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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 foundations)

OMB No 1545-1150

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.

Open to Public Inspection

A	For the	he 2016 calendar year, or tax year beginning		and en	ding							
B 	Check if applicable C Name of organization number											
	Addr	dress change										
L	Nam	me change BENTON COUNTY FAIRGROUN		ON			255130					
Ļ	Initia	Number and street (or P.O. box, if mail is not delivered	l to street address)		Room/suite	E Telephone number						
	term	minated 110 SW 33RD SIREE1	<del></del>		<u></u>	(541	.) 766-6521					
Ļ	Ame	ended return City or town, state or province, country, and ZIP or for	= :			F Group Ex	emption					
<u></u>		heathon pending   CORVALLIS, OR 97333-29	Number									
G.	Accou	unting Method: 🔲 Cash 🦳 Accrual Other (specify	)▶			H Check	► if the organization is					
l Website: ► N/A not required to attach Sche												
		exempt status (check only one) — X 501(c)(3) 501(c) (	) <b>◄</b> (insert no.)	4947(a)(1)	or 527	(Form 99	0, 990-EZ, or 990-PF).					
		• • • • • • • • • • • • • • • • • • • •	Association Oth									
		ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross re		ore, or if tota	l assets (Part	И,						
		nn (B) below) are \$500,000 or more, file Form 990 instead of Form					37742.					
P	art I	Revenue, Expenses, and Changes in Net	Assets or Fund B	alances	(see the instri	actions for Pa						
		Check if the organization used Schedule 0 to respond to any or	uestion in this Part I				X					
	1	Contributions, gifts, grants, and similar amounts received				1	30778.					
	2	Program service revenue including government fees and contract	ets .		•	2						
	3	Membership dues and assessments				3	ļ					
	4	Investment income	. See	Sched	ule.O	. 4	4.					
	5a		. 5				1					
	þ		5	<u> </u>			1					
	C		5c									
	6	Gaming and fundraising events				-						
ne	a	3 (	1	ı		}						
∠Ul/Revenue	1	\$15,000)	. 6	a   contribution								
æ	b		}									
5	1	from fundraising events reported on line 1) (attach Schedule Gil	t .	ſ								
		gross income and contributions exceeds \$15,000)	. 6			60.						
S)	C		32.	6000								
3-1	d		1	1	•	6d	6028.					
MA	/a	,,	7									
	b			)		<del></del>						
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b fr	om line 7a)	-		7c	ļ					
3	8	Other revenue (describe in Schedule O)	•			8	2010					
THE STATE	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		0 - h - d		9	36810.					
3	10	Grants and similar amounts paid (list in Schedule 0)	See	Sched	mre O	10	6000.					
Ó	111	Benefits paid to or for members		_	••	11	<del> </del>					
ses	1	Salaries, other compensation, and employee benefits			••	. 12						
Expenses (E)	l	Professional fees and other payments to independent contractor		-	•	. 13	525.					
ជ័	ł	Occupancy, rent, utilities, and maintenance		-		. 14						
	1	Printing, publications, postage, and shipping		ة. ماس		15	0.7					
		Other expenses (describe in Schedule O)	See	Sched	ατ <del>ε</del> Ο	. 16	87.					
		Total expenses. Add lines 10 through 16			<del></del>	17	6612.					
sts		Excess or (deficit) for the year (Subtract line 17 from line 9)	aluma (A))		•	18	30198.					
Net Assets	l .	Net assets or fund balances at beginning of year (from line 27, c				4.5	122464					
et 7		(must agree with end-of-year figure reported on prior year's retu	•	•		19	122464.					
ž		Other changes in net assets or fund balances (explain in Schedu	•			20	152662					
	21	Net assets or fund balances at end of year. Combine lines 18 thr	ough 20		<del></del>	▶ 21	152662.					

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

Port 11 Polones Charte (and the instructions for Day 11)			<u> 3-12551</u>	30 Page 2
Part II Balance Sheets (see the instructions for Part II)				<u></u>
Check if the organization used Schedule O to re			(D) F	nd of year
	<u> </u>	A) Beginning of year	<del></del>	nd of year
22 Cash, savings, and investments		122464		<u> 152662.</u>
23 Land and buildings			23	
24 Other assets (describe in Schedule O)			24	<del></del>
25 Total assets		122464		152662.
26 Total liabilities (describe in Schedule 0)		0	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u> </u>	122464	27	<u> 152662.</u>
Part III Statement of Program Service Accomplishme	ents (see the instruct	ions for Part III)		penses
Check if the organization used Schedule O to re	spond to any questic	on in this Part III		for section and 501(c)(4)
What is the organization's primary exempt purpose? See Schedule	0			ons; optional for
Describe the organization's program service accomplishments for each of its three largest program	n services, as measured by expense	es In a clear and concise	others.)	,
manner, describe the services provided, the number of persons benefited, and other relevant infor			1	
28 FUNDING PRESERVATION AND IMPROVEME COUNTY FAIRGROUNDS.	NT OF THE AGII	NG BENTON		
	<del></del>			4500
(Grants \$ ) If this amount includes foreign	grants, check here	· <b>P</b>	28a	4500.
29 <u>P</u>				
<del></del>	<del> </del>			
(Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>	29a	<del> </del>
30			_	
<del></del>			_	
(Grants \$ ) If this amount includes foreign	grants, check here .		30a	
31 Other program services (describe in Schedule O)		••	f	
(Grants \$ ) If this amount includes foreign	grants, check here		31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	4500.
Dart IV Liet of Officers Directors Tructors and Key	Elaveas			
Part IV List of Officers, Directors, Trustees, and Key	employees (list each one	even if not compensated - s	see the instructions f	or Part IV)
<del></del>			see the instructions f	for Part IV)
Check if the organization used Schedule O to re	espond to any questic	on in this Part IV	(d) Health benefits,	
Check if the organization used Schedule O to re		(c) Reportable compensation (Forms	(d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
<del></del>	espond to any questic (b) Average hours	(c) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estimated
Check if the organization used Schedule O to re	espond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to re  (a) Name and title  ERIC THOMPSON	(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
Check if the organization used Schedule O to re  (a) Name and title  ERIC THOMPSON  CHAIR	espond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to re  (a) Name and title  ERIC THOMPSON  CHAIR  DONALD STUDIER	(b) Average hours per week devoted to position  1.00	(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
Check if the organization used Schedule O to re  (a) Name and title  ERIC THOMPSON  CHAIR  DONALD STUDIER  VICE CHAIR	(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
Check if the organization used Schedule O to re  (a) Name and title  ERIC THOMPSON  CHAIR  DONALD STUDIER  VICE CHAIR  ROBYN RICE	(b) Average hours per week devoted to position  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.	(e) Estimated amount of other compensation  0.
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_	1990-EZ (2016) BENTON COUNTY FAIRGROUNDS FOUNDATION 93-125			Page 3
Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirement	nts <u>i</u> n 1	the	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	nis Pai		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	1		
	activity in Schedule O	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
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	_35b	N/	A
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	1		_
	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,"	ł		
	complete applicable parts of Schedule N	36		<u> </u>
_	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b		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	1		
	in a prior year and still outstanding at the end of the tax year covered by this return?	_38a	<del> </del>	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			
a	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39a N/A  39b N/A	┪		į
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
70 a	section 4911	}	}	1
h	Section 4917 Section 4912 Section 4918 Secti			
	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	}	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		1
•	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ļ		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	-		
_	by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed $ ightharpoons OR$			·
42 a	The organization's books are in care of ► ROBYN RICE, TREASURER Telephone no. ► (541)	766	-65	21
	Located at ► 110 SW 53RD STREET, CORVALLIS, OR ZIP+4 ►			
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:	}		ľ
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		ļ
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	Ĺ	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			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
				T.:-
	<b>5</b> 10	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	١		,,
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b	<del> </del>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	<del> </del>	X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
45 -	In Schedule O	44d	<del> </del>	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del> </del>	X
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 513(b)(13)3 If Every 200 and Sebadula B. may peed to be completed instead of Form 200 E.7. (see instructions)	AFL	ŀ	
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	00.53	/2016
		FULLING	JJ-EL	(2016)

Form	990-EZ (	2016)	BENTON	COUNT	CY F	AIRGRO	UNDS	FOUND.	ATION			93-	12551	30		Page 4
46					y, ın pol	itical campaig	n activities	on behalf of	or in opposition	on to cand	lidates for p	ublic of	fice?		Yes	No
<u> </u>			hedule C, Part		4:									46		<u>X</u>
Pa				organiza		-	hann 47 40	ob 50			alaa faa baa	. FO	and Ed			
						inswer ques O to respon			and comple	te the tai	oles for line	es ou a	uid 51.			
		CHECK II LI	ie organizat	ion used Sc	negule	O to respon	u to any q	uestion in	this Part VI	<u>.</u>		<del>-</del>			Yes	No
47	Old the o	raanization (	engage in lob	hvina activitie	s or hav	e a cection 50	11/h) electio	n in effect d	uring the tax y	oar2 If "V	e " complet	e Sch i	C Part II	47		X
48						(b)(1)(A)(ii)?				Car II II	os, complet	C OGII.	5,1 41111	48		X
						on-charitable i		•	uuic L		-	••	··	49a		X
		-	-	n a section 5	-		rolatoa orga	mzation ·		•			-	49b	-	
50			-		-		 mplovees (c	 other than of	ficers, directo	rs, trustee	s, and kev e	mplove	_		ceived	more
			-		_	If there is non	-			.,	-,, -		,			
				tle of each em					age hours	(c) F	Reportable	(d) He	alth benefits,	(e	Estim	ated
					. •			per week	devoted to	compen: W-2/1	sation (Forms 099-MISC)	emple	butions to byee benefit	e benefit amount of		
		<del></del>		<del></del>	NON	E		pos	sition —————	+		plans, and deferred compensation		compensati		ation
									<del></del>	+		-		$\vdash$		
	<del></del>									<del> </del>				<u> </u>		
	<del></del>			<del></del>		<del></del>								}		
	Total nun	nhar of other	r amplayage	and over \$100	0.000						<del></del>	l		<u> </u>		
				oald over \$100		mpaneatad in	danandant	contractore	who each rece	awad mar	than \$100	በበበ ለተ	companes	tion fr	om the	
J 1			is none, entei		NON		шерениен	COIIII aCIOI S	WIIO EACH FEC	eiveu mon	s man p roo	,000 01	Compensa		OHI UN	5
				ss of each ind					/h	) Type of	service		(0) 0	omne	nsatio	
	10/10	ame and be	ioiness addie	33 OI CACII IIIO	сренце	iii contractor				j type of	301 4100		10/0	ompo	mautio	<u>'</u>
		<del></del>		<del></del>		<del> </del>										
				<del></del>												
				<del></del>		· · · · · ·										
							<del></del>									
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# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

**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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

93-1255130 BENTON COUNTY FAIRGROUNDS FOUNDATION Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Urpe I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing documen (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 BENTON COUNTY FAIRGROUNDS FOUNDATION 93-1255130 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and			}			
membership fees received. (Do not		1				
ınclude any "unusual grants.")						
2 Tax revenues levied for the organ-				[		
ization's benefit and either paid to		1	1			
or expended on its behalf			<u> </u>	<u> </u>		
3 The value of services or facilities		}	}			
furnished by a governmental unit to			1			
the organization without charge				<u> </u>	<u> </u>	
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a		}				
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the				{		
amount shown on line 11,		1	1	{		
column (f)			l	<u> </u>		
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on				1		
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the		}		}	1	
business is regularly carried on				<u> </u>		
10 Other income. Do not include gain						
or loss from the sale of capital			1		}	
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, e	tc (see instructi	ons)			12	
13 First five years. If the Form 990 is for the			d, fourth, or fifth ta	ax year as a section	on 501(c)(3)	
organization, check this box and stop h	iere					. ▶□
Section C. Computation of Public	Support Pe	rcentage				
14 Public support percentage for 2016 (line	e 6, column (f) d	ivided by line 11,	column (f))		14	9
15 Public support percentage from 2015 S	chedule A, Part	II, line 14			15	
16a 33 1/3% support test - 2016. If the org	janization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	nore, check this bo	x and
stop here. The organization qualifies as	a publicly supp	orted organization	n , ,, ,			▶□
b 33 1/3% support test - 2015. If the org	janization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/39	6 or more, check th	is box
and stop here. The organization qualifie	s as a publicly s	supported organiz	ation			▶□
17a 10% -facts-and-circumstances test -	2016. If the org	anization 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						
meets the "facts-and-circumstances" te						. ▶□
b 10% -facts-and-circumstances test -	-			-	17a, and line 15 is	10% or
more, and if the organization meets the						
organization meets the "facts-and-circuit				•		
18 Private foundation. If the organization					•	<b>.</b> ▶
			<u></u>		adula A (Form 000	

Schedule A (Form 990 or 990-EZ) 2016

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

	qualify under the tests listed be	low, please compl	ete Part II)				
<u>Se</u>	ction A. Public Support					······································	
Cale	endar year (or fiscal year beginning in) ► 📗	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	<b>1</b>		1			
	include any "unusual grants.")	24363.	64336.	38572.	39756.	30777.	197804.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5805.	8490.	5670.	5365.	6960.	32290.
3	Gross receipts from activities that	1					
	are not an unrelated trade or bus-	Į.					
	iness under section 513						
4	Tax revenues levied for the organization'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	30168.	72826.	44242.	45121.	37737.	230094.
	Amounts included on lines 1, 2, and	30100.	72020.	44242.	#J121.	377370	
b	3 received from disqualified persons Amounts included on lines 2 and 3 received		<del></del>				0.
	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.
	Public support. (Subtract line 7c from line 6)						230094.
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	30168.	72826.	44242.	45121.	37737.	230094.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9.	5.	3.	5.	4.	26.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	9.	5.	3.	5.	4.	26.
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)	30177.	72831.	44245.	45126.	37741.	230120.
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	x year as a sectioi	n 501(c)(3) organiza	ition,
	check this box and stop here	<del></del>	·				. ▶
<u>Sec</u>	tion C. Computation of Public	Support Per	centage		·		
15	Public support percentage for 2016 (lir	ne 8, column (f) div	rided by line 13, co	olumn (f))		15	99.99 %
16	Public support percentage from 2015	Schedule A, Part II	II, line 15			16	99.98 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 201	6 (line 10c, colum	n (f) divided by line	e 13, column (f))		17	.01 %
18	Investment income percentage from 2	015 Schedule A, F	Part III, line 17		[	18	.02 %
	33 1/3% support tests - 2016. If the c			n line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box an 33 1/3% support tests - 2015. If the c	d stop here. The	organization qualif	ies as a publicly si	upported organiza	ation	<b>▶</b> ■
-	line 18 is not more than 33 1/3%, check	-					▶□
20	Private foundation. If the organization		-			_	

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Schedule A (Form 990 or 990-EZ) 2016

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	A A	11		:.		i-	
Section	M. A	u Su	νν	Of til	ıg U	ryarnz	auous.

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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.
- 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.
- 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).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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11 9	OF 95	-U-CZ	2016

Part IV   Supporting Organizations (continued)   Yes   No	Sch		1 <u>25513</u>	0 Pa	<u> 19e 5</u>
11 Has the organization accepted a gift or contribution from any of the fotlowing persons?  2 A Person who develty or indevelty controls, either above or together with persons described in (b) and (c) below, the governing body of a supported organization?  2 A 35% controlled entity of a person described in (a) above?  3 A 35% controlled entity of a person described in (a) above?  4 A 35% controlled entity of a person described in (a) above?  5 A 18% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or o, provide detail in Pert VI.  11c  Section B. Type I Supporting Organizations  11d  12 Did the direction, it rustees, or membership of one or more supported organizations have the power to regularly appoint or efect at least a mighty of the organizations directors or trustees at all times during the tax year? If 'No,' describe in Pert VI in the supported organizations of the complex of paramations of the controlled entity of the coganization and ward conditions or restrictions, if any, applied to supple powers during describe how the powers to appoint and/or rumove directors or flustees were allocated among the supported organization of describe how the powers to appoint and/or rumove directors or flustees were allocated among the supported organization of the flush powers during the fax year.  2 Did the organization pertect for the benefit of any supported organization of the flush powers during the fax year.  2 Use a majority of the organization is directors or trustees during the tax year also a magnity of the directors or trustees of each of the organization is directors or trustees of each of the organization.  1 Were a majority of the organization's supported organization of the tax year also a magnity of the directors or trustees of each of the organization supporting Organization is supported organization provide to expend the supported organization of the su	Ра	rt IV   Supporting Organizations (continued)		T. 1	
a A person who directly or indirectly controls, either alone or fogether with persons described in (b) and (c) below, the governity of a person described in (a) above?  b. A family member of a person described in (a) above?  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.  Section B. Type I Supporting Organizations  1. Did the directors, insidese, or membership of one or more supported organizations have the power to regularly appoint or detect at least a micropity of the organization's directors or trustees at all times during the tax year? If No, describe he members of the organization and 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. Did the organization operated for the benefit of any supported organization organization.  2. Did the organization operated supported organization organization? If "Yes," explain in Part VI In organization organization.  Part VI In organization organization organizations.  2. Section C. Type II Supporting Organizations  1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or frustees of each of the organization's supported organization's as well and the part of the properson organization was vested in the same persons that controlled or managed in the supported organization's as well as the part of the organization organization or management of the supported organization organization and the port of the organization organization and powering documents in effect on the date of notification, and eligic copies of the	11	Has the organization accepted a diff or contribution from any of the following persons?		Yes	No
below, the governing body of a supported organization?  A family member of a person described in (a) above?  a. A 55% controlled entity of a person described in (a) or (b) above? (if "Yes" to a, b, or c, provide detail in Part Vi.  11c  Section B. Type I Supporting Organizations  1 Did the directors, insetes, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a migority of the organizations directors or trustees at all times during the tax year? (if "No," describe a Part Vi I hav the supported organization (s) directors or trustees at all times during the tax year? (if "No," describe a Part Vi I hav the supported organization (s) directors or trustees at all times during the tax year? (if "No," describe a Part Vi I hav the supported organization (s) directors or trustees at all times during the tax year? (if "No," describe a Part Vi I hav the supported organization (s) directors or trustees at all times during the supported organization and what conditions or restrictions, a favi, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, suppersed, or controlled the supported organization or their than the supported organization or supported organization (s) that operated, suppersed, or controlled the supporting organization (if "Yes," explain in Part VI I how proving such barieft carried out the purposes of the supported organization (s) that operated, supporting organization is supported organization (s) that operated organization (s) the tax year also a majority of the directors or trustees that operated organization (s) the organization of the organization is supported organization (s) the organization organization (s) that supported organization (s) the same part organization (s)		· · · · · · · · · · · · · · · · · · ·	-		{
b A family member of a person described in (gla rob) above? If "Yes" to a, b, or c, provide detail in Pert VI.  Section B. Type I Supporting Organizations  1 Did the directors, insistees, or membership of one or more supported organizations have the power to regulatry appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year. If I'No, describe in Pert VI. Now the supported organization's directors or trustees at all times during the tax year. If No, describe in Pert VI. Now the supported organization's directors or trustees at all times during the tax year. If No, describe in Pert VI. Now the supported organization's directors or trustees at all times during the tax year. If No, describe in Pert VI. Now the supported organization, electrically operated, supervised, or controlled the organization and more than one supported organization, describe how the powers to support and/or remove direction at timeses were eliocated among the supported organization, describe how the powers of the the purposes of the supported organization of the supported organization of the time that the supported organization of the time purposes of the supported organization of the time purposes of the supported organization of the supported organization.  1 Were a majority of the organization's supported organization of the organization of the organization of the organization of the organizati	4		112		1
section B. Type I Supporting Organizations  1 Det the directors, ituateses, 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 directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe an Part VI how the supported organization or describe organization and what conditions or restrictions," after year and an one supported organization and what conditions or restrictions, a farty, applied to such powers during the tax year.  2 Det the organization operate for the benefit of any supported organization or their than the supported organization shall be organization or perated organization or controlled the supporting organization. If "Yes," explain in Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supporting organizations.  Section C. Type II Supporting Organizations  Section D. All Type III Supporting Organization or trustees during the tax year also a majority of the directors or trustees of each of the organization's supporting organization's or trustees of each of the organization's powering organization's or trustees of each of the organization's powering organization's powering organization's powering organization's powering organization's powering documents in effect on the date of notification, to the extent not previously provided organization's governing documents in effect on the date of notification, and (the organization's powering documents in effect on the date of notification, and (the organization's powering documents in effect on the date of notification, and (the organization's powering documents in effect on the date of notification, and (the organization's).  1 Were any of the organization with the organ	b				
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1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least an amognity 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 activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were accepted among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operated for the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations  1 Were a magnity 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 interest of each of the organization's supported organization(s)? If "No," describe in Part VI how control or interest of each of the organization's supported organization(s)? If "No," describe in Part VI how control or interest of each of the organization's supported organizations.  1 Did the organization provide to each of its supported organizations.  2 Were any of the organization organizations.  3 Did the organization provide to each of its supported organizations and anount of support provided during the pinor tax year, (i) a copy of the form 990 that was most recently field as of the date of notification, and (ii) copies of the organization's supported organization's governing body or one supported organization's provided?  2 Were any of the organization's electrons, or trustees either (ii) appointed organization's provided?  2 Were any of the organization's provided organization's understanding the provided organization's					
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organization's governing documents in effect on the date of notification, to the extent not previously provided?  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).  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.  Section 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 yea(see Instructions).  a 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 instructions).  2 Activities Test Answer (a) and (b) below.  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify those supported organization is and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities document and 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 activities but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in t		organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	}	1	l
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard  Schedule A (Form 990 or 990-EZ) 2016				N 57	10044

Sche	edule A (Form 990 or 990 EZ) 2016 BENTON COUNTY FAIRGROUN	DS FO	UNDATION	93-1255130 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
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	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior 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):			
<u>a</u>	Average monthly value of securities	1a		<u> </u>
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		<u> </u>
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		<u> </u>
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		<del></del>
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
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		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting or	nanization (see

Schedule A (Form 990 or 990-EZ) 2016 BENTON COUNTY FAIRGROUNDS FOUNDATION 93-1255130 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 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 the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2016. b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D. a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-E	Z) 2016 E	ENTON	COUNTY	FAIRGRO	UNDS F	<u>OITADNUO'</u>	<u>N 93-</u>	1255130 Page
Part VI	Supplemental Part IV, Section A,	Informa lines 1, 2, tion D, line	ation. Prov 3b, 3c, 4b, s 2 and 3; F	vide the explai 4c, 5a, 6, 9a, Part IV, Section	nations required 9b, 9c, 11a, 11i n E, lines 1c, 2a	d by Part II, I b, and 11c; I, 2b, 3a, and	line 10; Part II, lin Part IV, Section I d 3b; Part V, line	e 17a or 17b; Pa B, lines 1 and 2, 1, Part V, Sectio	art III, line 12, Part IV, Section C, n B, line 1e; Part V,
	(See instructions)	o, and o, a	and Part V,	=====================================	S 2, 5, and 6 A	iso completi	e this part for any	additional infor	mation.
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### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2016
Open to Public Inspection

Name of the organization

BENTON COUNTY FAIRGROUNDS FOUNDATION

Employer identification number 93-1255130

Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
INTEREST INCOME	4.
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:	4500.
Form 990-EZ, Part I, Line 10, Grants and Allocations:	
Activity Classification: SCHOLARSHIP	
Grantee Relationship: RODEO QUEEN	
Property Description: CASH	
Date of Gift: 03/28/16	
Amount Given:	750.
<del></del>	
Activity Classification: SCHOLARSHIP	
Grantee Relationship: RODEO QUEEN	
Property Description: CASH	
Date of Gift: 10/20/16	
Amount Given:	750.
Total included on Form 990-EZ, line 10	1500.

Form 990-EZ, Part I, Line 16, Other Expenses:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

## SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.lrs.gov/form990 Open to Public Inspection

OMB No 1545-0047

Name of the organization

BENTON COUNTY FAIRGROUNDS FOUNDATION

Employer identification number 93-1255130

Description of Other Expenses:	mount:
STATE FILING FEES	87.
Form 990-EZ, Part III, Primary Exempt Purpose - TO PRESERVE THE PRO	OUD
AGRARIAN HERITAGE OF BENTON COUNTY WITH A FOCUS ON OUR YOUTH. THE	
FOUNDATION PROVIDES A MEANS FOR FUNDING IMPROVEMENTS TO THE BENTON	<del></del>
COUNTY FAIRGROUNDS IN ORDER TO CREATE AN INVITING ATMOSPHERE AS A	
GATHERING PLACE FOR THE URBAN AND RURAL CITIZENS OF BENTON COUNTY.	THE
FOUNDATION BOARD OF TRUSTEES IS ORGANIZED TO SOLICIT AND ACCEPT GI	FTS
IN SUPPORT OF BENTON COUNTY FAIRGROUNDS AND YOUTH ACTIVITIES; AND	TO
MANAGE, INVEST AND ACCOUNT FOR THE ASSETS OF THE FOUNDATION. THE	
CORPORATION PURPOSES WILL BE CARRIED ON FOR THE BENEFIT OF THE BENE	TON
COUNTY FAIRGROUNDS.	
Form 990-EZ, Part V, Information Regarding Personal Benefit Contraction	cts:
The organization did not, during the year, receive any funds, directive	ctly,
or indirectly, to pay premiums on a personal benefit contract.	
The organization, did not, during the year, pay any premiums, direction	ctly,
or indirectly, on a personal benefit contract.	<del></del>