

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **CASTLE ROCK FAIR**

Number and street (or P O box, if mail is not delivered to street address): **PO BOX 655**

Room/suite: _____

City, town, or country: **CASTLE ROCK** State: **WA** ZIP + 4: **98611**

D Employer identification number: **91-6054565**

E Telephone number: **360-274-4116**

F Group Exemption Number: **▶**

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: Cash Accrual
Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **N/A**

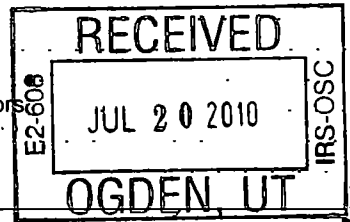
J Tax-exempt status (check only one)— 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **109,496**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received						5,001																					
	2	Program service revenue including government fees and contracts						6,748																					
	3	Membership dues and assessments																											
	4	Investment income						742																					
	5a	Gross amount from sale of assets other than inventory					0																						
	b	Less cost or other basis and sales expenses					0																						
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0																				
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																											
	a	Gross revenue (not including \$ 0 of contributions reported on line 1)								5,660																			
b	Less direct expenses other than fundraising expenses								4,516																				
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										1,144																		
7a	Gross sales of inventory, less returns and allowances																												
b	Less cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)													0															
8	Other revenue (describe ▶ See Attached Statement)														91,345														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														104,980														
Expenses	10	Grants and similar amounts paid (attach schedule)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe ▶ See Attached Statement)																											
	17	Total expenses. Add lines 10 through 16														34,577													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																											
	20	Other changes in net assets or fund balances (attach explanation)																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														209,230													



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	27,300	22	94,201	
23	Land and buildings	106,000	23	106,000	
24	Other assets (describe ▶ See Attached Statement)	16,949	24	18,903	
25	Total assets	150,249	25	219,104	
26	Total liabilities (describe ▶ SAVE THE LOG CABIN COMMITTEE PAYABLE)	11,422	26	9,874	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	138,827	27	209,230	

SCANNED AUG 7 2009

2

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses	
What is the organization's primary exempt purpose? TO PUT ON A COMMUNITY FAIR		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	TO PROVIDE WHOLESOME FAMILY ENTERTAINMENT IN THE FORM OF PERFORMANCE AND SHOWMANSHIP, TO FEATURE AGRICULTURE PRODUCTS OF THE AREA, TO PROVIDE QUALITY EDUCATIONAL EXHIBITS FOR ALL TO LEARN. TO IMPROVE THE QUALITY OF LIFE FOR ALL PEOPLE (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	34,577
29 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	34,577

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JANET PRICE 391 UMIKER ROAD CASTLE ROCK WA 98611	Title DIRECTOR Hr/WK 2 00	0	0	0
DARREN ASHBY 320 VANESS ROAD CASTLE ROCK WA 98611	Title DIRECTOR Hr/WK 1 00	0	0	0
YVONNE KNUTH 429 FRONT STREET CASTLE ROCK WA 98611	Title SECRETARY Hr/WK 10 00	0	0	0
BARBARA RIDER 325 OGDEN ROAD CASTLE ROCK WA 98611	Title TREASURER Hr/WK 10 00	0	0	0
TERESA PROUDFIT 133 STILLMEADOWS LANE CASTLE ROCK WA 98611	Title DIRECTOR Hr/WK 1 00	0	0	0
TRACY WILBUR 2556 TOWER ROAD CASTLE ROCK WA 98611	Title PRESIDENT Hr/WK 2 00	0	0	0
RICK HOYER 1609 PH 10 CASTLE ROCK WA 98611	Title VICE-PRESIDENT Hr/WK 6.00	0	0	0
KAREN ASHBY 320 VANESS ROAD CASTLE ROCK WA 98611	Title DIRECTOR Hr/WK 1 00	0	0	0
VINCE WILBUR 2556 TOWER ROAD CASTLE ROCK WA 98611	Title DIRECTOR Hr/WK 3 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____			
b Did the organization file Form 1120-POL for this year?	37b		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		0
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed ▶ _____			
42 a The organization's books are in care of ▶ <u>BARBARA RIDER</u> Telephone no. ▶ <u>360-274-4116</u> Located at ▶ <u>325 OGDEN ROAD</u> City <u>CASTLE ROCK</u> ST <u>WA</u> ZIP + 4 ▶ <u>98611</u>			
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 account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/> N/A			
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI. Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

- | | | Yes | No |
|---|-----|-----|----|
| 46 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 | 46 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK .00	0	0	0

f Total number of other employees paid over \$100,000 ▶ _____

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<i>Barbara Rider</i> Signature of officer	7-13-10 Date	
	BARBARA RIDER Type or print name and title	TREASURER	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
			Phone no	

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

Part I, Line 8 (990-EZ) - Other Revenue

91,345

Description		Amount
1	FAIR VENDOR REVENUE	9,103
2	SALE OF ADVERTISING SPACE IN PREMIUM BOOK & FAIRGROUNDS	3,415
3	INSURANCE PROCEEDS- FLOOD	78,827
4		
5		
6		
7		
8		
9		
10		

Part I, Line 16 (990-EZ) - Other Expenses

28,861

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	6,416
9	Interest	9	
10	Supplies	10	1,002
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Judges	13	1,005
14	Entertainment during fair	14	2,135
15	Premium money	15	5,608
16	Dues	16	47
17	Advertising	17	1,453
18	Office expenses	18	1,375
19	Small tools and equipment	19	4,369
20	Ribbons	20	1,409
21	Offender Services	21	1,013
22	Bank fees	22	240
23	Insurance	23	2,786
24	Licenses	24	
25	Property tax	25	3
26		26	
27		27	
28		28	
29		29	

Part II, Line 24 (990-EZ) - Other Assets

16,949

18,903

	Description	Beginning	End
1	BLACKTOP PAVING	4,272	4,272
2	FENCE	10,079	10,079
3	DRINKING FOUNTAIN	297	297
4	FOLDING TABLES	431	431
5	BLEACHERS	1,870	1,870
6	TENT		1,954
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

11,422

9,874

	Description	Beginning	End
1	SAVE THE LOG CABIN COMMITTEE PAYABLE	11,422	9,874
2			
3			
4			
5			
6			
7			
8			
9			
10			