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990 Form

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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

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury

lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service NOV 01, 2009, and ending OCT 31,2010 For the 2009 calendar year, or tax year beginning Please C Name of organization, number and street, city, town, state, and ZIP code use IRS Check d D Employer identification number 63-0816711 Address chánge label or print or CULLMAN COUNTY FAIR ASSOCIATION E Telephone number Name diance type. 256-287-0757 initial return See Specific G Gross 23729 US HWAY 31 289927. Terminated \$ Instruc Amended return tions CULLMAN AL 35057 H(a) Is this a group return Application Name and address of principal officer STEVE SINGLETON Yes X No for affiliates? pending 23729 US HWAY FALKVILLE AL 35057 Are all affiliates included? "No", attach a list 501(c)(3) **∢** (insert no) Tax-exempt status 4947(a)(1) or 527 Yes (see instructions) H(c) Website: Group exemption number X Association M State of legal domicile Corporation Trust Other > L Year of formation K Form of organization Part I Summarv Briefly describe the organization's mission or most significant activities SIGHT CONSERVATION, EYE OPERATIONS AND OTHER LOCAL CHARITIES Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 115 Number of voting members of the governing body (Part VI, line 1a)

Activities & Governance 115 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) Total gross unrelated business revenue from Part VIII, column (C), line 12 72 7b b Net unrelated business taxable income from Form 990-II, line **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 10985. 10805. 64 139295. 243865. Program service revenue (Part VIII, line 2g) 921. 757. 10 Investment income (Part VIII, column (A), lines 3, 4, and 40) 29100. 25800. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c 177001. 284527. 12 Total revenue - add lines 8 through 11 (must equal Part VIII co 5400. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, (Part IX, column (D), line 25) ▶ 180260. 233380. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 238780. 180260. 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) -3259.45747. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current **End of Year** Balances Assets or 521455 567204. 20 Total assets (Part X, line 16) . . 21 Total liabilities (Part X, line 26) 521455. 567204. 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II

Under cenatives of penalty. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge ration of preparer (other than officer) is based on all information of which preparer has any know Signature of officer Treasurer Type or print name nd title reparer's identifying number Check if self-Preparer's Date (see instructions) P01262739 employed ▶ signature Preparer's Firms name (or yours HEY 42-1719483 DILMUS EIN

AL

CULLMAN

May the IRS discuss this return with the preparer shown above? (See instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

526 COUNTY

Yes Form 990 (2009)

256-962-2453

9/5-16

address, and ZIP + 4

Par	IV Checklist of Required Schedules		-	
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	-
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
•	Part II	4		X
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
0	complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
		9		Х
40	complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		Х
	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,		. l	
_	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a 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 statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b]	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
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		Х
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>	1	
••	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	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		
13	If "Yes," complete Schedule G, Part III	10		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			$\frac{X}{X}$
20	Did the digamization operate one of more hospitals: it 105, complete obliquite 11		m 990	(2009)
				(=000)

Part IV **Checklist of Required Schedules** (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the Х United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 employee's? If "Yes," X complete Schedule J 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction 25a X 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 X 25b 990EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? Χ 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) 28a X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family Х member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х organization? If "Yes." complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38

HS990\$\$4

Ра	Statements Regarding Other IRS Filings and Tax Compliance			
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No_
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	., ,		,
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		х
	If "Yes," enter the name of the foreign country	·		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	•		
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		•	
	gifts were not 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 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?	. 7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
θ	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			٠.,
	benefit contract?	7е		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	<u> </u>
		7h	Х	l
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,	. 8		l
_	have excess business holdings at any time during the year?	•		I
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	92		
	Did the organization make a distribution to a donor, donor advisor, or related person?			
	Section 501(c)(7) organizations. Enter	30		ı
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
	Constitution of the state of th			
-	against amounts due or received from them)			
12a	· · · · · · · · · · · · · · · · · · ·	. 12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	,)		•

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line oa, ob, or rob below, describe the circumstances, processes, or changes in scriedule of see instruc	uons		
Secti	on A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body			
	115			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		v
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			.,,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
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		Х
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one of more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	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		
44	Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	• • •		ı
	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
D	nse to conflicts?	12b		х
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
C		12c		
4.0		13		Х
	Does the organization have a written whistleblower policy?			X
	Does the organization have a written document retention and destruction policy?	14	ŀ	Α.
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?	۱ ۵	1	l v
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b	ł	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	۱	ı	۱.,
	with a taxable entity during the year?	16a	l	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	i	ŀ	ı
	the organization's exempt status with respect to such arrangements?	16b		L
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization ▶STEVE SINGLETO 23729 US31 CULLMAN AL 35057 256-736-	236	0	

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

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

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

 List persons in the following order individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	Positi	ion (cl	neck	all t	hat ap	ply)	Reportable	Reportable	Estimated
	hours per week			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
STEVE MURPHREE										
PRESIDENT	1			X				0	0	0_
RICHARD WHITE										
VPRESIDENT	1			X				0	0	0
PETE KIRBY										- •
SECRETARY	1			Х				0	0	0
STEVE SINGLETO										
TREASURER	2		}	X		[0	0	0
										<u> </u>

Part VII Section A. Officers, Directors,	Trustees,	Key E	mploy	00 8,	and	i High	est (Compensated Emplo	oyees (continued)	
(A)	(B)	_		(C	•			(D)	(E)	(F)
Name and title	Average hours per			Officer		T		compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	ह	Key employee	Highest compensated employee	Former	from the	from related organizations	other compensation
		al tr	onal		ջ	မ်ဳပ္ခ		organization	(W-2/1099-MISC	· •
		uste	trus		8	per		(W-2/1099-MISC)		organization
		Ö	tee			ısat				and related
				L		8	_			organizations
				 			 			
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1b Total								0	Ö	0
2 Total number of individuals (including but r	ot limited	to thos	e liste	d at	ove) who	rece	eived more than \$100	0,000 in reportable	compensation
from the organization										
_										Yes No
3 Did the organization list anyformer officer,			-		-		_			3 X
employee on line 1a? If "Yes," complete So 4 For any individual listed on line 1a, is the si										3 X
the organization and related organizations	•									
ındividual	-									4 X
5 Did any person listed on line 1a receive or	accrue coi	mpens	ation 1	from	any	unrela	ated	organization for		1 1 1
services rendered to the organization? If "	es," comp	lete S	chedu	le J	for s	uch pe	erso	<u>n</u>	··· ·····	. 5 X
Section B. Independent Contractors						4			2400 000 - 5	
1 Complete this table for your five highest co	mpensate	d inde	pende	nt co	ontra	actors	that	received more than	\$100,000 of	
compensation from the organization. (A)							Г	(B)		(C)
Name and busines	s address							Description of	services	Compensation
NONE										
							<u> </u>	. ,		
							-			
2 Total number of independent contractors (ncluding h	ut not	limite	d to t	hos	e liete	l de h	ove) who received m	ore than	
\$100,000 in compensation from the organi	=	11Ul				J 113161		5.5, milo icocived ili	- unull	

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Total. Add lines 11a-11d

Total revenue

See instructions

284527

Part IX Statement of Functional Expenses

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

	All other organizations must complete co				
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.		expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	4700.	4700.		
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22	700.	700.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	· · · · · · · · · · · · · · · · · ·			
7	Other salanes and wages			 	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits			 	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
0	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	16674.	16674.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21289.	21289.		
23	Insurance	18584.	18584.		
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)				
а	SEE STMT	76243.			
b		15950.			
c	-	6911.			
d		15562.			
8		2500.			
f	All other expenses	59667.			
25	Total functional expenses. Add lines 1 through 24f	238780.	238780.		
26	Joint costs Check here ▶ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				1

Balance Sheet Part X (A) (B) Beginning of year End of year 129607. 1 196645. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Sch. L. 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Notes and loans receivable, net 7 8 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other 10a 809103. basis. Complete Part VI of Schedule D 10a 391848. 10c 10b 370559. Less accumulated depreciation Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV. line 11 15 521455. 567204. Total assets Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties . 24 25 25 26 26 Organizations that follow SFAS 117, check here ▶ | and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 29 29 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 521455. 567204. 32 32 Retained earnings, endowment, accumulated income, or other funds 521455. 567204. 33 33 Total net assets or fund balances 567204. Total liabilities and net assets/fund balances 521455. 34

Form **990** (2009)

US990\$11

om 990 (2009)	CULLMAN	COUNTY	FAIR	ASSOCIATION	63-0816711	Page 12

			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
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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		
	If the organization changed either its oversight process or selected 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 of the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		1
		Form	990	(2009

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047 2009

Open to Public

Inspection

Internal Revenue Service Name of the organization

CULLMAN COUNTY FAIR ASSOCIATION

Employer Identification number

63-0816711 **Reason for Public Charity Status** (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described (section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(li). (Attach Schedule E) A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(liii). 3 A medical research organization operated in conjunction with a hospital described isection 170(b)(1)(A)(lii) Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described spection 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II.) A community trust described insection 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Seesection 509(a)(2) (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Semection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other b Type II c | Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization?..... (III) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (V) Did you (vi) Is the (vii) Amount of (iv) is the organorganization (described on lines 1-9 organization in support ization in col notify the above or IRC section (i) listed in your organization in col. (i) organized (see instructions)) governing col (i) of your document? support? in the U.S? Yes Yes Yes No No No

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

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

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

Sec	tion A. Public Support							
Ca	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and					'		
	membership fees received (Do not				·			
	ınçlude any "unusual grants ")	3782.	4457.	10985.	7922.	10805.	37951.	
2	Gross receipts from admissions, merchan-	- ::					_	
	dise sold or services performed, or facilities					,		
	furnished in any activity that is related to					!		
	the organization's tax-exempt purpose	205512.	215147.	208869.	139295.	243865.	1012688.	
3	Gross receipts from activities that		·					
	are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
	ıts behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5	209294.	219604.	219854.	147217.	254670.	1050639.	
7 a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line							
	13 for the year							
C	Add lines 7a and 7b							
8	1050620							
Sec	tion B. Total Support		•					
Ca	iendar year (or fiscal year beginning In)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	209294.	219604.	219854.	147217.	254670.	1050639.	
10a	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar	,						
	sources	27792.	33450.	28075.	26721.	29857.	145895.	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30,1975							
-	Add lines 10a and 10b	27792.	33450.	28075.	26721.	29857.	145895.	
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carned on							
12	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV)							
	Total support. (Add lines 9, 10c, 11, & 12.)	237086.		247929.			1196534.	
14	First five years. If the Form 990 is for the orga	anization's first, s	econd, third, fou	rth, or fifth tax ye	ear as a section 5	501(c)(3)		
		<u></u>		··· · · · · · · · · · · · · · · · · ·	 	<u></u>		
	tion C. Computation of Public Supp			-		1	07 01 **	
15	Public support percentage for 2009 (line 8, co					15	87.81 %	
16	Public support percentage from 2008 Schedu			·····		16	87.43 %	
	tion D. Computation of Investment I					[4-]	12 10 0	
	Investment income percentage for 2009 (line 1					17	12.19 %	
18	Investment income percentage from 2008 Sch					18	12.57 %	
19	a 33 1/3 % support tests - 2009. If the organization							
	not more than 33 1/3 %, check this box andst						▶ 🔯	
b	33 1/3 % support tests - 2008. If the organization and many than 22 4 70 %, should then have and							
	is not more than 33 1/3 %, check this box and	-	-					
20	Private foundation. If the organization did not	cneck a box on	une 14, 19a, or	ושם, cneck this b	ox and see instri	uctions	▶	

Rev 1

Sche	dule D (Form 990) 2009	CULLMAN CO	UNTY FAIR AS	SOCIATION	63-0	816711	Page 2
Pa	rt III Organiz	ations Maintaining	Collections of Art, I	Historical Treasures	s, or Other Similar	Assets	
	(continued	i)					
3	Using the organization	's acquisition, accession,	, and other records, check	k any of the following tha	t are a significant use of	its collection it	ems
	(check all that apply).			_			
а	Public exhibition			d Loan or exchang	e programs		
b	Scholarly research	l		e Other			
c	Preservation for fu	ture generations					
4	Provide a description of	of the organization's colle	ctions and explain how th	ney further the organization	on's exempt purpose in F	art XIV	
5	During the year, did the	e organization solicit or re	eceive donations of art, h	istorical treasures, or oth	er sımılar assets to be so	old	_
	to raise funds rather th	an to be maintained as p	part of the organization's o	collection?		Yes	No
Pa	rt IV Escrow	and Custodial Arra	ngements. Compl	ete if organization answe	ered "Yes" to Form 990,	Part IV, line 9,)
		d an amount on Form 99		····			
1a	•	•	or other intermediary for				
	on Form 990, Part X?					. Yes	∐ No
þ	If "Yes," explain the arr	rangement in Part XIV an	nd complete the following	table			
						Amour	nt
С	Beginning balance						
d	Additions during the ye	ear			1d		
е	Distributions during the	e year			1e		
f	Ending balance				1f		
2a	Did the organization in	clude an amount on Fort	m 990, Part X, line 21?			Yes	⊠ No
b	If "Yes," explain the arr	rangement in Part XIV.					
Pa	rt V Endown	nent Funds. Comp	lete if organization answe	ered "Yes" to Form 990,	Part IV, line 10		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year						
	balance						
b	Contributions						
С	Net investment earn-						
	ings, gains, and losses						
d	Grants or scholarships					,	
0	Other expenditures						
	for facilities and						
	programs						
f	Administrative						
	expenses						
q	End of year balance .						
2	Provide the estimated	percentage of the year e	nd balance held as				
а			0.00%				
b							
_							
	_		ion of the organization the	at are held and administe	ered for the organization	by \[\bar{\cdot}	Yes No
		·			-	3a(i)	
	••					3a(II)	
ь			isted as required on Sche			1 - 1 - 1	
4		_	rganization's endowment				
_			ngs, and Equipment		Part X, line 10		
	Description of		(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book	value
		· -··-	basis (investment)	basis (other)	Depreciation	, = = 3	
1a	Land						
			726,866.		377,180.	349.	686.
	-	nts			,		
	Equipment		82,237.	<u> </u>	61,364.	20.	873.
u	Edaibingur		J27257.	L	V+, UU 1.		

Schedule D (Form 990) 2009

370,559.

Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).).....

	dule D (Form 990) 2009 CULLMAN COUNTY FAIR ASSOCIATIO t XI Reconciliation of Change in Net Assets from Form 990 to A		-081	
<u>1</u>	Total revenue (Form 990, Part VIII, column (A), line 12)			284,527.
2				238,780.
3	Total expenses (Form 990, Part IX, column (A), line 25)			45,747.
-	Excess or (deficit) for the year Subtract line 2 from line 1			45,747.
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities		H	
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)		8	·····
9	Total adjustments (net). Add lines 4 through 8		9	· · · · · · · · · · · · · · · · · · ·
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			45 , 747.
Par	t XII Reconciliation of Revenue per Audited Financial Statement			rn
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.			
a	Net unrealized gains on investments .	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
đ	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2ө	
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on linet.			
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	
5	Total revenue. Add lines 3 and 4c (This should equal Form 990, Part I, line 12)		5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statemen			turn
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
_				
8	Donated services and use of facilities	2a	!	
-	Donated services and use of facilities			
b	Prior year adjustments	2b		
b c	Prior year adjustments	2b 2c		
b c d	Prior year adjustments Other losses Other (Describe in Part XIV)	2b 2c 2d	20	
b c d	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d	2b 2c 2d		
b c d e	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d	2e 3	
b c d e 3	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line1.	2b 2c 2d		
b c d e 3 4	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line1. Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a		
b c d e 3 4 a b	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	2b 2c 2d	3	
b c d e 3 4 a b c	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b	2b 2c 2d 4a 4b	3	
b c d e 3 4 a b c	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	2b 2c 2d 4a 4b	3	
b c d e 3 4 a b c 5 Par	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	2b	4c 5	
b c d e 3 4 a b c 5 Par	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) t XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	2b	4c 5	
b c d e 3 4 a b c 5 Par	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) t XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	2b	4c 5	
b c d e 3 4 a b c 5 Par	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) t XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	2b	4c 5	
b c d e 3 4 a b c 5 Par	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) t XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	2b	4c 5	
b c d e 3 4 a b c 5 Par	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) t XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	2b	4c 5	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer Identification number

CULLMAN COUNTY FAIR ASSOCIATION	63-0816711
. PAGE 4, LINE 32 - THE CULLMAN COUNTY FAIR ASSOCIATION IS	RELATED TO
THE CULLMAN LIONS CLUB AS A MEMBER OF THE LIONS CLUB	
AUTOMATICALLY BECOMES A MEMBER OF THE FAIR ASSOCIATION.	
PART VI, LINE 11 A COPY OF THE FORM 990 WAS REVIEWED WIT	H THE BOARD OF
DIRECTORS BEFORE FILING AND A COPY IS AVAILIABLE TO EACH	OF THEM.
PART VI, LINE 19 GOVERNING DOCUMENTS AVAILIABLE TO PUBLI	C. FAIR HAS
NO CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS O	THER THAN THOSE
CONTAINED IN FORM 990.	
SCHEDULE R, PAGE 3	
MAMBERS OF THE LIONS CLUB PROVIDE SERVICES IN THE FORM O	F OPERATING
THE ANNUAL CULLMAN COUNTY FAIR. THE MEMBERS OF THE LIONS	CLUB ARE NOT
PAID, HOWEVER, THE FAIR ASSOCIATION AND THE LIONS CLUB S	HARE EQUALLY
IN THE NET REVENUE FROM THE GATE AND MIDWAY OPERATIONS.	
 	· · · · · · · · · · · · · · · · · · ·

Rev 1

OMB No. 1545-0047 Schedule R (Form 990) 2009 Direct controlling Direct controlling Open to Public Inspection (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related Employer identification number YES 63-0816711 Public charity status (if section 501(c)(3)) End-of-year assets <u>@</u> YES ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code section Total income Related Organizations and Unrelated Partnerships (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) ਉ ▶ See separate instructions. 4 Ö Legal domicile (state Legal domicile (state or foreign country) or foreign country) AL Primary activity Primary activity ► Attach to Form 990. CIVIC For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. 63-0139710 35056-Identification of Related Tax-Exempt Organizations CULLMAN COUNTY FAIR ASSOCIATION Name, address, and EIN of related organization Name, address, and EIN of disregarded entity Identification of Disregarded Entities tax-exempt organizations during the tax year.) AL OFFICE BOX CULLMAN CULLMAN LIONS CLUB Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part I PartII POST

US990R\$3

US 990 Other	Functional Ex	penses: Page 10		2009
_		Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
LION & LIONESS CLUB	76,243.	76,243.		
REPAIRS	15,950.	15,950.		
SUPPLIES	6,911.	6,911.		
PREMIUMS	15,562.	15,562.		
DRAWINGS	2,500.			
ATTRACTIONS	5,525.	5,525.		
LABOR	17,324.			
MEALS	6,895.			
UTILITIES	12,215.	12,215.		
RENTALS	3,940.			
CONVENTIONS/WORKSHOPS	1,130.			
DUES	581.	581.		
PRINTING	1,236.	1,236.		
RIBBONS/TROPHIES	2,865.	2,865.		
BANK CHARGES	528.	528.		
JUDGES	5,090.	5,090.		1
POSTAGE	90.	90.		
MILEAGE	1,719.	1,719.		
REFUNDS	265.	265.		
LICENSE	264.	264.		
	176,833.	176,833.		
				1
				+
	•			
		•		
<u> </u>		L	L	<u>.l</u>