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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public Inspection

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 2010, and ending February 28 March 1. D Employer identification number C Name of organization FRIENDS of the BIG FRESNO FAIR Check if applicable Doing Business As 77-0441647 Address change Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Name change 1121 S CHANCE AVE 559-650-3247 Initial return City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ FRESNO, CA 93704-3707 Amended return F Name and address of principal officer Larry M. Fortune, Treasurer H(a) Is this a group return for affiliates? Yes No Application pending 680 W SHAW AVE STE 200, FRESNO, CA 93704-2450 H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)) ◀ (insert no) 4947(a)(1) or Tax-exempt status H(c) Group exemption number ▶ Website: ▶ Form of organization. Corporation Trust L Year of formation M State of legal domicile Part I **Summary** Briefly describe the organization's mission or most significant activities: Raise funds for the purchase and installation of agricultural and youth-related educational programs and exhibits at the State of California's 21st District Agricultural Association Activities & Governance Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 0 Total number of individuals employed in calendar year 2010 (Part V. line 2a) 6 250 Total number of volunteers (estimate if necessary) . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 la 0 Net unrelated business taxable income from Form 990-T, line 34 € **Current Year** 204,822 236,684 Contributions and grants (Part VIII, line 1h). 16,924 25,227 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 1,677 622 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . -118 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 223,305 262,533 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 354,848 170,572 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 477 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 6,248 13,864 17 361,096 184,913 Total expenses. Add lines 13-17 (must equal Pan (X) column 18 Revenue less expenses. Subtract line 18 from line. -137,791 77,620 19 End of Year Beginning of Current Year Ñ . MAR 28 159,247 226,112 20 Total assets (Part X, line 16) 0 68 21 Total liabilities (Part X, line 26) . 10,825 148,422 226,044 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I decia/e /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 March 10, 2011 Signature of officer Sign Here Larry M. Fortune Type or print name and title Preparer's signature Date Print/Type preparer's name Check I If **Paid** self-employed Preparer Firm's name Firm's EIN ▶ Use Only Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Raise funds for the purchase and installation of agricultural and youth related educational programs and exhibits at the State of
	California's 21st District Agricultural Association.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 44,464 including grants of \$ -0-) (Revenue \$ -0-)
	Friends of the Big Fresno Fair sponsors the annual Junior Livestock Judging and Auction in Fresno County, California. We provide
	awards, incentives and promotion. Participation is open to all school age children in Fresno County and is promoted through the schools, 4-H Clubs and Future Farmers of America (FFA)
	Schools, 4-fi Clubs and Future Famers of America (FFA)
4b	(Code:) (Expenses \$ 41,350 including grants of \$ 25,000) (Revenue \$ -0-) Friends of the Big Fresno Fair sponsored and built a larger than life, educational, "Farmer's Market," facade in order to screen
	our cow barns. The three dimensional facade provides an interesting, fun, and educational experience for all our patrons,
	children and adults, alike.
4c	(Code:) (Expenses \$16,235 including grants of \$0) (Revenue \$)
	Our "Top-Off" grants provide scholarships to school children showing their livestock at the Big Fresno Fair.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 68,253 including grants of \$ -0-) (Revenue \$ -0-)
4e	Total program service expenses ► \$170,572

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	1	-
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	İ	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	 	<u> </u>	<u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		✓
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١.,
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	<u> </u>	✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III			
_	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		✓
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			<u> </u>
	endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1
	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	✓	
b				١,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	✓
С	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	44-		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		-
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Ť
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	_		/
	Schedule D, Parts XI, XII, and XIII	12a		/
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			1
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		/
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170		'
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
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		✓
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		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			,
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	✓
19	If "Yes," complete Schedule G, Part III	19		
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
_	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)	20h		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	√	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
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 through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			•
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	▼
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
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		√
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	-	7
а	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," complete Schedule R,	35		
	Part V, line 2			
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		
=	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2010)

art	Check if Schedule O contains a response to any question in this Part V			
	Chock in Contocute C Contains a response to any question in time (art v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ,
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		-
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	,		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
_	and services provided to the payor?	7a		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	\ <u>'</u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		-
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	.*		
a b	Gross receipts, included on Form 990, Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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	l		
_	100	1		
C 140	Enter the amount of reserves on hand	14-		-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		+ -

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.			
 _	Check if Schedule O contains a response to any question in this Part VI	<u> </u>		. 🔽
Secti	on A. Governing Body and Management		-	
10	Enter the number of veting members of the government and state and of the towards.		Yes	No -274
1a b	Enter the number of voting members of the governing body at the end of the tax year		٠	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		, ,
	any other officer, director, trustee, or key employee?	2		- <u>*</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Does the organization have members or stockholders?	5 6	_	\ <u>\</u>
7a	Does the organization have members or stockholders?	P		
,,	of the governing body?	7a		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	198	Š	3
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
 .	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		<u> </u>
10a	Does the organization have local chapters, branches, or affiliates?	40-	Yes	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such	10a		<u> </u>
•	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 form?	11a	1	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	ائنـــا
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	<u> </u>		
	rise to conflicts?	12b	✓	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	100	,	
13	Does the organization have a written whistleblower policy?	12c		
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	Ä
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		Ž :	ĺ
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?	² 16a		/
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	.56		
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	,	. 4	
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California		<u>-</u>	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s only	/) ava	ilable
	☐ Own website ☑ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	f into:	act n	olicy
	and financial statements available to the public.	, ander	cai þ	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Larry M. Fortune, 680 W SHAW AVE STE 200, FRESNO, CA 93704-2450 (559) 490-2500			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 no	1	d org	aniz			ompe	nsa			
(A) Name and Title	(B) Average	Posit	ion (d) hecl	•	that ap	ply)	(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) Walter F. "Fritz" Lauritzen, Chairman	0.1	1		1				0	O	
(2) Brian J. Tatarian, Vice President - Seceretary	0.1	1		1				0	0	
(3) Larry M. Fortnue, Treasurer	2.0	1		✓				0	o	
(4) Nat Dibuduo, Director	0.1	1						0	0	
(5) Chris Pacheco, Director	0.1	1						0	О	
(6) David Yancy, Director	0.1	1						o	0	
(7) Brad Stevens, Director	0.1	1						o	0	
(8) Mike Kludjian, Director	0.1	1						O	o	
(9) John C. Alkire, Executive Director	2.0				/			o	o	
(10)	-									
(11)	-									
(12)										
(13)	-	_								-
(14)	-			-						
(15)	-									
(16)						 	T	 		

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B) (C) Average Position (check all tha							(D)	(E)			(F)	
	Name and title	Average hours per			_	т —			Reportable compensation	Reportable compensation	rom		mated ount of	
		week (describe	Individual trustee or director	Institutional trustee	Officer	Key employee	mple	Former	from the	related organizations			ther ensatior	n
		hours for	dual ector) tion	*) mpl	st cc	4	organization	(W-2/1099-MI		fro	m the	
		related organizations	trug	altr		уее	ğ		(W-2/1099-MISC)			_	nization related	
		in Schedule O)	8	stee			Highest compensated employee			<u> </u> - -		organ	ıızatıons	i
(17)		 			_		<u> </u>							
(18)														
(19)														
(20)		ļ .		-										
(21)		ļ <u> </u>		-		-								
(22)							_							
(23)						_								_
									<u> </u>			<u> </u>		
		ļ		_		_								
					ļ 			ļ —						
(26)														
(27)														
(28)														
1b	Sub-total		٠	•	<u>-</u>		· .		0		0		 -	0
С	Total from continuation sheets to Part	VII, Section	n A					•	0		0			0
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0		0			0
2	Total number of individuals (including but reportable compensation from the organic			ose	list	ted i	above	e) w	ho received m	ore than \$10	0,000	in		
_	Did the agreemention list and formers of	د											Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> 3	Schedule J	for su	ır tr	ind:	e, vidi	key e ual		oloyee, or night · · · · ·	-		3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations undividual	greater in)! N 	r Ye.	s, ¨		eaule J tor 	sucn	4		1
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	fro	m any	un un	related organiz	ation or indiv	idual			
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedu	ıle J f	or s	such person	<u></u> .		5		1
Section 1	on B. Independent Contractors Complete this table for your five highest of	compensat	ed inc	den	and	ent	contr		ore that receive	d more then	\$100	000 06		
· · · · · · ·	compensation from the organization.		ea inc			CIIL		acti	ors man receive		Ф 100	,000 01	_	
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
None			-											
														
2	Total number of independent contractor received more than \$100,000 in compens	-	-						nose listed abo	ove) who				

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a					
ra Z	b	Membership dues 1b	97,250				
8, g	С	Fundraising events 1c					
ar e	d	Related organizations 1d					
imil imil	е	Government grants (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f	139,434				
i t	g	Noncash contributions included in lines 1a-1f: \$	1,934				
a Co	h	Total. Add lines 1a–1f		236,684			
-			Business Code				
Program Service Revenue	2a	ATM Machines	522110	16,794	16,794		
æ	b	Shooting Gallery	711310	8,433	8,433		
ice	· c						
Serv.	d						
E	е						
gra	f	All other program service revenue.			, i		
Pro	g	Total. Add lines 2a-2f		25,227	. **		
	3	Investment income (including dividence	·				
		and other similar amounts)		622	_		
	4	Income from investment of tax-exempt to	oond proceeds ►				
	5	Royalties					
		(i) Real	(ii) Personal		#		
	6a	Gross Rents					
	b	Less: rental expenses			-		
	C	Rental income or (loss)	<u> </u>	 			
	_ d					ş -	
	7a	Gross amount from sales of assets other than inventory	(II) Other		*	\$	*
	ь	Less. cost or other basis and sales expenses .			***************************************		
	С	Gain or (loss)					
	d	Net gain or (loss)	>				
e	8a	Gross income from fundraising		*		,	
even		events (not including \$;	
Other Revenue		of contributions reported on line 1c). See Part IV, line 18	a				
돭	b	Less: direct expenses	b	,,			
		Net income or (loss) from fundraising					
	9a	Gross income from gaming activities.					
		See Part IV, line 19	a				
	b		b			<u> </u>	
	С	Net income or (loss) from gaming ac			,		
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of in	ventory 🕨				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С		ļ		ļ		
	d	All other revenue					
	e	Total. Add lines 11a-11d		222 555			
	12	Total revenue. See instructions		262,533	23,855	I	i

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).

	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D). Fundraising expenses
1	Grants and other assistance to governments and		одреносо	general expenses	expenses
_	organizations in the U.S. See Part IV, line 21	149,337	149,337		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	21,235	21,235		
3	Grants and other assistance to governments,	21,233	21,233		
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				,
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	477	· ·		477
f	Investment management fees				
g	Other				
12	Advertising and promotion	5,747	1,903		3,844
13	Office expenses	213	107	106	
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 .	2,358	2,358		
20	Interest				
21	Payments to affiliates [
22	Depreciation, depletion, and amortization .	5,129	5,129		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If		}	ĺ	
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)			j	
а	Bank Charges	357	357		
b	Taxes & Licenses	60	60		
C					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	184,913	180,486	106	4,321
26	Joint costs. Check here ▶☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (R) icint costs from a combined advectional				
	(B) joint costs from a combined educational campaign and fundraising solicitation				

P	art X	Balance Sheet					
				(A) Beginning of year		(B) End of y	ear
	1	Cash-non-interest-bearing		17,387	1		10,409
	2	Savings and temporary cash investments	The state of the s	110,400	2		189,942
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	[4		
	5	Receivables from current and former officers,	directors, trustees, key				
		employees, and highest compensated employ Schedule L					
	6	Receivables from other disqualified persons (a			5	,	
		4958(f)(1)), persons described in section 4958(
		employers and sponsoring organizations of se					
ţ		employees' beneficiary organizations (see instru		6			
Assets	7	Notes and loans receivable, net			7		
Ä	8	Inventories for sale or use	F		8		
	9	Prepaid expenses and deferred charges	,, <i>.</i>		9_		
	10a	Land, buildings, and equipment: cost or				,	/ % ,
	_	•	10a 38,730				
			10b -12,870	26,400	—		25,860
	11	•			11		
	12 13	Investments—other securities. See Part IV, line Investments—program-related. See Part IV, line	F		13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa		159,247	16		226,112
_	17	Accounts payable and accrued expenses	10,825			68	
	18	Grants payable		··· -	18		
	19	Deferred revenue	The state of the s	•	19		
	20	Tax-exempt bond liabilities	[20		
S	21	Escrow or custodial account liability. Complete	Part IV of Schedule D .		21	Į.,	
Ĭ	22	Payables to current and former officers,		•	ξ ₀ <		~ Ö.
Liabilities		employees, highest compensated employees,	l-	*	% '		~ % ₹
_		•		· · · · · · · · · · · · · · · · · · ·	22		
	23	Secured mortgages and notes payable to unrela			23		
	24	Unsecured notes and loans payable to unrelated Other liabilities. Complete Part X of Schedule D			25		
	25 26	Total liabilities. Add lines 17 through 25		10,825			68
_		Organizations that follow SFAS 117, check h	ere ▶ ☐ and complete	10,020	20		
es		lines 27 through 29, and lines 33 and 34.		2000 Ž-3)	ą
anc anc	27	Unrestricted net assets		105,110	27	4 - 24	181,748
39	28	Temporarily restricted net assets		43,312	28		44,296
Þ	29	Permanently restricted net assets			29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, complete lines 30 through 34.	heck here ► ☐ and				
S	30	Capital stock or trust principal, or current funds			30	-	·
set	31	Paid-in or capital surplus, or land, building, or e	Tr.		31		
As	32	Retained earnings, endowment, accumulated in			32		
Net	33	Total net assets or fund balances		148,422	-		226,044
_	34	Total liabilities and net assets/fund balances .		159,247	34		226,112
						Form	990 (2010)

Da	VI Decomplication of Not Account				_
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			1	_
	Officer if ochedule o contains a response to any question in this Part XI	· · ·		• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		262,5	33
2	Total expenses (must equal Part IX, column (A), line 25)	2		184,9	13
3	Revenue less expenses. Subtract line 2 from line 1	3		77,6	20
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		148,4	22
5	Other changes in net assets or fund balances (explain in Schedule O)	5			_
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				_
	column (B))	6		226,0	42
Part					_ _
				Yes N	— lo
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	√	,
b	Were the organization's financial statements audited by an independent accountant?		2b		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			r.k
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		`~;		d
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the		- *	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Form	990 (20)10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

RIE	ENDS of the BIG FRE	ESNO FAIR							77-044	1647	
			rity Status (All organ						nstructior	ns.	
he	organization is not	a private founda	tion because it is: (Foi	r lines 1 tl	hrough 1	1, check	only one	box.)			
1	A church, con	vention of church	nes, or association of	churches	describe	ed in sec	tion 170(b)(1)(A)(i).		
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	h Schedu	ıle E.)						
3	☐ A hospital or a	cooperative hos	spital service organiza	tion desc	ribed in s	section 1	70(b)(1)(A)(iii).			
4	☐ A medical rese	earch organizatio	n operated in conjunc	ction with	a hospita	al descrit	oed in se	ction 170)(b)(1)(A)(ii	ii). Enter the	
		ne, city, and state									
5		on operated for to ()(1)(A)(iv). (Comp	the benefit of a collect plete Part II.)	ge or univ	ersity ov	vned or	operated	by a go	vernmenta	i unit descri	bed in
6	· ·		nment or governmenta	al unit des	scribed in	section	170(b)(1)(A)(v).			
7			receives a substantia						nit or from	the general	public
-			(A)(vi). (Complete Par				J			3	
8	☐ A community	trust described in	n section 170(b)(1)(A)	(vi). (Com	-						
9			receives: (1) more tha								
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its										
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
	•	_									
10											
11			d operated exclusive								
			licly supported organ								ection
	509(a)(3). Che	eck the box that o	describes the type of s	supporting	g organiz	ation and	d comple	te lines 1	1e through	h 11h.	
	a 🗌 Type I 🐞 🗌 Type II c 🔲 Type III-Functionally integrated 💢 d 🔲 Type III-Other										
(e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons										
	other than for	ındation manage	ers and other than one	e or more	publicly	supporte	ed organi	izations c	described (in section 50	9(a)(1)
	or section 509	e(a)(2).									
1	•		a written determination	on from t	he IRS t	that it is	a Type	I, Type I	II, or Type	e III supporti	ing _
	•	check this box .									· Ц
,			he organization accep	oted any	gift or co	ontributio	n from a	ny of the	•		
	following pers										T
			ndirectly controls, eith								No
	• •	•	ody of the supported o	-						11g(i)	
			on described in (i) abo							11g(ii)	+
			a person described in							11g(iii)	Т.
	h Provide the fo	llowing informati	ion about the supporte					,	Г		
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the or	-		ou notify nization in		ls the tion in col	(vii) Amount	
	organization		(described on lines 1–9 above or IRC section	governing of		col (i)	of your	(i) organi	zed in the	support	
			(see instructions))	<u> </u>			port?		S?		
				Yes	No	Yes	No	Yes	No		
Α)											
						<u> </u>			 		
B)											
(C)											
·							-				
(D)											
E)											
		73.4		*4			1,.	*	· 2 - 1 C · 2		

Part	Support Schedule for Organization	ations Desci	ribed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked the	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify unde	er the tests li	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		4) 2007	F			
	idar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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)), , , , , , , , , , , , , , , , , , ,			ilsp		
6	Public support. Subtract line 5 from line 4.	iù.	allia van	~ 1, 3	3. 8%		
Secti	on B. Total Support				1 44		
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4				<u>.</u>		
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he				-		, ,, ,
Secti	on C. Computation of Public Suppor			· · · · ·	· · · · · ·	• • • • •	▶ 🗆
14	Public support percentage for 2010 (line			11 column (fl)		14	%
15	Public support percentage from 2009 Sci					15	
16a	331/3% support test - 2010. If the organi	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, c	heck this
b	box and stop here . The organization qua 33 ¹ / ₃ % support test -2009. If the organization	•		•			· · · L1
D	check this box and stop here . The organ	ization did no	s as a publicly	supported org	r 16a, and line ganization .	9 15 IS 331/3% 	•
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts- acts-and-circu	and-circumstaumstaumstances" tes	inces" test, cho st. The organiz	eck this box ar ation qualifies	nd stop here. I as a publicly s	Explain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part IV how the organization m supported organization	009. If the orga tion meets the neets the "facts	anization did n e "facts-and-c s-and-circums	ot check a box rcumstances" tances" test. T	on line 13, 16 test, check th he organizatio	oa, 16b, or 17a his box and st n qualifies as a	, and line op here. a publicly
18	Private foundation. If the organization di						

SCHEDULE D (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Par	Organizations Maintaining Dono organization answered "Yes" to Fo	or Advised Funds or Othe	er Similar Funds or	Accounts. Complete if the
	organization answered fes to re	(a) Donor advised fur	nds	(b) Funds and other accounts
1 2 3	Total number at end of year	(4) 2010 40100		
4	Aggregate value at end of year			
5	Did the organization inform all donors and funds are the organization's property, subject			
6	Did the organization inform all grantees, do only for charitable purposes and not for the conferring impermissible private benefit?		nor advisor, or for any	other purpose
Part			-	m 990, Part IV, line 7.
2	Purpose(s) of conservation easements held Preservation of land for public use (e.g., Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizate easement on the last day of the tax year.	recreation or education)	Preservation of an his Preservation of a cert	ified historic structure
				Held at the End of the Tax Year
a	Total number of conservation easements			2a
b C	Total acreage restricted by conservation eas Number of conservation easements on a ce			2b 2c
ď	Number of conservation easements include historic structure listed in the National Regis	ded in (c) acquired after 8/1	17/06, and not on a	2d
3	Number of conservation easements modified tax year ►	d, transferred, released, extir	nguished, or terminated	by the organization during the
4 5	Number of states where property subject to Does the organization have a written pol- violations, and enforcement of the conserva	licy regarding the periodic		
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforci	ng conservation easen	nents during the year
7	Amount of expenses incurred in monitoring, ▶\$, inspecting, and enforcing co	onservation easements	during the year
8	(A arra arrana r. = (M · M - M · A			· · · · · 🗌 Yes 🗌 No
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation experiences.	e text of the footnote to the o		
Part	Organizations Maintaining Colle Complete if the organization answ			r Similar Assets.
1a	If the organization elected, as permitted un works of art, historical treasures, or other public service, provide, in Part XIV, the text	similar assets held for publ	ic exhibition, education	n, or research in furtherance of
b	If the organization elected, as permitted u works of art, historical treasures, or other public service, provide the following amount	similar assets held for publits relating to these items:	lic exhibition, education	n, or research in furtherance of
2	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X. If the organization received or held works following amounts required to be reported up	of art, historical treasures,	or other similar asset	> \$
а	Revenues included in Form 990, Part VIII, Irr		=	▶ \$
	Assets included in Form 990, Part X			***************************************
	perwork Reduction Act Notice, see the Instruct			Schedule D (Form 990) 2010

Part		Collections of	Art, His	storic	cal Treasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and of	ther reco	ords,	check any of th	ne follov	ving that are a	significant use of its
а	Public exhibition		d		Loan or excha	inge pro	grams	
b	☐ Scholarly research		e		Other			
C	☐ Preservation for future generation							
4	Provide a description of the organizati XIV.	on's collections	and expl	ain h	ow they further	the org	ganization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part		ngements. Co	mplete	if the	organization			
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	ner interr	nedia	ary for contribu			ot ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							Amount
_	Paginning halange					-	-	amount
c C	Beginning balance					10		
d	Additions during the year					<u> </u>		
e f	Distributions during the year Ending balance					1e		
и 2а	Did the organization include an amoun							☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa		מונא, ווווי	621:				□ res □ No
	Endowment Funds. Comple		zation a	nswe	ered "Yes" to I	Form 9	90 Part IV line	e 10
		(a) Current year	,	nor yea			(d) Three years bac	
1a	Beginning of year balance				1,7,7	-		
b	Contributions							***
C	Net investment earnings, gains, and losses	······································						
d	Grants or scholarships	 					<u> </u>	
e	Other expenditures for facilities and	······································	<u> </u>				* *	****
•	programs						****	12:
f	Administrative expenses						***	
g	End of year balance							
2	Provide the estimated percentage of the	ne vear end balan	ce held	as.	1	-		
а	Board designated or quasi-endowmen							
b	Permanent endowment ▶	%						
С	Term endowment ▶ %							
3a	Are there endowment funds not in the	possession of th	ne organ	ızatıo	n that are held	and ad	ministered for the	he
	organization by:		-					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organiz							3b
4	Describe in Part XIV the intended uses	of the organization	on's end	owm	ent funds.			
Part	VI Land, Buildings, and Equip	ment. See Forn	n 990, F	art X	(, line 10.			
	Description of investment	(a) Cost or of (investment)		(b) (Cost or other basis (other)		Accumulated epreciation	(d) Book value
1a	Land			1				· · · · · · · · · · · · · · · · · · ·
b	Buildings							
С	Leasehold improvements							
d	Equipment				38,730		12,870	25,860
е	Other							
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part	X, co	lumn (B), line 10	O(c).)		25,860

SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Publi 2010

OMB No 1545-0047

Inspection

%□ (h) Purpose of grant 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 **Employer identification number** or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to √ Yes 77-0441647 See Note 3 See Note 4 See Note 5 See Note 2 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance See Note 1 (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 10,000 9,250 41,350 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance can be duplicated if additional space is needed. 94-6102625 94-6001554 94-6001554 94-6001554 Enter total number of other organizations (p) EIN 1121 S CHANCE AVE, FRESNO CA 1121 S CHANCE AVE, FRESNO CA 1121 S CHANCE AVE, FRESNO CA FRIENDS of the BIG FRESNO FAIR 1 (a) Name and address of organization (4) Central Calif District Council Japanese Amer Citizens League or government (1) The Big Fresno Fair (3) The Big Fresno Fair (2) The Big Fresno Fair (5) 265 E MOODY AVE Fresno, CA 93720 Name of the organization Part I Part 5 9 **®** 6 5

Schedule I (Form 990) (2010)

Cat No 50055P

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

chedule I (Form 990) (2010)					Page
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organic Part III can be duplicated if additional space is needed.	lividuals in the U	nited States. Comp	olete if the organiz	ation answered "Yes" to	ization answered "Yes" to Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 College Scholarships	5	5,000			
2 Livestock Auction Augmentation	110	16,235			
3					
4					
5					
6					
7					
IOTE 1 - All grants and other assistance to governments and organizations in the United States are administered and monitored by the Friends of the Big Fresno Fair	s and organizations i	in the United States are	administered and mo	onitored by the Friends of the Big Fresno Fair.	Big Fresno Fair.
OTE 2 - Friends of the Big Fresno Fair paid for an engineering study to build a pedestrian bridge for patrons of the BIG FRESNO FAIR, dba. The State of California's 21st Agricultural	neering study to buil	d a pedestrian bridge f	or patrons of the BIG	FRESNO FAIR, dba. The State	of California's 21st Agrıcultural
District, organized pursuant to the California Fair and Agricultural Code ¶3801, et seq.	air and Agricultural C	ode ¶3801, et seq.			
The three dimensional facade provides an interesting, fun, and educational experience for all our patrons, children and adults, alike	esting, fun, and edu	cational experience for		dren and adults, alike.	
OTE 4 - Friends of the Big Fresno Fair continued a project started last year. We built a 42 foot diameter tree containir	ject started last year	. We built a 42 foot dia	meter tree containing	ng an agricultural, educational diorama on the fair grounds	liorama on the fair grounds.
OTE 5 - Friends of the Big Fresno Fair made a donation to the Central California District Council of the Japanese American Citizens League to help them build a monument on the ground	to the Central Califo	ornia District Council of	the Japanese Americ	an Citizens League to help th	nem build a monument on the ground
of the Big Fresno Fair. The monument will be a beautifully landscaped, sitting area, memorializing those Japanese/American citizens who were interned on the grounds of	a beautifully landsca	ped, sitting area, mem	orializing those Japan	ese/American citizens who w	ere interned on the grounds of
the Big Fresno Fair at the outbreak of WWII.					

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.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS of the BIG FRESNO FAIR

Employer identification number 77-0441647

FORM 990, PART III, LINE 4d - The Friends of the Big Fresno Fair supports the BIG FRESNO FAIR, dba. The State of California's 21st
Agricultural District, organized pursuant to the California Fair and Agricultural Code ¶3801, et seq. by purchasing and contracting for
enhancements to the Fair grounds such as landscaping, health & safety features, educational exhibits and patron amenities.
FORM 990, PART VI, SECTION B, LINE 11b - A copy of this return was mailed to each director and officer ten (10) days prior a scheduled
Board of Directors meeting. Comments and questions were solicited. At the Board of Directors meeting the comments and questions were
discussed, the decision to file the return was voted upon. These actions are reflected in the minutes of the organization.
FORM 990, PART VI, SECTION B, LINE 12C - The Friends of the Big Fresno Fair regularly and consistently monitor and enforce compliance
with our written conflict of interest policy by routinely reviewing every contract for and purchase of goods and services for any conflict or
appearance of conflict.
FORM 990, PART VI, SECTION B, LINE 15 - The process for determining compensation of the officers, directors and management of the
Friends of the Big Fresno Fair includes a review and approval by independent person(s), comparability data and contemporaneous
substantiation of the deliberation and decision. Actually we don't know what that means so we don't pay them anything!
FORM 990, PART VI, SECTION C, LINE 19 - We keep a copy of our organization's governing documents, conflict of interest policy,
financial statements and I.R.S. Form 990 (with schedules) at our our place of business and make them availabl to anyone who asks for them.
They are also published at www.GuideStar.org.

Part IX - Statement of Functional Expenses
Reconciliation to Books - March 1, 2010 thru February 28, 2011

1	Grants to Governments & Organizations			
	Fresno Farm Bureau - Farm Day		4,000	
	Japanese American Citizens League - Japanese Memorial		10,000	
	Blue Ribbon Foundation - Public Broadcasting		2,500	
	Agricultural Foundation - California State University - Fresno		4,214	
	Big Fresno Fair	6.000		
	Lane Engineering - Bridge	6,800		
	Champions Club - Livestock Auction	40,300		
	Farmer's Market - Cow Barn Facade	41,350		
	Kid's Park	2,884		
	Tree House	9,250		
	Employee Appreciation	6,154		
	Yosemite Station	5,500		
	Stacy Rianda - Trip to Dusseldorf	219		
	Western Square Industries - Burgundy Wine Barrel Racks	645		
	De Los Santos - Community Outreach	700		
	Dino Genito Ink - Bulldog Logo on Track Infield	1,800		
	Champions Club - Donation	1,000		
	Food & Beverage	7,242	120 (22	140 227
	Repairs & Maintenance	<u>4,779</u>	<u>128,623</u>	149,337
2	Grants to Individuals			
	Champions Club - Top Off Grants		16,235	
	Scholarships		<u>5,000</u>	21,235
116	e Professional fundraising - ATM Commissions to Madera Fair			477
12	Advertising & Promotion			
	Pardını's - Fundraiser		2,379	
	Prettyman Promotions - Wine glasses		753	
	Dumont Printing - Invitations to Fundraiser		712	
	Val-Print - Friends of Fair Flier		<u>1,903</u>	5,747
13	Office Expenses			
	Laural Wreath - 6 Bricks		145	
	Costco - 500 Checks		<u>68</u>	213
19	Conferences, Conventions and Meetings - Board Lunches			2,358
22	Depreciation			5,129
24	Other Expenses		257	
	a Bank Charges - Credit Card Fees		357	417
	b Taxes & Licenses - Brand Registration		<u>60</u>	417
25	TOTAL FUNCTIONAL EXPENSES			<u>184,913</u>