

# California Exempt Organization Annual Information Statement or Return

1992

199

For calendar or fiscal year beginning			MONTH 01	DAY 01	YEAR 1992,	and ending			MONTH 12	DAY 31	YEAR 92
<b>Attach Preaddressed Label</b>											
California corporation number <b>D-0112130 HC6FA</b>				Federal employer identification number <b>M 12</b>							
Cor: <b>HUMBOLDT COUNTY FAIR ASSN</b>											
Add <b>BX 637</b>											
<b>FERNDAL CA 95536</b>											
City				State				ZIP code			
<b>A Final return?</b> <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date _____ <b>B Check forms filed this year:</b> State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S Federal: <input type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120 <b>C If organization is exempt under R&amp;TC Section 23701d and is a school, public charity, religious organization or is controlled by a religious organization, check box. See General Instruction F. No filing fee is required.</b> <input checked="" type="checkbox"/>											

**Part I All organizations complete Part I unless not required to file this form. See General Instruction C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	3	
	4	Total gross receipts for filing requirement test. Add lines 1 through 3. <b>This line must be completed.</b> See instructions	4	
	5	Cost of goods sold	5	
	6	Cost or other basis and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	
<b>Filing Fee</b>	11	Filing Fee, see General Instruction F	11	
	12	Penalty for failure to file on time. See General Instruction L	12	
	13	Balance due. Add line 11 and line 12	13	

- 14 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "yes," complete and attach form FTB 3509  Yes  No
- 15 Did the organization have any changes in its activities, governing instrument, articles of incorporation or bylaws that have not been reported to the Franchise Tax Board?  Yes  No
- 16 Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_
- 17 Did the organization file Form 100, Form 100S or Form 109 to report taxable income?  Yes  No  
If "yes," enter amount of total income reported \$ \_\_\_\_\_
- 18 Is this a group return filed on behalf of affiliated organizations? See General Instruction M.  Yes  No
- 19 The books are in care of \_\_\_\_\_ Daytime telephone ( ) \_\_\_\_\_  
located at \_\_\_\_\_

<b>Please Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	<i>Stuart I. Lu</i> Signature of officer	4-20-93 Date	General Manager Title	(707) 786-9511 Daytime telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no.
	Firm's name (or yours, if self-employed) and address		FEIN	Daytime telephone ( )

# California Exempt Organization Annual Information Return

2000

199

For calendar or fiscal year beginning month 1 day 1 year 2000, and ending month 12 day 31 year 2000.

**IMPORTANT: Your number is required.**

California corporation number	Federal employer identification number
<u>0112130</u>	<u>946000770</u>

Attach Preaddressed Label or See Instructions

Corp \*\*\*\*\* 5-DIGIT 95536

Address

040 330

City HUMBOLDT COUNTY FAIR ASSN

PO BOX 637

FERNDALE CA 95536-0637

- A** Final return?  Yes. If yes, check applicable box  No
- Dissolved  Withdrawn  Merged/Reorganized (attach explanation)
- If a box is checked, enter date \_\_\_\_\_
- B** Check forms filed this year: State:  109  100  100S  
Federal:  990  990EZ  990T  990PF  1041  1120H  1120
- C** If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required.
- D** Is this a group filing? See General Instruction M.  Yes  No
- E** Accounting method used \_\_\_\_\_
- F** Type of organization  Exempt under Section 23701 (insert letter)  IRC Section 4947(a)(1) trust

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b> <small>(Attach check or money order here.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1			
	2	Gross dues and assessments from members and affiliates	•	2			
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	•	3			
	4	Total gross receipts for filing requirement test. Add line 1 through line 3					
	<b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C				4		
	5	Cost of goods sold		5			
	6	Cost or other basis, and sales expenses of assets sold		6			
	7	Total costs. Add line 5 and line 6		7			
<b>Expenses</b>	8	Total gross income. Subtract line 7 from line 4		8			
	9	Total expenses and disbursements. From Side 2, Part II, line 18		9			
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10			
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F		11	<u>25</u>	<u>00</u>	
	12	Penalty for failure to file on time. See General Instruction L		12			
	13	Balance due. Add line 11 and line 12		13			

- 14** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No
- 15** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents  Yes  No
- 16** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_
- 17** Did the organization file Form 100, Form 100S, or Form 109 to report taxable income?  Yes  No  
If "Yes," enter amount of total income reported \$ \_\_\_\_\_

**18** The financial records are in care of CALIF. FAIRS SERVICES AUTHORITY Daytime telephone (916 921-2213) located at 1776 TRIBUTE ROAD SACRAMENTO, CA 95815

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Please Sign Here</b>	<u>Stuart Titus</u>	<u>3-6-01</u>	<u>CEO</u>	<u>(707) 786-9511</u>
	Signature of officer	Date	Title	Daytime telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours, if self-employed) and address			FEIN
				Daytime telephone ( )

YEAR  
**2001**

# California Exempt Organization Annual Information Return

FORM  
**199**

For calendar or fiscal year beginning month JAN day 1 year 2001, and ending month DEC day 31 year 2001

**IMPORTANT: Your number is required.**  
California corporation number  
0112130946000770  
Federal employer identification number

- A** Final return?  Yes. Check applicable box.  No  
 Dissolved  Withdrawn  Merged/Reorganized (attach explanation)  
 If a box is checked, enter date
- B** Check forms filed this year: State:  109  100  100S  
 Federal:  990  990EZ  990T  990PF  1041  1120H  1120
- C** If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.**
- D** Is this a group filing? See General Instruction M.  Yes  No
- E** Accounting method used
- F** Type of organization  Exempt under Section 23701 (insert letter)  
 IRC Section 4947(a)(1) trust

Attach Preaddressed Label  
or See Instructions

Corporation/Organization name  
Humboldt County Fair Association  
Address  
1250 5th Street  
City  
Ferndale State  
CA ZIP Code  
95536

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues <small>(Attach check or money order here.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	3	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C	4	
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
Expenses	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	

Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	
	12	Penalty for failure to file on time. See General Instruction L	12	
	13	Balance due. Add line 11 and line 12	13	

- 14** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No
- 15** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents  Yes  No
- 16** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter amount of gross receipts from nonmember sources \$
- 17** Did the organization file Form 100, Form 100S, or Form 109 to report taxable income?  Yes  No  
If "Yes," enter amount of total income reported \$

**18** The financial records are in care of CALIF. FAIRS SERVICES AUTHORITY Daytime telephone (916) 921-2213  
located at 1776 TRIBUTE ROAD SACRAMENTO CA 95815

Please Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Stuart Litus Date: 4-30-02 Title: CEO Daytime telephone: (707) 286-9511

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN: \_\_\_\_\_ FEIN: \_\_\_\_\_ Firm's name (or yours, if self-employed) and address: \_\_\_\_\_ Daytime telephone ( ) \_\_\_\_\_

California Exempt Organization Annual Information Return

2010

199

Calendar Year 2010 or fiscal year beginning month day year, and ending month day year

A First Return Filed? B Type of organization Exempt under Section 23701 (insert letter) IRC Section 4947(a)(1) trust

Corporation/Organization Name HUMBOLDT COUNTY FAIR ASSOCIATION FEIN 946000770

Address 1250 5TH STREET

City FERNDALE State CA ZIP Code 95536

C Amended Return? D Are you a subordinate/affiliate in a group exemption? E Final return? F Check the box if the organization filed the following federal forms or schedule: G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable...

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 15 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers and amounts.

Sign Here: Declaration of preparer. Preparer's signature: SECRETARY, Date: 05/29/2014. Telephone: (707) 786-9511. Paid Preparer's Use Only: Firm's name and address. May the FTB discuss this return with the preparer shown above?

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions	●	<b>1</b>	1,262,523	00
	<b>2</b> Interest	●	<b>2</b>		00
	<b>3</b> Dividends	●	<b>3</b>		00
	<b>4</b> Gross rents	●	<b>4</b>	154,460	00
	<b>5</b> Gross royalties	●	<b>5</b>		00
	<b>6</b> Gross amount received from sale of assets (See Instructions)	●	<b>6</b>		00
	<b>7</b> Other income. Attach schedule	●	<b>7</b>		00
	<b>8 Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		<b>8</b>	1,416,983	00
<b>Expenses and Disbursements</b>	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	<b>9</b>		00
	<b>10</b> Disbursements to or for members	●	<b>10</b>		00
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule	●	<b>11</b>		00
	<b>12</b> Other salaries and wages	●	<b>12</b>	749,126	00
	<b>13</b> Interest	●	<b>13</b>		00
	<b>14</b> Taxes	●	<b>14</b>		00
	<b>15</b> Rents	●	<b>15</b>		00
	<b>16</b> Depreciation and depletion (See instructions)	●	<b>16</b>	59,487	00
	<b>17</b> Other. Attach schedule	●	<b>17</b>	694,728	00
	<b>18 Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		<b>18</b>	1,503,341	00

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
<b>1</b>	Cash		240,053		346,832
<b>2</b>	Net accounts receivable		49,510		93,092
<b>3</b>	Net notes receivable. Attach schedule				
<b>4</b>	Inventories				
<b>5</b>	Federal and state government obligations				
<b>6</b>	Investments in other bonds. Attach schedule				
<b>7</b>	Investments in stock. Attach schedule				
<b>8</b>	Mortgage loans (number of loans _____)				
<b>9</b>	Other investments. Attach schedule				
<b>10 a</b>	Depreciable assets	4,573,015		4,679,380	
<b>b</b>	Less accumulated depreciation	(3,360,311)	1,212,704	(3,425,010)	1,254,370
<b>11</b>	Land		60,932		60,932
<b>12</b>	Other assets. Attach schedule				
<b>13</b>	<b>Total assets</b>		1,563,199		1,755,226
<b>Liabilities and net worth</b>					
<b>14</b>	Accounts payable				18,381
<b>15</b>	Contributions, gifts, or grants payable				
<b>16</b>	Bonds and notes payable. Attach schedule		68,397		161,609
<b>17</b>	Mortgages payable				
<b>18</b>	Other liabilities. Attach schedule		267,281		147,916
<b>19</b>	Capital stock or principle fund				
<b>20</b>	Paid-in or capital surplus. Attach reconciliation				
<b>21</b>	Retained earnings or income fund		1,227,521		1,427,320
<b>22</b>	<b>Total liabilities and net worth</b>		1,563,199		1,755,226

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

<b>1</b>	Net income per books	●	198,539	<b>7</b>	Income recorded on books this year not included in this return. Attach schedule	●	
<b>2</b>	Federal income tax	●		<b>8</b>	Deductions in this return not charged against book income this year. Attach schedule	●	
<b>3</b>	Excess of capital losses over capital gains	●		<b>9</b>	Total. Add line 7 and line 8		
<b>4</b>	Income not recorded on books this year. Attach schedule	●		<b>10</b>	Net income per return.		
<b>5</b>	Expenses recorded on books this year not deducted in this return. Attach schedule	●			Subtract line 9 from line 6		198,539
<b>6</b>	Total.		198,539				

# California Exempt Organization Annual Information Return

**2011**

**199**

Calendar Year 2011 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

Corporation/Organization Name <b>HUMBOLDT COUNTY FAIR ASSOCIATION</b>			California corporation number <b>0 1 1 2 1 3 0</b>					
Address (suite, room, or PMB no.) <b>1250 5TH STREET</b>			FEIN <b>9 4 6 0 0 0 7 7 0</b>					
City <b>FERNDALE</b>	State <b>CA</b>	ZIP Code <b>95536</b>						

- A** First Return.  Yes  No
- B** Amended Return.  Yes  No
- C** IRC Section 4947(a)(1) trust.  Yes  No
- D** Final Return.  Yes  No
  - Dissolved  Surrendered (Withdrawn)
  - Merged/Reorganized Enter date: ● \_\_\_/\_\_\_/\_\_\_
- E** Check accounting method:  
(1)  Cash (2)  Accrual (3)  Other
- F** Federal return filed?  
(1)  990T (2)  990(PF) (3)  Sch H (990)
- G** Is this a group filing for the subordinates/affiliates?  Yes  No  
If "Yes," attach a roster. See instructions
- H** Is this organization in a group exemption?  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_
- I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?  Yes  No  
If "Yes," explain, and attach copies of revised documents.

- J** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)?  Yes  No  
If "Yes," complete and attach form FTB 3509.
- K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources. \$ \_\_\_\_\_
- L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.
- M** Is the organization a Limited Liability Company?  Yes  No
- N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. <input checked="" type="checkbox"/>	<b>1</b>	1,180,938	00
	2 Gross dues and assessments from members and affiliates <input checked="" type="checkbox"/>	<b>2</b>	346,227	00
	3 Gross contributions, gifts, grants, and similar amounts received. <input checked="" type="checkbox"/>	<b>3</b>	67,173	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B. <input checked="" type="checkbox"/>	<b>4</b>	1,594,338	00
	5 Cost of goods sold <input checked="" type="checkbox"/>	<b>5</b>		00
	6 Cost or other basis, and sales expenses of assets sold <input checked="" type="checkbox"/>	<b>6</b>		00
	7 Total costs. Add line 5 and line 6. <input checked="" type="checkbox"/>	<b>7</b>		00
	8 Total gross income. Subtract line 7 from line 4. <input checked="" type="checkbox"/>	<b>8</b>	1,594,338	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18 <input checked="" type="checkbox"/>	<b>9</b>	1,417,962	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 <input checked="" type="checkbox"/>	<b>10</b>	176,376	00
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F. <input checked="" type="checkbox"/>	<b>11</b>	25	00
	12 Total payments <input checked="" type="checkbox"/>	<b>12</b>		00
	13 Penalties and Interest. See General Instruction J <input checked="" type="checkbox"/>	<b>13</b>	40	00
	14 Use tax. See General Instruction K <input checked="" type="checkbox"/>	<b>14</b>		00
	15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result <input checked="" type="checkbox"/>	<b>15</b>	65	00

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer <input type="text"/>	Title <b>SECRETARY</b>	Date <b>05/29/2014</b>	● Telephone <b>( 707 ) 786-9511</b>
Preparer's signature <input type="text"/>	Date	Check if self-employed <input type="checkbox"/>	● PTIN
Firm's name (or yours, if self-employed) and address <input type="text"/>			● FEIN
			● Telephone ( )

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

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	1,020,684	00
	2	Interest	●	2		00
	3	Dividends	●	3		00
	4	Gross rents	●	4	160,254	00
	5	Gross royalties	●	5		00
	6	Gross amount received from sale of assets (See Instructions)	●	6		00
	7	Other income. Attach schedule	●	7		00
	<b>8 Total gross sales or receipts from other sources. Add line 1 through line 7.</b>					
Enter here and on Side 1, Part I, line 1				8	1,180,938	00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9		00
	10	Disbursements to or for members	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11		00
	12	Other salaries and wages	●	12	718,902	00
	13	Interest	●	13		00
	14	Taxes	●	14		00
	15	Rents	●	15		00
	16	Depreciation and depletion (See instructions)	●	16	59,487	00
	17	Other Expenses and Disbursements. Attach schedule	●	17	639,573	00
	<b>18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9</b>				18	1,417,962

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		346,832	●	374,397
2	Net accounts receivable		93,092	●	53,310
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets	4,679,380		4,679,380	
b	Less accumulated depreciation	(3,425,011)	1,254,369	(3,484,498)	1,194,883
11	Land		60,932	●	60,932
12	Other assets. Attach schedule			●	
13	<b>Total assets</b>		1,755,225		1,683,522
<b>Liabilities and net worth</b>					
14	Accounts payable		18,381	●	5,298
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable		161,608	●	54,631
17	Mortgages payable			●	
18	Other liabilities. Attach schedule		147,916		11,204
19	Capital stock or principle fund			●	
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund		1,427,320	●	1,612,389
22	<b>Total liabilities and net worth</b>		1,755,225		1,683,522

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	●	176,376	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6		176,376
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		176,376				

# California Exempt Organization Annual Information Return

**2012**

**199**

Calendar Year 2012 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

Corporation/Organization Name <b>HUMBOLDT COUNTY FAIR ASSOCIATION</b>			California corporation number 0 1 1 2 1 3 0					
Address (suite, room, or PMB no.) 1250 5TH STREET			FEIN 9 4 - 6 0 0 0 7 7 0					
City <b>FERNDALE</b>	State <b>CA</b>	ZIP Code <b>95536</b>						

- A** First Return.  Yes  No
- B** Amended Return.  Yes  No
- C** IRC Section 4947(a)(1) trust  Yes  No
- D** Final Return?  Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized Enter date: ● \_\_\_\_/\_\_\_\_/\_\_\_\_
- E** Check accounting method:  
(1)  Cash (2)  Accrual (3)  Other
- F** Federal return filed?  
(1)  990T (2)  990(PF) (3)  Sch H (990)
- G** Is this a group filing for the subordinates/affiliates?..... ●  Yes  No  
If "Yes," attach a roster. See instructions
- H** Is this organization in a group exemption?.....  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_
- I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?.. ●  Yes  No  
If "Yes," explain, and attach copies of revised documents.

- J** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)?..... ●  Yes  No  
If "Yes," complete and attach form FTB 3509.
- K** Is the organization exempt under R&TC Section 23701g? ●  Yes  No  
If "Yes," enter the gross receipts from nonmember sources. .... \$ \_\_\_\_\_
- L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. .... ●
- M** Is the organization a Limited Liability Company? ..... ●  Yes  No
- N** Did the organization file Form 100 or Form 109 to report taxable income? ..... ●  Yes  No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year?..... ●  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. .... ●	1	1,504,610	00
	2 Gross dues and assessments from members and affiliates ..... ●	2	12,154	00
	3 Gross contributions, gifts, grants, and similar amounts received. .... ●	3		00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B. .... ●	4	1,516,764	00
	5 Cost of goods sold ..... ●	5	00	00
	6 Cost or other basis, and sales expenses of assets sold ..... ●	6	00	00
	7 Total costs. Add line 5 and line 6. ....	7		00
	8 Total gross income. Subtract line 7 from line 4. .... ●	8	1,516,764	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18 ..... ●	9	1,465,626	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ..... ●	10	51,138	00
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F ..... ●	11	25	00
	12 Total payments ..... ●	12		00
	13 Penalties and Interest. See General Instruction J ..... ●	13	40	00
	14 Use tax. See General Instruction K ..... ●	14		00
	15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result ..... ●	15		65

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer ▶ <b>SECRETARY</b>	Title	Date 05/29/2014
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address ▶		● Telephone ( 707 ) 786-9511
			● PTIN
			● FEIN
			● Telephone ( )
May the FTB discuss this return with the preparer shown above? See instructions ..... ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	1,339,177	00
	2	Interest	●	2		00
	3	Dividends	●	3		00
	4	Gross rents	●	4	165,433	00
	5	Gross royalties	●	5		00
	6	Gross amount received from sale of assets (See Instructions)	●	6		00
	7	Other income. Attach schedule.	●	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	1,504,610	00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9		00
	10	Disbursements to or for members	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule.	●	11		00
	12	Other salaries and wages	●	12	774,858	00
	13	Interest	●	13		00
	14	Taxes	●	14		00
	15	Rents	●	15		00
	16	Depreciation and depletion (See instructions)	●	16	59,487	00
	17	Other Expenses and Disbursements. Attach schedule.	●	17	631,281	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	1,465,626	00

**Schedule L Balance Sheets**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		374,397	●	436,493
2 Net accounts receivable		53,310	●	93,667
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets	4,679,380		4,679,380	
b Less accumulated depreciation	( 3,484,498)	1,194,883	( 3,543,985)	1,135,396
11 Land		60,932	●	60,932
12 Other assets. Attach schedule			●	24,236
13 Total assets		1,683,522		1,750,723
<b>Liabilities and net worth</b>				
14 Accounts payable		5,298	●	20,413
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable		54,631	●	47,458
17 Mortgages payable			●	
18 Other liabilities. Attach schedule		11,204		7,690
19 Capital stock or principle fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		1,612,389	●	1,675,163
22 Total liabilities and net worth		1,683,522		1,750,723

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	51,138	7	Income recorded on books this year not included in this return. Attach schedule.	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return.		
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●			Subtract line 9 from line 6		51,138
6	Total. Add line 1 through line 5		51,138				

California Exempt Organization Annual Information Return

2013

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization Name: HUMBOLDT COUNTY FAIR ASSOCIATION
California corporation number: 0 1 1 2 1 3 0
Address: 1250 5TH STREET
City: FERNDALE State: CA ZIP Code: 95536

A First Return... B Amended Information Return... C IRC Section 4947(a)(1) trust... D Final Information Return?... E Check accounting method... F Federal return filed?... G Is this a group filing... H Is this organization in a group exemption?... I Did the organization have any changes... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g?... L If organization is exempt under R&TC Section 23701d... M Is the organization a Limited Liability Company?... N Did the organization file Form 100 or Form 109... O Is the organization under audit...

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-15).

Sign Here: Signature of officer, Title SECRETARY, Date 05/29/2014, Telephone (707) 786-9511.
Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Firm's name and address, Telephone.
May the FTB discuss this return with the preparer shown above? See instructions. Yes No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	1	1,166,798	00
	2	Interest.	2		00
	3	Dividends.	3		00
	4	Gross rents.	4	154,925	00
	5	Gross royalties.	5		00
	6	Gross amount received from sale of assets (See Instructions)	6		00
	7	Other income. Attach schedule.	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	1,321,723	00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9		00
	10	Disbursements to or for members.	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule.	11		00
	12	Other salaries and wages.	12	795,576	00
	13	Interest.	13		00
	14	Taxes.	14		00
	15	Rents.	15		00
	16	Depreciation and depletion (See instructions)	16	61,784	00
	17	Other Expenses and Disbursements. Attach schedule.	17	802,172	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	1,659,532	00

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
<b>Assets</b>		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
1	Cash		436,493		254,952
2	Net accounts receivable		93,667		225,403
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets	4,679,380		4,680,964	
b	Less accumulated depreciation	(3,543,985)	1,135,396	(3,605,769)	1,075,195
11	Land		60,932		60,932
12	Other assets. Attach schedule		24,236		
13	<b>Total assets</b>		1,750,723		1,616,482
<b>Liabilities and net worth</b>					
14	Accounts payable		20,413		183,022
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable		47,458		40,084
17	Mortgages payable				
18	Other liabilities. Attach schedule		7,690		6,746
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		1,675,163		1,386,630
22	<b>Total liabilities and net worth</b>		1,750,723		1,616,482

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	(246,025)	7	Income recorded on books this year not included in this return. Attach schedule.	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	<b>Total.</b> Add line 7 and line 8.	
4	Income not recorded on books this year. Attach schedule		10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return. Attach schedule			Subtract line 9 from line 6	(246,025)
6	<b>Total.</b> Add line 1 through line 5.	(246,025)			