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Form

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

				1 mopostion
A For the 20	9 calendar year, or tax year beginning $11/01/09$, and ending $10/31/1$.0		<u> </u>
B Check if applic		i i	D Emplo	yer identification number
Address chan	e use RS SOUTHEAST MISSOURI DISTRICT FAIR	AS		
Name change	label or print or Doing Business As		43-	1179098
r -	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
Initial return	See 410 KIWANIS DRIVE	200	•	3-334-9250
Termination	Specific		G Gross rece	
f Amended retu		i i	0 01033 1000	1013 4
	F. Name and address of present office.		H(a) is this	a group return for
Application pe	iding F Name and address of principal officer		affiliate	
			H(b) Are all	affiliates
			include	
	status		IT NO,	attach a list (see instructions)
I Tax-exemp				
J Website			H(C) Group	exemption number
K Type of organ		Year of formation		M State of legal domicile MC
Part I	Summary			
1 Bne	fly describe the organization's mission or most significant activities			
o P	GRICULTURE			
ou l				
Ĕ				
2 Che	ck this box 🕨 🗍 if the organization discontinued its operations or disposed of more than 25%	6 of its net assets		
Activities & Governance 3 Nur 4 Nur 5 Total 6 Total	nber of voting members of the governing body (Part VI, line 1a)		3	12
g 4 Nur	ober of independent voting members of the governing body (Part VI, line 1b)		4	9
5 Total	il number of employees (Part V, line 2a)		5	48
6 Tota			6	100
₹ 72 Tot	al number of volunteers (estimate if necessary) Il gross unrelated business revenue from Part VIII, column (C), line 1 RECEIVED unrelated business taxable income from Form 990-T, line 34		7a	200
/a 100	RECEIVED	7	7b	0
D Net		Prior Year	1 / 0	Current Year
8 Cor	tributions and grants (Part VIII, line 1h)	21		
⊻ I	tributions and grants (Part VIII, line 1h) gram service revenue (Part VIII, line 2g) stment income (Part VIII, column (A), lines 3, 4, and 7d)	686	,401	687,092
3 10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)	!	72	4,449
2 11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) OGDEN, UT	4	,323	7,615
l l	Il revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,796	699,156
	nts and similar amounts paid (Part IX, column (A), lines 1–3)		,,,,,	033,130
l.			-	
~	efits paid to or for members (Part IX, column (A), line 4)	23	,916	26,764
5 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		, 910	20,704
2 8 16a Pro	essional fundraising fees (Part IX, column (A), line 11e)			
S C D lots	I fundraising expenses (Part IX, column (D), line 25)	F 4 0	045	F.C.C. 07.4
≽ " 17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		,845	566,074
≈ I	l expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		,761	592,838
IJ I\CV	enue less expenses Subtract line 18 from line 12	Beginning of Curre	,035	106,318
[기호 篇 ** * * * *	1	1,280		End of Year 1,386,909
	l assets (Part X, line 16)	1,280	, 391	1,300,909
To ēl	I liabilities (Part X, line 26)	1 200	E01	1 206 000
	assets or fund balances Subtract line 21 from line 20	1,280	, 591	1,386,909
Part II	Signature Block			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules at and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform			
	and belief, it is true, correct, and complete becariation of preparer (other trial officer) is based on all smooth	nation of which prepa	i 🖋 -	— /-
Sign				312111
Here	Signature of officer		Date	
	Signature or officer Weiss Treasures			
	Type or print name and title			
	Preparer's Date	Check if		Preparer's identifying number
Paid	Preparer's signature 02/0	colf		(see instructions) 500-80-0471
Preparer's	STANLEY, DIRNBERGER, HOPPER & AS			43-1500106
Use Only	Firm's name (or yours	200 1110	EIN D	-23 1300100
-	address, and ZIP + 4 CAPE GIRARDEAU, MO 63701-2171		Phone	573-334-3343
M 150 :			no 🕨	
May the IRS d	scuss this return with the preparer shown above? (see instructions)			Yes No

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

		Service Accomplishments	1173036	Page 2
1	Briefly describe the organization's mission AGRICULTURE			
3	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Did the organization cease conducting, of services? If "Yes," describe these changes on School Describe the exempt purpose achievement Section 501(c)(3) and 501(c)(4) organization.	r make significant changes in how it conducts, any pro	ogram m services by expenses ort the amount of grants and	Yes X No
S	(Code) (Expenses \$	564,536 including grants of \$ STRICT FAIR ASSOCIATION,) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Sch		(Parama f	
40	(Expenses \$ Total program service expenses ▶	including grants of \$)	(Revenue \$	
<u> →</u> ਦ	roan program service expenses	554,555		Form 990 (2009)

			_		
				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_	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				٠,,
	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,"				77
_	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_		77
	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,"				47
	complete Schedule D, Part IV		9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		ا ا		v
	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,		امدا	x	·
	VII, VIII, IX, or X as applicable		11		
•	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			i	
_	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 259 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				
-	Schedule D, Parts XI, XII, and XIII		12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<u> </u>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		х
ь	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	ì	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		Х
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	1	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			7	
	If "Yes," complete Schedule G, Part III		19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20	[Х
			Form	990	(2000)

	n 990 (2009) SOUTHEAST MISSOURI DISTRICT FAIR AS 43-11/9098		F	age
_ <u>Pa</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		162	100
	in the United States on Part IX, column (A), line 12 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	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
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	ĺ		
	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	ĺ		
	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?			
	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)			
а	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			37
	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,			v
^^	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
24	conservation contributions? If "Yes," complete Schedule M	30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
40	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
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11 and		T	

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19? Note All Form 990 filers are required to complete Schedule O

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				,	
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		25			
	U.S. Information Returns Enter -0- if not applicable	1a	35 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table			x	İ
	gaming (gambling) winnings to prize winners?	1 1	'	1c	├ ^	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_	48			
_	Statements, filed for the calendar year ending with or within the year covered by this return	2a	40	2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			25	† <u></u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				ļ	
20	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	v				
3a	this return?	,		3a		х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	nority				
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?			4a		х
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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1?		5b	<u> </u>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards	ng				
	Prohibited Tax Shelter Transaction?			5c	ļ	
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?			<u>6a</u>		X
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 good	as		70		
	and services provided to the payor?			7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			"		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1.5		
d e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers					
C	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	>		7f		
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	;		1		
	required?			7h	ļ	ļ
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	100				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ַנייט	·			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a	ŀ			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against		<u> </u>			
b	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 10	$\overline{}$		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				For	_n 990	(2009)

DAA

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

Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body	1a	12				
þ	Enter the number of voting members that are independent	_1b	9				
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?			L	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	ed?		L	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			L	5		X
6	Does the organization have members or stockholders?			L	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			}			}
	of the governing body?			L	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			Γ	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			i	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Ir	ternal			_		
	venue Code)						
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			ſ.	10a		Х
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			T	I2a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?			│	l2b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			F			
·	describe in Schedule O how this is done				I2c		
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?			<u> </u>	14		x
	Did the process for determining compensation of the following persons include a review and approval by			-	,,		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
_				- 1.			X
a	The organization's CEO, Executive Director, or top management official				5a		$\frac{\mathbf{x}}{\mathbf{x}}$
ь	Other officers or key employees of the organization			-	15b		
	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						v
	with a taxable entity during the year?			H	6a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate						
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					j	
	the organization's exempt status with respect to such arrangements?				6b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	ııy)					
	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	st					
	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 ► CHRIS WEISS 2480 EAST MAIN STF				<u> </u>		
JZ	ACKSON MO 637	55		572-	24	3-8	463

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."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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		(C) (D) (E) Position (check all that apply) Reportable Reportable compensation compensation							(F) Estimated
	hours per week	Individual trustee or director	The compensation from the compensation from related organizations (W-2/1099-MISC) The compensation from related organizations (W-2/1099-MISC)		amount of other compensation from the organization and related organizations					
PETE POE										
PRESIDENT								0	0	0
DAVE WHITE									I	
VICE-PRESIDE								0	0	0
MARILYN SCHOTT									1	
SECRETARY								0	0	0
CHRIS WEISS										
TREASURER		<u> </u>						0	0	0
		ļ				_				
	<u> </u>	<u> </u>	<u> </u>							
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		L						l		

Pa	rt VII · Section A. Officers	, Directors, Trus	tees	, Ke	y En	ıplo	yees	, an	d Highest Compensated E	Employees (continued)			
_	(A) Name and Title	(B) Average hours per			(chec			,	(D) Reportable compensation	(E) Reportable compensation		(F) timated rount of	
		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)	com fr org and	other pensation om the anization frelated inization	n
_													
		_											
			-										
													
			_										
													<u> </u>
		<u> </u>											
											<u> </u>		
													
	Total							_					
1 <u>b</u>	Total Total number of individuals (inc	=			ose l	isted	l abo	ve) v	who received more than \$10	00,000 in			
	reportable compensation from t			0								Ye	s No
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	le J 1	for su	uch II	ndivi	dual			_	3	_	x
4	For any individual listed on line the organization and related organization										4		x
5	Did any person listed on line 1a services rendered to the organi										5		x
Sec 1	tion B. Independent Contractor Complete this table for your five	ors								2 \$100 000 of			
	compensation from the organiz									(B)		(C) Compen	
	мане ан	nosiness address							Descript	IOII OI Selvices		Compen	sauon
						_							
						_							
												_	
	Total number of independent co	ontractors (includ	ng b	ut no	ot lim	ıted	to the	ose	listed above) who received		_		
DAA	more than \$100,000 in compen											0 nm 99	0 (2009)

<u></u>	<u>irt V</u>	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
ıts Its	1a	Federated campaigns	1a					
gran	þ	Membership dues	1b					1
s, c	С	Fundraising events	1c					
P P	d	Related organizations	1d					
S. E.	е	Government grants (contributions)	1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
nd	g	Noncash contributions included in lines 1a-	1f \$					
	h	Total. Add lines 1a-1f		.				
Program Service Revenue				Busn. Code				
ven	2a	ADMISSIONS			350,378			350,378
Re	b	CARNIVAL & CONCESSION	ONS		270,400			270,400
vice	С	CORPORATE SPONSORS			42,843			42,843
Ser	d	ENTRY FEES & HORSE	SHOW		23,421			23,421
am	е				50			50
ogr	f	All other program service rever	nue					
<u>-</u>	9	Total. Add lines 2a-2f		•	687,092		<u> </u>	
	3	Investment income (including of	ividends,	interest, and				
		other similar amounts)		▶ _	4,449			4,449
	4	Income from investment of tax-	exempt b	ond proceeds 🕨 📘				
	5	Royalties						
		(ı) Real		(ii) Personal				
	6a	Gross Rents						
	b	Less rental exps						
	С	Rental inc or (loss)						
		Net rental income or (loss)		>				
	' a	Gross amount from sales of assets (i) Securities	3	(ii) Other				
		other than inventory						
	b	Less cost or other						
		basis & sales exps						
		Gain or (loss)						1
		Net gain or (loss)	_				<u> </u>	
<u>o</u>	8a	Gross income from fundraising ever	nts					
Other Revenue		(not including \$						
Şe,		of contributions reported on line 1c)						
er		See Part IV, line 18	a					
盲		Less direct expenses	p[
_		Net income or (loss) from fundi		ents 🕨				
	9a	Gross income from gaming activities	1]			
		See Part IV, line 19	a					
		Less direct expenses	ь[
		Net income or (loss) from gami	ng activiti	es 🕨				
	10a	Gross sales of inventory, less	_					1
		returns and allowances	a					
		Less cost of goods sold	b	ory •				
	<u>c</u>	Net income or (loss) from sales Miscellaneous Revenue		Busn Code				
1	44 -		· · · · · · · · · · · · · · · · · · ·	Busil Code	5,500			E 500
	11a	RENTAL INCOME			2,115			5,500
	b	MISCELLAEOUS INCOME		 -	2,110			2,115
	C	All other reverses		 				
- 1		All other revenue Total. Add lines 11a–11d		•	7,615			
				[[699,156	0		699,156
	12	Total Revenue. See instruction	13	<u> </u>	055,150	<u> </u>		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).

	o not include amounts reported on lines 6b,			(C)	
	, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1					
	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,		j	J	
	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)	24,717	21,175	3,542	
7	Other salaries and wages	24,111	21,173	3,342	
8	Pension plan contributions (include section 401(k)	ľ			
9	and section 403(b) employer contributions) Other employee benefits				
	, ,	2,047	1,775	272	
10 11	Payroll taxes Fees for services (non-employees)	2,031		2,2	
	Management		.		
a b	Legal				
c	Accounting	2,935		2,935	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	25,603	25,603		
13	Office expenses	7,721	3,553	4,168	
14	Information technology			•	
15	Royalties				
16	Occupancy	29,878	29,878		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	42,093	33,268	8,825	
20	Interest	39		39	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,510	7,865	645	
23	Insurance	13,661	13,661		
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)	140 701	142 701		
a	ENTERTAINMENT	142,701	142,701		
b	TRASH DISPOSAL	54,885 53,040	53,040		
C	PRIZES AND AWARDS	52,051	52,051		
d	CONCESSIONS FOLLEMENT BENT	50,143	50,143		
e	EQUIPMENT RENT	82,814	74,938	7,876	
75	All other expenses	592,838	564,536	28,302	
25 26	Total functional expenses. Add lines 1 through 24f	392,036	304,330	20,302	
20	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				
DAA	Torrest aloning domentation				Form 990 (2009)

<u>P</u>	art >	Ralance Sheet								
	-				(A)		(B)			
					Beginning of year		End of year			
	1	Cash—non-interest bearing			112,235	_1_	193,295			
	2	Savings and temporary cash investments			250,762	2	255,039			
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net				4				
	5	Receivables from current and former officers, directors, tro	ustees, key							
		employees, and highest compensated employees. Comple								
	ĺ	Schedule L				_5				
	6	Receivables from other disqualified persons (as defined un	nder section							
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete							
		Part II of Schedule L				_6				
Assets	7	Notes and loans receivable, net				7				
SS	8	Inventories for sale or use				8				
ď	9	Prepaid expenses and deferred charges				9				
	10a	Land, buildings, and equipment cost or								
		other basis Complete Part VI of Schedule D	10a 1	,021,582						
	Ь	Less accumulated depreciation	10b	83,254	917,229	10c	938,328			
	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			365	15	247			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,280,591	16	1,386,909			
	17	Accounts payable and accrued expenses				17				
	18	Grants payable		j		18				
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities				20				
S	21	Escrow or custodial account liability Complete Part IV of S	Schedule D	Ì		21				
Liabilities	22	Payables to current and former officers, directors, trustees		ĺ						
E		employees, highest compensated employees, and disqual	-							
Ë.		persons Complete Part II of Schedule L				22				
_	23	Secured mortgages and notes payable to unrelated third p	parties	Ì		23				
	24	Unsecured notes and loans payable to unrelated third part	ties	ľ		24	<u></u>			
	25	Other liabilities Complete Part X of Schedule D		ļ		25				
	26	Total liabilities. Add lines 17 through 25				26				
Ś		Organizations that follow SFAS 117, check here ▶ X	and							
S		complete lines 27 through 29, and lines 33 and 34.	_			l				
<u>a</u>	27	Unrestricted net assets			1,280,591	27	1,386,909			
Ва	28	Temporarily restricted net assets		{		28				
Þ	29	Permanently restricted net assets								
בַּ		Organizations that do not follow SFAS 117, check here	e ▶							
Ž		and complete lines 30 through 34.								
S	30	Capital stock or trust principal, or current funds				30				
set	31	Paid-in or capital surplus, or land, building, or equipment for	und	ſ		31				
ΑS	32	Retained earnings, endowment, accumulated income, or o	other funds	[32				
Net Assets or Fund Balances	33	Total net assets or fund balances		[1,280,591	33	1,386,909			
ž	34	Total liabilities and net assets/fund balances			1,280,591	_34	1,386,909			

Form 990 (2009)

orm	990 (2009) SOUTHEAST MISSOURI DISTRICT FAIR AS 43-1179098		Pa	ge 12			
Pa	rt XI Financial Statements and Reporting						
	•		Yes	No			
1	Accounting method used to prepare the Form 990 X 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				
þ	Were the organization's financial statements audited by an independent accountant?						
С	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	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O	1 1					
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	i i		ı			
	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

Form **990** (2009)

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.

Open to Public Inspection

OMB No 1545-0047

Employer identification number Name of the organization

_				4
_	OUTHEAST MISSOURI DISTRICT FAIR AS			.179098
Pa	Irt I Organizations Maintaining Donor Advised Funther the organization answered "Yes" to Form 990, I		ounts	. Complete if
_		(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 assets held in donor advised		
	funds are the organization's property, subject to the organization's exclu-			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w			
	used only for charitable purposes and not for the benefit of the donor or	-		
	purpose conferring impermissible private benefit?	•		Yes No
Pa	rt II Conservation Easements. Complete if the orga	inization answered "Yes" to Form 9	90, P	
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impor	tant lan	d area
	Protection of natural habitat	Preservation of certified historic stru	cture	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conservation	n	
	easement on the last day of the tax year			
				Held at the End of the Tax Year
a	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structure include	ded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	3	2d	
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization d	uring	
	the taxable year			
4	Number of states where property subject to conservation easement is loc	cated >		
5	Does the organization have a written policy regarding the periodic monitor	oring, 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	ng conservation easements during the year		
	>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year		
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		_
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation easemed	nts in its revenue and expense statement, an	d	
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that describ	es	
	the organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to		ilar A	ssets.
4 -			dia of	
ıa	If the organization elected, as permitted under SFAS 116, not to report in art, historical treasures, or other similar assets held for public exhibition,			<u> </u>
	provide, in Part XIV, the text of the footnote to its financial statements that	·	C Sel VIC	5,
h	If the organization elected, as permitted under SFAS 116, to report in its		of art	
Ü	historical treasures, or other similar assets held for public exhibition, edu-			
	provide the following amounts relating to these items	cation, or research in torther ande or public se	i vice,	
	(i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part VIII, line 1			<u>*</u>
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial dain, provide	he	*
-	following amounts required to be reported under SFAS 116 relating to the		ii (C	
,	Revenues included in Form 990, Part VIII, line 1	SSC REITIO	.	\$
	Assets included in Form 990, Part X		•	<u>*</u>
	A LOUGH MINING WITH CONTROL OF THE ATTACK		_	·

<u>Sche</u>	edule D (Form 990) 2009 SOUTHEAST	WISSOURT DI	STRICT FAIR	<u> </u>	1/9098	
Pa	art III Organizations Maintaining C					
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, che	ck any of the following	that are a significant	t use of its	
а	Public exhibition	d Loa	n or exchange progran	ns		
b	Scholarly research	e [Oth	er			
¢	Preservation for future generations	_				
4	Provide a description of the organization's collect Part XIV	tions and explain how	they further the organiz	zation's exempt purp	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, a maintained as part of	historical treasures, or the organization's colle	other similar		Yes No
Pa	art IV Escrow and Custodial Arran				Yes" to Form 9	90, Part
	IV, line 9, or reported an amo					
1a	Is the organization an agent, trustee, custodian			assets not		
	included on Form 990, Part X?					Yes No
h	If "Yes," explain the arrangement in Part XIV and	complete the following	n table			المساء الساء
_	, oo, orpon and arrangement are arrangement		3			Amount
С	Beginning balance				1c	
	Additions during the year				1d	
	5				1e	
e	• .				1f	
f 20		000 Bod V line 212				
	Did the organization include an amount on Form	990, Part A, line 217				Yes No
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Complet	o if organization o	anguared "Vee" to	Form 990 Par	+ I\/_lino_10	
<u> </u>	irt v Endowment Funds. Complet					th Late Course best
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	(e) Four years back
	Beginning of year balance				 	-
b	Contributions					_
С	Net investment earnings, gains,					
	and losses					_
d	Grants or scholarships					
е	Other expenditures for facilities			1	1	
	and programs					
f	Administrative expenses				ļ <u>-</u> -	
g	End of year balance		<u> </u>	<u> </u>	<u> </u>	
2	Provide the estimated percentage of the year en	d balance held as				
а	Board designated or quasi-endowment ▶	[%]				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	n of the organization th	nat are held and admini	stered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Schi	edule R?			3b
4	Describe in Part XIV the intended uses of the org	anızatıon's endowmen	nt funds			
Pa	irt VI Investments—Land, Building			Part X, line 10.		
	Description of investment	(a) Cost or other basis			cumulated	(d) Book value
	·	(investment)	basis (other) dep	reciation	
1a	Land		823	,515		823,515
	Buildings					
	Leasehold improvements					
	Equipment		198	,067	83,254	114,813
	Other			1.7.5.1		
_	Add lines 1a through 1e (Column (d) must equa	I Form 990 Part Y col	umn (B) line 10(c))			938 328

ightharpoons

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 SOUTHEAST MISSOURI DISTRICT	FAIR AS 43	3-1179098	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	to Audited Finan	cial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		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	9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statem	ents With Rever	nue per Return	
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 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1) (3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	<u>.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ments With Expe	enses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	· · ·
3	Subtract line 2e from line 1	1 (3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	
	rt XIV Supplemental Information	and A Dort IV		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, and 9, and			
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin	ies zu and 40 Aiso co	implete	
his p	art to provide any additional information			
		_	- -	
		_		
	-			
		_ _		

Schedule D (Fo	orm 990) 2009_	SOUTHEAST	MISSOURI	DISTRICT	FAIR AS	43-1179098	Page \$
Schedule D (Fo	Supplement	al Information	(continued)				
,			<u> </u>				
		- 					
_ _							
	- - -						
				-	- -		
		- - -					
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_							_

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

SOUTHEAST MISSOURI DISTRICT FAIR AS

Employer identification number

43-1179098

FORM 990, PART I, LINE 6

MEMBERS OF THE ASSOCIATION AND OTHERS THAT VOLUNTEER TO HELP CONDUCT THE FAIR.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE MEMBERSHIP VOTES FOR THE OFFICERS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE ORGANIZATION REVEIWS THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW BY PUBLIC UPON REQUEST.

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172
2009

Attachment Sequence No 67

Name(s) shown on return

SOUTHEAST MISSOURI DISTRICT FAIR AS

► See separate instructions.

Identifying number 43-1179098

	ess or activity to which this form relates ORM 990, LINE 22								
Pa	art I Election To Expens					.l.4. D.	ш 1		
_	Note: If you have a Maximum amount. See the instruct			/ before you	comp	nete Pa	π ι.	1	250,000
1								2	230,000
2	Total cost of section 179 property p	•		tions)				3	800,000
3	Threshold cost of section 179 propo	•	•	lions)				4	300,000
4	Reduction in limitation Subtract line			lina constatoly so	o inctric	tione		5	
5	Dollar limitation for tax year Subtract line (a) Description			Cost (business use			lected cost	<u> </u>	
6	(a) Description	Tot property		300. (300003 000	,,,	(0)			
	I also di associate di Carta di Santa d	line 20			7				
7	Listed property Enter the amount for		un aaluma (a) Junaa 6 aa	nd 7				8	
8	Total elected cost of section 179 pr	• •	in column (c), lines o al	10 <i>1</i>				9	
9	Tentative deduction Enter the sma		200 Farm 4502					10	
10	Carryover of disallowed deduction f							11	
11	Business income limitation. Enter the		· ·		see msi	ructions)			
12	Section 179 expense deduction Ad			iine i i	42			12	
13	Carryover of disallowed deduction to : Do not use Part II or Part III below to				13				
				tion (Do not	inclu	do listos	propert	v) (9	Soo instr \
	art II Special Depreciation					ue iistet	propert	y / (
14	Special depreciation allowance for		er than listed property)	piaced in servic	е			4.4	
	during the tax year (see instructions	•					1	14	
15	Property subject to section 168(f)(1						}	15	
<u> 16</u>	Other depreciation (including ACRS		de liete d'arene edu	VCan moter	otions			16	
Pa	art III MACRS Depreciati	on (Do not include			Cuons	5.)			
			Section A	·			i	47	1 173
17	MACRS deductions for assets place		ars beginning before 2	009				17	4,473
17 18	If you are electing to group any assets pl	aced in service during the	ears beginning before 20 e tax year into one or more)09 general asset acc					4,473
	If you are electing to group any assets pl	aced in service during the Assets Placed in Se	ears beginning before 20 e tax year into one or more rvice During 2009 Tax	009 general asset acc Year Using the	e Gene				4,473
	If you are electing to group any assets pl	aced in service during the	ears beginning before 20 e tax year into one or more	general asset acc Year Using the	e Gene			stem	4,473 (g) Depreciation deduction
	If you are electing to group any assets pl Section B—	Assets Placed in Se (b) Month and year placed in	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatic (business/investment us only-see instructions)	general asset acc Year Using the (d) Recovery period	(e) C	onvention	(f) Meth	stem	(g) Depreciation deduction
18	If you are electing to group any assets pi Section B— (a) Classification of property	Assets Placed in Se (b) Month and year placed in	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatic (business/investment us	general asset acc Year Using the (d) Recovery period	(e) C	ral Depred	iation Sys	stem	
18 19a	If you are electing to group any assets pl Section B— (a) Classification of property 3-year property	Assets Placed in Se (b) Month and year placed in	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatic (business/investment us only-see instructions)	general asset acc Year Using the (d) Recovery period	(e) C	onvention	(f) Meth	stem	(g) Depreciation deduction
19a b c	If you are electing to group any assets pl Section B— (a) Classification of property 3-year property 5-year property	Assets Placed in Se (b) Month and year placed in	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatic (business/investment us only-see instructions)	general asset acc Year Using the (d) Recovery period	(e) C	onvention	(f) Meth	stem	(g) Depreciation deduction
19a b c	If you are electing to group any assets pl Section B— (a) Classification of property 3-year property 5-year property 7-year property	Assets Placed in Se (b) Month and year placed in	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatic (business/investment us only-see instructions)	general asset acc Year Using the (d) Recovery period	(e) C	onvention	(f) Meth	stem	(g) Depreciation deduction
19a b c	If you are electing to group any assets plead to Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property	Assets Placed in Se (b) Month and year placed in	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatic (business/investment us only-see instructions)	general asset acc Year Using the (d) Recovery period	(e) C	onvention	(f) Meth	stem	(g) Depreciation deduction
19a b c d	If you are electing to group any assets plead to Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	aced in service during the Assets Placed in Se (b) Month and year placed in service	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatic (business/investment us only-see instructions) 8,9	general asset acc Year Using the (d) Recovery period 94 5.0	(e) C	onvention	(f) Meth	stem	(g) Depreciation deduction
19a b c d e f	If you are electing to group any assets pi Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental	Assets Placed in Se (b) Month and year placed in	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatic (business/investment us only-see instructions)	general asset acc Year Using the (d) Recovery period 94 5.0	(e) Co	onvention	(f) Meth	stem	(g) Depreciation deduction
19a b c d e f	If you are electing to group any assets pi Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property	aced in service during the Assets Placed in Se (b) Month and year placed in service	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatic (business/investment us only-see instructions) 8,9	general asset acc Year Using the (d) Recovery period 94 5.0	(e) Co	mai Deprediction HY MM MM	(f) Meth	stem	(g) Depreciation deduction
19a b c d e f	If you are electing to group any assets pi Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental	aced in service during the Assets Placed in Se (b) Month and year placed in service	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatic (business/investment us only-see instructions) 8,9	general asset acc Year Using the (d) Recovery period 94 5.0 25 yrs 00 27 5 yrs	(e) Co	mai Deprediction HY MM	(f) Meth SL S/L S/L	stem	(g) Depreciation deduction
19a b c d e f g h	If you are electing to group any assets pleaded by Section B— (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	aced in service during the Assets Placed in Se (b) Month and year placed in service	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatio (business/investment us only-see instructions) 8,9	94 5.0 25 yrs 27 5 yrs 39 yrs	(e) Co	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L	stem	(g) Depreciation deduction 887
19a b c d e f g h	If you are electing to group any assets pleaded by Section B— (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	aced in service during the Assets Placed in Se (b) Month and year placed in service	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatic (business/investment us only-see instructions) 8,9	94 5.0 25 yrs 27 5 yrs 39 yrs	(e) Co	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L	stem	(g) Depreciation deduction 887
19a b c d e f g h	If you are electing to group any assets pleaded by Section B— (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	aced in service during the Assets Placed in Se (b) Month and year placed in service	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatio (business/investment us only-see instructions) 8,9	94 5.0 25 yrs 27 5 yrs 39 yrs	(e) Co	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L	stem	(g) Depreciation deduction 887
19a b c d e f g h	If you are electing to group any assets pi Section B— (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A	aced in service during the Assets Placed in Se (b) Month and year placed in service	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatio (business/investment us only-see instructions) 8,9	94 5.0 25 yrs 27 5 yrs 39 yrs	(e) Co	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L	stem	(g) Depreciation deduction 887
19a b c d e f g h	If you are electing to group any assets pi Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year 40-year	Assets Placed in Service (b) Month and year placed in Service 12/01/09 ssets Placed in Service	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatio (business/investment us only-see instructions) 8,9	general asset acc Year Using the (d) Recovery period 94 5.0 25 yrs 20 27 5 yrs 27 5 yrs 39 yrs Year Using the A	(e) Co	MM MM MM MM	S/L	stem	(g) Depreciation deduction 887
19a b c d e f g h	If you are electing to group any assets pi Section B— (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year	Assets Placed in Service (b) Month and year placed in Service 12/01/09 ssets Placed in Service	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciatio (business/investment us only-see instructions) 8,9	general asset acc Year Using the (d) Recovery period 94 5.0 25 yrs 27 5 yrs 27 5 yrs 39 yrs Year Using the A	(e) Co	MM	S/L	stem	(g) Depreciation deduction 887
19a b c d e f g h	(a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 40-year Listed property Enter amount from	aced in service during the Assets Placed in Se (b) Month and year placed in service 12/01/09 ssets Placed in Service tructions.)	ters beginning before 21 to tax year into one or more rvice During 2009 Tax (c) Basis for depreciation (business/investment us only-see instructions) 8,9 99,00	general asset acc Year Using the (d) Recovery period 25 yrs 00 27 5 yrs 27 5 yrs 39 yrs Year Using the 12 yrs 40 yrs	(e) Co	MM MM MM tive Depre	S/L	stem	(g) Depreciation deduction 887
19a b c d e f g h	(a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 40-year Action C—A Class life 12-year 40-year Total. Add amounts from line 12, line Section B— Section B— Section B— Section C—A Class life 12-year	aced in service during the Assets Placed in Se (b) Month and year placed in service 12/01/09 ssets Placed in Service tructions.) line 28 nes 14 through 17, line	ters beginning before 21 ters year into one or more rvice During 2009 Tax (c) Basis for depreciation (business/investment us only-see instructions) 8,9 99,0	general asset acc Year Using the (d) Recovery period 94 5.0 25 yrs 00 27 5 yrs 27 5 yrs 39 yrs 12 yrs 40 yrs (g), and line 21	(e) Co	MM MM MM tive Depre	S/L	stem	(g) Depreciation deduction 887
19a b c d e f g h	(a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 40-year Listed property Enter amount from	aced in service during the Assets Placed in Se (b) Month and year placed in service 12/01/09 ssets Placed in Service tructions.) line 28 nes 14 through 17, line	ters beginning before 21 ters year into one or more rvice During 2009 Tax (c) Basis for depreciation (business/investment us only-see instructions) 8,9 99,0	general asset acc Year Using the (d) Recovery period 94 5.0 25 yrs 00 27 5 yrs 27 5 yrs 39 yrs 12 yrs 40 yrs (g), and line 21	(e) Co	MM MM MM tive Depre	S/L	stem	(g) Depreciation deduction 887
19a b c d e f g h	(a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 40-year Action C—A Class life 12-year 40-year Total. Add amounts from line 12, line Section B— Section B— Section B— Section C—A Class life 12-year	aced in service during the Assets Placed in Service (b) Month and year placed in Service 12/01/09 ssets Placed in Service tructions.) line 28 nes 14 through 17, line return Partnerships	e tax year into one or more rvice During 2009 Tax (c) Basis for depreciation (business/investment us only-see instructions) 8,9 99,0	general asset acc Year Using the (d) Recovery period 25 yrs 20 27 5 yrs 27 5 yrs 27 5 yrs 39 yrs Year Using the A 12 yrs 40 yrs (g), and line 21 the instructions	(e) Co	MM MM MM tive Depre	S/L	ystem 21	(g) Depreciation deduction 887