DLN: 93493126006030

Form **990**

Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-0047

nternal	Revenue	Service	► The or	ganization may have to use a co	opy of this return to satisfy	state reporting	requirements	Inspection
A Fo	r the 2	2009 ca	lendar yea	r, or tax year beginning 01-01-2	009 and ending 12-31-20	09		
3 Che	eck ıf aı	pplicable	Please	C Name of organization HUNTERDON COUNTY 4H AND AGRI	ICULTURAL FAIR INC		D Employer ide	ntification number
✓ Add	dress ch	nange	use IRS label or	Doing Business As			22-371947 E Telephone nu	
_ Nar	me chai	nge	print or type. See	Doing Business As				
Inıt	ial retur	rn	Specific Instruc-	Number and street (or P O box if n	naıl ıs not delivered to street add	ress) Room/suite	(609) 558-3 G Gross receipts	
Ter	mınated	d	tions.	326 ROUTE 31			G Gloss receipts	
– Am	ended r	return		City or town, state or country, and I HOPEWELL, NJ 08525	ZIP + 4	•	1	
App	olication	pending		HOPEWELL, NJ 08323				
				ne and address of principal offic	er	H(a) Is th	■ ıs a group returr	
				TERN GRZANKOWSKI)UTE 31		affilia	ates?	⊤Yes 🔽 No
				VLL, NJ 08525		H(b) Are a	II affiliates include	ed?
								(see instructions)
[la:	x-exem	ipt status	9 501(c)	(3) ◀ (Insert no)	or 527	H(c) Grou	up exemption nu	mber 🟲
ı w	ebsite	:⊢ N/A						
				ion Trust Association Other	•	L Year of fo	ormation 2001 M	State of legal domicile NJ
Pa		Sumr	•					
				e organization's mission or mos [:] RICULTURE	t significant activities			
ၿ ပ			1101270	NIGOET ONE				
Governance								
<u>.</u>	2	Checkt	his hov ⊫ F		d its operations or dispose	ad of more than	25% of its net a	esets
9			,	nembers of the governing body (5		
				dent voting members of the gov		5		
Ĕ			•	nployees (Part V, line 2a)				4
Activities &				lunteers (estimate if necessary			6	10
ă	7a	Total gr	oss unrela	ted business revenue from Part	VIII, column (C), line 12		7 a	
	ь	Net unre	elated busi	ness taxable income from Form	990-T, line 34		7 6	•
						Pric	or Year	Current Year
_	8	Contril	outions and	d grants (Part VIII, line 1h) .			293,687	247,673
in	9	Progra	m service	revenue (Part VIII, line 2g) .		0		
Revenue	10	Invest	ment incor	ne (Part VIII, column (A), lines		5,946	4,865	
_	11		-	art VIII, column (A), lines 5, 60				0
	12			dd lines 8 through 11 (must equ		ine	299,633	252,538
	13			ar amounts paid (Part IX, columi				0
	14	Benefit	s paid to c	r for members (Part IX, column	(A), line 4)			0
ø	15		s, other co	mpensation, employee benefits	; 5 <i>-</i>	12.201	15.066	
Expenses	16-	10)	aranal fund	raiging food (Dart IV golumn /A	\ lmo 110\		12,291	15,866
Φ ⊕	16a b			raising fees (Part IX, column (A				
Д	17		= -	enses (Part IX, column (D), line 25) 🟲 Part IX, column (A), lines 11a-			200,951	230,856
	18			Add lines 13-17 (must equal Pa	•		213,242	246,722
	19		•	penses Subtract line 18 from lin			86,391	5,816
ያ ው						Beginnin	g of Current	End of Year
Net Assets or Fund Balances		_				<u> </u>	/ear	
A.88 - B.a.	20			t X, line 16)			469,369	450,186
4 E	21		-	Part X, line 26)			143,745	118,747
	22 11111		ature Blo	d balances Subtract line 21 fro	m line 20		325,624	331,439
r a i		_		rjury, I declare that I have examined t	his return, including accompanyi	na schedules and s	tatements, and to t	he hest of my knowledge
				correct, and complete Declaration of p				
Sign		****	**			3010	04.26	
Here		I B	ture of office	er		Date	-04-26	
		LISA	STERN GR7A	NKOWSKI TREASURER				
			or print nam					
		Preparer'	s L		Date	Check If	Preparer's identif	
Paid		signature	701111	SERAMBA	2010-05-06	self- empolyed 🕨 🔽	(see instructions)	
	arer's		me (or your	SERAMBA & ASSOCIATES CPA LLC		1		
Use (ıf self-en address,	nployed), and ZIP + 4	14 COMMERCE STREET SUITE 109	9		EIN Þ	
							Phone no 🕨 (9	08) 806-8090
May +	the ID	S discus	s this ratio	rn with the preparer shown above	e? (see instructions)		1	Tyes TNo

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO PROMOTE AGRICULTURE

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?										
	If "Yes," describe these new services on Schedule O										
3	services?	cion cease conducting, or make	significant changes in how it cond · · · · · · · · · · · ·		Yes 🔽 No						
4	Section 501(c)(3	3) and 501(c)(4) organizations	each of the organization's three la and section 4947(a)(1) trusts are venue, if any, for each program se	required to report the amoun							
4a	(Code) (Expenses \$	245,226 including grants of \$	55,232) (Revenue \$	247,673)						
	TO PROMOTE AGRI	CULTURE IN HUNTERDON COUNTY AN	D THROUGHOUT THE STATE OF NEW JER	SEY BY HOLDING AN AGRICULTURAL	. FAIR						
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
4d	(Expenses \$	services (Describe in Schedule including	grants of \$) (Revenue \$)						
4e		ervice expenses►\$	245,226	, , ,	,						

Part TV	Checklist	of Re	auired	Sche	dules
	CIICCRIISC	01 110	uuncu	30110	uuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		Νο
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			_
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15		15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

FOIIII	(2009)		Page 4
Par	t IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25Ь	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		
	IV	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33	No
34	and V, line 1	34	No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	No

orm	990 (2009)			Page			
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal						
	of U.S. Information Returns. Enter -0- if not applicable						
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable						
_	gaming (gambling) winnings to prize winners?	1c	Yes				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes				
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No			
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b					
4a							
b	If "Yes," enter the name of the foreign country •						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c					
6a							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did						
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No.			
9	Sponsoring organizations maintaining donor advised funds.			140			
	Did the organization make any taxable distributions under section 4966?	9a		No			
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο			
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
h	If "Vos " onter the amount of tay-exempt interest received or accrued during the						

year

12b

326 ROUTE 31 HOPEWELL, NJ 08525 (609) 558-3329

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
		1		
1_	Enter the number of voting members of the governing body	1		
1a b	Enter the number of voting members of the governing body 1a 5 Enter the number of voting members that are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
_	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal		ı	
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νο
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►NJ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website. F. Another's website. V. Upon request.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie oras	nızatıor	.
	LISA STERN GRZANKOWSKI			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, director, trustee o	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RODGER EVERETT PRES	5 00	Х						0	0	0
ROBERT HOFFMAN TRUSTEE	5 00	Х						0	0	0
GEORGE CONARD TRUSTEE	5 00	Х						0	0	0
TERRY WRIGHT SECRETARY	5 00	Х						0	0	0
LISA STERN GRZANKOWSKI TREASURER	5 00	Х						0	0	0
-										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours		tion that a	(che				Repo compe	D) rtable nsation n the	(E) Reportable compensation from related		(F) Estima amount of compens	
		per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ation (W- O-MISC)	organizations (W- 2/1099- MISC)		from t rganizati relati organiza	the on and ed
1b 2	Total	uding but not		o the	sel			e) wh	no receive	d more th	an			
													Yes	No
3	Did the organization list any for n					key	emplo	yee,	or highes	t compen	sated employee		1	
	on line 1a? If "Yes," complete Sch					•	• •	•				3		No
4	For any individual listed on line 1 organization and related organiza													
5	Individual	receive or ac	rue cor	nnen:	• satio	• on fro	m anv	unre	• • elated ord	 Janization	for services	4		No
	rendered to the organization? If											5		Νο
S	ection Bp Inde endent Cogni	tractors												
1	Complete this table for your five \$100,000 of compensation from			d inde	pen	dent	contra	ctor	rs that red	eived mo	re than			
		(A) ne and business								Des	(B) cription of services		(C Comper	
												_	F.3.	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization \blacktriangleright

Form 9								Page 9
Part \	<u>VIIII</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ots	1a	Federated cam	paigns 1a					
E ja	ь	Membership du	es 1b					
ું ∰	c	Fundraising eve	ents 1 c	192,441				
<u>≅,≅</u>	d		zations 1d					
E S	e	Government grant		55,232				
uatio er:	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above					
音色	g		butions included in					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f	🔸	247,673			
				Business Code				
Program Serwce Revenue	2a							
æ	Ь							
<u> </u>	c							
Ze.	d							
Ē	e							
200	f	All other progra	am service revenue					
ΔŤ	g	Total. Add lines	s 2a – 2f					
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			ar amounts)	F	4,865			4,865
	4		stment of tax-exempt bond	` ` . .				
	5	Royalties	() Paul					
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
	c	expenses Rental income						
		or (loss)	me or (loss)	<u> </u>				
	d	Net rental inco	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	(i) occumies	(ii) o ciici				
	Ь	than inventory Less cost or						
	•	other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gaın or (los	ss)	▶				
ė	8a	Gross income f events (not inc	rom fundraising luding					
Other Revenue			s reported on line 1c)					
ά		200 . 4.0 17 ,	a	192,441				
Ħ.	Ь	Less direct ex	penses b					
Ò	С		(loss) from fundraising	events 🗠				
	9a		rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti					
	-	Gross sales of returns and allo	ınventory, less					
	ь		a oods sold b					
	С		(loss) from sales of inve					
	11a	Miscellaneous	s Kevenue	Business Code				
	b la							
	c d	All other reven						
	e e		s 11a-11d	·				
			- ·	▶				
	12	Total revenue.	See Instructions .	▶	252,538			4,865

Part	Part IX Statement of Functional Expenses								
_	Section 501(c)(3) and 501(c)(4) organizations mus			(B)					
Do no	ll other organizations must complete column (A) but are not required to co ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21			9	,				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	14,000	14,000	0	0				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes	1,866	1,866	0	0				
11	Fees for services (non-employees)								
а	Management								
b	Legal	300	300	0	0				
c	Accounting	1,815	1,815	0	0				
d	Lobbying	0	0	0	0				
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other								
12	Advertising and promotion	15,924	15,924	0	0				
13	Office expenses	4,137	4,137	0	0				
14	Information technology								
15	Royalties								
16	Occupancy	34,763	34,763	0	0				
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest	9,334	9,334	0	0				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	17,437	17,437	0	0				
23	Insurance	14,647	14,647	0	0				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	GENERAL MEETING	488	0	488	0				
b	PROGRAM EXPENSES	32,010	32,010	0	0				
c	DISPOSAL	10,345	10,345	0	0				
d	EQUIPMENT RENTAL	4,173	4,173	0	0				
e	FILING FEES	635		0	0				
f	All other expenses	84,848	83,840	1,008	0				
25	Total functional expenses. Add lines 1 through 24f	246,722	245,226	1,496	0				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		75,710	1	65,704
	2	Savings and temporary cash investments		171,099	2	176,760
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, l highest compensated employees Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of	tion 4958(f)(1)) and			
		Schedule L			6	
St.	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
A	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part</i> VI of Schedule D	1 1			_
	ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		222,560	14	207,722
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		469,369	16	450,186
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedule I	o		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Ē		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .		139,145	24	116,547
	25	Other liabilities Complete Part X of Schedule D		4,600	25	2,200
	26	Total liabilities. Add lines 17 through 25		143,745	26	118,747
Ņ		Organizations that follow SFAS 117, check here 🕨 🔽 and comple	te lines 27			
Balance		through 29, and lines 33 and 34.				
<u>5</u>	27	Unrestricted net assets		325,624	27	331,439
ă	28	Temporarily restricted net assets			28	
Fund	29	Permanently restricted net assets			29	
Ĭ.		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	complete			
ō	30	Capital stock or trust principal, or current funds			30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Ass	32	Retained earnings, endowment, accumulated income, or other fund			32	
Net /	33	Total net assets or fund balances		325,624	33	331,439
ž	34	Total liabilities and net assets/fund balances		469.369		450.186

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Name of the organization

Employer identification number

HUNIE	EKDON	COUNTY 4H	AND AGRICO	LIURAL FAIR INC				22 2740470			
Da	rt I	Poaco	o for Duk	alic Charity Stat	tue (All organiza	tions mus	t complete this pa	22-3719478			
							, check only one box		uctions		
1	,, ga		-	on of churches, or as	·	_	•	. /			
2	,			ın section 170(b)(1							
3	<u></u>					-	section 170(b)(1)(A)(iii).			
4	F	A medica	Iresearch				al described in sect		A)(iii). Ente	r the	
5	Г	•	•	rated for the benefit	J	versity own	ed or operated by a	governmental	unıt describe	_ id in	
6	\vdash				•	described	n section 170(b)(1)	(Δ)(v)			
7	Ϊ̈-	An organ described	ization that I in	_	a substantial part		rt from a governmer		the general	public	
8	Γ	A commu	nity trust o	described in section	170(b)(1)(A)(vi)	(Complete	Part II)				
9	굣	An organ	ızatıon that	t normally receives	(1) more than 33	1/3% of its s	upport from contrib	utions, membei	rship fees, ar	nd gross	s
		receipts	from activit	ties related to its ex	cempt functions—s	ubject to ce	rtaın exceptions, ar	nd (2) no more t	than 331/3%	of	
		ıts suppo	rt from gro	ss investment incoi	me and unrelated b	usiness tax	able income (less s	ection 511 tax) from busine	esses	
		acquired	by the orga	anızatıon after June	30,1975 See sec	tion 509(a)	(2). (Complete Part	III)			
10	Γ	An organ	ızatıon orga	anızed and operated	l exclusively to tes	t for public	safety See section!	509(a)(4).			
11	Γ	one or mo	re publicly	supported organiza	ations described ir orting organizatior	section 50 and comple	to perform the funct 9(a)(1) or section 5 ete lines 11e throug ctionally integrated	09(a)(2) See :		a)(3). C	Check
e	Γ		n foundatio				directly or indirectly upported organizati				
f		If the org check thi		eceived a written de	etermination from t	he IRS that	ıtıs a Type I, Type	II or Type III	supporting o	rganıza	tion,
g		Since Au following	•	006, has the organı	zatıon accepted ar	ıy gıft or coı	ntribution from any c	of the			
		(i) a pers	on who dire	ectly or indirectly c	ontrols, either alor	e or togethe	er with persons desc	rıbed ın (ıı)		Yes	No
		and (III) b	elow, the g	joverning body of th	e the supported or	ganızatıon?			11g(i)		
		(ii) a fam	ıly membeı	r of a person descril	oed in (i) above?				11g(ii)		
		(iii) a 35	% controll	ed entity of a persoi	n described in (i) o	r (11) above?			11g(iii)		
h		Provide t	he following	g information about	the supported orga	anızatıon(s)					
				(iii)	(iv)			,			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

	Support Schedule (Complete only if y					and 17	70(b)(:	1)(A)(vi)	
S	ection A. Public Support			.,	/				
	endar year (or fiscal year beginning	(-) 200F	(1) 2006	(-) 2007	(1) 2000	(-)		(6) T	
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 4	2009	(f) ⊤ot	:aı
1	Gifts, grants, contributions, and								
	membership fees received (Do not	:							
	ınclude any "unusual								
	grants ")								
2	Tax revenues levied for the								
	organization's benefit and either								
	paid to or expended on its								
	behalf			+				<u> </u>	
3	The value of services or facilities								
	furnished by a governmental unit to	?							
4	the organization without charge								
4	Total. Add lines 1 through 3					1		<u> </u>	
5	The portion of total contributions be each person (other than a	у							
	governmental unit or publicly								
	supported organization) included o	n							
	line 1 that exceeds 2% of the	''							
	amount shown on line 11, column								
	(f)								
6	Public Support. Subtract line 5 from	n Total							
	line 4								0
S	ection B. Total Support		•	•	•				
	endar year (or fiscal year beginning	(-) 200F	(h) 2006	(-) 2007	(4) 2000	(-) 2	000	(5) T - 1	_1
	ın)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) ⊤ot	aı
7	A mounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								0
	and income from similar								
	sources								
9	Net income from unrelated								
	business activities, whether or								
	not the business is regularly								
	carried on								
10	Other income (Explain in Part								
	IV) Do not include gain or loss from the sale of capital assets								
11	Total support (Add lines 7								
11	through 10)								
12	Gross receipts from related activit	ies etc (See ins	tructions)		1	12			
	<u>'</u>	, ,	•		6.61				
13	First Five Years If the Form 990 is	for the organizat	ion's first, second	i, third, fourth, or	fifth tax year as a	501(c)(3) organ	ization,	
	check this box and stop here								
_	ection C. Computation of Pu	blic Support I	Percentage						
14	Public Support Percentage for 200			11 column (f)		T			
14	-	•		II Column (1))		14			0 %
15	Public Support Percentage for 200	18 Schedule A, Pa	irt II, line 14			15	1		
16a	33 1/3% support test—2009. If the	e organization did	not check the bo	x on line 13, and	line 14 is 33 1/39	6 or more	∍, check	this box	
	and stop here. The organization qu							▶ □	
b	33 1/3% support test—2008. If the	e organızatıon dıd	not check the bo	x on line 13 or 1	6a, and line 15 is	33 1/3%	or more	, check this	;
	box and stop here. The organization	n qualifies as a p	ublicly supported	organization				►ſ	_
17a	10%-facts-and-circumstances test	: —2009. If the org	anızatıon dıd not	check a box on li	ne 13, 16a, or 16	b and line	a 14		
	ıs 10% or more, and ıf the organiza			· ·		-			
	ın Part IV how the organızatıon me	ets the "facts and	d cırcumstances"	test The organiz	zatıon qualıfıes as	a public	ysuppo		
	organization							► □	
b	10%-facts-and-circumstances test	-							
	15 is 10% or more, and if the orga			,		-			
	Explain in Part IV how the organiza	ation meets the "i	racts and circums	tances" test The	e organization qua	ilities as	a publicl		
18	supported organization Private Foundation If the organiza	tion did not chas!	/ a hov on line 12	16a 16h 17a a	or 17h chack this	hav and	500	► □	
10	Filvate i oundation ii the organiza	cion ala not check	ra nov oll lille TO	, ±0a, ±0D, ±/a (,, _, D, CHECK HIIS	DOV alig	200		

►□

18

Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9, of, Part I. Section A. Public Support Calendar year (or fiscal year beginning (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total ın) Gifts, grants, contributions, and 86,275 70,825 66,400 60,350 55,232 339,082 membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in 155,304 151,578 231,682 233,337 192,531 964.432 any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or husiness under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 241,579 222,403 298,082 293,687 247,763 1,303,514 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **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 c Add lines 7a and 7b Public Support (Subtract line 7c 1,303,514 from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2009 (a) 2005 **(b)** 2006 (f) Total (c) 2007 (d) 2008 ın) 241,579 222,403 298,082 293,687 247,763 1,303,514 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on 1,648 3,368 5,946 10,962 securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,648 3,368 5,946 10,962 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 1,314,476 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) 99 170 % 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 99 170 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) 17 17 0 830 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Investment income percentage from 2008 Schedule A, Part III, line 17

0 830 %

18

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization HUNTERDON COUNTY 4H AND AGRICULTURAL FAIR INC 22-3719478 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D Schedule D (Form 990) 2009

Par	t III	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easur	es, or C	<u>)the</u>	<u>r Similar As</u>	ssets (c	ontinued)
3		ng the organization's accession and othens (check all that apply)	r records, check any	ofth	ie foll	owing t	hat are	a signific	ant us	se of its collec	tion	
а	Γ	Public exhibition		d	Γ	Loan	orexcha	ange prog	rams			
b	Γ	Scholarly research		e	Γ	Other	-					
c	Γ	Preservation for future generations										
4		ride a description of the organization's co : XIV	ollections and expla	ın hov	v the	/ furthe	r the or	ganızatıor	n's ex	empt purpose	ın	
5		ing the year, did the organization solicit o ets to be sold to raise funds rather than t			,					ılar	┌ Yes	┌ No
Pa	rt IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Form '	990,	
1a		he organization an agent, trustee, custod uded on Form 990, Part X?						other ass	ets n	iot	┌ Yes	┌ No
b	If"Y	es," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г		Δ.	nount	
С	D	unung kalanas						-	1c		ilount	
	_	Inning balance							1d			
d		litions during the year						}				
e •		tributions during the year						}	1e			
f		ing balance						L	1f		_	
2a		the organization include an amount on Fo		21?							│ Yes	No
b		es," explain the arrangement in Part XIV				1 113 /			_			
Pa	rt V	Endowment Funds. Complete	if the organization (a)Current Year		were Prior \			orm 990 _, Years Back		t IV, line 10. Three Years Back	(e)Four Y	ears Back
1a	Bea	inning of year balance	(a)current rear	(5)	<i>)</i> 11101	Cai	(c) wo	Tears back	(4)	Thee rears back	(C) our i	cars back
ъ		itributions							1			
c		estment earnings or losses										
d		nts or scholarships										
e	Oth	er expenditures for facilities programs										
f	Adn	ninistrative expenses										
g	End	of year balance										
2	Prov	vide the estimated percentage of the yea	r end balance held a	ıs								
а	Boai	rd designated or quasi-endowment 🕨	%									
Ь	Perr	manent endowment ► %										
c	Terr	m endowment 🕨 %										
3а		there endowment funds not in the posses	ssion of the organiza	ation t	that a	re held	d and ad	mınıstere	d for t	the	Yes	No
	(i) u	inrelated organizations								3a	(i)	
b		related organizations		d on S	ched	ule R?			٠	3a	(ii) b	
4	Des	cribe in Part XIV the intended uses of th	e organization's end	lowme	ent fu	nds					·	
Pa	rt VI	Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	90, Par	t X, line	10.			
		Description of investment				a) Cost o sıs (ınve	or other estment)	(b) Cost or basis (ot		(c) Accumulat depreciation		Book value
1a	Land											
b	Buildi	ıngs										
c	Lease	ehold ımprovements										
d	Equip	oment										
е	Other	r	<u> </u>									
		d lines to to (Column (d) about desiral Fo	own OOO Bart V salum	(D)	Lina	10/5)				- L		

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of v	aluation
(including name of security)	(b)Book value	Cost or end-of-year	
Financial derivatives			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value	(c) Method of v	
(a) Description of investment type	(b) Book value	Cost or end-of-year	market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Other Liabilities. See Form 990, Part X (a) Description of Liability			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
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Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		

	its	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	252,538
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	246,722
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	5,816
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 - 8	9	
Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	5,816
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1 Total revenue, gains, and other support per audited financial statements	1	247,673
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	247,673
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4с	4,865
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	252,538
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
Total expenses and losses per audited financial statements	1	246,722
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	246,722
A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV) 4b	'	
	4c	
b Other (Describe in Part XIV)	4c 5	246,722

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

Name of the organization	Employer identification number
HUNTERDON COUNTY 4H AND AGRICULTURAL FAIR INC	
	22-3719478

Identifier Return Reference		Explanation
Pt VI-C, Line 19		OPEN TO PUBLIC
Pt VI-B, Line 11A		AUDIT COMMITTEE REVIEW

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

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Schedule O (Form 990) 2009

Additional Data

Software ID:

Software Version:

EIN: 22-3719478

Name: HUNTERDON COUNTY 4H AND AGRICULTURAL FAIR

INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
GENERAL MEETING	488	0	488	0
PROGRAM EXPENSES	32,010	32,010	0	0
DISPOSAL	10,345	10,345	0	0
EQUIPMENT RENTAL	4,173	4,173	0	0
FILING FEES	635	635	0	0