See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Oct 1 , 2009, and ending Sep 30 , 2010

FEB 14 2011

Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization
DUBUQUE COUNTY FAIR ASSOCIATION

Number and street (or P O box if mail is not delivered to street addr) | Room/suite
5025 WOLFF ROAD | 102

City, town or country | State | ZIP code + 4
DUBUQUE | IA | 52002-2117

D Employer Identification Number
42-0781909

E Telephone number
(563) 588-1406

G Gross receipts $ 1,174,213.

F Name and address of principal officer
Jamie Blum 2035 Hummingbied Lane Dubuque IA 52002

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

Tax-exempt status: ☒ 501(c) (5) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

Website: ► N/A

H(c) Group exemption number ► N/A

Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► | **L** Year of Formation 1938 | **M** State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: COUNTRY FAIR ACTIVITIES,MUSICAL ENT.,STOCK RACES & CONCESSIONS

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of employees (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	186,428.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25,519.	20,942.
9	Program service revenue (Part VIII, line 2g)	174,612.	168,717.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,723.	233.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	265,781.	314,807.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	467,635.	504,699.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	168,673.	187,034.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	364,744.	318,886.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	533,417.	505,920.
19	Revenue less expenses. Subtract line 18 from line 12	-65,782.	-1,221.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	911,351.	859,432.
21	Total liabilities (Part X, line 26)	88,037.	35,425.
22	Net assets or fund balances Subtract line 21 from line 20	823,314.	824,007.

SCANNED MAR 16 2011

RECEIVED
FEB 18 2011
1090 IRS-OSC
OGDEN, UT

Part II Signature Block

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

Sign Here

► _____ _____
Signature of officer — Date

► _____
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► FREDERICK J. KNAPP, CPA	Date 02/13/11	Check if self employed ► ☐	Preparer's identifying number (see instructions) P00852674
Firm's name (or yours if self-employed), address, and ZIP + 4 ► KNAPP & PURDY CPAS 5025 WOLFF ROAD, STE. 102 DUBUQUE IA 52002		EIN ► 42-1509226 Phone no ► (563) 583-9960	

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

B13 23

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

COUNTRY FAIR ACTIVITIES,MUSICAL ENT.,STOCK RACES & CONCESSIONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $_____ including grants of $_____) (Revenue $_____)

DUBUQUE FAIR ASSOCIATION FAIR ACTIVITIES INCLUDE LIVESTOCK AND FARM ACTIVITIES AS WELL AS MUSICAL ENTERTAINMENT STOCK CAR RACES,AND CONCESSIONS. A TOTAL OF 70,674 PERSONS ATTENDED THE ANNUAL FAIR

4b (Code _____) (Expenses $_____ including grants of $_____) (Revenue $_____)

4c (Code. _____) (Expenses $_____ including grants of $_____) (Revenue $_____)

4d Other program services. (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ►

Part 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
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		X
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• Did the organization report an amount for investments– other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*			
	• Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*			
	• Did the organization 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 organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* (12 A: Yes ; No X)			
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		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b		X
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		X
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 a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I*	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

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		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		
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 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 0		
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	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from other members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
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 Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 24		
b	Enter the number of voting members that are independent	1b 24		
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	X	
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or 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		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	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	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, 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		X
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		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► Iowa

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 ☐ Another's website ☒ Upon request

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

► JAMIE BLUM 14459 OLD HIGHWAY ROAD,DUBUQUE IA 52002-9602 (563) 588-1406

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees See instructions for definition of 'key employees.'
- 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) Name and Title	(B) Average hours per week	(c) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMIE BLUM MANAGER	58.00				X			40,000.	0.	0.
BONNIE AVENARIUS DIRECTOR	12.00	X						0.	0.	0.
JEFF AVENARIUS PRESIDENT	18.00	X						0.	0.	0.
MARLA AVENARIUS DIRECTOR	2.00	X						0.	0.	0.
DARYL BIECHLER 1ST VP	18.00	X						0.	0.	0.
RICHARD BRADLEY DIRECTOR	3.00	X						0.	0.	0.
PAUL COATES DIRECTOR	2.00	X						0.	0.	0.
KEVIN DONOVAN DIRECTOR	16.00	X						0.	0.	0.
MARY GANSEN DIRECTOR	10.00	X						0.	0.	0.
VIRGIL HAMMERAND DIRECTOR	2.00	X						0.	0.	0.
JEFF HEFEL DIRECTOR	2.00	X						0.	0.	0.
FRED HENNEBERRY DIRECTOR	18.00	X						0.	0.	0.
DON JECKLIN DIRECTOR	2.00	X						0.	0.	0.
ROBERT KENEALLY DIRECTOR	3.00	X						0.	0.	0.
SHANNON LUNDGREN DIRECTOR	2.00	X						0.	0.	0.
MARTY MCLAIN 2 ND VP	20.00	X						0.	0.	0.
RANDY MCLAIN DIRECTOR	4.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont.)*

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BETH OBERHOFFER DIRECTOR	5.00	X						0.	0.	0.
ANGIE RUDEN DIRECTOR	12.00	X						0.	0.	0.
TIM RUDEN DIRECTOR	7.00	X						0.	0.	0.
JIM SIEGERT DIRECTOR	4.00	X						0.	0.	0.
JERRY SIGWARTH DIRECTOR	12.00	X						0.	0.	0.
DAN WALLER DIRECTOR	2.00	X						0.	0.	0.
TERRY WALLER DIRECTOR	3.00	X						0.	0.	0.
WILLIAM WALTERS DIRECTOR	14.00	X						0.	0.	0.
1b Total ►								40,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ►

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ►

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	20,342.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	600.			
	g Noncash contribns included in lns 1a-1f	$				
	h **Total.** Add lines 1a-1f		20,942.			
PROGRAM SERVICE REVENUE		Business Code				
	2a GATE RECEIPTS	900099	168,717.	0.	0.	168,717.
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		168,717.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		233.	0.	0.	233.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents	112,542.	21,437.			
	b Less: rental expenses	36,091.	6,875.			
	c Rental income or (loss)	76,451.	14,562.			
	d Net rental income or (loss)		91,013.	76,451.	14,562.	0.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a	786,097.			
	b Less: cost of goods sold	b	626,548.			
	c Net income or (loss) from sales of inventory		159,549.	0.	137,895.	21,654.
	Miscellaneous Revenue	Business Code				
	11a DCFA CATERING	900099	15,862.	15,862.	0.	0.
	b CATERING	900099	2,342.	0.	2,342.	0.
	c POP CAN RETURN	90009	930.	0.	930.	0.
	d All other revenue		45,111.	14,412.	30,699.	0.
	e **Total.** Add lines 11a-11d		64,245.			
	12 **Total revenue.** See instructions		504,699.	106,725.	186,428.	190,604.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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	35,440.			
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	128,939.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	10,202.			
10 Payroll taxes	12,453.			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	7,474.			
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,723.			
14 Information technology				
15 Royalties				
16 Occupancy	51,083.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,084.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,810.			
23 Insurance				
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FOOD AND BEVERAGE	97,529.			
b TELEPHONE	5,090.			
c ADVERTISING	3,773.			
d POSTAGE	2,404.			
e MAINTENANCE	21,765.			
f All other expenses	75,151.			
25 Total functional expenses Add lines 1 through 24f	505,920.			
26 **Joint costs.** Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		12,485.	1	34,567.
	2	Savings and temporary cash investments		35,620.	2	35,457.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		19,751.	4	0.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		23,728.	8	9,808.
	9	Prepaid expenses and deferred charges		27,784.	9	23,190.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,004,183.			
	b	Less accumulated depreciation	10b 2,247,773.	791,983.	10c	756,410.
	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)		911,351.	16	859,432.
LIABILITIES	17	Accounts payable and accrued expenses		8,907.	17	9,118.
	18	Grants payable			18	
	19	Deferred revenue		500.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		78,630.	24	26,307.
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		88,037.	26	35,425.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► ☐ and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		823,314.	32	824,007.
	33	Total net assets or fund balances		823,314.	33	824,007.
	34	Total liabilities and net assets/fund balances		911,351.	34	859,432.

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ 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 the Single Audit Act and OMB Circular A-133?	3a		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

DUBUQUE COUNTY FAIR ASSOCIATION

Employer identification number

42-0781909

Pt VI-B, Line 11A A PRELIMINARY DRAFR IS GIVEN TO THE FINANCE COMMITTE

Pt VI-B, Line 11A & REVIEWED BEFORE FINALIZING AND FORWARDING TO THE IRS

Pt VI-B, Line 12c ON AN ANNUAL BASIS, @ THE ANNUAL BOARD MEETING THE

Pt VI-B, Line 12c CONFLICT OF INTEREST POLICY IS REVIEWED AND EACH

Pt VI-B, Line 12c BOARD MEMBER SIGNS A NEW CONFLICT OF INTEREST POLICY

Pt VI-A, Line 2 TWO OF THE BOARD MEMBERS ARE MARRIED &TWO OF THE

BOARD MEMBERS ARE COUSINS

Pt VI-B, Line 15 THE BOARD ANNUALY REVIEWS THE MANAGER'S SALARY & APPROVES

Schedule O: Supplemental Information to Form 990

Supplemental Information Smart Worksheet

QuickZoom here to Schedule O, page 2

Note: Enter information specific to any of the following below:
Form 990, Page 2, Part III, Line 2, or Line 3. (**Note**: Line 4d has its own supplemental overflow statement.)
Form 990, Page 5, Part V Line 3b
Form 990, Page 6, Part VI, Section A, Lines 2-7b, 8a, or 8b. (**Note**: Line 9 has its own supplemental overflow statement)
Form 990, Page 6, Part VI, Section B, Lines 10b, 11A, 12c, 15a, and 15b
Form 990, Page 6, Part VI, Section C, Line 19
Form 990, Page 12, Part XI, Line 1
Form 990, Page 12, Part XI, Line 2c
Form 990, Page 12, Part XI, Line 3b
Form 990, Sch E, Line 4d, 5h, 6b and 7

Choose a specific line number from the Line Number picklist and enter an explanation. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O page 2 if needed.

Line Number	Explanation
Pt VI-B, Line 11A	A PRELIMINARY DRAFR IS GIVEN TO THE FINANCE COMMITTE
Pt VI-B, Line 11A	& REVIEWED BEFORE FINALIZING AND FORWARDING TO THE IRS
Pt VI-B, Line 12c	ON AN ANNUAL BASIS, @ THE ANNUAL BOARD MEETING THE
Pt VI-B, Line 12c	CONFLICT OF INTEREST POLICY IS REVIEWED AND EACH
Pt VI-B, Line 12c	BOARD MEMBER SIGNS A NEW CONFLICT OF INTEREST POLICY
Pt VI-A, Line 2	TWO OF THE BOARD MEMBERS ARE MARRIED &TWO OF THE
	BOARD MEMBERS ARE COUSINS
Pt VI-B, Line 15	THE BOARD ANNUALY REVIEWS THE MANAGER'S SALARY & APPROVES

Note. Enter the line number and explanation for lines **not** mentioned above here. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O, page 2 if needed.

Line Number	Explanation

Sch. B, page 2 (Copy 1): Contributors

General Information Smart Worksheet

A Description for this copy of Schedule B, Part I . . . Copy 1

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545 0172

2009

Attachment Sequence No **67**

Name(s) shown on return

DUBUQUE COUNTY FAIR ASSOCIATION

Identifying number

42-0781909

Business or activity to which this form relates

Form 990 / Form 990EZ

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	$250,000.
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	$800,000.
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	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

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 instrs)	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	

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	46,685.
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		2,197.	15 YR		S/L	73.
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					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	VariousAR	8,128.	40 yrs	MM	S/L	52.

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	46,810.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A — Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles* **)**

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No **24b** If 'Yes,' is the evidence written? [X] Yes [ ] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B — Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	X	
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	X	
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		X
Note: *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles*		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 **Total.** Add amounts in column (f) See the instructions for where to report				**44**	

Supporting Statement of:

Form 990 p 9/Government Grants

Description	Amount
AIF	15,650.
DUBUQUE COUNTY	4,692.
Total	20,342.

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
CLARA HAUBER MEMORIAL	100.
TRI STATE AG	500.
Total	600.

Supporting Statement of:

Form 990 p 9/Real Gross Rents

Description	Amount
TV/DVD RENTAL	84.
SOUND SYSTEM	294.
TABLE/CHAIR RENTAL	1,670.
DECORATION	13,055.
GRANDSTAND	756.
SPEEDWAY	26,040.
BALLROOM	32,517.
STORAGE	13,170.
4-H BLDG	8,173.
CREATIVE ARTS BLDG	3,402.
GROUNDS	4,658.
BARN	2,165.
FESTIVAL AREA	147.
FARMERS MARKET	168.
CAMPING	4,353.
HORSE ARENA	420.
JULIAN	1,470.
Total	112,542.

Supporting Statement of:

Form 990 p 9/Real Rental Expenses

Description	Amount
MAINTENANCE	2,352.
SALARIES	13,936.
EMP INSURANCE	812.
MGR SALARY	3,830.
UTILITIES	5,521.
P/ROLL TAX	1,346.
ADV	408.
TELEPHONE	550.
TRAVEL	46.
PRINTING	171.
LAUNDRY	146.
POSTAGE	259.
INSURANCE	2,785.
WORKERS COMP	198.
PERMITS	275.
ACCTG	808.
DECORATION EXP	70.
BANQUET EQUIP	68.
OFFICE	402.
SIMPLE IRA	290.
OPER SUPPLIES	1,789.
MISC	29.
Total	36,091.

Supporting Statement of:

Form 990 p 9/Personal Gross Rents

Description	Amount
TVD	16.
SOUND SYSTEM	56.
TABLE RENTAL	318.
DECORATION	2,487.
GRANDSTAND	144.
SPEEDWAY	4,960.
BALLROOM	6,194.
STORAGE	2,509.
4-H BLDG	1,557.
CREATIVE ARTS BLDG	648.
GROUNDS	887.
BARN	412.
FESTIVAL	28.
FARMERS MARKET	32.
CAMPING	829.
HORSE ARENA	80.
JULIAN	280.
Total	21,437.

Supporting Statement of:

Form 990 p 9/Personal Rental Expenses

Description	Amount
MAINTENANCE	448.
SALARIES	2,655.
EMP INS	154.
MGR SALARY	729.
UTILITIES	1,052.
P/ROLL TAX	257.
ADV	78.
TELEPHONE	105.
TRAVEL	9.
PRINTING	32.
LAUNDRY	28.
POSTAGE	49.
INSURANCE	531.
WORKERS COMP	37.
PERMITS	52.
ACCTG	154.
DEC EXP	13.
BANQUET EQUIP	13.
OFFICE	77.
SIMPLE IRA	55.
OPER SUPPLIES	341.
MISC	6.
Total	6,875.

Supporting Statement of:

Form 990 p 9/Gross sales of inventory

Description	Amount
WILD WEST INCOME	52,074.
HOME SHOW INCOME	4,154.
NEW YEARS EVE INCOME	5,963.
BLUE RIBBON BANQUET INCOME	14,214.
BLUE BREAKFAST INCOME	9,483.
SWEETHEART BALL INCOME	6,913.
FREEDOM BALL INCOME	946.
HOLLY BALL INCOME	5,672.
POLKA FEST INCOME	19,749.
PORK BANQUET INCOME	2,391.
STEAK FRY INCOME	988.
PRIME RIB DINNER INCOME	1,381.
MEGA GARAGE SALE INCOME	3,115.
POKER TOURNAMENT INCOME	3,264.
OTHER EVENTS INCOME	72,823.
AUCTION KITCHEN INCOME	7,299.
XMAS PARTY INCOME	1,778.
FAIR INCOME	494,624.
WEDDING INCOME	79,266.

Continued

Supporting Statement of:

Form 990 p 9/Gross sales of inventory

Description	Amount
Total	786,097.

Supporting Statement of:

Form 990 p 9/Cost of Goods Sold

Description	Amount
WLD WEST INCOME	9,706.
HOME SHOW EXP	2,361.
NEW YEARS EVE EXP	4,782.
BLUE RIBBON BANQUET BANQUET EXP	6,653.
BLUE RIBBON BREAKFAST EXP	2,689.
SWEETHEART BALL EXP	3,440.
FREEDOM BALL EXP	2,971.
HARVEST BALL EXP	662.
HOLLY BALL EXP	3,960.
POLKA FEST EXP	14,642.
PORK BANQUET EXP	2,682.
DIRECTOR STEAK FRY EXP	627.
PRIME RIB DINNER EXPENSE	1,055.
MEGA GARAGE SALE EXP	505.
POKER TOURNAMENT EXP	1,393.
OTHER EVENTS EXP	13,287.
FAIR EXPENSES	555,133.
Total	626,548.

Form 990 p 9: Part VIII Statement of Revenue

Line 11d - All Other Revenue Smart Worksheet

The total of the following items carry to line 11d below.

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
EVENT GRATUITY	26,369.	0.	26,369.	0.
DIRECTORS GRATUITY	6,177.	6,177.	0.	0.
SECURITY	2,910.	2,910.	0.	0.
MISC	3,047.	3,047.	0.	0.
See See All Other Revenue Smart Worksheet	6,608.	2,278.	4,330.	0.

Form 990, Page 10, Line 11d
See All Other Revenue Smart Worksheet

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
BARN SIGN ADV	1,800.	1,800.	0.	0.
4-H SCHOLARSHIP INCOME	25.	25.	0.	0.
VAN RENTAL	30.	0.	30.	0.
SERVICE CHARGE	453.	453.	0.	0.
CATERING PER PLATE	690.	0.	690.	0.
CATERING-KITCHEN	3,610.	0.	3,610.	

Supporting Statement of:

Form 990 p 11/Line 2, column (B)

Description	Amount
SAVINGS DUPACO	39.
MONEY MARKET DUPAO	518.
SAVINGS DB&T	685.
SAVINGS DB & T	19,930.
ESTATE A/C	14,285.
Total	35,457.

Supporting Statement of:

Form 990 p 10/Line 5 col (A)

Description	Amount
EXECUTIVE DIRECTOR	35,440.
Total	35,440.

Supporting Statement of:

Form 990 p 10/Line 9 col (A)

Description	Amount
HEALTH INS	7,517.
SIMPLE PLAN EXP	2,685.
Total	10,202.

Form 990 p 10: Part IX Statement of Functional Expenses

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet

To enter assets, **QuickZoom** to Asset Entry Worksheet .
To view a calculated report of all depreciation information for Form 990, **QuickZoom** to the Depreciation/Amortization Report . .
QuickZoom to Form 4562 for Form 990 .

The following items carry to line 22 below.

	Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A	Depreciation	46,810.			
B	Depletion				
C	Amortization				

Form 990 p 10: Part IX Statement of Functional Expenses

Line 24f - All Other Expenses Smart Worksheet

The total of the following items carry to line 24f below.

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LAUNDRY	1,360.			
OPERATING SUPPLIES	16,554.			
DECORATIONS	644.			
BANQUET EQUIP	625.			
See See All Other Expenses Smart Worksheet	55,968.			

Form 990, Page 10, Line 24f
See All Other Expenses Smart Worksheet

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PERMITS	2,547.			
MISC	281.			
INSURANCE	25,769.			
WORKERS COMP	1,829.			
MEALS	429.			
PRINTING	1,585.			
TRAVEL	1,736.			
EDUCATION	624.			
MILEAGE	128.			
GIFTS	238.			
SCHOLARSHIP PAYOUT	1,000.			
DUES	2,616.			
LEGAL FEE	100.			
CREDIT CARD/BANK FEES	6,434.			
FAIR QUEEN SCHOLARSHIP	500.			
CONTRACTUAL LABOR	9,092.			
REPAIR	307.			
PROPERTY TAX	753.			