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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2011

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

**Open to Public
Inspection**

A For the 2011 calendar year, or tax year beginning _____, **2011, and ending** _____

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 <hr/> E Telephone number (541) 742-7194 <hr/> F Group Exemption Number _____
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G Accounting Method Cash Accrual Other (specify) _____ **H** Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.HALFWAYFAIRANDRODEO.COM

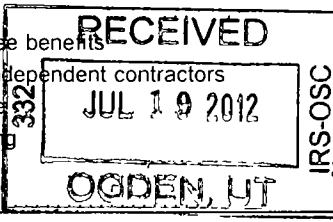
J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ◀(insert no) _____ 4947(a)(1) or _____ 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ▶ \$ **87,018.**

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

	1 Contributions, gifts, grants, and similar amounts received	1	30,534.
	2 Program service revenue including government fees and contracts	2	36,649.
	3 Membership dues and assessments	3	120.
	4 Investment income	4	1,327.
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 7,500. 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	18,388.
	c Less direct expenses from gaming and fundraising events	6c	17,763.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	625.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c 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	69,255.
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	1,370.
	14 Occupancy, rent, utilities, and maintenance	14	150.
	15 Printing, publications, postage, and shipping	15	1,594.
	16 Other expenses (describe in Schedule O)	16	56,804.
	17 Total expenses. Add lines 10 through 16	17	59,918.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,337.
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	249,454.
	20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	3,113.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	261,904.



SEE SCHEDULE O

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BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

P 9

Part V Other Information (Note the Schedule A and personal benefit contract 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
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.		
37b 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
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39a Section 501(c)(7) organizations Enter		
39b Initiation fees and capital contributions included on line 9		
39c Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a N/A, section 4912 40a N/A, section 4955 40a N/A		
40b 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		
40c 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 40c 0.		
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0.		
40e 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		X
41 List the states with which a copy of this return is filed 41 OR		

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

	Yes	No
42b 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 42b		X
42c 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 42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 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		X
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
45b 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 instructions)		X

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

	Yes	No
46		X

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 or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e 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: <u>Nancy Denig</u> Date: <u>7-9-12</u>
	Type or print name and title: <u>Nancy Denig, Treasurer - Pine Valley Fair Assoc</u>
Paid Preparer Use Only	Print/Type preparer's name: <u>KELLY E. HIGGINS, CPA</u> Preparer's signature: <u>[Signature]</u> Date: <u>6/04/12</u> Check <input type="checkbox"/> if self-employed PTIN: <u>P00045073</u>
	Firm's name: <u>HIGGINS AND ASSOCIATES, CPA INC.</u>
	Firm's address: <u>PO BOX 406 / 133 N MAIN STREET HALFWAY, OR 97834</u>
	Firm's EIN: <u>20-1288893</u> Phone no: <u>(541) 742-5969</u>

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 6b. List events with gross receipts greater than \$5,000

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LIVESTOCK & BU (event type)	CONCESSION INC (event type)	(total number)	(add column (a) through column (c))
	1	Gross receipts	13,236.	8,264.	21,500.
	2	Less Charitable contributions	7,500.		7,500.
	3	Gross income (line 1 minus line 2)	5,736.	8,264.	14,000.
DIRECT EXPENSES	4	Cash prizes	3,277.		3,277.
	5	Noncash prizes	610.		610.
	6	Rent/facility costs			
	7	Food and beverages	240.	7,344.	7,584.
	8	Entertainment			
	9	Other direct expenses	4,225.		4,225.
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				-1,696.

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	<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 _____

10a 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

2011

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.

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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

6/04/12

01 35PM

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

ADVERTISING AND PROMOTION	\$	1,130.
ANNOUNCER		1,050.
BANK FEES		8.
CASH AWARDS		15,921.
CONFERENCES, CONVENTIONS, AND MEETINGS		25.
COURT EXPENSES		700.
DEPRECIATION		6,247.
ENTERTAINMENT		4,800.
GARBAGE		118.
GROUNDS MAINTENANCE		776.
ICA DUES		30.
INSURANCE		6,296.
MISCELLANEOUS		175.
MISCELLANEOUS RODEO		674.
NON-CASH AWARDS		2,511.
OFFICE EXPENSES		268.
PARADE EXPENSE		69.
POWER		1,316.
RODEO EXPENSE		3,408.
RODEO STOCK		8,000.
ROUNDING		2.
SUPPLIES		34.
TELEPHONE		49.
TICKETS		328.
TIMERS & JUDGES		1,660.
WATER		910.
WEB SITE		299.
TOTAL	\$	<u>56,804.</u>

**FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PRIOR YEAR CASH BALANCE FROM LIVESTOCK SALE CHECKING	\$	3,113.
TOTAL	\$	<u>3,113.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
MISCELLANEOUS	\$ 235,401.	\$ 236,654.
TOTAL	<u>\$ 235,401.</u>	<u>\$ 236,654.</u>

CLIENT PINE

PINE VALLEY FAIR ASSOCIATION

93-6033814

6/04/12

01 35PM

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES	
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.	
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.	
DALE TAYLOR HALFWAY, OR 97834	DIRECTOR 0	0.	0.	0.	
		TOTAL	\$ 0.	\$ 0.	\$ 0.