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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning

10-01, 2009, and ending

09-30, 2010

B Check if applicable

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

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions

C Name of organization

FOWLERVILLE AGRICULTURAL SOCIETY

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

Room/suite

PO BOX 372

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

FOWLERVILLE, MI 48836

D Employer identification number

38-6087812

E Telephone number

F Group Exemption
Number ►

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

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

I Website: ► WWW.FOWLERVILLE-FAIR.COM

J Tax-exempt status (check only one) - ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not
required to attach Schedule B (Form 990,
990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 551,774

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received	1	25,312
	2	Program service revenue including government fees and contracts	2	489,843
	3	Membership dues and assessments	3	700
	4	Investment income	4	9
	5a	Gross amount from sale of assets other than inventory	5a	
	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)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► STM141)	8	35,910	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	551,774	
E x p e n s e s	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	57,147
	13	Professional fees and other payments to independent contractors	13	39,183
	14	Occupancy, rent, utilities, and maintenance	14	133,159
	15	Printing, publications, postage, and shipping	15	25,135
	16	Other expenses (describe ► STM130)	16	330,314
	17	Total expenses. Add lines 10 through 16	17	584,938
A s s e t s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(33,164)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	82,357
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	49,193

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

(See the instructions for Part II)

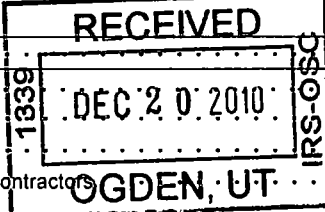
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	88,956	91,177
23 Land and buildings	497,487	457,768
24 Other assets (describe ► STM131)	15,696	1,141
25 Total assets	602,139	550,086
26 Total liabilities (describe ► STM132)	519,782	500,892
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,357	49,194

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

EEA

Form 990-EZ (2009)

SCANNED JAN 12 2011



7

Part III Statement of Program Service Accomplishments (See the instructions for Part III)**Expenses**What is the organization's primary exempt purpose? **TO EDUCATE YOUTH ABOUT AGRICULTURE**

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 EDUCATE YOUTH IN THE COMMUNITY ABOUT AGRICULTURE(Grants \$) If this amount includes foreign grants, check here ☐ **28a** 584,937**29**(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31** Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐ **31a****32** Total program service expenses (add lines 28a through 31a) **32** 584,937**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MINDI LAKO	MEMBER			
8800 W GRAND RIVER, PO BOX 372 FOWLERVILLE, 48836	2	0	0	491
MIKE HOLLEY	MEMBER			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	151
REX PECKENS	MEMBER			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	216
CLAUDIA CARY-DAVIDSON	SECRETARY			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	319
MAX BESSERT	MEMBER			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	0
LARRY DAVIS	MEMBER			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	576
CHARLES HILL	MEMBER			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	151
PAUL KUNDE	VICE PRESIDENT			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	403
KEVIN HACKER	MEMBER			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	151
TIM TERSIGNI	MEMBER			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	316
GORDON MUNSELL	4-H REPRESENTAT			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	599
BOB REDINGER	PRESIDENT			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	602
BILL TESCH	TREASURER			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	704
WAYNE ROEDEL	MEMBER			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	319
JAMES MACCAUGHN	MEMBER			
8800 W GRAND RIVER FOWLERVILLE MI, 48836	2	0	0	154
JENNIFER RHODES	OFFICE MANAGER	STMA16		
8800 W GRAND RIVER FOWLERVILLE MI, 48836	45	35,000	0	674

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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		
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	40e	X
41 List the states with which a copy of this return is filed ▶		
42 a The organization's books are in care of ▶ JENNIFER RHODES Telephone no ▶ 517-223-8186		
Located at ▶ 8800 WEST GRAND RIVER FOWLerville, MI ZIP + 4 ▶ 48836		
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)?	42b	X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	☐	☒
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	☐	☒
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	☐	☒
49 a Did the organization make any transfers to an exempt non-charitable related organization?	☐	☒
b If "Yes," was the related organization a section 527 organization?	☐	☒

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

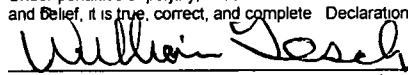
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 12-15-10 Signature of officer William Tesch TREASURER Date		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☒
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's Identifying No. (See inst.)
	Karen Ryan Enterprises LLC 123 S Second St Fowlerville MI 48836	12-13-2010	517-223-4626

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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 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						

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)					12	
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))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
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		▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

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")	703,921	614,743	538,672	651,239	551,765	3,060,340
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						
3 Gross receipts from activities that are not an unrelated trade or bus. under sec 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	703,921	614,743	538,672	651,239	551,765	3,060,340
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						3,060,340

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	703,921	614,743	538,672	651,239	551,765	3,060,340
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	310	17	35	10	9	381
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	310	17	35	10	9	381
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)						3,060,721
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.99	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.97	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.01	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.03	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2009

Attachment
Sequence No 67

Name(s) shown on return

FOWLERVILLE AGRICULTURAL SOCIETY

Business or activity to which this form relates
INDIRECT DEPRECIATION
FORM 990 - 1

Identifying number

38-6087812

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7	Listed property Enter the amount from line 29	7
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . ▶	13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	11,879

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	18,891
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	30,770
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST	42,995
FREE ENTERTAINMENT	13,390
SPONSORSHIP COMMISSIONS	4,546
GRANDSTAND SHOWS	43,712
INSURANCE	9,837
PEPSI EXPENSE	4,840
TAXES	2,032
FUEL	2,078
REIMBURSEMENTS	20,000
PREMIUM PAYOUTS	122,328
4H EXPENSE	11,820
EASYRIDERS EXPENSE	26,183
OPEN CLASS EXPENSE	1,679
HARNESS RACE EXPENSE	3,100
MEETINGS	5,506
ANIMAL AUCTION	2,830
BANK CHARGES	1,912
SPECIAL DAY EXPENSES	3,267
MISCELLANEOUS	8,259
TOTAL	<u><u>330,314</u></u>

FORM 990EZ, PART II, LINE 24
OTHER ASSETS SCHEDULE 3

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	14,947	392
HISTORICAL ARTIFACTS	749	749
TOTAL	<u><u>15,696</u></u>	<u><u>1,141</u></u>

Federal Supporting Statements**2009**

Name(s) as shown on return

FEIN

**FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3**

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE/ACCRUED EXPEN	23,015	16,531
PAYROLL LIABILITIES	2,647	1,632
NOTES PAYABLE	494,120	482,729
TOTAL	519,782	500,892

**FORM 990EZ, PART I, LINE 8
OTHER REVENUES SCHEDULE 2**

DESCRIPTION	AMOUNT
OFF SEASON STORAGE	23,860
OFF SEASON EVENTS	8,300
REMEMBERING YESTERYEAR	2,285
INSURANCE CLAIM/ RESTITUTION	1,275
MISCELLANEOUS INCOME	190
TOTAL	35,910

JENNIFER RHODES

EXPLANATION

ANNUAL SALARY

Name(s) as shown on return

FEIN

FOWLERVILLE AGRICULTURAL SOCIETY

38-6087812

LINE 14 - OCCUPANCY, RENT, UTILITIES AND MAINTENANCE

Description	Amount
BUILDING MAINT	\$ 7,416
EQUIPMENT MAINT	3,909
GROUNDS MAINT	3,668
MAINT OTHER	1,793
GARBAGE REMOVAL	933
DEPR BUILDG	15,935
DEPR EQUIP	5,819
DEPR IMPROVE	17,966
EQUIP RENTAL	9,687
GARBAGE REMOVAL	4,000
ICE	1,895
ELECTRIC	13,782
EQUIP EXP	71
HEAT AIR	2,260
PHONE YELLOW PAGES	2,749
POST BOX RENTAL	36
WATER	3,725
RENTALS EQUIP	3,308
VILLAGE REPAIRS	7,251
GRANDSTAND REPAIRS	87
EQUIPMENT RENTAL	11,989
LAND RENTAL	9,000
GARBAGE REMOVAL	5,880
Total:	\$ 133,159

LINE 15 PRINTING, POSTAGE, SHIPPING

Description	Amount
ADVERTISING FAIR	\$ 17,388
POSTAGE	1,225
OFFICE ALL	5,453
ADVERTISING OFF SEASON	1,069
Total:	\$ 25,135

FORM 990-T, PART I, LINE 12 - OTHER INCOME

Description	Amount
OFF SEASON STORAGE	\$ 23,860
Total:	\$ 23,860

990

Overflow Statement

2009
Page 2

Name(s) as shown on return

FEIN

FOWLERVILLE AGRICULTURAL SOCIETY

38-6087812

ESTIMATED TAX DEPOSITS

Description	Amount
1/13/10	\$ 156
3/3/10	156
6/16/10	156
9/10/10	156
9/30/10	156
Total:	<u>\$ 780</u>