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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization PINE VALLEY FAIR ASSOCIATION
Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 474
City or town, state or province, country, and ZIP or foreign postal code HALFWAY, OR 97834

D Employer identification number

93-6033814

E Telephone number

(541) 742-7194

F Group Exemption Number

G Accounting Method [X] 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 (check only one) [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Form of organization [X] Corporation [] Trust [] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 107,861

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 [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 38,874 to 372,881.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	30,837	22 5,442
23 Land and buildings		23
24 Other assets (describe in Schedule O)	343,970	24 367,439
25 Total assets	374,807	25 372,881
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	374,807	27 372,881

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the 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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 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 PINE VALLEY FAIR ASSOCIATION RAISED DONATIONS AND RESTORED THE HISTORICAL GRANDSTANDS AT THE FAIRGROUNDS IN 2012
(Grants \$) If this amount includes foreign grants, check here **28a**

29
(Grants \$) If this amount includes foreign grants, check here **29a**

30
(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

	Yes	No
46		No

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

	Yes	No
47		
48		
49a		
49b		

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?

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

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 title of each employee	(b) 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
NONE				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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
 SHARON STUTZMAN Treasurer
 Type or print name and title
 2014-11-17
 Date

Paid Preparer Use Only
 Print/Type preparer's name Kelly E Higgins CPA
 Preparer's signature
 Date
 Check if self-employed
 PTIN P00045073
 Firm's name HIGGINS AND ASSOCIATES CPA INC
 Firm's EIN
 Firm's address PO Box 406 / 231 S Main Street
 Phone no (541) 742-5969
 HALFWAY, OR 97834

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

Additional Data**Software ID:** 13000170**Software Version:** 2013v3.1**EIN:** 93-6033814**Name:** PINE VALLEY FAIR ASSOCIATION**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICK SIMPSON President	0	0		
JOE DENIG Vice President	0	0		
JENNY GULICK Secretary	0	0		
NANCY DENIG Treasurer	0	0		
RICK WHITNEY Director	0	0		
JOHN DUGGAN Director	0	0		
MICKIE FJELD Director	0	0		
ANNIE STANBRO Director	0	0		
MARION CROW Director	0	0		
SHERI AKERS Director	0	0		
CASEY ROWEN Director	0	0		
DALE TAYLOR Director	0	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
PINE VALLEY FAIR ASSOCIATION

Employer identification number

93-6033814

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$811
Other Expenses 1002	Office Expenses \$216
Other Expenses 1005	Travel \$25
Other Expenses 1009	Depreciation \$10415
Other Expenses 1012	Insurance \$7342
Other Expenses 1	CASH AWARDS \$21010
Other Expenses 2	MAINTENANCE & REPAIR \$14898
Other Expenses 3	RODEO STOCK \$8000
Other Expenses 4	GROUNDS MAINTENANCE \$7084
Other Expenses 5	RODEO EXPENSE \$4807
Other Expenses 6	LIVESTOCK SHOW EXPENSE \$4457
Other Expenses 7	COURT EXPENSES \$4085
Other Expenses 8	NON-CASH AWARDS \$2934
Other Expenses 9	OTHER MISC EXPENSE \$2772
Other Expenses 11	LIVESTOCK BARN EXPENSES \$2520
Other Expenses 12	ENTERTAINMENT \$2500
Other Expenses 13	ENTERTAINMENT \$1550
Other Expenses 14	TIMERS & JUDGES \$1530
Other Expenses 15	ANNOUNCER \$1200
Other Expenses 16	WATER \$1093

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 17	POWER \$1082
Other Expenses 18	EQUIPMENT MAINTENANCE \$426
Other Expenses 20	GARBAGE \$223
Other Expenses 21	WEBSITE \$175
Other Expenses 22	BANK FEES \$151
Other Expenses 23	BATHROOM RENTAL \$150
Other Expenses 24	PARADE EXPENSE \$50
Other Expenses 25	ICA DUES \$30
Other Expenses 26	TELEPHONE \$24
Other Assets 1004	Miscellaneous - Beginning \$343970 Miscellaneous - Ending \$367439