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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)

OMB No 1545-0047

Open to Public

Department of the Treasury

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

			ear, or tax ye				11/1/200		. ,	and er	nding			/2010		
	eck if applicabl	I usa IRS	C Name of		Greei	ne C	County Fair,	Inc				ì		lentification nur	nber	
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=	me change	pnnt or type	Number a	and street (o	rPO boxifm	aii is	not delivered to	street	address)	Ro	om/suite	E Tele	ephone n	umber		
	ial return	See Specific	PO Box 5													
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╡	ended returr		Greeneville		1 . 65		<u> </u>	<u> </u>	37	744	<u> </u>		ss receip			268,73
] Ap	plication pen	l	Name and add	•										for affiliates?	一	No
			Thornton, J			Gree					1 ``		ites inclu		Yes	No
Tax	k-exempt s	atus X 5	01(c) (4) ◄ (ins	sert no)	<u>ليا</u>	4947(a)(1) o	<u> </u>	<u></u> 527		If "	No," atta	ch a list	(see instructions)	1	
We	bsite 🕨										H(c) Gro	ир ехет	ption nui	mber 🕨		
_	n of organiza	tion X Co	orporation	Trust	Association	n [Other ▶			L Year	of forma	tion ·	1949	M State of lega	ıl domicile	e TN
Pai		Summary											·			
			the organiz													
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Activities & Governance									or disp	osed	of more	than 2	25% of	its net assets	;	-
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- }	8 Con	ributions ar	nd grants (P	art VIII, li	ne 1h)					ļ			102,			61,450
≘			e <u>reven</u> ue (F							Ì			199,			206,991
Revenue			me (Panty)			B, 4,	and 7d)							272		298
ž 1	I1 Othe	r revenue (Part VIII, co	iumn (A),	Jines 5, 6d	8c	, 9c, 10c, ar	id 116	e)				6,	488		C
1	2 Total	revenue—ac	ddines 8 thro	ough 11 (m	ust equalifia	rt VI	III, column (A), line					308,	491	- 2	268,739
	I 3 Gran	ts and simi	la Camounts	li∳aid (Pa	AUXI colum	n (A	A), lines 1–3)					2,	200		2,200
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capellaes 1			g expenses						. 	<u>.</u> 9		· 				
1 °			(Part IX, co						05)	ŀ			224,			245,485
			Add lines 1					A), line	e 25)	ł			227,			247,685
	9 Reve	enue less ex	xpenses Su	ibtract im	e to nomin	ne i	12				Reginn	ung of Co	81,3 urrent Yo		nd of Yea	21,054
a g	20 Tota	assets (Pa	art X, line 16	:)						ŀ	Degiiiii		1,485,6			197,960
		•	Part X, line 2							ļ			307,			298,529
Fund Balances			nd balances		t line 21 fro	om li	ne 20			Ì			1,178,			199,431
art		Signature														
		Inder penalties	s of perjury, I de											he best of my kn		
	1	ind belief it is t	rue, correct, an	nd complete	Declaration of	prep	erer (other Mar	officer) is based	on all in	nformation	of which	prepare	r has any knowle	:dge)
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Sign		Signature	of office:	W K	Z 1/ 1	4				1			Date	00		<u></u>
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repa	rer's -	irm's name (or	David M EI					2/1	6/2011	em	ployed		<u> </u>			
se O	\I I	self-employed), <u>D</u>	avid M E								EIN	<u> </u>			
		ddress, and ZI	P+4 1:				eville, TN 37					Phone n	o > (4	<u>423) 787-085</u>	5	
lay th	ne IRS dis	cuss this re	eturn with the	e prepare	er shown ab	ove	? (see instri	uction	s)					[_	Yes	X No
or Pri	ivacy Act	nd Paperwo	ork Reductio	n Act Not	ice, see the	sep	arate instruc	tions.							Form 95	(2009)
ITA)	-	-				-									\	, i
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	1 990 (2009) Greene County Fair, Inc	62-1171985	Page Z
Р	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	To conduct a county fair to further local agriculture		

	•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • •
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Yes	X No
			<u> </u>
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	ount of grants a	ınd
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
42	(Code) (Expenses \$ 210,125 including grants of \$ 0) (Revenue \$		0)
74			
	The annual county fair functioned in a manner consistent with its charter in furthering local agriculture		
			·
		- 	
			
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$,	0)
		· • • • • • • • • • • • • • • • • • • •	
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		·	
		·	
4c	(Code) (Expenses \$0 including grants of \$0) (Revenue \$		0)
		. 	
		·	
			
14	Other program convices (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O) (Expenses © Organization of © Orga	0.1	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ►210,125		

	n 990 (2009) Greene County Fair, Inc Int IV Checklist of Required Schedules	62-1171985		Page 3
1 4	Officerrist of Required Schedules		Ye	s 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			__
2	Is the organization required to complete Schedule B, Schedule of Contributors?			X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule Part II			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) no and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	.	×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	1		
•				
•	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			18 19 18 19
•				
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	25 V + 100	14 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	, , , ,		
•	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Pai	rt X		
12	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -			
12A	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax Yes	No	*** 5 .23	- 6
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X		A TELL
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	. 14	<u>a</u>	X
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14	ь	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	;	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	,	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Fo	m 990	(2009)

Form 990 (2009) Greene County Fair, Inc Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		i	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
•	employees? If "Yes," complete Schedule J.	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		١
L	24b through 24d and complete Schedule K. If "No," go to line 25	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
لہ	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			.,
h	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	05.		V
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		Х
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		Χ
	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		Х
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		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete	200		
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	1		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_ X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
0.4	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,			
25	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			
36		35		<u>X</u>
30	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	25		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	1	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	-~ '-	- 	
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	10 Title 1 III 1 000 more are required to complete concerns		990	

		2-1171985	5 1	Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		Yes	1
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		res	No
ra		10		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	–		1
•	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	ol		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			
	this return?	3a_	<u> </u>	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Х
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a_	ļ	X
b	If "Yes," enter the name of the foreign country ▶	_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			l
	and Financial Accounts	Ì		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ŀ		
	Prohibited Tax Shelter Transaction?	5c_	ļ	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ĺ	
	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_	<u> </u>	X
7	Organizations that may receive deductible contributions under section 170(c).	į	ļ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		 -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		
	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
d e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
E	benefit contract?	7e	İ	X
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		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	' <u>'</u>		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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	0	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0	1	
11	Section 501(c)(12) organizations. Enter	-		
а	Gross income from members or shareholders 11a	0		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	0		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	0	L	L

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			
b	Enter the number of voting members that are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X
6	Does the organization have members or stockholders?	6		<u> X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		_ <u>X</u> _
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	_	l l	
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			v
<u> </u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u>X</u>
	tion B. Policies (This Section B requests information about policies not required by the Internal enue Code)			
Nevi	situe Code j		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		
~	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Х
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 .	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	·		
	rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14	[X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		X
C-	,			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	10a		
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	Ì	
Sect	ion C. Disclosure		L	
7	List the states with which a copy of this Form 990 is required to be filed ▶			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting	st		
	policy, and financial statements available to the public			
0	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► James Thornton Jr 423-278-322	1		
	100 N Main Street, Greeneville, TN 37743			

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average					that ap		Reportable	Reportable	Estimated
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
Diane Ball Director	1	х						0	0	0
Marıorıe Bradley Director	1	X						0	0	0
Rick Clark Director	1	Х						0	0	0
Rob Ellis Director	1	Х						0	0	0
Ann Gaut Director	1	X						0	0	0
Jake Haun Director	1	Х						0	0	0
Bobby Holt Director	1	X						0	0	0
Mike idell Director	1	x						0	0	0
Donald Kılday Dırector	1	x				<u>.</u> .		0	0	0
Freddie Myers Director	1	X						0	0,	0
David Peake Director	1	Х						. 0	0	0
Cam Philbeck Director	1	Х						0	O ₁	0
Nancy Saulsbury Director	1	Х						0	0	0
Janie Shepherd Director	1.	Х						0	0	0
Kaye Shipley Director	1	Х						0	0	0
Dale Collette 2nd Vice President	1			х				0	0	0

P	art VII Section A. Officers, Directors, Tr	ustees, Key I	Empl	oye	es, an	d Hi	ghes	t Co	mpensated Em	ployees (contir	ued)	
	(A)	(B)				C)			(D)	(E)	(F	
	Name and title	Average hours per			on (chec	Υ			Reportable compensation	Reportable compensation	Estim	ınt of
		week	or director	ndividual trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth comper from organi and re organiz	nsation the zation elated
Lar	nny Love											
	sident		1		X		<u></u>		0	0		(
	onda Humbert Vice President		1		X				0	0		(
	nes Thornton											
	asurer		1	╀-	X_			_	0	0	_	
	k Tipton cretary		1	1	X				0	0	****	(
		! 										
		·										
1b	Total				-1 1			•	0	0		0
2	Total number of individuals (including but no reportable compensation from the organization)		ose li	sted	above 0	e) wh	o rec	eive	d more than \$10			
											Yes	No
3	Did the organization list any former officer, of employee on line 1a? <i>If</i> "Yes," <i>complete Sch</i>					yee,	or hi	ghes	t compensated	3		х
4	For any individual listed on line 1a, is the suithe organization and related organizations g	-		-					•	II II		
5	individual Did any person listed on line 1a receive or a	ccrue comper	nsatio	n fro	m any	/ unr	elate	d org	ganization for	4		X
	services rendered to the organization? If "Ye	s," complete	Sche	dule	J for s	such	pers	on	· · · · · · · · · · · · · · · · · · ·	5		x
	tion B. Independent Contractors											
1	Complete this table for your five highest com- compensation from the organization	ipensated ind	epen	dent	contra	actor	s tha	t rec	eived more than	\$100,000 of		
	(A) Name and business ac	Idress							(B) Description of service	ces Com	(C) pensation	
							\bot					0
							\dashv					0
							\dashv					0
							\dashv					<u>0</u> 0
2	Total number of independent contractors (inc	_		ed to	o thos	e list	ed al	oove) who received			

Business Code

0

0

207,289

268,739

Net income or (loss) from sales of inventory

Miscellaneous Revenue

11a

С

d

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

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 rec	quired to complete	columns (B), (C), ar	id (D).
	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			30.10.0.00.000	3.1000
	organizations in the U.S. See Part IV, line 21	ol			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	2,200	2,200		
3	Grants and other assistance to governments,		, , , , , , , , , , , , , , , , , , , ,		
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .	0		i	
7	Other salaries and wages .	0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes .	0			
11	Fees for services (non-employees)		İ		
а	Management	0			
b	Legal	0			
С	Accounting	1,270	1,270		
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	. 0			
12	Advertising and promotion	5,674	5,674		
13	Office expenses	3,864	3,864		
14	Information technology	0			
15	Royalties	0			······
16	Occupancy	17,503	17,503		
17 40	Travel	0			
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials . Conferences, conventions, and meetings	0			
20	Interest	0 17,421	17.404		
21	Payments to affiliates	17,421	17,421		
22	Depreciation, depletion, and amortization	37,560	0	27.500	
23	Insurance	13,574	13,574	37,560	0
24	Other expenses Itemize expenses not	10,074	10,074	- · · · · · · · · · · · · · · · · · · ·	
	covered above (Expenses grouped together		į	ļ	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Fair related expenses	66,772	66,772		
b	Contract Labor	20,134	20,134		
С	Supplies	5,855	5,855		
d	Repairs and Maintenance	31,296	31,296		
е	Meals and entertainment	24,380	24,380		
f	All other expenses Miscellaneous	182	182		
25	Total functional expenses. Add lines 1 through 24f	247,685	210,125	37,560	0
26	Joint costs. Check here ▶ if following				<u></u>
-	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising	ľ			
	solicitation				
					222

	n 990 (20 art X	O09) Greene County Fair, Inc Balance Sheet			62-1171985 Page 11
	art A	Datatice Stieet	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	21,115	1	25,999
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L	0	6	
sts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use		8	
Ø	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or 10a 1,751,947			
		other basis Complete Part VI of Schedule D			
	þ	Less accumulated depreciation 10b 324,986	1,464,522		1,471,961
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	1,485,637	16	1,497,960
	17	Accounts payable and accrued expenses		17	
	18	Grants payable .		18	
	19	Deferred revenue	0	19 20	
G	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ΞĒ	22	employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	307,310	23	298,529
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	307,310	26	298,529
ses		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
an c	27	Unrestricted net assets	1,178,327	27	1,199,431
3al	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets .		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,178,327	33	1,199,431
	34	Total liabilities and net assets/fund balances	1,485,637	34	1,497,960

i Oiiii s	Greene County Fair, Inc	62-11/1985	Р	age 12
Part	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	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
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	Х	İ
	If the organization changed either its oversight process or selection process during the tax year, explain in		,	
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X 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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		For	m 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.

► See separate instructions. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Greene County Fair, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" to Form 990, Part IV, line 6 (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 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 exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c С d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 works of

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X.

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X.

Schedule D (Form 990) 2009

Par	t III	Organizations Maintainin	g Collections of	Art, His	torical	Treasures	s, or O	ther Similar As	sets (contın	<u>rued)</u>
3 a		the organization's acquisition fits collection items (check al Public exhibition		other reco	,	ck any of the			gnificar	nt	
b	\equiv	Scholarly research		e –	Other		3 -1 3				
		*		E [_	Ulliel					· ·	
С		Preservation for future gener	ations								
4	Provid Part X	de a description of the organiz (IV	ation's collections	and expl	ain how	they furthe	r the or	ganızatıon's exe	npt pur	pose ii	n
5		g the year, did the organizatio s to be sold to raise funds rath							_	'es 🗌] No
Par	t IV	Escrow and Custodial And IV, line 9, or reported an a					answ	ered "Yes" to F	orm 99	0, Pa	rt
1a		organization an agent, trusted ed on Form 990, Part X?	e, custodian or oth	er ınterm	ediary fo	r contributi	ons or o	other assets not	□ Y	es	No
b	If "Yes	s," explain the arrangement in	Part XIV and com	plete the	following	g table					
								ŀ	Amount		
С	_	ning balance					10	3			0
d		ons during the year					10	<u> </u>			
е		outions during the year					16				
f	Ending	g balance					1	<u> </u>			0
2a	Did th	e organization include an amo	ount on Form 990,	Part X, Ii	ne 21?				Y	es X	No
b_	If "Yes	s," explain the arrangement in	Part XIV								
Part	V	Endowment Funds. Com	plete if the organ	ization a	nswere	d "Yes" to	Form	990, Part IV, lir	ie 10		
			(a) Current year	(b) Pre	or year	(c) Two yea	ars back	(d) Three years bac	k (e) F	our year	s back
1a	Begini	ning of year balance	0								
b	Contri	butions									
С	Net in	vestment earnings, gains,							1		
	and lo	sses									
d	Grants	s or scholarships									
е	Other	expenditures for facilities									
	and pr	ograms									
f	Admin	istrative expenses							T		
g	End of	year balance	0		0						
2	Provid	e the estimated percentage o	f the year end bala	ance held	as						
а		designated or quasi-endowm	•	%							
b	Perma	nent endowment	%								
С	Term e	endowment •	%								
3a	Are the	ere endowment funds not in the	ne possession of the	ne organi	zation th	at are held	and ad	ministered for th	e		
		zation by		•						Yes	No
	-	unrelated organizations							3a(i)		
		related organizations							3a(ii)		
b	• •	" to 3a(II), are the related orga	anizations listed as	required	on Sche	edule R?			3b		
4		be in Part XIV the intended us									1
Part		Investments—Land, Build					art X, II	ne 10			
		Description of investment	(a) Cost or oth (investme			st or other (other)	1	Accumulated epreciation	(d) Bo	ook valu	ie
1a	Land			0		596,444				59	6,444
b	Buildin	gs		0		1,104,832		302,110			2,722
С		nold improvements		0		0		0			0
d	Equipr	•		0		7,995		7,995			0
е	Other			0		42,676		14,881		7	2,795
Total		nes 1a through 1e (Column (d) must equal For	n 990, Pa	art X, col	umn (B), lii	ne 10(c)				1,961

organization's liability for uncertain tax positions under FIN 48

i	Page	3

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12	
(1	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
Financial de	erivatives .	0		
Closely-held	d equity interests	0		
Other		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
	n) must equal Form 990, Part X, col (B) line 12)	0	<u> </u>	
Part VIII	Investments—Program Relate	d. See Form 990, Part X,		
	(a) Description of investment type	(b) Book value	(c) Method of va	
			Cost or end-of-year r	narket value
		0		
		0		
		0		- · · · · · · · · · · · · · · · · · · ·
		0		
		0		
		0		
		0		
		0		
		0		· · · · · · · · · · · · · · · · · · ·
Total (Column (h) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX	Other Assets. See Form 990, P			·
, are ix) Description		(b) Book value
		у осолина.		0
				0
				0
				0
				0
				0
				0
				0
		·		0
				0
	mn (b) must equal Form 990, Part X, c		<u> </u>	0
Part X	Other Liabilities. See Form 990	, Part X, line 25.		
1	(a) Description of liability	(b) Amount		
Federal inco	ome taxes	···································	_0	
			_0	
			0	
			_0	
			0	
			0	
			0	
			0	
			_0	
			U	
Total (Caluma (1)	and and Form 000 Part V 1 (D) to- 051		0	
	on must equal Form 990, Part X, col (B) line 25) onthote In Part XIV, provide the text of	the feetness to the assess	0	t rangeta tha
∠. ୮IN 48 FC	DOLIDOLE IN PAR AIV. DIOVIGE THE TEXT OF	the loothole to the organiza	auoo s unanciai statements tha	LIEDOUS ING

Schedule D (Form 990) 2009 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 268,739 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 247,685 Excess or (deficit) for the year Subtract line 2 from line 1 3 3 21,054 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) Total adjustments (net) Add lines 4 through 8 9 10 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 21,054 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains on investments 2a 2b b Donated services and use of facilities Recoveries of prior year grants 2c C d Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e 0 e 3 Subtract line 2e from line 1 3 0 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b b Add lines 4a and 4b 4c 0 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 0 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XIII Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 2a 2b Prior year adjustments b Other losses С 2c Other (Describe in Part XIV) 2d ď Add lines 2a through 2d 2e 0 е 3 Subtract line 2e from line 1 3 0 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 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 0 Supplemental Information Part XIV Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

	Greene County Fair, Inc	62-11	71985
Schedule D (Form			Page 5
Part XIV	Supplemental Information (continued)		
• • • • • • • • • • • • • • • • • • • •			
	•••••		·
			
·			
			••••••

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

Greene County Fair, Inc	62-1171985
Form 990	
	•••••
	•••••
	••••
	•••••