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

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.***

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , 2015, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
CABARRUS COUNTY AGRICULTURAL FAIR
4499 HIGHWAY 73 EAST
CONCORD, NC 28027-7277

D Employer identification number
56-6063960

E Telephone number
704-782-0028

F Group Exemption Number ... ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c) (5) ◄(insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Form of organization. ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 167,297.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	9,707.
	5a	Gross amount from sale of assets other than inventory	5a 157,590.		
	b	Less: cost or other basis and sales expenses	5b 145,259.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) SEE SCHEDULE O		5c	12,331.
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9	22,038.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O		10	11,000.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	4,793.
	17	**Total expenses.** Add lines 10 through 16 ►		17	15,793.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,245.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	322,330.
	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O		20	-34,319.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	294,256.

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	322,330.	22	294,256.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	322,330.	25	294,256.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	322,330.	27	294,256.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 THE ORGANIZATION AWARDS SCHOLARSHIPS TO RESIDENTS OF CABARRUS COUNTY PURSUING HIGHER EDUCATION IN AGRICULTURE-RELATED FIELDS.

(Grants $ 11,000.) If this amount includes foreign grants, check here ☐ 28a 15,792.

29

(Grants $) If this amount includes foreign grants, check here ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) 32 15,792.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE SCHEDULE O		0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.			
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 ► NONE			

42a The organization's books are in care of ► JAMES LENTZ Telephone no. ► 704-782-0028

Located at ► 4499 HIGHWAY 73 EAST CONCORD NC ZIP + 4 ► 28025

			Yes	No
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: ►	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside 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 ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O.*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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		
49a 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ► ☐ Yes ☐ No

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

► Signature of officer	Date: 10-3-16
► JAMES LENTZ Type or print name and title	TREASURER

Paid Preparer Use Only

Print/Type preparer's name: MARJORIE S CAMPBELL CPA	Preparer's signature: Marjorie S Campbell CPA	Date: 9/1/2016	Check ☐ if self-employed: PTIN P00368873
Firm's name ► STOCKS SMITH CAMPBELL & DENDY, PA			Firm's EIN ► 56-1310626
Firm's address ► 950 LEE ANN DRIVE NE CONCORD, NC 28025			Phone no (704) 795-3500

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

CABARRUS COUNTY AGRICULTURAL FAIR

Employer identification number

56-6063960

FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE:	157,590.
COST OR OTHER BASIS:	145,259.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES	$ 12,331.
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES	$ 12,331.

FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF $5,000

DONEE'S NAME:	SCHOLARSHIPS	
CASH AMOUNT GIVEN:		$ 11,000.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	$ 85.
FIDUCIARY FEES	3,145.
MEETINGS AND DUES	584.
SCHOLARSHIP SELECTION EXPENSE	979.
TOTAL	$ 4,793.

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAINS/LOSSES ON INVESTMENTS	$ -34,319.
TOTAL	$ -34,319.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SUPPORT OF AGRICULTURE BY PROVIDING SCHOLARSHIPS TO STUDENTS IN CABARRUS COUNTY INTERESTED IN PURSUING A CAREER IN AGRICULTURE-RELATED FIELDS.

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	HEALTH BENEFITS & CONTRIB-BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
CAROLYN CARPENTER PRESIDENT	0.5	$ 0.	$ 0.	$ 0.

Name of the organization: CABARRUS COUNTY AGRICULTURAL FAIR

Employer identification number: 56-6063960

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	HEALTH BENEFITS & CONTRIB-BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
JAMES LENTZ TREASURER	0.5	$ 0.	$ 0.	$ 0.
DORIS ROGERS SECRETARY	1	0.	0.	0.
KIM COOK BOARD MEMBER	0.25	0.	0.	0.
KAY SCOTT VICE PRESIDENT	0.5	0.	0.	0.
TIM FURR BOARD MEMBER	0.25	0.	0.	0.
MATT BARRIER BOARD MEMBER	0.25	0.	0.	0.
TEENA BOONE BOARD MEMBER	0.25	0.	0.	0.
MARY ANN COOPER BOARD MEMBER	0.25	0.	0.	0.
JOHN CLINE BOARD MEMBER	0.25	0.	0.	0.
MARTHA MATTHEWS BOARD MEMBER	0.25	0.	0.	0.
ROBBIE FURR BOARD MEMBER	0.25	0.	0.	0.
CAROL HOVEY BOARD MEMBER	0.25	0.	0.	0.
BETH DAVIS BOARD MEMBER	0.25	0.	0.	0.
JO COBLE BOARD MEMBER	0.25	0.	0.	0.
JANE CAUTHEN BOARD MEMBER	0.25	0.	0.	0.
CHRISTINE BARRIER BOARD MEMBER	0.25	0.	0.	0.

Name of the organization: CABARRUS COUNTY AGRICULTURAL FAIR

Employer identification number: 56-6063960

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	HEALTH BENEFITS & CONTRIB-BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
JIM RAMSEUR BOARD MEMBER	0.25	$ 0.	$ 0.	$ 0.
DAVID CARTER BOARD MEMBER	0.25	0.	0.	0.
JEFF JONES BOARD MEMBER	0.25	0.	0.	0.
	TOTAL	$ 0.	$ 0.	$ 0.