e III - Func	tionally int	tegrated		аL	Type III - (Other	
e	By checking	this box, I certify tha	at the organization is not	controlled	I directly or	rındırectly	by one or	r more disc	qualified p	ersons oth	er tha	n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box						•			
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?			
	(i) A person	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescnbed i	ın (ii) and (i	ıi) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o) or (ii) above?						11g(iii)		
h	Provide the fe	ollowing information	about the supported or	ganızatıon	(s).							
			 					·				
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the organization (v) Did you notify the			(vi) Is	the	(vii) An	nount o	f	
	anization	(,	(decembed on lines 1.0		in col. (i) listed in your organization in col. governing document? (i) of your support?			organization (i) organiz	ed in the l		port	
			above or IRC section	governing	document?	(i) of you	r support?	U.S	.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
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<u>Total</u>			<u> </u>		<u> </u>							

932021 02-08-10

Form 990 or 990-EZ.

(Complete only if you checked ection A. Public Support	the box on line t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(a) 2003	(8) 2000	(6) 2007	(0) 2000	(e) 2003	(I) 10tai
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						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3						
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,			1			
column (f)						<u> </u>
Public support. Subtract line 5 from line 4						
ection B. Total Support		·	•	1	ı	r
ilendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties		1				
and income from similar sources			ļ			
Net income from unrelated business				1		
activities, whether or not the						
business is regularly carried on						
O Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)			ļ			
1 Total support. Add lines 7 through 10			<u> </u>	<u> </u>		
2 Gross receipts from related activities,	etc. (see instruct	ions)			12	
3 First five years. If the Form 990 is for	•	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	
organization, check this box and stop ection C. Computation of Publi		roontago	 			
		-			1.44	-
4 Public support percentage for 2009 (lii		• •	column (t))		14	
5 Public support percentage from 2008	•	•			15	
6a 33 1/3% support test - 2009.If the on	~			14 IS 33 1/3% or n	nore, check this bo	x and ► [
stop here. The organization qualifies a		-		lma 15 ia 00 1/00/	ar mana abaal th	▶ ∟
b 33 1/3% support test - 2008. If the or	•		•	line 15 is 33 1/3%	or more, check th	iis dox ►. Γ
and stop here. The organization qualif	, ,	.,		10 16a ar 16b a	and line 14 is 100/	P L
7a 10% -facts-and-circumstances test						
and if the organization meets the "fact			•	•	it iv now the orgat	nzation ⊾ F
meets the "facts-and-circumstances" t	-	•		-	17a, and line 15 as	▶ L
b 10% -facts-and-circumstances test						
more, and if the organization meets the				•		► L
organization meets the "facts-and-circ		•	•			.
8 Private foundation. If the organization	i ula not check a	DOX ON TIME 13, 16	oa, 100, 1/a, 011/	D, CHECK THIS DOX	AND SEE MISTRUCTION	is 📂 _L

Pa	edule A (Form 990 or 990-EZ) 2009 B rt III Support Schedule for C	ENTON COU Organizations	NTY FAIRGR Described in S	ection 509(a)(JNDATION 2) (Complete only if y	93-125 ou checked the bo	5130 Page 3 x on line 9 of Part I.)
	ction A. Public Support			·,			
	endar 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		10750	66020	26420	22070	126104
_	include any "unusual grants ")		10750.	66038.	26428.	22978.	126194.
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		1500.	7135.	4505.	7650.	20790.
3	Gross receipts from activities that						
	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						
	furnished by a governmental unit to			1			
	the organization without charge						
6	Total. Add lines 1 through 5		12250.	73173.	30933.	30628.	<u> 146984.</u>
7 a	Amounts included on lines 1, 2, and	I					
	3 received from disqualified persons						0.
t	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.
C	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6) ction B. Total Support					<u> </u>	146984.
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		12250.	73173.	30933.	30628.	146984.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		369.	1142.	573.	297.	2381.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b		369.	1142.	573.	297.	2381.
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						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)		12619.	74315.	31506.	30925.	149365.
14	First five years. If the Form 990 is for	the organization'					
	check this box and stop here						▶□
	Public support percentage for 2009 (olumn (fi)	15	5	98.41 %
16		• • • • • • • • • • • • • • • • • • • •	· ·	· · · · · · · · · · · · · · · · · · ·	16		100.00 %
	ction D. Computation of Inve						
	Investment income percentage for 20			e 13, column (f))	17	7	1.59 %
18	Investment income percentage from				18	3	%
198	33 1/3% support tests - 2009. If the	organization did r	not check the box o	n line 14, and line	15 is more than 33	1/3%, and line 1	
	more than 33 1/3%, check this box a 33 1/3% support tests - 2008. If the	nd stop here. The	organization qualifi	es as a publicly su	ipported organizatio	n	$\triangleright x$
•	line 18 is not more than 33 1/3%, che						▶□
<u>20</u>	Private foundation. If the organization		-		is box and see instr	uctions	
					Sched	lule A (Form 990	or 990-EZ) 2009

Form 990-EZ Payments to A	ffiliates	Statement	2
Affiliate's Name	Affiliates Address		
BENTON COUNTY FAIRGROUNDS	110 SW 53RD STREET CORVALLIS, OR 97333-29	35	
Purpose of Payment		Amount	
DRAINAGE SYSTEM		6:	37.
Total included on Form 990-EZ, line 10		6.	37.
Form 990-EZ Cash Grants and	Allocations	Statement	3
Class of Activity/Donee's Name and Addres	Donee's Relationship	Amoun	t
SCHOLARSHIP NICOLE SCHROCK	NONE	7	50.
CORVALLIS, OR 97330			
SCHOLARSHIP BRANDEE HORN	NONE	7	50.
CORVALLIS, OR 97330			
Total Included on Form 990-EZ, Line 10		15	

Form 990-EZ	Other Expenses	Statement	1
Description		Amount	
OFFICE SUPPLIES AND STATIONERY FEES			50. 81.
Total to Form 990-EZ, line 16		23	31.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts		Statement	4
directly or	anization, during the year, receive any funds, indirectly, to pay premiums on a personal tract?	[]	Yes [X]	No
	anization, during the year, pay premiums, indirectly, on a personal benefit contract? .	• []	Yes [X]	No

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Statement

PROVIDING RESOURCES FOR FINANCIAL ASSISTANCE TO DESERVING YOUTH TO COMMENCE OR CONTINUE THEIR EDUCATION AND APPRECIATION OF AGRICULTURE AND ITS IMPORTANCE TO THE HERITAGE OF THE LOCALITY SUCH AS 4-H SUMMER SCHOOL AWARDS.

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Statement

6

TO PRESERVE THE PROUD AGRARIAN HERITAGE OF BENTON COUNTY WITH A FOCUS ON OUR YOUTH. THE FOUNDATION PROVIDES A MEANS FOR FUNDING IMPROVEMENTS TO THE BENTON COUNTY FAIRGROUNDS IN ORDER TO CREATE AN INVITING ATMOSPHERE AS A GATHERING PLACE FOR THE URBAN AND RURAL CITIZENS OF BENTON COUNTY. THE FOUNDATION BOARD OF TRUSTEES IS ORGANIZED TO SOLICIT AND ACCEPT GIFTS IN SUPPORT OF BENTON COUNTY FAIRGROUNDS AND YOUTH ACTIVITIES; AND TO MANAGE, INVEST AND ACCOUNT FOR THE ASSETS OF THE FOUNDATION. THE CORPORATION PURPOSES WILL BE CARRIED ON FOR THE BENEFIT OF THE BENTON COUNTY FAIRGROUNDS.