

## 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



Form

Department of the Treasury

### **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

			The organization may have to use a copy of this return to such				inspection.
<u>A</u>	For the 200	9 calendar y	ar, or tax year beginning $11/01/09$ , and ending $10/$	31/10			
В	Check if applica	able Please	C Name of organization		<b>!</b> :	D Emplo	oyer Identification number
$\overline{}$	Address chang	use IRS	Gratiot County Fair for Youth	<u> </u>			
Ħ.		label or	Doing Business As	_		38-	-6109129
<u> </u>	Name change	print or type.	Number and street (or P O box if mail is not delivered to street address)	Ro	om/suite		hone number
الل	Initial return	See	214 East Center Street	"			9-875-5292
-	Termination	Specific		l l		G Gross reco	
$\Box$		Instruc-	City or town, state or country, and ZIP + 4		F	GIUSS IEU	spis 3 000,000
$\sqsubseteq$	Amended return		Ithaca MI 48847				
	Application per	nding F Nam	e and address of principal officer		] '		a group return for
					1,	affiliat H(b) Are al	l affiliates
		l				includ	
						If "No.	," attach a list. (see instructions)
1	Tax-exempt	status X	501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527				
J	Website:	► www.	gcffy.org		1	H(c) Group	exemption number
	Type of organi		rporation Trust Association Other	L Year		50	M State of legal domicile MI
******	art i	Summa			<u> </u>		
			-				
	1 Bne	tly describe	he organization's mission or most significant activities:				
_	l c	OUNTY F	AIR FOR YOUTH				
8							
au	İ						
Ĕ							
ð	2 Che	ck this box	If the organization discontinued its operations or disposed of more to	than 25% of	its net assets.		
Ö	3 Num	nber of voting	members of the governing body (Part VI, line 1a)			3	14
ος.		`	endent voting members of the governing body (Part VI, line 1b)			4	14
럂						5	1
Activities & Governance			employees (Part V, line 2a)			6	
Ā	6 Tota	i number of	volunteers (estimate if necessary)			<del></del>	·
	7a Tota	al gross unre	ated business revenue from Part VIII, column (C) Inc. 12 EIVED	10 l		7a	
	b Net	unrelated bu	siness taxable income from Form 990-1, line 34			7b	0
			d grants (Part VIII, line 1h)	!Q	Prior Year		Current Year
(ReDonAB	8 Con	tributions an	d grants (Part VIII, line 1h)	0-8		,838	174,235
£	9 Prog	gram service	revenue (Part VIII, line 2g)	] <u> </u>	375	,339	451,412
ക്ക	10 Inve	stment incor	ne (Part VIII, column (A), lines 3, 4, and 7d) OGDEN. UT			549	984
Ě			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		125	,648	63,952
>-		-	add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,374	690,583
Z¥X					33.	7	3337333
	l .		ar amounts paid (Part IX, column (A), lines 1–3)	<b>—</b>			
	1	-	or for members (Part IX, column (A), line 4)		2.4		24 707
	15 Sala	anes, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)	ļ <del></del>	34	,684	34,797
		fessional fun	draising fees (Part IX, column (A), line 11e)				
SES	<b>b</b> Tota	al fundraising	expenses (Part IX, column (D), line 25) > 24,094	<u> </u>			
SE SE	17 Othe	er expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)	l	488	,358	517,013
90	18 Tota	-	Add lines 13–17 (must equal Part IX, column (A), line 25)		523	,042	551,810
		•	penses. Subtract line 18 from line 12			,332	138,773
- S	10 1101	CHICC ICCO CA	periode. Cobstact and 10 from this 12	В.	eginning of Curre		End of Year
Net Assets or Fund Balances	20 Tota	al assets (Pa	rt X. line 16)			,469	387,118
Ass	21 Tota	,	Part X, line 26)			,	100,000
a se	21 1016	•	•	<u> </u>	150	,469	287,118
	7 - 11 PP 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1		nd balances Subtract line 21 from line 20			, 402	207,110
<u> </u>	art II		re Block	_			
		Under pena	ties of penury, I declare that I have examined this return, including accompanying sc	hedules and st	atements, and to	the best	of my knowledge
		and belief, i	is true, correct, and complete Reparation of preparer (other than officer) is based o	on all informatio	in of which prepa	irer nas an	y knowledge
Sig	ın		Eni Land			4	114 12011
He	-	Support	are of officer			Dote:	1 /
110	. 0	Signati				Date	
		D _ <i></i>	TIP COORDINATOR				
		▼ Type o	r print name and title				
_		Preparer's	William C. Khichmeto	Date	Check if	_	Preparer's identifying number (see instructions)
Pai		signature	William C. Hirschman, CPA	04/07/	11 self- employe	d▶ 「	P00283318
Pre	eparer's	<del></del>	Roslund, Prestage & Company,			T .	<b>38-2462587</b>
Us	e Only	Firm's name	300 Contains	1.0.		EIN	, 30 2402307
		if self-emplo				Phone	
		address, an	1111114/ 111 10001			no	<u> </u>
May	the IRS d	iscuss this re	eturn with the preparer shown above? (see instructions)				Yes No

Part III	Statement of Program S	ervice Accomplishments		
-	describe the organization's mission:			
COUN'	TY FAIR FOR YOUTH			
0 044				
	=	ant program services during the year which were not l	isted on	$\overline{}$ Yes $\overline{\overline{X}}$ No
· · · · · · · · · · · · · · · · · · ·	or Form 990 or 990-EZ? s," describe these new services on S	Shadula O		165 110
		make significant changes in how it conducts, any prog	ram	
servic	•	make significant changes in now it conducte, any prog		Yes X No
	s," describe these changes on Sched	ule O.		
		ts for each of the organization's three largest program	services by expenses.	
Section	n 501(c)(3) and 501(c)(4) organization	ons and section 4947(a)(1) trusts are required to repor	rt the amount of grants and	
alloca	tions to others, the total expenses, a	nd revenue, if any, for each program service reported.		
4a (Code		513,470 including grants of \$	) (Revenue \$	)
	•	L FAIR FOR THE YOUTH OF THE	HE COUNTY	
		IN AREAS SUCH AS RAISING	~	
LIVE	STOCK, HOME EC., C	SARDENING, FARM SAFETY, ETC	J.	
		•		
		•		
•				
	·			
•			·	
4b (Code	. ) (Expenses \$	including grants of \$	) (Revenue \$	)
	•	<u>.</u>		
•				
• •				
	•			
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>33</b>	, ,	•
	•			
44.00		et de O		
	program services. (Describe in Sche		(Povenue \$	1
	nses \$ program service expenses ▶	including grants of \$ )	(Revenue \$	
76 I Juli	hindiani on tion avhanges b		<del></del>	Form <b>990</b> (2009)
				/

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A Χ 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Х 4 Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," Х 6 complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х R complete Schedule D, Part III 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," X 9 complete Schedule D. Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X quasi-endowments? If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 Х VII, VIII, IX, or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • Did the organization report an amount for investments—other secunties 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 related 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 organization'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 statements for the tax year? If "Yes," complete Χ 12 Schedule D. Parts XI, XII, and XIII No 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes Х If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 Х organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services X 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19

20

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

_ <u>Pi</u>	art 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		}	v
	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			v
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		-	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			v
	employees? If "Yes," complete Schedule J	23	<del>                                     </del>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			\ •
_	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<del> </del>
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			<b>.</b>
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<del></del> -	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or			۱,,
	990-EZ? If "Yes," complete Schedule L, Part I	25b	<b>_</b>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			,,,
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			١,,
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1		7,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3,5
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		l	3,7
	Part IV	28c	<del>                                     </del>	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			\ <sub>37</sub>
	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,			\ <sub>V</sub>
	Part I	31	<del> </del>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			J.,
	Schedule N, Part II	32	<del> </del>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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,			v
	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	05		v
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			<sub>V</sub>
	organization? If "Yes," complete Schedule R, Part V, line 2	_36_	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	l	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	<sub>v</sub>
••	Part VI	37	<del>                                     </del>	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1 22	X	
	19? Note. All Form 990 filers are required to complete Schedule O	38	•	1 (0000)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			Т	
	5 · · · · · · · · · · · · · · · · · · ·			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1a 0			
	U.S. Information Returns Enter -0- if not applicable	1a 0 1b 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and report gaming (gambling) winnings to prize winners?	lable	1c	Ī	Х
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a   1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)			1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v			
	this return?	<b>'</b> -	3a	I	Χ.
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	•	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	nority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		<u>X</u>
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 Bar	nk			
	and Financial Accounts			1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ng		ł	
	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		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or .			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds	_		
	and services provided to the payor?		7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.		
٠	required to file Form 8282?	7d	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year				
θ	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers benefit contract?	oriar	7ө		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	2	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•	7g		
b 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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	•			
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.				
а	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:	1 1			
а	Gross income from 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			l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a	ļ	<del> </del>
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<b></b>		
			Forr	n 330	(2009)

98040 Form 990 (2009) Gratiot County Fair for Youth 38-6109129 Page 6 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 Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Х 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11 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 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

С	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

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 Other officers or key employees of the organization

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?

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?

Secti	ion (	C.	Di	sc	los	ure	3
-------	-------	----	----	----	-----	-----	---

17	List the states with which a copy of this Form 990 is required to be filed ▶ MI
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 X 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.

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 214 EAST CENTER STREET

organization > BRIAN GARDNER

MI 48847

989-875-5292

15a

15b

16a

Х

**ITHACA** 

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

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

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

(A) Name and Title	(B) Average						nnlv)	(D) Reportable	(E) Reportable	(F) Estimated	
Name and Tide	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
DARCY MARTYN								0	0		
PRESIDENT JOE BUTCHER		+	┢	-	-						
V. PRESIDENT				1				o	0		
AMY CRUMBAUGH		+-	-	$\vdash$	$\vdash$	-					
TREASURER			1					0	0		
NICOLE WHITMORE		+	<del> </del>		T	$\vdash$		<u> </u>			
SECRETARY	ļ	1						o	0		
JASON O'BOYLE		<del>                                     </del>	$\vdash$						<u>-</u>		
DIRECTOR								0	0		
CARL SZTUCZKO		1	$\vdash$								
DIRECTOR			ŀ					0	0		
BILL COURTER										· ·	
DIRECTOR								0	0		
BEN PRITCHARD											
DIRECTOR						<u> </u>	L	0	0		
MATT CARY			l								
DIRECTOR				_	<u> </u>			0	0		
MARK STORY											
DIRECTOR	ļ	_						0	0		
ARGIL WILLMAN	j								_		
DIRECTOR	ļ	—	┞	<u> </u>	ļ	ļ	<u> </u>	0	0		
JACOB SHERWOOD	1	1							_		
TEEN REP	<del>                                     </del>	+	$\vdash$	├	<u> </u>	-	-	0	0		
AMANDA FISHER									^		
TEEN REP	<del>                                     </del>	+	$\vdash$	-	$\vdash$	-	-	0	0		
KEVIN JEROME								0	0		
DIRECTOR		+	$\vdash$	├	$\vdash$	-	$\vdash$				
•											
	· · · · · · · · · · · · · · · · · · ·	+	├	├	$\vdash$	$\vdash$	-			<del> </del>	
		$\perp$				<u></u>					
DAA										Form 990 (20	

<u>Pa</u>	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average hours per	$\overline{}$		(chec	_	hat a		(D) Reportable compensation	(E) Reportable compensation		(F) Estima amour	ited	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	∞ 0 2	othe mpens from t rganiz and rel ganiza	er sation the ation ated	
	· ·													
					_									
<u>.</u>														
			_											<u>.</u>
			_							=				
			_											_
	· · · · · · · · · · · · · · · · · · ·													
												<u></u>		
1h	Total		<u> </u>				<u> </u>							
2	Total number of individuals (increportable compensation from	_			ose I	listed	l abo	_	who received more than \$1	00,000 in				
3	Did the organization list any for				stee	kev	emr	love	e or highest compensated				Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line	complete Schedu 1a, is the sum of	ile J Frep	for so	uch i le co	ndıvi mpe	dual nsat	ion a	and other compensation from			3		X
5	the organization and related or individual Did any person listed on line 1a									ıch		4		x
	services rendered to the organition B. Independent Contract	ization? If "Yes,"										5	· .	<u>x</u>
1	Complete this table for your fiv compensation from the organization	e highest comper ation	sate	d inc	depe	nder	t cor	ntrac			· <u>-</u>			
	Name and	(A) business address						-	Descrip	(B) bon of services		Co	(C) mpensa	ton
		<del></del>											<del></del>	
										<u></u>				
										·			-	
								-						
2	Total number of independent of	ontractors (includ	ling t	out n	ot lim	nited	to th	ose	listed above) who received					
<del></del>	more than \$100,000 in comper	nsation from the c	rgar	izatı	on 🕨							0	aan	

	III Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a					
b	Membership dues	1b		1			1
С	Fundraising events	1c	12,054				1
d	Related organizations	1d					1
8	Government grants (contributions)	10	-				1
_	All other contributions, grits, grants, and similar amounts not included above	1f	174,235				
g	Noncash contributions included in lines 1a	-1f \$		186,289			
n	Total. Add lines 1a-1f		D O. d.	100,209			<del></del>
			Busn. Code	363 435	363 435		<del></del>
2a				362,435	362,435		<del></del>
Ь			<del>                                     </del>	40,634	40,634		<del></del>
C				39,006	39,006		
d	<del></del>			6,000	6,000		
θ	OTHER			1,420	1,420		<del> </del>
	All other program service reve	nue		1,917	1,917		
9	Total. Add lines 2a-2f		<u> </u>	451,412			
3	Investment income (including	dividends,	interest, and				
	other similar amounts)		▶  _	984	984		
4	Income from investment of tax	-exempt b	ond proceeds 🕨 📙				
5	Royalties						
	(ı) Real		(II) Personal				1
6a	Gross Rents		8,011	1			
b	Less rental exps			1			
С	Rental inc or (loss)		8,011				1
d	Net rental income or (loss)	•	<b>&gt;</b>	8,011	8,011		
7a	Gross amount from (i) Securitie	es	(ii) Other				
	sales of assets other than inventory						
b					1		
~	basis & sales exps						
c	<b>.</b>						
d		I	•	Ţ	ĺ		Ť
	Gross income from fundraising eve	onte [					
oa	•	71165					
	(not including \$	,					
	of contributions reported on line 10	·					
١.	See Part IV, line 18	. a	-				
	Less direct expenses	. <b>b</b> ∟		1	ĺ		1
	Net income or (loss) from fund		ents >				
9a	Gross income from gaming activiti			I			1
	See Part IV, line 19	a		I			1
ı	Less direct expenses	b					<del> </del>
•	Net income or (loss) from gan		es 🕨				
10a	Gross sales of inventory, less			-			1
1	returns and allowances	a					1
b	Less cost of goods sold	b					1
_ <u>c</u>	Net income or (loss) from sale	s of invent	ory 🕨	<u></u>			
	Miscellaneous Revenu	ie	Busn. Code				
11a	PARKING FEES			22,050	22,050		
ь				11,369	11,369		
c				10,350	10,350		
ď				118	118		
			<b>&gt;</b>	43,887			
					504,294		

Form 990 (2009)

### 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).

	All other organizations must				
	not include amounts reported on lines 6b, , 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				<del></del>
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				<del></del>
_	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,797	32,644	2,153	
8	Pension plan contributions (include section 401(k)			2,120	
•	and section 403(b) employer contributions)			1	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
'' a	Management				
a b	Legal				
,	Accounting				
d	Lobbying		- +		
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	<u> </u>	. d. Adeath		
'	Other				
g 12	Advertising and promotion	6,116	6,116		
13	Office expenses	0,110	0,110		
14	Information technology	<del></del>			
15		· · · · · · · · · · · · · · · · · · ·			
16	Royalties Occupancy	15,666	15,666		
17	Travel	13,000	13,000		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
10					
19	Conferences, conventions, and meetings	<del>                                     </del>	<del></del>		
20	Interest	<del>                                     </del>		<del></del>	<del></del>
21	Payments to affiliates	9,414	9,414		<del></del>
22	Depreciation, depletion, and amortization	7,414	7,414		
23	Insurance				
0.4	Other evenesses thereing average and				
24	Other expenses. Itemize expenses not			1	
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed			1	
_	5% of total expenses shown on line 25 below )	245 500	245 500		<del> </del>
a	LIVESTOCK SALE PAYOUT	345,592	345,592		
b	EXHIBIT SALE PAYOUT	35,573	35,573		
C	REPAIR & MAINTENANCE	21,376	21,376		17 574
d	RODEO	17,574	10 743		17,574
0	SUPPLIES	10,743	10,743	10 000	<u> </u>
f	All other expenses	54,959	36,346	12,093	6,520
<u>25</u>	Total functional expenses.Add lines 1 through 24f	551,810	513,470	14,246	24,094
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				
DAA	fundraising solicitation	<u> </u>	<u></u>		Form <b>990</b> (2009)
_~~					20mm 2 <b>3U</b> (7009)

			(A)		(B)
1.			Beginning of year		End of year
1	Cash—non-interest bearing	<u> </u>	57,566	1 -	53,167
2	Savings and temporary cash investments	-		2	<del></del>
3	Pledges and grants receivable, net	<u> </u>	15.504	3	
4	Accounts receivable, net		17,504	4	77,889
5	Receivables from current and former officers, directors, to	- · · · · · · · · · · · · · · · · · · ·			
	employees, and highest compensated employees Comp	plete Part II of		_ #	
	Schedule L	<u> </u>		5	<del></del>
6	Receivables from other disqualified persons (as defined	<b>.</b>			
	4958(f)(1)) and persons described in section 4958(c)(3)(	B) Complete		Ŧ	
,	Part II of Schedule L	_		_6	
7 8	Notes and loans receivable, net	_		7	
8	Inventones for sale or use	_		8	
, 9	Prepaid expenses and deferred charges		903	9	75
10a	Land, buildings, and equipment cost or			1	
	other basis Complete Part VI of Schedule D	10a 322,388		1	
b	Less accumulated depreciation	10b 67,077	74,496	10c	255,31
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	)	150,469	16	387,118
17	Accounts payable and accrued expenses	<u>L</u>		17	·=·
18	Grants payable	<u>L</u>		18	
19	Deferred revenue	L		19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
21 22	Payables to current and former officers, directors, trustee	es, key			
	employees, highest compensated employees, and disqu	alified		- 1	
i	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 pa	irties		24	100,000
25	Other liabilities Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25			26	100,000
	Organizations that follow SFAS 117, check here ▶	X and			
<u> </u>	complete lines 27 through 29, and lines 33 and 34.			1	
27	Unrestricted net assets		150,469	27	287,118
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	** **
<b>i</b>	Organizations that do not follow SFAS 117, check he	ore ▶			<del>,</del>
	and complete lines 30 through 34.			- 1	
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
32	Retained earnings, endowment, accumulated income, or	F		32	
27 28 29 30 31 32 33 34	Total net assets or fund balances		150,469	33	287,118
34	Total liabilities and net assets/fund balances		150,469		387,118

Form **990** (2009)

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

3a

3b

### SCHEDULE À (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**Employer identification number** 

Open to Public Inspection

Yes

Gratiot County Fair for Youth 38-6109129 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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). (Complete Part II ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

and (m)	halam the seminar hadin of	the accepted assessment and	•	• •		44~(1)		
and (III)	below, the governing body of	the supported organization?				11g(i)	<del></del>	
(ii) A famıl	y member of a person describe	ed in (i) above?				11g(li)		
(iii) A 35%	controlled entity of a person d	escribed in (i) or (ii) above?				11g(iii)		
Provide the	following information about th	e supported organization(s)			_	-		
i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	(iv) is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col (l) of your	(vi) is the organization in col (i) organized in the	(vii) Amo supp		

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	∞l (l)	nization in	organizat (i) organi	is the tion in col zed in the S?	(vii) Amount of support
		(out moderation)	Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

h

<u>Sche</u>			<u>ity Fair f</u>			<u>-6109129_</u>	Page 2
Pa	Support Schedule for Or (Complete only if you che				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
Sec	tion A. Public Support						
	lendar 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						
<u>Sec</u>	tion B. Total Support						
Cal	lendar 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 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10						
	-	Coo instructions)	ŧ	I	l	12	·
12 12	Gross receipts from related activities, etc. (	•	nonnal third from	h as 60h +	n o codic= 504/-\		
13	First five years. If the Form 990 is for the	_	secona, tnira, tourt	n, or τίπη tax year a	is a section 501(c)	(3)	
Sec	organization, check this box and stop here tion C. Computation of Public Su		370				
				<b>/</b> A\		14	%
14 45	Public support percentage for 2009 (line 6,			(1))		<del>   </del>	<del>//</del>
15 46-	Public support percentage from 2008 Sche				4/2 0/ 24	15	
16a	33 1/3 % support test—2009. If the organi			s, and line 14 is 33	1/3 % or more, che	eck this box	
L	and stop here. The organization qualifies a		=	40 45-	:- 00 4/0 0/		
b	33 1/3 % support test—2008. If the organi				IS 33 1/3 % OF MOR	e, check this	
47~	box and stop here. The organization qualif				or 46h and line 44	io 100/. or	
17a	10%-facts-and-circumstances test—200	_					
	more, and if the organization meets the "factorization meets the "facto		•	•	•	v now the	
<b>L</b>	organization meets the "facts-and-circumst		-		_	no 1E in 100/	
b	10%-facts-and-circumstances test—200	_					
	more, and if the organization meets the "fact		•	•	•	v now the	▶ □
18	organization meets the "facts-and-circumst <b>Private foundation.</b> If the organization did		-		-	nstructions	
	realisation in the organization did	0 0 DOX 01	,				

Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	tion A. Public Support	conca inc box c	in line o or r ar	(1.)			-
	lendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include	(4, 2000		(6) 2001	(5) 2555	(4)-2-6-6	
	any "unusual grants ")	32,169	32,213	23,867	34,883	174,370	297,502
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	489,680	531,489	504,858	500,896	515,364	2,542,287
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	521,849	563,702	528,725	535,779	689,734	2,839,789
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	Amounts included on lines 2 and 3 received		}				
	from other than disqualified persons that		Ì				
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year					· · · -	
8 8	Add lines 7a and 7b  Public support (Subtract line 7c from						
	line 6)						2,839,789
	tion B. Total Support lendar year (or fiscal year beginning in)▶	(-) 2005	(b) 2000	(-) 0007	(4) 2000	(-) 0000	(D. TII
9	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Gross income from interest, dividends,	521,849	563,702	528,725	535,779	689,734	2,839,789
IVa	payments received on securities loans, rents, royalties and income from similar sources	427	663	567	549	984	3,190
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	427	663	567	549	984	3,190
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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,				$\overline{}$		
	and 12 )	522,276	564,365	529,292	536,328	690,718	2,842,979
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, s	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3	3)	▶ [
<u>Sec</u>	tion C. Computation of Public Sup	pport Percenta	ge				. <u> </u>
15	Public support percentage for 2009 (line 8,	` '	•	7))		15	99.8 <u>9</u> %
16	Public support percentage from 2008 Sched					16	99.91 %
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin		-	olumn (f))		17	<u>%</u>
18	Investment income percentage from 2008 S			4 and the 45 !	th 00 4/0 °	<u>18 ]</u>	%
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo	x and <b>stop here.</b> Th	ne organization qua	alifies as a publicly	supported organiza	ation	<b>▶</b> [∑
b	33 1/3 % support tests—2008. If the organ						▶ □
20	line 18 is not more than 33 1/3 %, check this <b>Private foundation</b> . If the organization did		=				<u> </u>

Schedule A (Form 990 or 990-EZ) 2009 Gratiot County Fair for Youth 38-6109129

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

Page 4

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

lame	e of the organization		Employe	r identification number
C.	ratiot County Fair for Youth		20 6	109129
	art I Organizations Maintaining Donor Advised Func- the organization answered "Yes" to Form 990, F			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	nting that grant funds can be		
	used only for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other		
	purpose conferring impermissible private benefit?		222 5	Yes No
-	art II Conservation Easements. Complete if the orga		990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al			
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impo		l area
	Protection of natural habitat	Preservation of certified historic str	ucture	
2	Preservation of open space	ation contribution in the form of a concentrati	on	
2	Complete lines 2a through 2d if the organization held a qualified conservation easement on the last day of the tax year	ation contribution in the form of a conservati	UII	
	out on the last cay of the last your			Held at the End of the Tax Year
а	Total number of conservation easements		2a	TION AL LIO BIN OF CITO TEXT TOWN
b			2b	· · · · · · · · · · · · · · · · · · ·
c		led in (a)	2c	
d		· •	2d	_
3	Number of conservation easements modified, transferred, released, extin		during	
	the taxable year			
4	Number of states where property subject to conservation easement is loc	cated <b>&gt;</b>		
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year		
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		□ v <sub>==</sub> □ v <sub>=</sub>
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation easement balance sheet, and include, if applicable, the text of the footnote to the organization.	•		
	the organization's accounting for conservation easements	gamzation's imandal statements that descri	Des	
Ps	art III Organizations Maintaining Collections of Art, F	distorical Treasures, or Other Sir	nilar As	ssets
• •	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet w	orks of	
	art, historical treasures, or other similar assets held for public exhibition,			∍,
	provide, in Part XIV, the text of the footnote to its financial statements tha	it describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in its r	revenue statement and balance sheet work	s of art,	
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public s	ervice,	
	provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	<b>\$</b>
2	If the organization received or held works of art, historical treasures, or of	•	the	
	following amounts required to be reported under SFAS 116 relating to the	ese items		
a	, ,		•	<u>s</u>
b	Assets included in Form 990, Part X		•	*
				<u> </u>

		ounty Fair f	or Youth	38-61	<u>.09</u> 129	Page 2
P	art III Organizations Maintaining C	Collections of Art,	Historical Treaso	ires, or Other S	imilar Assets	(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply).	and other records, chec	k any of the following	that are a significant	use of its	
а	Public exhibition	d Loar	or exchange program	ıs		
b	Scholarly research	e Othe				
С	Preservation for future generations					
4	Provide a description of the organization's collect Part XIV	ctions and explain how t	hey further the organiz	ation's exempt purpo	ose in	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive donations of art, he maintained as part of t	nistorical treasures, or he organization's colle	other similar		Yes No
Pa	art IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	ation answered "	Yes" to Form 9	990, Part
	IV, line 9, or reported an amo					
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other	assets not		
	included on Form 990, Part X?	•				Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table			
						Amount
С	Beginning balance				1c	<u>.                                  </u>
	Additions during the year				1d	
8	Distributions during the year				1e	
f	Ending balance		•		1f	
2a	Did the organization include an amount on Form	990 Part X line 212			<u> </u>	Yes No
	If "Yes," explain the arrangement in Part XIV					163 NO
	art V Endowment Funds. Comple	te if organization a	nswered "Yes" to	Form 990. Par	t IV. line 10.	
تستسد		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	,,,,,,	<u>-</u>			· · · · · · · · · · · · · · · · · ·
	Contributions					
	Net investment earnings, gains,					
•	and losses					
Ч	Grants or scholarships					
	Other expenditures for facilities					
·	and programs					
•	Administrative expenses					
,	End of year balance					
2	Provide the estimated percentage of the year en	l		l		l
٠,	Board designated or quasi-endowment	o/				
a 5	Permanent endowment > %	<sup>70</sup>				
	Term endowment ▶ %					
22		o of the arrangement on th	nt are held and admini	atorod for the		
Ja	Are there endowment funds not in the possession	on of the organization th	at are neid and admini	stered for the		Yes No
	organization by					
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
_	If "Yes" to 3a(ii), are the related organizations lis	•				3b
4	Describe in Part XIV the intended uses of the or			Dod V line 40		
Pa	rt VI Investments—Land, Building					(d) B - 1 1
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other	1	cumulated eciation	(d) Book value
_	Load	(mresument)	Dasis (Ollie)	, depr	1	
	Land			<del></del>	<del></del>	<del></del>
	Buildings			<del>-</del>		
C	Leasehold improvements		<del></del>			
d	Equipment		<del> </del>	<del></del>		
	Other	1.5	<u> </u>			
ota	I. Add lines 1a through 1e (Column (d) must equa	ıı ⊢orm 990, Part X, colı	ımn (B), line 10(c).)		<u> </u>	

Schedule D (Form 990) 2009 Gratiot County Fair fo	r Youth	38-6109129	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-yea	r market value
Financial derivatives			
Closely-held equity interests			
Other			
		-	
	<del></del>	<del> </del>	·
<del></del>		<del>                                     </del>	
<b></b>			
			<del> </del>
		<del></del>	
		<del> </del>	
			·· <del>_ ·</del> ·· <del>_ ·</del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII Investments—Program Related. See Form 990		.,	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
<u> </u>			
· · · · · · · · · · · · · · · · · · ·			
		<del></del>	· · · · · · · · · · · · · · · · · · ·
<del></del>			· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	
Total (Column (b) must equal Form 990, Part X, col. (R) line 13.)		1	······································
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.	L	<u> </u>	
(a) Description			(b) Book value
(a) Bessipasii			<b>(-)</b>
	· · · · · · · · · · · · · · · · · · ·		
		-	
	<u></u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	<u> </u>		
Part X Other Liabilities. See Form 990, Part X, line 25		F	<del></del>
1 (a) Description of liability	(b) Amount		
Federal income taxes		_	
	ļ	_	
		_	
		_	
		_	
		4	
		4	
		4	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organiz	ation's financial statement	s that reports the	
organization's liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 Gratiot County Fair for Yout	h	38-61091	29_		Page 4
Pε	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audite	ed Financial Statem	ents		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		<del>-</del>	1		 
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		 
4	Net unrealized gains (losses) on investments			4		 
5	Donated services and use of facilities			5		
6	Investment expenses .			6		
7	Prior period adjustments			7		 
8	Other (Describe in Part XIV.)			8		 
9	Total adjustments (net). Add lines 4 through 8			9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10		 -
	rt XII Reconciliation of Revenue per Audited Financial Statem	ents Wi	th Revenue per Ret			 
1	Total revenue, gains, and other support per audited financial statements			1		 
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.	I			
a	Net unrealized gains on investments	2a	<u> </u>	-		
b	Donated services and use of facilities	2b	<del> </del>	-		
	Recovenes of prior year grants	2c	<del></del>	-		
d	,	2d	<u>.                                    </u>	┨╻		
_	Add lines 2a through 2d		••	2e 3		
3	Subtract line 2e from line 1	1	1	3		 _
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,_				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	<del></del>	$\dashv$ ]		
	Other (Describe in Part XIV)	40	<del></del>	-   4c		
C E	Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		 
5 D+	Int XIII Reconciliation of Expenses per Audited Financial Statem	nents W	ith Eynenses ner R			
1	Total expenses and losses per audited financial statements	iioiito vi	Ten Expended per it	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	2a	1			
	Prior year adjustments	2b		7 ]		
c	Other losses	2c		7		
d	Other (Describe in Part XIV )	2d		7		
9	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV)	4b		7		
	Add lines 4a and 4b			4c	i.	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	•		5		
Pa	rt XIV Supplemental Information					 
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, III	nes 1a and	d 4; Part IV, lines 1b			
	2b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lin					
	art to provide any additional information		·			
•	•					
			· <b></b>			 
	<del> </del>					 
			- <b></b>	. – –		 <b>– –</b>
			= =	=		 
					_ <b>_</b>	 
						 - <b>-</b>
					=	 
			<del>-</del>			 

Schedule D (Fo	orm 990) 2009	Gratiot	County Fair	for Youth	38-6109129	Page 5
Part XIV	Suppleme	ntal Informatio	County Fair on (continued)			
<del>-</del> -						
<b>-</b>		· <b>-</b>	<del>-</del>			
	<b>_</b> _				- <b>-</b>	
					<b></b>	
					<del> </del>	
						<del>-</del> -
		·			<del></del>	
		- <b></b> -				
		<del>-</del>				<del>_</del>
		. <b>-</b>				
					<b></b>	
<b>-</b>						
		<del>-</del>				
<b></b> -		- <del></del>				

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Gratiot County Fair for Youth

Employer identification number 38-6109129

Form 990, Part III, Line 4d - All Other Achievements

PROVIDE AN ANNUAL LOCAL FAIR FOR THE YOUTH OF THE COUNTY

TO PROMOTE EDUCATION IN AREAS SUCH AS RAISING LIVESTOCK,

HOME EC., GARDENING, FARM SAFETY, ETC.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 Reviewed by Fair Director and various members of the board.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board Review of Policies as needed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Board reviews and approves all wage adjustments.

Form 990, Part VI, Line 15b - Compensation Process for Officers N/A

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available to the public upon written request.

Form 4562

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

► See separate instructions. Identifying number Name(s) shown on return Gratiot County Fair for Youth 38-6109129 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost (b) Cost (business use only) (a) Description of property 6 7 Listed property Enter the amount from line 29 R Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 6,486 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 928 MACRS deductions for assets placed in service in tax years beginning before 2009 17 17 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 (c) Basis for depreciation (b) Month and year (d) Recovery (business/investment use (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property placed in penod service only-see instructions) 19a 3-year property 5-year property c 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs g 25-year property S/L h Residential rental 27 5 yrs MM property MM S/L 27 5 yrs. MM S/L 39 yrs Nonresidential real property мм S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year S/L MM 40 vrs c 40-vear Summary (See instructions.) Part IV 21 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 9,414 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

98040 Gratiot County Fair for Youth	61	1/2010
98040 Gratiot Co	38-6109129	FYE: 10/31/2010

# Federal Statements

	Form 990, I	Form 990, Part IX, Line 24f - All Other Expenses	f - All Oth	ner Expenses				
Description		Total Expenses		Program Service	Manag Ger	Management & General		Fund Raising
AWARDS	<b>₩</b>	9,595	₩	9,595	₩		ঞ	
MISCELLANEOUS		8,354		8,354				
COUNTY BOND		7,745				7,745		
PARKING		5,311		5,311				
FIREWORKS		4,000		4,000				
INSURANCE		3,821				3,821		
HORSE PULL EXPENSES		3,475		3,475				
DINNER AND DANCE		3,419						3,419
LIVESTOCK EXPENSES		-		3,056				
ENTERTAINMENT		1,956		1,956				
GOLF OUTING		1,891						1,891
OTHER FUND RAISING		1,210						1,210
PERMITS, LICENSES, AND FE		599		599				
DUES AND SUBSCRIPTIONS		527			ļ	527		
Total	₩.	54,959	w	36,346	\$	12,093	w	6,520