

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 foundations)

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning and ending

Benton County Paired for Paired and Street (or P.D. box, if mail is not elethered to street address) Room/suite E Telephone number County for or lown, stale or province, country, and ZIP or foreign postal code County for or lown, stale or province, country, and ZIP or foreign postal code County for or lown, stale or province, country, and ZIP or foreign postal code County for foreign postal code County for foreign postal code County for foreign postal code County foreign postal code	В	Check if applicab	le	C Name of organization	D	Employ	er identification number	
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Feast-entire Room/suite E Telephone number Core Room/suite E Telephone number E Telephone number Core Room/suite E Telephone number Force Force Room/suite E Telephone number Force		_						
Temperate return City or town, state or prowner, country, and ZiP or foreign postal code F Group Exemption Representation City or town, state or prowner, country, and ZiP or foreign postal code F Group Exemption Representation		Name	change			93-	-1255130	_
Tank cheary City or lown, state or provence, country, and ziP or foreign postal code		Initial	return	Number and street (or P.O. box, if mail is not delivered to street address) Room/s	uite E	Telepho	one number	
Replaces peeing CORVALITS OR 9/7333-2935 Number Government Counting Method:		Finali	return/	110 SW 53RD STREET		(54	11) 766-6521	
Replacement CORVALLIS OR 9/7333-2935 Number	Ē	-		City or town, state or province, country, and ZIP or foreign postal code	F	Group E	Exemption	_
Recounting Method:	Ī	_		CORVALLIS, OR 97333-2935		•	•	
Website: N/A Note	G				Н			_
Tax-exempt status (check only one) —	ĭ		-		_ "	not rea		
Reform of organization: X Corporation Trust Association Other	.i				527			
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 (8) below) are \$500,000 or more, the Form 990 instead of Form 990-E7. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	_						, , , , , , , , , , , , , , , , , , , ,	_
Column (3) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			-	- · ·	Part II.			_
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part)	-						\$ 44245	
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, girls, grants, and similar amounts received 2 Program service reveius including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundraising events 7 Gross income from gaming (attach Schedule G if greater than stift,000) 8 Gross income from gaming (attach Schedule G if greater than stift,000) 9 Gross income and contributions exceeds \$15,000) 1 Cless: direct expenses from gaming and fundraising events (not including \$	[Reve	enue, Expenses, and Changes in Net Assets or Fund Balances (see the	nstruct	ions for		_
1 38572.	٠	<u> </u>	_				·	٦
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gamming and fundrasing events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundrasing events (not including \$ of contributions from fundrasing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundrasing events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Saleries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 Metassets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at explaining of year (seturn) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at explaining of year (seturn)	_	—				1		
A livestment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events (and including \$ of contributions from fundraising events (not including \$ of contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 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 Net assets or fund balances (explain in Schedule O) 20 O. Net assets or fund balances of fund balances (explain in Schedule O) 21 Net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances (explain in Schedule O) 22 O. 24 Other changes in net assets or fund balances (explain in Schedule O) 25 Printing, publications, postage, and shipping 26 Other expenses (describe in Schedule O) 27 Net assets or fund balances (explain in Sc								÷
4 Investment income 5 a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garning and fundraising events a Gross income from fundraising events (not including \$ of contributions strom fundraising events (not including \$ of contributions screeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events c Gross sales of inventory, less returns and allowances 7 a Gross sales of inventory, less returns and allowances 8 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 1 (1 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 86921. 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at the ginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 9026.			-					_
5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gann or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gamming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$		-			0	. —		_
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$		<u> </u>			•	_		÷
c Garn or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garning and fundraising events a Gross income from garning (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions strom fundraising events (not including \$ of contributions strom fundraising events (not including \$ of contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses (describe in Schedule 0) 18 Excess or (defint) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20		1						
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$		D						
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$		٦	,	,		3		_
\$15,000) b Gross income from fundraising events (not including \$		1 -	_	•				
from fundraising events reported on line 1) (affacts Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 86921. 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	ä	a						
from fundraising events reported on line 1) (affacts Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 86921. 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ven	١.		•				
gross income and contributions exceeds \$15,000) c Less: direct expenses from garning and fundraising events d Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	Re	B						
c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (defirt) for the year (Subtract line 17 from line 9) 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 86921. 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20					567	n		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 6d 4832. 7a 7b 7c 8 48 43407. 8 49 43407. 8 49 43407. 8 49 43407. 10 28999. 11 11 20 28999. 11 11 20 0ther changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20			•					
Ta Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 86921. 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20		C		sor expenses it am gaming and tental and greater .	0.5		4 4832	
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 10 28999. 11 11		- 0			•		<u> </u>	·
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20								
8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20		_				— ,		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20								_
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Office (expenses in net assets or fund balances at end of year. Combine lines 18 through 20 Total expenses in net assets or fund balances at end of year. Combine lines 18 through 20 In Described 10 APR 2 8. 2015 APR 2 8. 2015 APR 2 8. 2015 APR 2 8. 2015 In Described 12 In Described 12 In Described 12 In Described 15 In Described 16 In Described 18 In Described 16 In		I -			~ ¬`			_
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 11					\vdash			
Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 99026.					ايز	. —		•
Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 99026.		1	-	paid to or for intellibers	8	_		—
15 Fritting, publications, postage, and snipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 10 See Schedule O 11 31302. 12 18 12105. 13 31302. 14 18 278. 15 278. 16 278. 17 31302. 18 12105. 19 86921. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0. 21 99026.	ses	12		other compensation, and employee denetits APR 25. 2013				—
15 Fritting, publications, postage, and snipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 10 See Schedule O 11 31302. 12 18 12105. 13 31302. 14 18 278. 15 278. 16 278. 17 31302. 18 12105. 19 86921. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0. 21 99026.	ë	13			[또]			÷
15 Fritting, publications, postage, and snipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 10 See Schedule O 11 31302. 12 18 12105. 13 31302. 14 18 278. 15 278. 16 278. 17 31302. 18 12105. 19 86921. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0. 21 99026.	Exp	14	•	T	1			_
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 17 31302. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 12105. 19 86921. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0.	_	10	_	publications, postage, and shipping				—
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 18 12105. 19 86921. 20 20 0. 21 99026.		i		· · · · · · · · · · · · · · · · · · ·	U ,			
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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 99026.	_				į			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ţ	18			-	1	8 12105	•
21 Net assets or fund balances at end of year. Combine lines 18 through 20	SSe	19					05001	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	t A							
	Z	20		· ·				_
	_	21	Net asse	ts or fund balances at end of year. Combine lines 18 through 20		▶ 2		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	n 990-EZ (2014) BENTON COUNTY FAIRGROUNDS	FOUNDATION		<u>93-</u>	<u>12551</u>	30 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res					
	•	(,	A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		86921	. 22		99026.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)	<u> </u>		24		
25	Total assets		86921	. 25	ļ	99026.
26	Total liabilities (describe in Schedule O)		0			0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		86921	. 27		99026.
Pa	art III Statement of Program Service Accomplishmen	nts (see the instructi	ons for Part III)			penses
	Check if the organization used Schedule O to res	spond to any questic	n in this Part III	X		for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? See Schedule C)				ons; optional for
Desc	ribe the organization's program service accomplishments for each of its three largest program	services, as measured by expense	s in a clear and concise		others.)	
manr	ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title				
28	FUNDING PRESERVATION AND IMPROVEMEN	IT OF THE AGIN	IG BENTON			
	COUNTY FAIRGROUNDS.					
	(Grants \$) If this amount includes foreign g	grants, check here			28a	25751.
29	See Schedule O					
			_			
	(Grants \$) If this amount includes foreign of	grants, check here	•		29a	750.
30						
			•			
	(Grants \$) If this amount includes foreign of	grants, check here	>		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign of	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)			>	32	26501.
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one e	even if not compensated -	see the	instructions for	or Part IV)
	Check if the organization used Schedule O to res	spond to any questic	n in this Part IV	′		
	-	(b) Average hours	(C) Reportable	(d) He	alth benefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emple	ributions to byee benefit	amount of other
		position	(if not paid, enter -0-)		and deferred pensation	compensation
ER	IC THOMPSON					
CH	IAIR	1.00	0.		0.	0.
	NALD STUDIER					
	CE CHAIR	1.00	0.		0.	0.
	BYN RICE					
	CRETARY/TREASURER	1.00	0.		0.	0.
		7				
-						
		1				
						
		_				
_						

Forn	990-EZ (2014) BENTON COUNTY FAIRGROUNDS FOUNDATION 93-1255			Page 3
Pa	other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Par	t V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		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)	34		X
35 a	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)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	<u>A</u>
C	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	35c		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	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	7 I		
	Did the organization file Form 1120-POL for this year?	_37b		X
38 a	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?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A			
		1		
		1		
4U a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 • ; section 4912 0 • .			
	section 4911 \(\bigcup \) ; section 4912 \(\bigcup \) ; section 4955 \(\bigcup \) Section 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
U	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			1
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	100		
·	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
•	by the organization			
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		х
41	List the states with which a copy of this return is filed OR			
42 a		766	-65	21
	Located at ► 110 SW 53RD STREET, CORVALLIS, OR ZIP+4 ► S	733	<u>3 – 2</u>	935
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:		_	
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	N/A		
		1	W	
		Γ	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			٠,,
	Form 990-EZ	.44a		X
Ď	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
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
AE -	In Schedule O	44d		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45a		1
O	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1
	ל זבלחל ויילי וו ובייל ו מווח שבת מווח שרוובמחוב נו נווסל וובבת נס הב במווילוובנבת ווושנפת מו במווח שבת-בל לשב ווושנותוניוושל	Form 9	90-F7	(2014)

Form 990-EZ (2	(014)	BENTON CO	OUNTY	FAIRGROU	NDS FOUN	DATION		93-1255	130		Page 4
•		engage, directly or in	ndırectly, ın p	olitical campaign a	activities on behal	of or in opposition	on to candidates for p	oublic office?		Yes	No
		chedule C, Part I 1 501(c)(3) orga	anization	s only					46		<u> </u>
		n 501(c)(3) organiz			ons 47-49b and	52, and complet	te the tables for lin	es 50 and 51.			
		the organization us		•		•		<u> </u>	··. <u></u>		
								_		<u>Yes</u>	_
		engage in lobbying a					ear? If "Yes," comple	te Sch. C, Part II	47		X
_		school as described				-			48		X
		make any transfers t			ated organization	•		·	49a 49b		X
		ited organization a se for the organization's			 Novees (other tha	n officers, director	rs trustees and kev e			eived	more
		empensation from the					o, a dotodo dina noj c				
		a) Name and title of e			(b) A	verage hours	(C) Reportable	(d) Health benefits	. (e)	Estim	ated
					1 .	eek devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred			other
			NO	NE		position		compensation	COII	npens	
							+	 			
			•								
							1	_	†		
							ļ <u>-</u> .				
	_							-	1		
											
# Total num	har of oth	er employees paid ov	/ar \$100 000				<u> </u>	<u> </u>	1		
		for the organization's		compensated inde	ependent contract	ors who each rece	eived more than \$100	0.000 of compensa	tion fro	om the	9
-		e is none, enter "None	-				•	.,,			
(a) N	ame and b	ousiness address of e	ach independ	ent contractor		(b) Type of service	(c) (omper	isatio	n
											
						-					
 				•			<u>-</u>				
								İ			
											
						_					
d Total num	har of oth	er independent contr	antore each r	ncolving over \$10	0.000						
		complete Schedule		-		t attach a					
completed	•		11010 7	00.1011 00 1(0)(0) 1	or gameations muc	t utwon u		. ▶ 🖸	X Yes	s [□ No
Under penalties	of perjury	, I declare that I have	examined th	s return, including	g accompanying s	chedules and stat	tements, and to the b	est of my knowled	ge and	belief	, it is
true, correct, an	nd comple	le. Declaration of pre			ed on all informat	on of which prepa	arer has any knowled	ge.	1	_	
0:	Signature	of officer	Mc	<u> </u>				Date 4/20/	115		
Sign Here		bun G.	Rice		Treasu	10.0		24.0			
	· <u> </u>	riht name and title	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·		·	 			
<u></u>	Print/Ty	pe preparer's name		Preparer's sign	nature	Date	Check	ıf PTIN			
Paid	[1		-)	11	self- empl				
Preparer Preparer		H A SHAFF				4/20	/15	P00			
Use Only		ame > Pract			Services			N ► 20-564			
•	Firm's a	ddress ► 119			- P.O. I	ox 1240	Phone n	o. 541-929	9-28	311	
Moutho IDC die	L L		omath,	OR 9737		 			<i>7</i> 1		
iviay the IHS OIS	cuss (NIS	return with the prepa	ier snown ad	over dee mstructi	10115		·		orm 99		<u>No</u> (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OMB No 1545-0047

		BENT	ON COUNTY	FAIRGROUNDS	FOUND	ATION		9	3-1255130
Pa	rt I	Reason for Public C							
The	organ	zation is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box.)			
1		A church, convention of chu)(A)(i).		
2	一	A school described in section					, , , ,		
3	一	A hospital or a cooperative			ction 170	(b)(1)(A)(ii	i).		
4	一	A medical research organiza					-	(iii). Enter 1	the hospital's name,
7		city, and state:		7				,,,.	
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ted by a go	overnmental u	ınıt describ	ed in
•		section 170(b)(1)(A)(iv). (C				, 3			
6		A federal, state, or local gov		nental unit described in s	section 17	70(b)(1)(A)	(v)		
7	Ħ	An organization that normal	_					he neneral	nublic described in
•	ш	section 170(b)(1)(A)(vi). (Co		mai part of its support ?	om a gov	OTT ITTO TICE	Grac or morne	no gonorai	pasiio accombca
8		A community trust describe		1VAVvi) (Complete Part	- 11 \				
_	\mathbf{x}	An organization that normal				contributio	one members	hin fees a	nd aross receints from
9	L 43 L1	activities related to its exem	•						
		income and unrelated busin							
				(less section 511 tax) in	Jili busine	sses acqu	ned by the or	garlization	arter durie 50, 1575.
40		See section 509(a)(2). (Con An organization organized a		walv to test for public sa	faty Sea r	caction EC)O(a)(A)		
10	一	An organization organized a	•	•	-			arny out the	numoses of one or
11	لــــا	more publicly supported org							
		lines 11a through 11d that of	-						THE BOX III
_		Type I. A supporting orga				•		-	aivina
а		the supported organization	·	•	-	-			
		organization. You must c			t magonity (otoro or tradic		apporting
b		Type II. A supporting orga	•		tion with it	s supporti	ed organizatio	n(s) by ba	vina
		control or management of							
		organization(s) You must			arric perse	mo mar oc		go trio oup	portou
		Type III functionally inte	•		in connec	tion with :	and functions	lly integrate	ed with
С		its supported organization	-					ny intograte	ou with,
d		Type III non-functionally						rted organi	zation(s)
u		that is not functionally into							
		requirement (see instructi							
		Check this box if the orga						li Type III	
е		functionally integrated, or					, , , , , , , , , , , , , , , , , ,	, . , , , ,	
•	Ente	er the number of supported o		nany integrated dapport	ing organi	callon			
'		vide the following information	-	ed organization(s)			• •	•	
		i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i	n your document?	support	(see	other support (see
				above or IRC section (see instructions))	Yes	No	Instruct	ions)	Instructions)
	_			(CCC III CII COII CIII CIII CIII CIII CI					
-		· · · · · · · · · · · · · · · · · · ·							
								-	
		· ·				T			-
Tot	al						į		

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

	edule A (Form 990 or 990 EZ) 2014 rt II Support Schedule for						
	(Complete only if you checked fails to qualify under the tests				on failed to qualify	under Part III. If the	e organization
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	(4) 23 13	(3) = 0 · · ·	,(0) = 0	[6]	(9)==	, y,
2	Tax revenues levied for the organ- ization'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						
	Total. Add lines 1 through 3			ļ-			
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)						
	Public support. Subtract line 5 from line 4						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(a) EU IU	(8) 2011	(0) 2012	(4) 2010	(6) 2014	(i) rotal
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 VI)			 			
	Total support. Add lines 7 through 10 Gross receipts from related activities,	etc (see instructi	one)		·	12	<u></u>
	First five years. If the Form 990 is for			rd. fourth, or fifth t	ax vear as a sectio		
13	organization, check this box and stor		ot, 500011a, til		, our as a scott	50 · (0)(0)	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (column (f))		14	%
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			. ▶∟

b	10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
1	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
	organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	ightharpoons

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014

b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

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

Section A. Public Support	below, please compl	ete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	96542.	33677.	24363.	64336.	38572.	257490.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8700.	8740.	5805.	8490.	5670.	37405.
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	105242.	42417.	30168.	72826.	44242.	294895.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1					0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6) Section B. Total Support						294895.
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	105242.	42417.	30168.	72826.	44242.	294895.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102.	20.	9.	5.	3.	139.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975	5					
•	102.	20.	9.	5.	3.	139.
acquired after June 30, 1975	102.	20.	9.	5.	3.	139.
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital	102.	20.	9.	5.	3.	139.
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	102.	20. 42437.	9.	72831.	3. 44245.	295034.
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12)	102.	42437.	30177.	72831.	44245.	295034.
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12; 14 First five years. If the Form 990 is for the sale of capital assets.)	102.	42437.	30177.	72831.	44245.	295034.
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here	102. 105344. for the organization's	42437.	30177.	72831.	44245.	295034.
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Put	102. 105344. for the organization's	42437. first, second, third	30177.	72831.	44245 . n 501(c)(3) organiz	295034 • ation, ▶□
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12; 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Put 15 Public support percentage for 2014	102. 105344. for the organization's plic Support Per	42437. first, second, third centage vided by line 13, c	30177.	72831.	44245.	295034. ation, ▶□ 99.95 %
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12; 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Put 15 Public support percentage for 2014 16 Public support percentage from 20.	102. 105344. for the organization's Dic Support Per Une 8, column (f) dr 13 Schedule A, Part	42437. first, second, third centage vided by line 13, co	30177.	72831.	44245. n 501(c)(3) organiz	295034 • ation, ▶□
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Put 15 Public support percentage for 2014 16 Public support percentage from 20 Section D. Computation of Inventorial processing in the support percentage from 20 Section D. Computation of Inventorial processing in the support percentage from 20 Section D. Computation of Inventorial processing in the support percentage from 20	102. 105344. Tor the organization's Cline 8, column (f) divided the street of the column (f) divided the column (f)	42437. first, second, third fcentage vided by line 13, or lill, line 15 e Percentage	30177. d, fourth, or fifth tax	72831.	44245. n 501(c)(3) organiz	295034. ation, 99.95 % 99.85 %
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12; 14 First five years. If the Form 990 is fine check this box and stop here Section C. Computation of Put 15 Public support percentage for 2014 16 Public support percentage from 20: Section D. Computation of Invel 17 Investment income percentage for 20.	102. 105344. for the organization's clic Support Per (line 8, column (f) dri 13 Schedule A, Part estment Income 2014 (line 10c, column	42437. first, second, third centage vided by line 13, or III, line 15 Percentage In (f) divided by line	30177. d, fourth, or fifth tax	72831.	44245. n 501(c)(3) organiz 15 16	295034. ation, 99.95 % 99.85 % .05 %
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12; 14 First five years. If the Form 990 is fine check this box and stop here Section C. Computation of Put 15 Public support percentage for 2014 16 Public support percentage from 20: Section D. Computation of Inventage in the computation of I	102. 105344. for the organization's clic Support Per (line 8, column (f) dri 13 Schedule A, Part estment Income 2014 (line 10c, column 2013 Schedule A, F	first, second, third rentage vided by line 13, or III, line 15 Percentage in (f) divided by line Part III, line 17	30177. If, fourth, or fifth taxolumn (f))	72831.	44245. n 501(c)(3) organiz 15 16	295034. ation, 99.95 % 99.85 % .05 % .15 %
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12; 14 First five years. If the Form 990 is fineck this box and stop here Section C. Computation of Put 15 Public support percentage for 2014 Public support percentage from 20. Section D. Computation of Investment income percentage from 19 a 33 1/3% support tests - 2014. If the more than 33 1/3%, check this box.	102. 105344. Tor the organization's Clic Support Per Cline 8, column (f) divided the street Income 2014 (line 10c, column 2013 Schedule A, Farther organization did not and stop here. The	first, second, third rcentage vided by line 13, or III, line 15 Percentage on (f) divided by line Part III, line 17 of check the box or organization quality	30177. If, fourth, or fifth taxololumn (f)) e 13, column (f)) on line 14, and line fies as a publicly si	72831. x year as a section 15 is more than 3 upported organiza	44245. n 501(c)(3) organiz 15 16 17 18 3 1/3%, and line 1	295034. ation, 99.95 % 99.85 % .05 % .15 % .7 is not
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12; 14 First five years. If the Form 990 is fine check this box and stop here Section C. Computation of Put 15 Public support percentage for 2014 Public support percentage from 20: Section D. Computation of linv. 17 Investment income percentage from 19 a 33 1/3% support tests - 2014. If the section of the support tests - 2014. If the section of the support tests - 2014. If the support tests - 2014.	102. 105344. Tor the organization's Cline 8, column (f) divided the structure of the structure of the structure of the structure of the organization of the organization did not not organization did not organization d	first, second, third rentage vided by line 13, or III, line 15 Percentage In (f) divided by line Part III, line 17 of check the box or organization qualifort check a box on	30177. d, fourth, or fifth tax column (f)) e 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a,	72831. x year as a section 15 is more than 3 upported organizaring and line 16 is mo	44245. 1501(c)(3) organiz 15 16 17 18 3 1/3%, and line 1 atton re than 33 1/3%, a	295034. ation, 99.95 % 99.85 % .05 % .15 % 7 is not

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A

Section A.	All Supporting Organizations
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)
a	and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by		1	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	_5a_		
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	_		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	7		
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	0		
^ -	If "Yes," complete Part I of Schedule L. (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	0-		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
D	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	05		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
۱۸۰	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	5 6		
ıva	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
L	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
J	determine whether the organization had excess business holdings)	10b		
	And the state of t			

Sche	edule A (Form 990 or 990-EZ) 2014 BENTON COUNTY FAIRGROUNDS FOUNDATION 93-12	5513	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
-			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control]		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1_1_		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		1
2	Activities Test Answer (a) and (b) below.	<u></u>	Yes	No
а		ļ		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	l		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			l
	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<u>3b</u>	1	Ь

Sche	dule A (Form 990 or 990-EZ) 2014 BENTON COUNTY FAIRGROUN			93-1255130 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1	:-	
2	Recovenes of prior-year distributions	2	<u></u>	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrat	ed Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2014

Sche Par	dule A (Form 990 or 990 EZ) 2014 BENTON COUNTY † V Type III Non-Functionally Integrated 509			3-1255130 Page 7					
Sect	ion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	<u>-</u>						
2	Amounts paid to perform activity that directly furthers exempt								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose								
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which ti								
	(provide details in Part VI) See instructions.								
9	Distributable amount for 2014 from Section C, line 6								
10									
		(i)	(ii)	(iii)					
		Excess Distributions	Underdistributions	Distributable					
Sect	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014					
1	Distributable amount for 2014 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2014								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2014								
а									
ь									
С									
d									
e	From 2013								
f	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2014 distributable amount								
i	Carryover from 2009 not applied (see instructions)								
i	Remainder Subtract lines 3g, 3h, and 3i from 3f								
4	Distributions for 2014 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2014 distributable amount								
c	Remainder Subtract lines 4a and 4b from 4								
5	Remaining underdistributions for years prior to 2014, if		 _						
	any Subtract lines 3g and 4a from line 2 (if amount	-							
	greater than zero, see instructions)								
6	Remaining underdistributions for 2014. Subtract lines 3h								
	and 4b from line 1 (if amount greater than zero, see								
	instructions).								
7	Excess distributions carryover to 2015. Add lines 3j								
	and 4c								
8	Breakdown of line 7								
a									
b									
c									
d	Excess from 2013								
	Excess from 2014								

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-E	Z) 2014 BENTON	COUNTY	FAIRGROUNDS	FOUNDATION	93-1255130 Page 8
Part VI	Supplemental	Information. Pro	ovide the explan	ations required by Par	t II, line 10, Part II, line 17a	or 17b; and Part III, line 12.
	Also complete this	part for any addition	al information.	(See instructions).		
	<u> </u>	1	_			
						
						
			<u> </u>			
				·		
				,		
						
	· ·	· · · · · · · · · · · · · · · · · · ·				
					· · · · · · ·	
		 				
		 				
						
						

· 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 990-EZ 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 Open to Public Inspection

Name of the organization

DENTION COLINITY EXTRODOMINE EQUINDANTON

Employer identification number

BENION COUNTY PAIRGROUNDS FOUNDATION 93-1	<u> 255130 </u>
Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
INTEREST INCOME	3.
Form 990-EZ, Part I, Line 10, Payments to Affiliates:	
Affiliate Name: BENTON COUNTY FAIRGROUNDS	·-·
Affiliate Address: 110 SW 53RD STREET CORVALLIS, OR 97333-2935	
Purpose of Payment: FAIRGROUND PROJECTS AND REVITALIZATION	
Amount of Payment:	25750.
Affiliate Name: BENTON COUNTY FAIRGROUNDS	
Affiliate Address: 110 SW 53RD STREET CORVALLIS, OR 97333-2935	
Purpose of Payment: RODEO QUEEN COSTS	
Amount of Payment:	2499.
Total included on Form 990-EZ, line 10	28249.
Form 990-EZ, Part I, Line 10, Grants and Allocations:	
Activity Classification: SCHOLARSHIP	
Grantee Relationship: NONE	
Property Description: CASH	
Date of Gift: 02/27/14	
Amount Given:	750.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 9	990 or 990-FZ) (2014)

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.

2014

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Employer identification number Name of the organization 93-1255130 BENTON COUNTY FAIRGROUNDS FOUNDATION STATE FILING FEES 104. 174. SUPPLIES Total to Form 990-EZ, line 16 278. Form 990-EZ, Part III, Primary Exempt Purpose - TO PRESERVE THE PROUD AGRARIAN HERITAGE OF BENTON COUNTY WITH A FOCUS ON OUR YOUTH. THE FOUNDATION PROVIDES A MEANS FOR FUNDING IMPROVEMENTS TO THE BENTON COUNTY FAIRGROUNDS IN ORDER TO CREATE AN INVITING ATMOSPHERE AS A GATHERING PLACE FOR THE URBAN AND RURAL CITIZENS OF BENTON COUNTY. FOUNDATION BOARD OF TRUSTEES IS ORGANIZED TO SOLICIT AND ACCEPT GIFTS IN SUPPORT OF BENTON COUNTY FAIRGROUNDS AND YOUTH ACTIVITIES; AND TO INVEST AND ACCOUNT FOR THE ASSETS OF THE FOUNDATION. THE CORPORATION PURPOSES WILL BE CARRIED ON FOR THE BENEFIT OF THE BENTON COUNTY FAIRGROUNDS. Form 990-EZ, Part III, Line 29, Program Service Accomplishments: PROVIDING RESOURCES FOR FINANCIAL ASSISTANCE TO DESERVING YOUTH TO COMMENCE OR CONTINUE THEIR EDUCATION AND APPRECIATION OF AGRICULTURE AND ITS IMPORTANCE TO THE HERITAGE OF THE LOCALITY SUCH AS 4-H SUMMER SCHOOL AWARDS. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)