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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements



A For the 2010 calendar year, or tax year beginning **2010**, and ending **2010**

| | | |
|---|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C PINE VALLEY FAIR ASSOCIATION PO BOX 474 HALFWAY, OR 97834 | D Employer identification number 93-6033814 |
| | | E Telephone number (541) 742-7194 |
| | | F Group Exemption Number |

G Accounting Method Cash Accrual Other (specify) _____

I Website: ▶ WWW.HALFWAYFAIRANDRODEO.COM

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ◀ (insert no.) _____ 4947(a)(1) or _____ 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

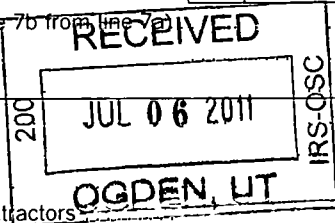
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **72,619.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

SCANNED JUL 14 2011

| | | | | |
|----------|---|--|---------|----------|
| REVENUE | 1 | Contributions, gifts, and similar amounts received | 1 | 11,688. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | 145. |
| | 4 | Investment income | 4 | 601. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| 6b | Gross income from fundraising events (not including \$ 3,513. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 60,185. | |
| | 6c | Less direct expenses from gaming and fundraising events | 6c | 59,753. |
| | 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 432. |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | 7b | Less cost of goods sold | 7b | |
| | 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 | Other revenue (describe in Schedule O) | 8 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 12,866. | |
| EXPENSES | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | 370. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | 395. |
| | 16 | Other expenses (describe in Schedule O) SEE SCHEDULE O | 16 | 15,024. |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 15,789. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -2,923. | |
| ASSETS | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 252,377. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 249,454. |



BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

| | Yes | No |
|--|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O | | X |
| 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)? | | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | X |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A | | |
| 39 Section 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 39a N/A | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b N/A | | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A | | |
| b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b | | |
| c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0. | | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e | | X |
| 41 List the states with which a copy of this return is filed NONE | | |

42a The organization's books are in care of **NANCY DENIG** Telephone no **(541) 742-5172**
 Located at **HALFWAY OR** ZIP + 4 **97834**

| | Yes | No |
|---|-----|----|
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country | | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country | | X |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

| | Yes | No |
|---|-----|----|
| 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a | | X |
| b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b | | X |
| c Did the organization receive any payments for indoor tanning services during the year? 44c | | X |
| d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d | | |

| | | | | |
|-----------|--|------------|--------------------------|-------------------------------------|
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst) | 45a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | | | |
|------------|--|------------|--------------------------|--------------------------|
| 47 | Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | <input type="checkbox"/> | <input type="checkbox"/> |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input type="checkbox"/> |
| b | If 'Yes,' was the related organization a section 527 organization? | 49b | <input type="checkbox"/> | <input type="checkbox"/> |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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 Here
 Signature of officer: Dale Taylor Date: 6-30-11
 Type or print name and title: Dale Taylor, President

Paid Preparer Use Only
 Print/Type preparer's name: KELLY E. HIGGINS, CPA Preparer's signature: [Signature] Date: 5/19/11 Check if self-employed PTIN: P00045073
 Firm's name: HIGGINS AND ASSOCIATES, CPA INC.
 Firm's address: PO BOX 406 / 133 N MAIN STREET Firm's EIN: 20-1288893
HALFWAY, OR 97834 Phone no: 541-742-5969

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

| REVENUE | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | | |
|-----------------|--|---|---------------------|-------------------------------------|---------|---------|
| | LABOR DAY FAIR (event type) | CONCESSION INC (event type) | 1 (total number) | (add column (a) through column (c)) | | |
| 1 | Gross receipts | 43,489. | 11,324. | 7,163. | 61,976. | |
| 2 | Less Charitable contributions | 2,410. | | 1,103. | 3,513. | |
| 3 | Gross income (line 1 minus line 2) | 41,079. | 11,324. | 6,060. | 58,463. | |
| DIRECT EXPENSES | 4 | Cash prizes | 19,337. | 4,590. | 23,927. | |
| | 5 | Noncash prizes | 3,213. | 950. | 4,163. | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | 7,713. | 7,713. | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 21,963. | | 1,607. | 23,570. |
| | 10 | Direct expense summary Add lines 4- through 9 in column (d) | | | | 59,373. |
| 11 | Net income summary Combine line 3, column (d), and line 10 | | | | -910. | |

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|-----------------|--|---|---|---|
| | | | | (add column (a) through column (c)) |
| 1 | Gross revenue | | | |
| DIRECT EXPENSES | 2 | Cash prizes | | |
| | 3 | Non-cash prizes | | |
| | 4 | Rent/facility costs | | |
| | 5 | Other direct expenses | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary Add lines 2 through 5 in column (d) | | | |
| 8 | Net gaming income summary Combine lines 1, column (d) and line 7 | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

PINE VALLEY FAIR ASSOCIATION

Employer identification number

93-6033814

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PINE VALLEY FAIR ASSOCIATION HOLDS AN ANNUAL FAIR AND RODEO FOR THE ENJOYMENT OF
THE PINE VALLEY COMMUNITY. THE ASSOCIATION ALSO PROVIDES CONCESSIONS AND DANCES
DURING THESE EVENTS.

CLIENT PINE

PINE VALLEY FAIR ASSOCIATION

93-6033814

5/19/11

03 02PM

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

| | | |
|-----------------------------|-----------|----------------|
| BANK FEES | \$ | 13. |
| DEPRECIATION | | 74. |
| GARBAGE | | 92. |
| GROUNDS IMPROVEMENT - GRANT | | 5,885. |
| GROUNDS MAINTENANCE | | 844. |
| INSURANCE | | 5,473. |
| OFFICE EXPENSES | | 538. |
| POWER | | 1,064. |
| SUPPLIES | | 7. |
| TELEPHONE | | 94. |
| TRAVEL | | 125. |
| WATER | | 815. |
| TOTAL | \$ | 15,024. |

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

| | <u>BEGINNING</u> | <u>ENDING</u> |
|---------------|--------------------|--------------------|
| MISCELLANEOUS | \$ 234,440. | \$ 235,401. |
| TOTAL | \$ 234,440. | \$ 235,401. |

**FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u> | <u>COMPEN- SATION</u> | <u>CONTRI- BUTION TO EBP & DC</u> | <u>EXPENSE ACCOUNT/ OTHER</u> |
|-------------------------------------|---|---------------------------|---|---------------------------------------|
| DALE TAYLOR HALFWAY, OR 97834 | PRESIDENT 0 | \$ 0. | \$ 0. | \$ 0. |
| JOE DENIG HALFWAY, OR 97834 | VICE PRESIDENT 0 | 0. | 0. | 0. |
| HEATHER FARLEY HALFWAY, OR 97834 | SECRETARY 0 | 0. | 0. | 0. |
| NANCY DENIG HALFWAY, OR 97834 | TREASURER 0 | 0. | 0. | 0. |
| DICK ELPHICK HALFWAY, OR 97834 | DIRECTOR 0 | 0. | 0. | 0. |

CLIENT PINE

PINE VALLEY FAIR ASSOCIATION

93-6033814

5/19/11

03 02PM

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--------------------------------------|--|-------------------|----------------------------------|------------------------------|
| TOM SMIT RICHLAND, OR 97870 | DIRECTOR 0 | \$ 0. | \$ 0. | \$ 0. |
| DAN DOUGLAS HALFWAY, OR 97834 | DIRECTOR 0 | 0. | 0. | 0. |
| GENE WILLIAMS HALFWAY, OR 97834 | DIRECTOR 0 | 0. | 0. | 0. |
| LOUISE CLARK HALFWAY, OR 97834 | DIRECTOR 0 | 0. | 0. | 0. |
| COLLEEN GILMORE HALFWAY, OR 97834 | DIRECTOR 0 | 0. | 0. | 0. |
| MARION CROW HALFWAY, OR 97834 | DIRECTOR 0 | 0. | 0. | 0. |
| KYLE RANSOM RICHLAND, OR 97870 | DIRECTOR 0 | 0. | 0. | 0. |
| DOUG PAYTON HALFWAY, OR 97834 | DIRECTOR 0 | 0. | 0. | 0. |
| DALE TAYLOR HALFWAY, OR 97834 | DIRECTOR 0 | 0. | 0. | 0. |
| SANDRA MCCOY HALFWAY, OR 97834 | DIRECTOR 0 | 0. | 0. | 0. |
| | TOTAL | \$ 0. | \$ 0. | \$ 0. |