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For Paperwork Reduction Act Notice, see the separate instructions.

Form **330** 

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

2010
Open to Public Inspection

For the 2010 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Oregon Country Fair Address change 93-0751998 Doing Business As Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return 541-343-4298 442 Lawrence St Terminated City or town, state or country, and ZIP + 4 OR 97401-2532 1,710,982 Eugene Amended return G Gross receipts \$ Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Jack Makarchek H(b) Are all affiliates included? 442 Lawrence ST .If "No," attach a list. (see instructions) OR 97401-2532 Eugene X 501(c)(3) 4947(а)(1) ог Tax-exempt status 501(c) ) (insert no ) Oregoncountryfair.org H(c) Group exemption number ▶ Year of formation 1977 OR X Corporation Form of organization Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Oregon Country Fair (OCF) creates events and experiences that nourish Activities & Governance the spirit, explore living artfully and authentically on Earth, and transform culture in magical, joyous and healthy ways. 2 Check this box 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 3500 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 269 37,494 8 Contributions and grants (Part VIII, line 1h) 585, 449 569, 9 Program service revenue (Part VIII, line 2g) 12,443 17,014 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 84.570 48. 610 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 731 719, 672,391 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 60,63751 188 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 329,891 351 ,190 15 Salaries, other companies from employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundralsing fees (Part I Dolumn (A), line 11e) 8,037 b Total Pagraising expenses (Part IX, column (D), line 25) ▶ 17 Other extenses (Part IX, column (A), Gres 11a-11d, 11f-24f) ,148,494 173,384 529,573 585,211 18 Total expenses Add lines 13-17 triust equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 190,158 87,180 **Beginning of Current Year** End of Year 3,226,137 284 972 20 Total assets (Part X, line 16) 059 199 241 21 Total liabilities (Part X, line 26) 985, 078 085, 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Board President Jack Makarchek Here Type or print name and title Print/Type preparer's name Date Check PTIN Preparer's signature Paid self-employed P00357096 Cathı G. McNutt Preparer Jones & Roth, 93-0819646 Firm's EIN ▶ Firm's name **Use Only** P.O. Box 10086 541-687-2320 Eugene, OR 97440 Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form 990 (2010)

Form 990 (2010) Oregon Country Fair	93-0751998	Page 2
Part III Statement of Program Service Accomp		X
Briefly describe the organization's mission	se to any question in this Fart in	<u>[A]</u>
The Oregon Country Fair (OCF) c	reates events and experiences the fully and authentically on Earth, oyous and healthy ways.	
2 Did the organization undertake any significant program service	ces 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.	Lancard Landard Landard	
3 Did the organization cease conducting, or make significant ch services?	nanges in how it conducts, any program	Yes X No
If "Yes," describe these changes on Schedule O		
	organization's three largest program services by expenses. Section trusts are required to report the amount of grants and allocations gram service reported.	
	including grants of \$  i to nourish spirits, explore live form culture in magical, joyous a	
ways.		Α
	·	
OCF works with its membership a network, and share resources. O	uncluding grants of \$ 60,637) (Revenue \$ and other community organizations of the philanthropy supports local of the control of the philanthropy supports local of the control of the cont	community
OCF Youth programs are based on	ncluding grants of \$ ) (Revenue \$ n leadership oriented activities rement. Workshops, trainings, Culeen supported.	
	•	
4d Other program services (Describe in Schedule O) (Expenses \$ 74,280 including grants of	f\$ ) (Revenue \$	,
4e Total program service expenses 1,434,3		!
TAA	<del></del>	Form 990 (2010

Form	990 (2010) Oregon Country Fair 93-0751998		Р	age 3
_Pa	rt IV Checklist of Required Schedules			,
	r 1		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Χ	ļ
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, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			2
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<u> </u>
C	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	11c		X
d	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	11d	<u>X</u>	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	L
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			۱
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	17		X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

If "Yes," complete Schedule G, Part III

18

19

20a

20b

19

FOILI	1990 (2010) Gregori Country Pari			age 4
<u>Pa</u>	artilV Checklist of Required Schedules (continued)	1	1	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		v	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<del> </del>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			v
	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			v
	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 24b	١		\ <sub>V</sub>
	through 24d and complete Schedule K If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
	to defease any tax-exempt bonds?	24c		
d		24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			<sub>V</sub>
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		Į	v
20	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	77.7
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		
U	Schedule L, Part IV	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	<del>                                     </del>	$\frac{\Lambda}{\Lambda}$
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		1
J 1	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del>"</del>		<u> </u>
<b>J</b> 2	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<del> </del>	
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•	IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a	-	<u> </u>	<u> </u>
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 $X$ No			1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			l
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>		<del></del>

Form **990** (2010)

197 Note. All Form 990 filers are required to complete Schedule O

6419	1				
Form	990 (2010) Oregon Country Fair 93-075199	8		Р	age <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
_		42		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		┥,	3	<b> </b>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	] 0			<i>t</i> :
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				. · ·
_	reportable gaming (gambling) winnings to prize winners?	1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a	1	┥		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	<del></del>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1. 2.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	ļ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	<b></b>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al	1	1	١
	account)?		4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country		- 1		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial According	ounts.		. '	
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_	ļ	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
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	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r		1	
	gifts were not tax deductible?		6b	<u> </u>	<u></u>
7	Organizations that may receive deductible contributions under section 170(c).		17	'	84) **I
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	S	,		
	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	<u> </u>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	•	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				165,0
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a Form 1098-C?	7h	ļ	<u></u>
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			<u>                                     </u>	2
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			.	ř. d
•	Did the omanization make any tayable distributions under section 4966?		92	1	1

Did the organization make a distribution to a donor, donor advisor, or related person?

Section 501(c)(7) organizations. Enter

Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(12) organizations. Enter-

a Gross income from members or shareholders

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	10b			**		
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	11b		da.	Ź.		
n	1041?	)	12	2a		
	12b		7.	****		
			l		ł	1

	13a		
13b			
13c		8 .:	
	14a		Х
_			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 1b Enter the number of voting members included in line 1a, above, who are independent 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 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 de. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give Χ rise to conflicts? 12b 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 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 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 |X| Another's website |X| Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 19 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

442 Lawrence St.

OR 97401

Eugene

organization. ▶ Oregon Country Fair

541-343-4298

#### Form 990 (2010) Oregon Country Fair Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any 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.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A)  Name and Title	(B) Average	(C) Position (check all that apply)					pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee 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
(1) Jack Makarchek	F 00								•	
President	5.00	Х		Х				0	0	0
(2) Paxton Hoag										
Director	3.00	X	<u> </u>					0	0	0
(3) Indigo Ronlov									•	
Director	3.00	X						0	0	0
(4) Anna Scott (Alt)		ļ							_	
Director	3.00	Х					_	0	0	0
(5) John Burgess									_	_
Director	3.00	Х						0	0	0
(6) Lawrence Taylor										
Director	3.00	X					<u> </u>	0	0	0
(7) Diane Albino									_	
Director	3.00	X					L	0	0	0
(8) Deane Morrow										
Director	3.00	X	<u> </u>				ļ	0	0	0
(9) Katie Cousins										
Director	3.00	X	<u> </u>	Щ				0	0	0
(10) Jon Silvermoon										
Director	3.00	X					<u> </u>	0	0	0
(11) Jon Pincus (Alt)										
Director	3.00	X				L	<u> </u>	0	0	0
(12)Lara Howe										
Director	3.00	X					<u> </u>	0	0	0
(13) Steve Gorham										
Co-Treasurer	5.00	X		Χ				0	0	0
(14) Hilary Anthony									,	
Co- Treasurer	5.00	Х	<u> </u>	Χ			L_	0	0	0
(15) Bill Ganser										
Secretary	5.00	X		X			<u></u>	0	0	0
(16) Laurie Doscher										
Membership Secretary	5.00	X		Χ				0	0	l
DAA										Form <b>990</b> (2010)

Part VII Section A. Officers  (A)  Name and Title	(B) Average	Π		- (	C)	yees		(D) Reportable	(E)	(F)		
Name and Tibe ,	hours per week (describe hours for related organizations in Schedule O)	or director	, —	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
(17) Charles Ruff	40.00			Ι,,				40.055	•			
Executive Director (18) Marcus Hinz	40.00			X		_		49,055	0	2,000		
Ex-Exective Director	40.00	<u> </u>	<u> </u>	Х		L		46,666	0	1,500		
(19)	-											
(20)												
(21)		١,				_						
(22)		ļ										
(23)												
(24)												
(25)												
(26)												
(27)												
(28)	!											
1b Sub-total	I		<u> </u>	<b></b>	•		<b>&gt;</b>	95,721		3,500		
c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S	ectio	n A				<b>&gt;</b>	95,721	-	3,500		
2 Total number of individuals (in	cluding but not l	ımıte	d to	thos	e lıs	ted a	bove		\$100,000 in	3,300		
reportable compensation from	the organization	<u>1</u>	0							Voc No		
3 Did the organization list any fo								yee, or highest compensat	ed	Yes No		
employee on line 1a? If "Yes," 4 For any individual listed on line								n and other compensation	from the	3 X		
organization and related orgar individual	nizations greater	than	\$15	0,00	1 °00	f "Ye	s," c	omplete Schedule J for suc	ch	4 X		
5 Did any person listed on line 1 for services rendered to the or									individual			
Section B. Independent Contractor		<u>es,</u>	COM	piete	30	ieuu	ie J	ior such person		5 X		
<ol> <li>Complete this table for your five compensation from the organic</li> </ol>	ve highest comp zation	ensa	ted i	ndep	end	ent c	contr	actors that received more t	than \$100,000 of			
Name and	(A) business address							Descript	(B) son of services	(C) Compensation		
									<del>-</del>			
	<del></del>						_					
									<del>-</del>			
	-		<u></u>					·				
								· · · · · · · · · · · · · · · · · · ·				
2 Total number of independent or received more than \$100,000	•	_						se listed above) who	0			
DAA				J. 91			<u></u>			Form <b>990</b> (2010)		

Form 990 (2010) Oregon Country Fair

Part VIII   Statement of Revenue			01-4			<u> </u>	·	<u> </u>	•	rage 3
Table	Pa	rt V	ili Statemen	t of Reve	nue		(A)	(B)	(C)	(D)
1	•			-8			Total revenue		Unrelated	Revenue
Red Federated campagings   1a   1								function		under sections
1	<b>60 60</b>			,, 		rija ir		revenue		512, 513, or 514
1			-	gns	1				`* ``.	
1	P P		•	}				lažs. 🐧 🧎	/ · * * * * * * * * * * * * * * * * * *	
1	a, f		=							
1	Pig	d	Related organization	ons	1d					
1	SiE	е	Government grants (contrib	butions)	1e					
1	흕	f	All other contributions, gifts	s, grants,						
1	들됨		and similar amounts not inc	cluded above	1f	37,494				,
1	달	g	Noncash contributions incli	uded in lines 1a-1	f \$					
3 Investment income (including dividends, interest, and other similar amounts)		h	Total. Add lines 1a	⊢1f		<b>•</b>	37,494	,		
3 Investment income (including dividends, interest, and other similar amounts)	e l					Busn. Code				
3 Investment income (including dividends, interest, and other similar amounts)	Ven	2a	Fair Event				1,557,667	1,557,667		
3 Investment income (including dividends, interest, and other similar amounts)	8	b	Youth Progr	am Fees			11,606	11,606		
3 Investment income (including dividends, interest, and other similar amounts)	is	С	J							
3 Investment income (including dividends, interest, and other similar amounts)	Š	d		•						1 1 1 1
3 Investment income (including dividends, interest, and other similar amounts)	E	e								
3 Investment income (including dividends, interest, and other similar amounts)	e B	f	All other program s	Service reven	ue		<del></del>			
19,123   1	- F					<b></b>	1,569,273	Cara i		77.
19,123   1					ıvidend		.,,.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	******
1		Ĭ		_		<b>•</b>	19,123			19.123
S   Royalties   Royaltie		4		•	exempt	bond proceeds				
O		-		anone or tax	oxop.	bona processor	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
6a Gross Rents   b   Less rental exps   c   Rental ner or (loss)		Ū		(ı) Real		(II) Personal		. 2		
D   Less rental eags   C   Rental in cor (loss)   P   P		62	Gross Rents	(7		(1)				
C   Rental inc or (loss)		-								
The core amount from sales of assets other than wentbry be tess cost or other basis & selse exps				<u> </u>			*			
Table   Tabl			, ,	or (loss)		•	v n v	moderalitiistist isikaa tilliisissaa saa	v.***.	
Sales of ascels   Sales of store than membry			Gross amount from			(II) Other			·	
Description				-				<b>,</b>		
C   Gain or (loss)   -2,109     -2,109		h	•			<del></del>				34.,
C   Gain or (loss)		_				2,109				
d Net gain or (loss)  3a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events    9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities    10a Gross sales of inventory, less returns and allowances a 79,796 b Less cost of goods sold b 36,482 c Net income or (loss) from sales of inventory    Miscellaneous Revenue    11a Miscellaneous Revenue    12 Total revenue. See instructions    13 Total revenue. See instructions    14 Total revenue. See instructions    15 Total revenue. See instructions    16 Total revenue. See instructions    17 Total revenue. See instructions    18 Total revenue. See instructions    19 Total revenue. See instructions    10 Tota		c				-2,109	. XX.			
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 79,796 b Less. cost of goods sold b 36,482 c Net income or (loss) from sales of inventory  Miscellaneous Revenue Busn. Code  11a Miscellaneous Bevenue Busn. Code  11a Miscellaneous Fevenue Busn. Code  11d Other revenue										-2.109
(not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 79,796 b Less. cost of goods sold b 36,482 c Net income or (loss) from sales of inventory			= :	ndraising even	ts [			* * * * * * * * * * * * * * * * * * * *	3 .	2/10/
C Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 79,796 b Less. cost of goods sold b 36,482 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Miscellaneous 5,296 5,296  d All other revenue e Total. Add lines 11a–11d  5,296  1,672,391 1,617,883 0 17,014	16	ou		naraising even	~				, "	10.0
C Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 79,796 b Less. cost of goods sold b 36,482 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Miscellaneous 5,296 5,296  d All other revenue e Total. Add lines 11a–11d  5,296  1,672,391 1,617,883 0 17,014	ě			ed on line 1c)						
C Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 79,796 b Less. cost of goods sold b 36,482 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Miscellaneous 5,296 5,296  d All other revenue e Total. Add lines 11a–11d  5,296  1,672,391 1,617,883 0 17,014	8			ou on mo 10)	a			× ,		
C Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 79,796 b Less. cost of goods sold b 36,482 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Miscellaneous 5,296 5,296  d All other revenue e Total. Add lines 11a–11d  5,296  1,672,391 1,617,883 0 17,014	힐	h		292	Ĭ,					
9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a	ŏ		•			events	Marina a and a above a			
See Part IV, line 19					_	Svento P	* S 4.:	***		, <u>, , , , , , , , , , , , , , , , , , </u>
b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 579,796 b Less. cost of goods sold b 36,482 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Miscellaneous  C d All other revenue e Total. Add lines 11a–11d  Total revenue. See instructions  b Less cost of goods sold b 36,482 c Net income or (loss) from sales of inventory  A3,314  43,314  43,314  5,296  5,296  1,617,883  0 17,014		Ju		arming accornic	_ a					
c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a 79,796 b Less. cost of goods sold b 36,482 c Net income or (loss) from sales of inventory		h		292	"H					
10a Gross sales of inventory, less returns and allowances a					~	uties <b>&gt;</b>	*/ /**	<u> </u>		
returns and allowances a 79,796 b Less. cost of goods sold b 36,482 c Net income or (loss) from sales of inventory ▶ 43,314 43,314  Miscellaneous Revenue Busn. Code  11a Miscellaneous 5,296 5,296  b c d All other revenue e Total. Add lines 11a–11d  ■ 5,296  12 Total revenue. See instructions  ■ 1,672,391 1,617,883 0 17,014						rities P	*			
b Less. cost of goods sold b 36, 482 c Net income or (loss) from sales of inventory				•	اء	79.796				
c Net income or (loss) from sales of inventory       ▶       43,314       43,314         Miscellaneous Revenue       Busn. Code         11a       Miscellaneous       5,296       5,296         b       C       C       C         d All other revenue       D       C       C         e Total. Add lines 11a–11d       D       5,296       C         12 Total revenue. See instructions       D       1,672,391       1,617,883       0       17,014		h			, L					
Miscellaneous Revenue         Busn. Code           11a         Miscellaneous         5,296         5,296           b         C         Image: Comparison of the control of the c			_				43.314	43.314	andddin m	and the second s
11a       Miscellaneous       5,296       5,296         b       C	ŀ	<u> </u>			OI IIIVE		, , , , ,		.: «	
b c d All other revenue	ŀ	112				223 3046	5.296			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
c       d       All other revenue         e       Total. Add lines 11a–11d       ▶       5,296         12       Total revenue. See instructions       ▶       1,672,391       1,617,883       0       17,014			miscerianeou:				3,230	3,230		
d All other revenue  e Total. Add lines 11a-11d  ▶ 5,296  12 Total revenue. See instructions  ▶ 1,672,391 1,617,883 0 17,014						<del></del>				
e Total. Add lines 11a-11d  ▶ 5,296  12 Total revenue. See instructions  ▶ 1,672,391 1,617,883 0 17,014			All other revenue			<u> </u>				
<b>12 Total revenue.</b> See instructions ▶ 1,672,391 1,617,883 0 17,014				a11d		<u> </u>	5, 296		Avs.	
		14	Total revenue. Set	- manuchons	•		1,072,091	T,011,003		

### Part IX Statement of Functional Expenses

• Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

8 Person plan contributions (include section 401(k) and section 403(t) employer contributions) 20,247 15,755 4,219 27.  9 Other employee benefits 41,056 31,946 8,552 558 10 Payroll taxes 24,004 18,678 5,001 32.  11 Fees for services (non-employees)  a Management		All other organizations must				
1 Grafts and other assistance to governments and organizations in the U.S. See Part V, line 2 2 3 Grafts and other assistance to individuals in the U.S. See Part V, line 2 5 and 16 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			(A) Total expenses			
Comparison to the U.S. See Part IV, line 21   Comparison to the U.S. See Part IV, line 22   Comparison to modify the U.S. See Part IV, line 15 and 16   Comparison to modify the U.S. See Part IV, line 15 and 16   Comparison of current officers, directors, trustees, and key employees   Some of the U.S. See Part IV, line 15 and 16   Comparison of current officers, directors, trustees, and key employees   Some officer under section 4958(c)(IV) and persons described in				expenses	general expenses	expenses
2 Grants and other assistance to individuals in the U.S. See Part IV, line 2 2  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 Compensation of currient officers, directors, trustees, and key employees Compensation of undivided above, to disqualfied persons (see diffield under section 4956)(f(1)) and poisons described nescdon 4956)(f(1)) and section 40(2) employer contributions)  9 Other employee benefits 41,056 31,946 8,552 558 10 Payrol tases 11,400 11,100 11	1	•	60 637	60 637		
## Compensation of contents and stands of the sestimate to governments, organizations, and indeviduals outside the U.S. See Part IV, lines 15 and 16  ## Benefits paid to or for members  ## Compensation of current officers, directors, trustees, and key employees  ## Compensation of current officers, directors, trustees, and key employees  ## Compensation of current officers, directors, trustees, and key employees  ## Compensation of current officers, directors, trustees, and key employees  ## Compensation of current officers, directors, trustees, and key employees  ## Compensation of current officers, directors, trustees, and key employees  ## Compensation of current officers, directors, trustees, and key employees  ## Payment of current of trustees  ## Compensation of current officers, directors, trustees, and key employees  ## Compensation of current officers, directors, trustees, and trustees  ## Compensation of current officers, directors, trustees, and trustees  ## Compensation of current officers, directors, trustees, and trustees  ## Compensation of current officers, directors, trustees, and trustees  ## Compensation of current officers, directors, trustees, and trustees  ## Compensation of current officers, directors, trustees, and trustees  ## Compensation of current officers, directors, trustees, and trustees  ## Compensation of current officers, directors, and trustees of current officers, and trustee	•	-	00,037	00,037		
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 a for members Compensation of current officers, directors, trustees, and key employees Compensation of unduded above, to dequalified persons (as defined under section 4588(fVI) and poisons discribed a section 4588(fVI) and poisons discribed as ection 4588(fVI) and section 40(3) employee benefits  7 Other salances and wages Persons plan contributions (includes section 49(4) and section 40(3) employee contributions)  9 1,70,162 114,669 224,763 73 73 73 73 74 75 75 75 75 75 75 75 75 75 75 75 75 75	2					
Organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	•	·				
U.S. Sae Part IV, Ines 15 and 16  8 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of cruded above, to dequalified persons (as otherid under section 4968(f)(1) and persons discribed in section 4968(f)(1) and section 4969 (f)(1) and section 4	3	_				
### Semiliar paid to or for members   Compensation of current officers, directors, trustees, and key employees   95, 721   62, 220   30, 629   2, 87%						
5 Compensation of current officers, directors, trustees, and key employees 1 Compensation of current officers, directors, trustees, and key employees of the control of th	_			.=		
trustees, and Key employees 6 Compensation not included above, to disqualified persons (as defined under section 49640(ff)) and persons described in section 49640(ff)) and section 400(th) employee contributions)  8 Person plan confributions (include section 401(th) and section 402(th) employee benefits  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  a Management  b Legal  12, 420  9, 665  2, 587  166  c Accounting  11, 420  9, 665  2, 587  166  c Accounting  11, 420  9, 665  2, 587  166  11, 885  15, 885  10 Payroll taxes  10 Professional fundraising services See Part IV, line 17 frest from the following of the						, y
6 Compensation not included above, in designalized persons (as defined under section 4958((s))(8) and persons described in section 4958((s))(8) and section 405((s) (e)(s) and section 405((s)(e)(s) and section 405((s)(e)(s)(s) and section 405((s)(e)(s)(s)(s) and section 405((s)(e)(s)(s)(s)(s) and section 405((s)(e)(s)(s)(s)(s)(s) and section 405((s)(e)(s)(s)(s)(s)(s)(s) and section 405((s)(e)(s)(s)(s)(s)(s)(s)(s)(s) and section 405((s)(e)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)	5		05 701	60 000	20 600	0.070
persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(8)  7 Other salanes and wages  8 Person plan contributions (include section 401(k) and section 405(k) employer contributions)  9 Other employee benefits  1 Payroll taxes  11 Fees for services (non-employees)  a Management  b Legal  1 C Accounting  4 Lobbying  Professional fundrasing services See Part IV, line 17 f Investment management fees  9 Other  12 Advertising and promotion  8 A 3330  3 Office expenses  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  10 Interest  11 Information, and meetings  11 Interest  12 Advertising and promotions and meetings  11 Interest  12 Interest  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  10 Interest  10 Interest  11 Interest  12 Office expenses in Interest  14 (A 300			95,721	62,220	30,629	2,8/2
Person plan contributions (criudie section 401(k) and section 403(k) employer contributions)  Person plan contributions (criudie section 401(k) and section 403(k) employer contributions)  20, 247	6					
7 Other salances and wages  Penson plan contributions (include section 401(k) and section 403(h) employer contributions)  9 Other employee benefits  1,056 31,946 8,552 556  10 Payroll taxes  24,004 18,678 5,001 32:  11 Fees for services (non-employees)  a Management  b Legal  1,2,420 9,665 2,587 166  c Accounting  e Professional fundasing services See Part IV, line 17 f Investment management fees  g Other  12,321 9,587 2,567 166  a Lobbying  e Professional fundasing services See Part IV, line 17 f Investment management fees  g Other  33,30 8,330 8,330  33,269 25,887 6,931 455  Royaltes  10 Occupancy  11 A,386 11,194 2,997 195  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  114,630 14,630 19,225  114,630 14,630 19,225  114,630 14,630 11,194 2,997 195  20 Interest  21 Depreciation, depletion, and amortization  23 Insurance  24 Other employees benezies and covered above (List miscellaneous expenses not covered above (List miscellaneous expenses						
8 Person plan controlutions (include section 401(k) and section 403(t) employer contributions) 20,247 15,755 4,219 27: 9 Other employee benefits 41,056 31,946 8,552 555 10 Payroll taxes 24,004 18,678 5,001 32: 11 Fees for services (non-employees) a Management b Legal 12,420 9,665 2,587 166 c Accounting 12,321 9,587 2,567 16 d Lobbying 12,321 9,587 2,567 16 livestiment management fees g Other 15,885 15,885 15,885 12,885		persons described in section 4958(c)(3)(B)				
and sector 4000) employer contributions) 9 Other employee benefits 11,056 11,05	7	Other salanes and wages	170,162	144,669	24,763	730
10   Payroll taxes   24,004   18,678   5,001   32:1	8		_			
10   Payroll taxes   24,004   18,678   5,001   32:1			20,247	15 <b>,</b> 755	4,219	273
11   Fees for services (non-employees)   a Management   b   Legal   12,420   9,665   2,587   168   C   Accounting   12,321   9,587   2,567   167   C   Accounting   12,321   9,587   2,567   167   C   Accounting   C   Accountin	9	Other employee benefits			8,552	558
a Management b Legal c Accounting 12,420 9,665 2,587 166 c Accounting 12,321 9,587 2,567 166 d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other 15,885 15,885 12,485 13,485 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 11 Interest 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses ellemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, Ist line 24f expenses on Schedule O) a Event supplies b Entertainment 1 C Volunteer meal vouchers d Event shuttle 75,365 75,365 Sanitation and showers f All other expenses. Add lines 1 through 24f 5 Joint costs. Check here ▶	10	•	24,004	18,678	5,001	325
b Legal	11	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
d Lobbying e Professional fundrating services See Part IV, line 17 f Investment management fees g Other 15,885 15,885 330 36,330 36,330 37,269 25,887 6,931 451 10frimation technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 A,386 11,194 2,997 195 195 19 Conferences, conventions, and meetings 11 A,386 11,194 2,997 195 10 Conferences, conventions, and meetings 11 A,630 11 A,630 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses Ilemize expenses not covered above (List miscellaneous expenses in line 24f iramount exceed 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) a Event supplies b Entertainment c Volunteer meal vouchers d Event shuttle 75,365 75,36	а	Management				
d Lobbying e Professional fundrating services See Part IV, line 17 f Investment management fees g Other 15,885 15,885 330 36,330 36,330 37,269 25,887 6,931 451 10frimation technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 A,386 11,194 2,997 195 195 19 Conferences, conventions, and meetings 11 A,386 11,194 2,997 195 10 Conferences, conventions, and meetings 11 A,630 11 A,630 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses Ilemize expenses not covered above (List miscellaneous expenses in line 24f iramount exceed 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) a Event supplies b Entertainment c Volunteer meal vouchers d Event shuttle 75,365 75,36	b	Legal	12,420	9,665	2 <b>,</b> 587	168
e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 15, 885 15, 885 12 Advertising and promotion 8, 330 8, 330 33, 269 25, 887 6, 931 451 11 Information technology 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 114, 386 11, 194 2, 997 195 10 Interest 14, 386 11, 194 2, 997 195 10 Interest 14, 630 14, 630 14, 630 14, 630 15 Payments to affiliates 16 Other expenses on depletion, and amortization 16 Insurance 16 Other expenses Illemize expenses not covered above (List miscellaneous expenses on to covered above (List miscellaneous expenses on Schedule O) a Event supplies 5 Entertainment 6 Volunteer meal vouchers 6 Volunteer meal vouchers 143, 638 143, 638 143, 638 143, 638 143, 638 143, 638 15 Total functional expenses. Add lines 1 through 24f 15 Joint costs. Check here   If following SOP 99-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined eductional	С	Accounting	12,321	9,587	2,567	167
f   Investment management fees   15,885   15,885   12   Advertising and promotion   8,330   8,330   33,269   25,887   6,931   451   14   16   16   16   16   16   16   1	d	Lobbying				
Investment management fees   15,885   15,885   12   Advertising and promotion   8,330   8,330   33,269   25,887   6,931   451   14   16   16   16   16   16   16   1	е	Professional fundraising services See Part IV, line 17		and the second s	A-37	
12 Advertising and promotion 13 Office expenses 13 0 33, 269 25, 887 6, 931 451  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 11 19, 225 19, 225 19, 225  Interest 14, 630	f	<del>-</del>				
12 Advertising and promotion 13 Office expenses 13 0 33, 269 25, 887 6, 931 451  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 11 19, 225 19, 225 19, 225  Interest 14, 630	g	_	15,885	15,885		
13 Office expenses   33,269   25,887   6,931   451     14 Information technology   15 Royalties     15 Royalties   7	_	Advertising and promotion				
14 Information technology       15 Royalties         16 Occupancy       14,386       11,194       2,997       195         17 Travel       18 Payments of travel or entertainment expenses for any federal, state, or local public officials       19 Conferences, conventions, and meetings       19,225	13			25,887	6,931	451
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 Interest 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses literize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) 2 Event supplies 2 Event supplies 2 Event shuttle 2 Volunteer meal vouchers 3 Event shuttle 5 Sanitation and showers 6 All other expenses. Add lines 1 through 24f 1 All other expenses. Add lines 1 through 24f 2 Joint costs. Check here	14	•	, , , , , , , , , , , , , , , , , , ,	•		
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Payments to affiliates 10 Interest 11 4, 630 11 4, 630 11 4, 630 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses ltemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount, test line 24f expenses on Schedule 0) 10 Event supplies 12	15	•				
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 119,225 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) 2		•	14,386	11,194	2,997	195
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  19,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  119,225  120  Interest  120  Interest  120  Interest  120  Insurance  121  Insurance  122  Other expenses llemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount, list line 24f expenses on Schedule O)  a Event supplies  b Entertainment  156,264  156,264  156,264  156,264  156,264  156,264  156,264  156,264  175,365  17						
for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f expenses on Schedule O)  a Event supplies  b Entertainment  c Volunteer meal vouchers  d Event shuttle  e Sanitation and showers  f All other expenses  25 Total functional expenses. Add lines 1 through 24f  5 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational						
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)  a Event supplies b Entertainment c Volunteer meal vouchers d Event shuttle e Sanitation and showers f All other expenses f All other expenses  209,948 196,738 119,225 144,630 144,630 144,630 367,98 9,463 615 278,963						
14,630	19		19,225		19,225	
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses ltemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)  a Event supplies  b Entertainment  c Volunteer meal vouchers d Event shuttle  s Sanitation and showers f All other expenses  209,948  196,738  12,403  876  876  877  876  876  877  876  877  876  877  876  877  876  877  876  877			14,630	14,630	20,220	
Depreciation, depletion, and amortization   13,472   876   187			11,000	11,000		
23   Insurance		-	64,666	50.318	13.472	876
Other expenses I lemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)  a Event supplies  b Entertainment  c Volunteer meal vouchers  d Event shuttle  75, 365  F Sanitation and showers  f All other expenses  Add lines 1 through 24f  209, 948  11, 585, 211  11, 434, 365  21, 403  22, 809  23, 807  24, 809  25, 200, 200, 948  26, 200, 948  278, 963  278,		·				615
above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)  a			10,010	30,730	7,105	33
Inne 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)   a	4-4	•				
(A) amount, list line 24f expenses on Schedule O)  a Event supplies 278,963 278,963  b Entertainment 156,264 156,264  c Volunteer meal vouchers 143,638 143,638  d Event shuttle 75,365 75,365  e Sanitation and showers 67,198 67,198  f All other expenses 209,948 196,738 12,403 807  25 Total functional expenses. Add lines 1 through 24f 1,585,211 1,434,365 142,809 8,037  26 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		· · · · · · · · · · · · · · · · · · ·				
a Event supplies 278,963 278,963 b Entertainment 156,264 156,264 c Volunteer meal vouchers 143,638 143,638 d Event shuttle 75,365 75,365 e Sanitation and showers 67,198 67,198 f All other expenses 209,948 196,738 12,403 807 25 Total functional expenses. Add lines 1 through 24f 1,585,211 1,434,365 142,809 8,037 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational						
b Entertainment 156,264 156,264 c Volunteer meal vouchers 143,638 143,638 d Event shuttle 75,365 75,365 e Sanitation and showers 67,198 67,198 f All other expenses 209,948 196,738 12,403 807 25 Total functional expenses. Add lines 1 through 24f 1,585,211 1,434,365 142,809 8,037 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	_	•	278 963	278 063		,869°
c Volunteer meal vouchers d Event shuttle						
d Event shuttle 75,365 75,365 e Sanitation and showers 67,198 67,198 f All other expenses 209,948 196,738 12,403 807 25 Total functional expenses. Add lines 1 through 24f 1,585,211 1,434,365 142,809 8,037 26 Joint costs. Check here  if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	_					
e Sanitation and showers f All other expenses 209,948 196,738 12,403 807 25 Total functional expenses. Add lines 1 through 24f 1,585,211 1,434,365 142,809 8,037 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational						·
f All other expenses  209,948 196,738 12,403 807 25 Total functional expenses. Add lines 1 through 24f 1,585,211 1,434,365 142,809 8,037 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	_			73,303 67 100		
Total functional expenses. Add lines 1 through 24f 1, 585, 211 1, 434, 365 142, 809 8, 037  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	-			106 730	10 400	007
Joint costs. Check here  following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	_		209,948			807
SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational			1,385,211	1,434,365	142,809	8,037
campaign and fundraising solicitation DAA		SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column				

<u>P</u>	art®X	Balance Sheet				т
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		59,028	1	56,171
	2	Savings and temporary cash investments		888,617	2	969,093
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,644	4	449
	5	Receivables from current and former officers, directors, t	trustees, key			
		employees, and highest compensated employees Comp	diadaddaadaa			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined				
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing			
		employers and sponsoring organizations of section 501(				
		employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use		1,635	8	2,518
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or			5 24	
		other basis Complete Part VI of Schedule D	10a 2,500,142 10b 692,980		ř	
	ь	Less accumulated depreciation	10b 692,980	1,845,579	10c	1,807,162
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		184,878	12	201,642
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	_	243,756	15	247,937
	16	Total assets. Add lines 1 through 15 (must equal line 34	)	3,226,137	16	3,284,972
	17	Accounts payable and accrued expenses		29,438	17	36,143
	18	Grants payable .			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete Part IV of	f Schedule D		21	
II	22	Payables to current and former officers, directors, trustee	es, key			
Liabilities		employees, highest compensated employees, and disqu	alified persons	4.4		
Ë		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	parties	206,330	23	158,943
	24	Unsecured notes and loans payable to unrelated third pa	ırtıes		24	
	25	Other liabilities Complete Part X of Schedule D		5,291	25	4,076
	26	Total liabilities. Add lines 17 through 25		241,059	26	199,162
Balances		Organizations that follow SFAS 117, check here $\blacktriangleright X$	and complete	0	Ž.	
Ē		lines 27 through 29, and lines 33 and 34.			<u> </u>	
ala	27	Unrestricted net assets		2,967,591	27	3,067,321
	28	Temporarily restricted net assets	17,487	28	18,489	
ŭ	29	Permanently restricted net assets	. $\square$	<u> </u>	29	
F		Organizations that do not follow SFAS 117, check her	e 🕨 🔛 and			
6		complete lines 30 through 34.			A	
ţ	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment			31	
As	32	Retained earnings, endowment, accumulated income, or	other funds		32	
Net Assets or Fund	33	Total net assets or fund balances		2,985,078	33	3,085,810
_	34	Total liabilities and net assets/fund balances		3,226,137	34	3,284,972

Form **990** (2010)

Form	1990 (2010) Oregon Country	Fair	93-0751998			Pag	je 12
Pa	rt XI Reconciliation of Net Ass						
	Check if Schedule O cont	ains a response	to any question in this Part XI				
1	Total revenue (must equal Part VIII, column	(A), line 12)		1	1 <u>,6</u>		
2	Total expenses (must equal Part IX, column	n (A), line 25)		2	1,58	35,2	211
3	Revenue less expenses Subtract line 2 from	m line 1		3		37 <u>,</u> 1	180
4	Net assets or fund balances at beginning of	year (must equal Pa	rt X, line 33, column (A))	4	2,98	35,0	<del>)</del> 78
5	Other changes in net assets or fund balance	es (explain in Schedu	ıle O)	5	-	13,5	552
6	Net assets or fund balances at end of year.	Combine lines 3, 4, a	and 5 (must equal Part X, line 33,				
	column (B))		_	6	3,08	35,8	310
Pa	rt XII Financial Statements and	Reporting					
	Check if Schedule O cont	ains a response	to any question in this Part XII				
b c	Accounting method used to prepare the For If the organization changed its method of a Schedule O Were the organization's financial statement Were the organization's financial statement If "Yes" to line 2a or 2b, does the organization of the audit, review, or compilation of its fin If the organization changed either its oversig Schedule O.  If "Yes" to line 2a or 2b, check a box below	s compiled or reviewers audited by an indepton have a committee ancial statements and ght process or selections.	ed by an independent accountant?  pendent accountant?  that assumes responsibility for oversight d selection of an independent accountant?  ion process during the tax year, explain in		2a 2b 2c	X X	X
	issued on a separate basis, consolidated by $\overline{X}$ Separate basis $\overline{X}$ Consolidated basis	asis, or both: sis Both consol	didated and separate basis				
Ja	As a result of a federal award, was the orgathe Single Audit Act and OMB Circular A-13		indergo an audit or audits as set forth in		3a		Х
b	If "Yes," did the organization undergo the re	quired 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

#### SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service

4947(a
Department of the Treasury

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Nam	e or t	ne organizauo	" Oregon Count	rv Fair							1998		ber	
∦Pa	rt l	Reas	·	Status (All organizations	must c	omplet	e this	part.)						
The	orga			e it is (For lines 1 through 11, o						•				
1		A church, cor	nvention of churches, or ass	ociation of churches described i	in sectior	170(b)(1	)(A)(i).							
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E)										
3		A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)(i	iii).							
4		A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectio	n 170(b	)(1)(A)(i	ii). Ente	r the ho	ospital's	name,		
		city, and state												
5		An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a g	overnme	ental uni	t descri	bed in				
		•	b)(1)(A)(iv). (Complete Part	•										
6	Н		-	overnmental unit described in s										
7	Ш	-		substantial part of its support fro	om a gove	ernmenta	unit or	from the	genera	I public	•			
			section 170(b)(1)(A)(vi). (Co	· ·										
8		•		70(b)(1)(A)(vi). (Complete Part		4_9543			_ <b>.</b>					
9	X	_		more than 33 1/3% of its support functions and subject to contain							oss			
		•		npt functions—subject to certain nd unrelated business taxable in	•									
		• •	•	0, 1975. See section 509(a)(2).	•			y nom t	usines	503				
10			•	exclusively to test for public safe	•		•							
11	H	•	•	exclusively for the benefit of, to	-				out the	9				
••	لــا	•	•	ed organizations described in se	•		-	-			1			
				he type of supporting organizati										
		a Type		c Type III-Functions			d		e III–Ot	her				
е		By checking	this box, I certify that the org	anization is not controlled direct	tly or ındir	ectly by o	ne or m	ore disc	ualified	persor	าร			
		other than for	undation managers and other	er than one or more publicly sup	ported org	ganization	ns descr	ibed in s	ection	509(a)(	1)			
		or section 50	9(a)(2)											
f		If the organiz	ation received a written dete	mination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
		organization,	check this box											
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne							
		following per												
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed ın (	iı) and				$\overline{}$	Yes	No
			w, the governing body of the	••								11g(ı)		
		• • •	member of a person describ	• •								11g(iı)		
_		• •	• •	described in (i) or (ii) above?								[11g(iiı)		
<u>h</u>	NI			he supported organization(s)	(5-A) - B		63.54		6.0			**		
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1	organization sted in your		ou notify nzation in	organizat	s the ion in col	,	ii) Amc) suppe		
	Ī			above or IRC section		document?	col (i)	of your port?	(i) organı U S	zed in the		• • •		
				(see instructions))	Yes	No	Yes	No	Yes	No				
(A)					1		1.55		100					
(~)											1			
(B)													_	
(-,														
(C)														
(D)														
					ļ									
Æ)						I	i	I	1		I			

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	<u>'</u>	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4	4.2			7 7 7		$\neg$	
	tion B. Total Support			7 /20/ 7 /30/00/	( <u>w. 15.</u>		1	
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	,	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10		\$%	7 ()				
12	Gross receipts from related activities, etc	(see instructions)				L	12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)		_
	organization, check this box and stop here							<b>&gt;</b>
<u>Sec</u>	tion C. Computation of Public Su	ipport Percen	tage					
14	Public support percentage for 2010 (line 6	, column (f) dıvıde	d by line 11, colum	n (f))			14	%
15	Public support percentage from 2009 Scho					L	15	%
16a	33 1/3% support test—2010. If the organi	zation did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	heck this		
	box and stop here. The organization quali							▶ [
b	33 1/3% support test—2009. If the organi				5 is 33 1/3% or m	ore,		
	check this box and stop here. The organiz							▶  _
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meet				· ·			
	Part IV how the organization meets the "fa organization			,				<b>&gt;</b> [
b	10%-facts-and-circumstances test—200							
	15 is 10% or more, and if the organization				-			
	Explain in Part IV how the organization me	eets the "facts-and	I-circumstances" te	est. The organization	on qualifies as a pi	ublicly		▶ □
40	supported organization	l mat aback a bee	line 42 40- 40	h 17a ar 47h	ale this have and an			
18	<b>Private foundation.</b> If the organization dic instructions	I NOT CNECK A DOX (	on line 13, 16a, 16	v, 1/a, or 1/b, che	ck this dox and se	ee		▶ [

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

500	tion A. Public Support	quality under	the tests listed	below, please	complete Fai	· · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership	(a) 2000	(8) 2007	(6) 2006	(d) 2009	(e) 2010	(f) Total
	fees received (Do not include any "unusual grants")	32,034	55,196	40,309	37,269	37,494	202,302
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	1,299,318	1,402,266	1,490,782	1,597,259	1,654,365	7,443,990
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,331,352	1,457,462	1,531,091	1,634,528	1,691,859	7,646,292
7a	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	Public support (Subtract line 7c from line 6)			**			7,646,292
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	1,331,352	1,457,462	1,531,091	1,634,528	1,691,859	7,646,292
10a	Gross income from interest, dividends, payments received on securities loans, rents,		21 222	10.501	10.443	16.000	04.000
	royalties and income from similar sources	21,874	21,200	12,521	12,443	16,232	84,270
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	21,874	21,200	12,521	12,443	16,232	84,270
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	1,353,226	1,478,662	1,543,612	1,646,971	1,708,091	7,730,562
14	First five years. If the Form 990 is for the organization, check this box and stop her	e		rth, or fifth tax year	as a section 501(	c)(3) 	<b>&gt;</b>
Sec	tion C. Computation of Public Su	upport Percent	age			· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2010 (line 8	• • •	•	n (f))		15	98.91 <b>%</b>
16_	Public support percentage from 2009 Sch					16	98.85 <b>%</b>
Sec	tion D. Computation of Investme					<del></del>	
17	Investment income percentage for 2010 (i			column (f))		17	1%_
18	Investment income percentage from 2009	•	•			18	1 %
19a	33 1/3% support tests—2010. If the organ 17 is not more than 33 1/3%, check this but the support tests the organ support tests—2010. If the organ support tests—2010.	ox and stop here.	The organization q	ualifies as a publicl	y supported organ	ization	<b>▶</b> X
b	33 1/3% support tests—2009. If the organ						. —
20	line 18 is not more than 33 1/3%, check the	•	_	-		•	

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**€** 66419

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Openito Public

Inspection &

Name of the organization **Employer identification number** Oregon Country Fair 93-0751998 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located 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 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? Yes 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 Part III 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 (ASC 958), 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 b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

4 Describe in Part XIV the intended uses of	of the organization's endowment	funds		
Part VI Land, Buildings, and E	quipment. See Form 99	0, Part X, line 10.		
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,298,275	***	1,298,275
<b>b</b> Buildings		744,517	331,245	413,272
c Leasehold improvements				
d Equipment		392,645	312,039	80,606
e Other		64,705	49,696	15,009
Total. Add lines 1a through 1e (Column (d) m	ust equal Form 990, Part X, colu	ımn (B), line 10(c) )	<b>&gt;</b>	1,807,162

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 Oregon Country Fair		93-0751998	Page :
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	f valuation
(including name of security)		Cost or end-of-ye	ar market value
(1) Financial derivatives			
(2) Closely-held equity interests		<u> </u>	
(3) Other Interest in Oregon Community F	201,642	Market	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			-
<u>(I)</u>	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	201,642	```	
Part VIII Investments—Program Related. See Form 990	), Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method o	f valuation
		Cost or end-of-ye	ar market value
(1)			
(2)		"	
(3)	,		
(4)			
(5)			
(6)		-	
(7)			
(8)			
(9)			
(10)			
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)			****
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description	ent CDs		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm	ent CDs		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm (2)	ent CDs		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm  (2)  (3)	ent CDs		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm (2)  (3)  (4)	ent CDs		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm (2)  (3)  (4)  (5)	ent CDs		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm  (2)  (3)  (4)  (5)  (6)	ent CDs		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm  (2)  (3)  (4)  (5)  (6)  (7)	ent CDs		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )           Part IX         Other Assets. See Form 990, Part X, line 15.           (a) Description           (1)         Board Designated Endown           (2)         (3)           (4)         (5)           (6)         (7)           (8)	ent CDs		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )           Part IX         Other Assets. See Form 990, Part X, line 15.           (a) Description           (1)         Board Designated Endown           (2)         (3)           (4)         (5)           (6)         (7)           (8)         (9)	ent CDs		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	ent CDs		(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15 )			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endown (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15 )  Part X Other Liabilities. See Form 990, Part X, line 25			(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability			(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (1) Federal income taxes	). (b) Amount		(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Board Designated Endown (c)  (c) Board Designated Endown (c)  (d) Board Designated Endown (c)  (e) Board Designated Endown (c)  (f) Board Designated Endown (c)  (g) Board Designated Endown			(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Board Designated Endown (c)  (c) Board Designated Endown (c)  (d) Board Designated Endown (c)  (e) Board Designated Endown (c)  (f) Board Designated Endown (c)  (g) Board Designated Endown	). (b) Amount		(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endown (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (1) Federal income taxes (2) Accrued interest (3) (4)	). (b) Amount		(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (1) Federal income taxes (2) Accrued interest (3) (4) (5)	). (b) Amount		(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endowm (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (1) Federal income taxes (2) Accrued interest (3) (4) (5) (6)	). (b) Amount		(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Board Designated Endown (column	). (b) Amount		(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Board Designated Endown (c)  (c)  (d) (d) (e) (f) (e) (f) (e) (f) (e) (f) (e) (f) (f) (e) (f) (f) (e) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	). (b) Amount		(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endown (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability  (1) Federal income taxes  (2) Accrued interest  (3)  (4)  (5)  (6)  (7)  (8)  (9)	). (b) Amount		(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endown (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability  (1) Federal income taxes  (2) Accrued interest  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	). (b) Amount		(b) Book value 247, 937
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) Board Designated Endown (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability  (1) Federal income taxes  (2) Accrued interest  (3)  (4)  (5)  (6)  (7)  (8)  (9)	). (b) Amount		(b) Book value 247, 937

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	dule D (Form 990) 2010 Oregon Country Fair		93-0751998	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	to Audited Fir	nancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10	
Pa	irt XII 🤞 Reconciliation of Revenue per Audited Financial Statem		evenue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	{ }		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	nt XIII Reconciliation of Expenses per Audited Financial State	ments With E	xpenses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	4	
b	Prior year adjustments	2b	recipion (	
C	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	, ,	
b	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIV Supplemental Information

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

Part V, Line 4 - Intended Uses for Endowment Funds

Investment income earned on this fund is to be used in OCF's Philanthropy Program.

Schedule D (Form 990) 2010 Oregon Country Fair

93-0751998

Page 5

Part XIV | Supplemental Information (continued)

SCHEDULE

66419

OMB No 1545-0047

(Form 990)		Governme	nd Oth nts. an	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizaus n the United S	ons, States		2010
Department of the Treasury Internal Revenue Service		Complete if the o	organizatio	organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	Form 990, Part IV, lin 10.	e 21 or 22.		Open to Public Inspection
	Oredon Country Fair					Employer 93-07	Employer identification number 93-0751998	
Part I General	tion on Grant	Assistance						P
1 Does the organization the selection criteria u	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	he amount of the gr nce?	rants or ass	rants or assistance, the grantees' orant funds in the United States	eligibility for the grant	s or assistance, and	Ð	X Yes . No
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	vernments an ecipient that rece is needed	<b>d Organ</b> ceived π	zations in the Unione than \$5,000.	ited States. Corr Check this box if	plete if the org no one recipie	lanization ansv nt received mo	vered "Yes" to ore than \$5,000. Part II
1 (a) Name and or g	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Womenspace PO Box 50127 Fligene	OR 97405	93-0692905	~	6.023				Education Program
(2) Relief Nursery 1720 W 25th Avenue Eugene	enue OR	93-0784800	m	5,243				Education Program
(3) St. Vincent de 705 S. Seneca Eugene	Paul OR 97402	93-0454786	е	5,243				Education Program
(4) Various 501(c)3 Various Eugene	3 <\$5,000 OR 97405		r	44,128				Various Educational
(5)								
(9)								
(2)								
(8)								
(6)								
Secretary Color Color	to contract by (C)(C)(C) contract							

Schedule I (Form 990) (2010)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 93-0751998 Schedule I (Form 990) (2010) Oregon Country Fair Part III

66419

	rait III can be duplicated II additional space is needed	Jilai space is lieeuer	٦.			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
_						•
2						
m						
4						1
v.						
9						
7						
Part	**Part*IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	olete this part to prov	ide the information	required in Part I, li	ne 2, and any other addition	onal information.

- Procedures for Monitoring the Use of Grant Funds Part I, Line 2

the application process includes detail about the individual projects. Each of the 3 philanthropic programs operates with its own set of procedures as OCF screens potential donees through an application process by which we confirm that the recipient organizations are 501(c)(3) organizations, requesting grant reports.

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

r 990-EZ or to provide any additional information

▶ Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Oregon Country Fair

Employer identification number 93-0751998

Form 990, Part I, Line 6

In 2010, approximately 47,000 people from around the United States bought tickets to to the Fair to see the works of 700 local crafters, hundreds of performers on over 18 stages, as well as dozens of educational booths and displays. The Fair is made possible by 3,500 volunteers who organize themselves into 62 volunteer crews to serve in such capacities as construction, security, ticketing, fire safety, food service, childcare, etc. Volunteers also plan, manage and operate year-round efforts such as youth programs, trainings and workshops and staff two philanthropy committees.

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

Land and Facility Stewardship relies on volunteers and experts to manage
wetland, riparian, forested, cultivated, developed and archeological
resources.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders The organization has one class of membership.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

There is one class of membership. Members have the right to elect the board of directors.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The 990 is reviewed by officers and key staff before submission and copies

**→** 66**≰**19

Oregon Country Fair

Employer identification number 93-0751998

are provided to the board.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members disclose potential conflicts of interest at a public board
meeting and use Bylaws to determine role in voting on issues involving
related parties. Personnel policies direct that the Conflict of Interest
Policies in the Bylaws cover employees by reference.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Executive pay is established by step tables developed by Board appointed Personnel Committee. The Board retains the option of using contract provisions to establish executive pay. The Personnel Committee conducts periodic research into comparable pay.

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

Form 990, Part IX, Line 24f - Other Expenses

Description .	Am	ount
Event medical expenses	\$	37,319
Miscellaneous services	\$	31,161
Volunteer T-shirts	\$	24,016
Land site maintenance	\$	21,611
Fuel	\$	20,035
Property tax and permits	\$	16,610
Outreach events & service	\$	13,216
Crew. Coordinator expense	\$	12,892

Name of the organization Oregon Country Fair		Employer identification number 93-0751998
Roads and paths	\$ 10,695	
ODOT Contract	\$ 9,854	
Other event & program	\$ 7,016	
Vehicle	\$ 5,523	

99.0 / 990-PF	Mor  For calendar year 2010,		er Notes Payable		2010
Name	1 of Calefidal year 2010,	or tax year beginning	, and ending	Employer Id	entification Number
Oregon Countr	y Fair			93-075	1998
Form 990, Par	t X, Line 23 -	- Additional	Information		
	Name of lender		Relationship to dis	squalified person	on
	e - Mauldin				
(2) (3)				<del> </del>	
(4)					
(5)					
(6) (7)					<u> </u>
(7) (8)					
(9)					
(10)					
0 mil 10		-		×	
Original amount borrowed	Date of loan	Maturity date	Repayment terms		Interest rate
(1) 250,00	00 09/15/08	09/15/13			8.000
(2)			····	_	
(3) (4)					
(5)					
(6)					
(7)				<u>.</u>	
(8) (9)					
(10)					
		<u> </u>	And the second second	<del>.</del>	
	ecurity provided by borrower		Purpose o	of loan	
(1)					
(2) (3)					
(4)	• • •				
(5)					
(6)				•	
(7) (8)					
(9)					
(10)			× 200		
*		*		T	
	ration furnished by lender		Balance due at beginning of year	В	alance due at end of year
(1)			206,330		158,943
(2) (3)		+			<del></del>
(4)		_			
(5)					
(6)					
(7) (8)					
(9)					
(10)					
Totals			206,330		158,943