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Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

A F	or the	2015 ca	ılendar year, or tax year beginni	ng 11-01-2015 , and ending 10-31-20	16				
		plicable	C Name of organization	,		D Em	ployer	identifi	cation number
_	dress cl		The Great Frederick Fair Inc			E 2	-0915	. 0 2 0	
	ame cha	-	Barra barrana				-0913	0039	
┌ In	ıtıal retu	ırn	Doing business as						
FI FI			Number and street (or P.O. hox if n	nail is not delivered to street address) Room/su	ute	E Tele	ephone	number	
_	/termina nended i		PO BOX 604	nam is not delivered to street address) (Noom) so	aice	(3)	01)66	3-589!	5
		pending	City or town, state or province, cou	ntry, and ZIP or foreign postal code			,,,,,,,		
I Ap	plication	penaing	Frederick, MD 217050604	nay, and zar or foreign postar code		G Gro	oss rece	ipts \$ 3,1	12,960
			F Name and address of princi	nal officer	117-3				
			MAURICE A GLADHILL	par officer	H(a)	Is this a gr	•	turn for	
			PO BOX 604			subordinate No	25 /		Yes 🗸
			Frederick, MD 217050604		Н(Ь)	Are all sub	ordinat	tes	□Yes □ No
I Ta:	x-exem	pt status	501(c)(3) √ 501(c)(5) √	(insert no) 4947(a)(1) or 527		ıncluded?			
J W	ebsite	:► ww	VW THEGREATFREDERICKFAIF	RCOM]	•		•	e instructions)
						Group exer			
K Forr	n of org	anızatıon	Corporation Trust Associ	ation Other >	L Yea	ar of formation	19/1	M Stat	te of legal domicile
Do.	rt I	Cum							
Fα			imary scribe the organization's missioi	or most significant activities					
				STS TO PROMOTE AGRICULTURE A	ND THE	EDUCATIO	NOF	OURY	ОИТН АВОИТ
	<u>T</u> ⊢	EIND	USTRY OF AGRICULTURE						
ဥ	_								
Ē	_								
Nei Nei	_	hack th	nic hov •	us continued its operations or disposed	of more:	+han 3 E 0/ o	f ita na	at accet	
Governance	2 0	песк	ils box P Il the organization d	iscontinued its operations or disposed	oi illore	LIIaii 25% U	i its iie	et asset	.5
	3 N	umher	of voting members of the govern	ing body (Part VI, line 1a)			3	ı I	13
Activities &			-	of the governing body (Part VI, line 1b)			4	_	12
<u> </u>			,	calendar year 2015 (Part V, line 2a)			5		164
Ş				ecessary)			6		0
~			,	• •			7		
				art VIII, column (C), line 12					2,500
	Б М Є	et unreid	ated business taxable income in	om Form 990-T, line 34				'b	
						Prior Year		+	Current Year
Qı.	8		ibutions and grants (Part VIII, I	·		10,809		334,964	
Ravenue	9	Progra	am service revenue (Part VIII, I	• 📙	2,00	04,00	6	2,401,329	
Ac	10		,	n (A), lines 3, 4, and 7d)				0	(
<u>a</u>	11	Other	revenue (Part VIII, column (A)	37	79,67	6	366,300		
	12		revenue—add lines 8 through 11	. (must equal Part VIII, column (A), lin	ne	2,69	94,49	1	3,102,596
		12)			-		17.50		122.71
	13		, ,	IX, column (A), lines 1-3)		1.	17,53		122,716
	14		its paid to or for members (Part			0			
82	15	Saları 5–10		ee benefits (Part IX, column (A), lines		5.5	55,56	3	618,513
Expenses	16a		•	, column (A), line 11e)				0	
<u> </u>			,		`			"	
ă	Ь		undraising expenses (Part IX, column (D		-	2.04	26.62	+	2.472.26
	17			lines 11a-11d, 11f-24e)	• —		36,63		2,172,362
	18		·	ist equal Part IX, column (A), line 25)		· · · · · · · · · · · · · · · · · · ·	59,73	-	2,913,59
(7)	19	Reven	nue less expenses. Subtract line	18 from line 12	•	- (55,24	0	189,005
Net Assets or Fund Balances					Begin	ning of Curre	ent Yea	ır	End of Year
sets alar	20	Total	accete (Part V line 16)			1 78	35,73	7	1,663,02
A B	21						26,34		814,622
ž.Š	22		, , ,		-		59,39		848,399
	22 11 III		ssets or fund balances Subtract nature Block	illie 21 Ilolli illie 20		0:	39,39	41	040,393
				amined this return, including accompar	nvina sch	nedules and	stater	ments.a	and to the best of
my ki	nowled	ge and	belief, it is true, correct, and cor	nplete Declaration of preparer (other t					
prepa	rer ha	s any k	nowledge						
		***	*			2017.00	1.0		
c:			ature of officer			2017-03- Date	τO		
Sign Here		,				•			
	-		RICE A GLADHILL TREASURER or print name and title						
		, ,	Print/Type preparer's name	Preparer's signature	Date	T	_ PT	IN	
Paid	4	Brian E Rippeon Brian E Rippeon Check self-						0050220	
		, F	Firm's name LINTON SHAFER WAR	Firm's EIN		273734			
	pare	1 1	Firm's address ▶ 201 THOMAS JOHNSON	N DRIVE		Phone no (
use	Onl	у	FREDERICK, MD 2170	02					

May the IRS discuss this return with the preparer shown above? (see instructions)

✓Yes No

Par	t IV Checklist of Required Schedules			
			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
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		No
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11b		No
С	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	11 c		No
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

30

31

Form	1990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? . . .

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?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 🛸 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I.

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Νo

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Νo

Nο

24d

25a

25b

26

27

28a

28b

28c

29

30

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33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Par		Statements Regarding Other IRS Filings and Tax Compliance		N			_
		Check if Schedule O contains a response or note to any line in this I	rail	v		Yes	No
1a	Entert	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	51			
b	Entert	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c		e organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?	vend	dors and reportable	1 c		
2a	Enter t Tax St	the number of employees reported on Form W-3, Transmittal of Wage and latements, filed for the calendar year ending with or within the year covered is return	2a	164			
b	If at le	ast one is reported on line 2a, did the organization file all required federal emp f the sum of lines 1a and 2a is greater than 250, you may be required to e-file	loym	ent tax returns?	2b	Yes	
3a	Did the	e organization have unrelated business gross income of \$1,000 or more during	the	year [,]	3a	Yes	
b	If "Yes	," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	n in S	Schedule O	3b	Yes	
4a	over, a	time during the calendar year, did the organization have an interest in, or a significant in a foreign country (such as a bank account, securities account)?			4a		No
b		s," enter the name of the foreign country ►_ structions for filing requirements for FinCEN Form 114, Report of Foreign Bank)	and	Financial Accounts			
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did any	y taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
С	If"Yes	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10		·	5c 6a	Yes	
b	If"Yes	zation solicit any contributions that were not tax deductible as charitable conti s," did the organization include with every solicitation an express statement th ot tax deductible?	at su	ch contributions or gifts	6b	Yes	
7		izations that may receive deductible contributions under section 170(c).				1 03	
	Did the	e organization receive a payment in excess of \$75 made partly as a contribution is provided to the payor?		d partly for goods and	7a		No
b	If"Yes	s ," did the organization notify the donor of the value of the goods or services pr	ovide	ed?	7b		
	file For	e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	٠.		7 c		No
d	If "Yes	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a po	erson	al benefit contract?	7e		
f	Did the	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		
g	If the crequire	organization received a contribution of qualified intellectual property, did the or ed?	rganız • •	ration file Form 8899 as	7 g		
h	Form 1	organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		
8	Did a d	oring organizations maintaining donor advised funds. Ionor advised fund maintained by the sponsoring organization have excess bus the year?	ines:	s holdings at any time	8		
9a	Did the	e sponsoring organization make any taxable distributions under section 4966?			9 a		
b	Did the	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson ⁷	9b		
10	Section	n 501(c)(7) organizations. Enter					
			10a				
b	Gross facilitie		10b				
11		n 501(c)(12) organizations. Enter	, 1				
		F	11a				
D		income from other sources (Do not net amounts due or paid to other sources t amounts due or received from them)	11b				
		n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
	year	L	12b				
13	Section	n 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N o onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states the organization is licensed to issue qualified health plans	13b				
c	Entert	the amount of reserves on hand	13 c				
14a	Did the	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Yes	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> t	tion ir	Schedule O	14b		

orm	990 (2	2015)					Page (
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S			or 10)b belo	w,
		Check if Schedule O contains a response or note to any line in this Part VI				<u> </u>	🗸
Se	ction	A. Governing Body and Management					
						Yes	No
1a	Enter year	the number of voting members of the governing body at the end of the tax	1a	13			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee nilar committee, explain in Schedule O					
b		the number of voting members included in line 1a, above, who are endent	1b	12			
2		ny officer, director, trustee, or key employee have a family relationship or a bus officer, director, trustee, or key employee?			2	Yes	
3		ie organization delegate control over management duties customarily performe vision of officers, directors or trustees, or key employees to a management coi			3		No
4	Did th	e organization make any significant changes to its governing documents since		rior Form 990 was	4		No
5	Did th	ie organization become aware during the year of a significant diversion of the oi	ganız	ation's assets?	5		No
6	Did th	e organization have members or stockholders?			6		No
7a		ne organization have members, stockholders, or other persons who had the pow members of the governing body?			7a		No
b		ny governance decisions of the organization reserved to (or subject to approva sons other than the governing body?			7b		No
8		ie organization contemporaneously document the meetings held or written actions the following	ons ur	ndertaken during the			
а	The go	overning body?			8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?			8b		No
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A , Ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction	B. Policies (This Section B requests information about policies not	requi	red by the Internal R	even	ue Cod	e.)
						Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?			10 a		No
b		s," did the organization have written policies and procedures governing the act tes, and branches to ensure their operations are consistent with the organization			10b		
11a	Has th	he organization provided a complete copy of this Form 990 to all members of it rm?	s gov	erning body before filing	11a		No
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13 .			12 a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annuall o conflicts?			12b		No
С		e organization regularly and consistently monitor and enforce compliance with edule O how this was done			12c		No
13	Did th	ne organization have a written whistleblower policy?			13		No
14	Did th	e organization have a written document retention and destruction policy? .			14		No
15		e process for determining compensation of the following persons include a revi endent persons, comparability data, and contemporaneous substantiation of th					
а	The o	rganization's CEO, Executive Director, or top management official			15a		No
b	Other	officers or key employees of the organization			15b		No
	If"Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		e organization invest in, contribute assets to, or participate in a joint venture of the organization invest in, contribute assets to, or participate in a joint venture of the organization in the organization is a second contribute assets to a second contribute assets as a second contribute asset as a second contribute as a		_	16 a		No
b	If "Ye partic	s," did the organization follow a written policy or procedure requiring the organi ipation in joint venture arrangements under applicable federal tax law, and take ization's exempt status with respect to such arrangements?	zatioi e step	n to evaluate its s to safeguard the	16h		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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 made these available. Check all that apply
 - Own website Another's website Vpon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records
 ►MAURICE GLADHILL 797 EAST PATRICK STREET FREDERICK, MD 21701 (301) 663-5895

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than son is	one bot	not bo: h ar or/tr	chec , unle n offic rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Officer Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) JR RAMSBURG JR	3 00							2.000			
DIRECTOR	1 00	×						3,000	0	0	
(2) JAMES GRIMES	10 00										
DIRECTOR	5 00	×						3,000	0	0	
(3) MAURICE GLADHILL	7 00										
TREASURER	3 00	×		X				3,000	0	0	
(4) BOB FRANK	6 00										
SECRETARY	1 00	×		X				3,000	0	0	
(5) JACQUI KREH	6 00										
DIRECTOR		×						3,000	0	0	
(6) JOHN BARE	6 00										
DIRECTOR	2 00	×						3,000	0	0	
(7) CHARLES CRAMER DIRECTOR	5 00	х						3,000	0	0	
(8) CLYDE CRUM DIRECTOR	4 00	x						3,000	0	0	
(9) COLBY HUBBLE	1 00										
VICE-PRESIDENT	1 00	×		X				3,000	0	0	
(10) JOE DEVILBISS SR	15 00	l		l							
PRESIDENT	10 00	×		X				3,000	0	0	
(11) NANCY FREE KELLER DIRECTOR	2 00	х						3,000	0	0	
(12) NANCY HENDRICKS DIRECTOR	10 00	х						3,000	0	0	
(13) JOHN MURPHY DIRECTOR	4 00	x						3,000	0	0	
(14) KAREN CRUM	45 00										
EXECUTIVE ASSISTANT	1 50			Х				48,375	0	5,368	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer employ or cline with the control of the cont					Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	ner .			organizations
1b Sub-Total						•				•
c Total from continuation sheet		ection A	٠.			. ▶[
d Total (add lines 1b and 1c)								87,375	0	5,368

- **2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright 0$
- Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . 3 Νo For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Νo Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SECOND MOUSE INC	ENTERTAINMENT	140,000
365 HIGH BRIDGE CHASE ALPHARETTA, GA 30022		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

orm 99		15)						Page S
Part V	/##1	Statement o						_
		Check if Schedi	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
Grants Amounts	c	Fundraising eve	ents 1c					
ifts. ar ⊿	d	Related organiz	rations 1d	20,000				
ons, Gifts, Grants Similar Amounts	e	Government grants	s (contributions) 1e	131,978				
Contributions, Gifts, and Other Similar A	f	All other contribution	ons, gifts, grants, and 1f ot included above	182,986				
tributio Other	g	Noncash contribution	ons included in lines	56,414		İ		
Cont and	h	Total. Add lines	s 1a-1f		334,964			
ı,				Business Code				
nu-	2a	GROSS RECEIPTS-	FAIR	713990	2,398,829	2,398,829		
₹ •	Ь	ADVERTISING INCO	OME	541800	2,500		2,500	
Ace	C							
Ser	d							
Program Service Revenue	e f	All other progra	am service revenue					
δoŁ	_				2 404 320			
	g 3		s 2a-2f ome (including dividence		2,401,329			
		and other simila	aramounts)	•				
	4		tment of tax-exempt bond p	· · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	366,578	(II) I CISOIIII				
	ь	Less rental expenses	0					
	c	Rental income	366,578					
	d	or (loss) Net rental incoi	me or (loss)		366,578			366,578
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gain or (los	s)					
Other Revenue	8a		luding reported on line 1c)					
er F		See Part IV, lin	a l					
O C			penses b					
	9a	Gross income f	(loss) from fundraising e rom gaming activities le 19	events ▶				
	١.		a					
	l		penses b [(loss) from gaming activ	vities				
				*				
	10a	Gross sales of returns and allo	owances .	8,306				
	h	Less cost of g	a l	· ·				
	l	_	oods sold . . b [(loss) from sales of inve	10,364 entory . •	-2,058			-2,058
		Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11a	MISCELLANEC	DUSINCOME	900099	1,783	1,783		
	ь							
	С							
	d	All other reven	L					
	e	Total. Add lines	s 11a-11d	•	1,783			
	12	Total revenue.	See Instructions		3,102,596	2,400,612	2,500	364,520

orm	990 (2015)				Page 10
Part	t IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	nplete column (A)	
	Check if Schedule O contains a response or note to any line in t √	this Part IX			
	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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	122,716			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	·			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	94,672			
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	448,674			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,002			
9	Other employee benefits	31,689			
10	Payroll taxes	39,476			
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,568			
C	Accounting	45,008			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,622			
12	Advertising and promotion	91,217			
13	Office expenses	5,137			
14	Information technology				
15	Royalties				
16	Occupancy	102,000			
17	Travel	9,655			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	41,109			
20 21	Interest	41,109			
22	Depreciation, depletion, and amortization	131,279			
23	Insurance	54,093			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	3 1,033			
а	ATTRACTIONS AND ENT	640,506			
b	REPAIRS AND MAINTENANCE	227,571			· · ·
c	UTILITIES	165,343			
d	SECURITY	92,739			
е	All other expenses	558,515			
25	Total functional expenses. Add lines 1 through 24e	2,913,591			
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 9	90 (2015)					Page 11	
Part	t X	Balance Sheet						
		Check if Schedule O contains a response or note to any lii	ne in thi	s Part X			· · · · <u>· · </u>	
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			31,151	1	36,721	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			86,496	4	77,185	
	5	Loans and other receivables from current and former offices when the series of the ser						
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst						
\$8 (_	Notes and leave recovering make				7		
A	7 8	Notes and loans receivable, net			8.657	8	11.885	
	9	Inventories for sale or use			10,025	9	9,257	
	_	Prepaid expenses and deferred charges	 I	 I	10,023	9	9,237	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,216,456				
	b	Less accumulated depreciation	10b	1,688,483	1,649,408	10 c	1,527,973	
	11	Investments—publicly traded securities	—publicly traded securities					
	12	Investments—other securities See Part IV, line 11 $$.	nvestments—other securities See Part IV, line 11					
	13	Investments—program-related See Part IV, line 11 .				13		

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1,663,021

74,355

51,838

400,000

288,429

814,622

848,399

848,399

1,663,021

Form 990 (2015)

1,785,737

90,637

57,491

733,000

245,215

1,126,343

659,394

659,394

1,785,737

14

15

16

17

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Net Assets or Fund Balances

Intangible assets

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets

Grants payable .

Deferred revenue .

Other assets See Part IV, line 11

Accounts payable and accrued expenses

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Permanently restricted net assets .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright $\sqrt{}$ and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Liabilities	

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

c If "Yes," to line 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Both consolidated and separate basis

2b

2c

3a

3b

Νo

Nο

Form 990 (2015)

basis, consolidated basis, or both Separate basis Consolidated basis

Separate basis

Schedule O

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Consolidated basis

SCHEDULE D

(Form 990)

Treasury

Department of the

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493069011007

Open to Public **Inspection**

Interr	nal Revenue Service	` '			Ziiopeddioii
Na	me of the organization Great Frederick Fair Inc			Emplo	oyer identification number
	. Great Frederick Fall Inc			52-0	915839
Pa	rt I Organizations Maintaining Dono				
	Complete if the organization answer	ed "Yes" on Form 990	, Part IV, line 6.		
		(a) Donor advised fund	ds	(b)	unds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			or advis	ed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or do	onor advisor, or for an	y other	☐ Yes ☐ No
	rt II Conservation Easements. Comple			<u>ı Form</u>	1 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	= .	l that apply)		
	Preservation of land for public use (e.g., recreducation)	reation or F	 Preservation of an	histori	cally important land area
	Protection of natural habitat	Г			historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserva	ation contribution in th	ne form	of a conservation
			[Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme	ents		2b	
С	Number of conservation easements on a certified		` '	2 c	
d	Number of conservation easements included in (historic structure listed in the Na tional Register	c) acquired after 8/17/06	6 , and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extin	guished, or terminated	d by the	e organization during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is loc	ated >		
5	Does the organization have a written policy regard violations, and enforcement of the conservation of	rding the periodic monito easements it holds?	ring, inspection, hand	ling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year •	inspecting, handling of v	iolations, and enforcir	ıg cons	ervation easements during the
7	A mount of expenses incurred in monitoring, insper	ecting, handling of violat	ions, and enforcing co	nserva	tion easements during the year
8	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the	e requirements of sect	:ion 17(0 (h)(4) Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the or			
Par	Complete of the organization answer			r Oth	er Similar Assets.
1 a	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	r assets held for public e	xhibition, education, o	r resea	rch in furtherance of public
b	If the organization elected, as permitted under Si works of art, historical treasures, or other similar	•	•		

Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

▶ \$ __

Par	Organizations Main (continued)	ntaining	Collections of Art	, Historica	Treas	sures, or (Other Similar As	ssets		
3	Using the organization's acquis collection items (check all that		ession, and other recor	ds, check any	of the fo	ollowing that	are a significant use	e of its		
а	Public exhibition			d ∟ ∟	oan or e	xchange pro	grams			
b	Scholarly research e Other									
C	Preservation for future ge	nerations								
4	Provide a description of the org	ganization [,]	s collections and expla	ın how they fu	rther the	e organizatioi	n's exempt purpose	ın		
5	During the year, did the organizassets to be sold to raise funds							. □ No		
Pai	rt IV Escrow and Custoc Complete if the orga	lial Arra	ngements.	·			,	<u>'</u>		
1a	Part X, line 21. Is the organization an agent, tr included on Form 990, Part X?	ustee, cus	stodian or other interme	diary for cont	rıbutıons	s or other ass	sets not Yes			
ь	If "Yes," explain the arrange	ement in P	art XIII and complete t	he following ta	ble		Amo	ount		
c	Beginning balance	one mil				10				
d	Additions during the year					1d				
e	Distributions during the year	-				1e				
f	Ending balance					1f				
2a	Did the organization include an	amount o	n Form 990, Part X, line	e 21, for escro	ow or cus			No		
b	If "Yes," explain the arrangeme						·			
	art V Endowment Funds							<u> </u>		
		· compre	(a)Current year	(b)Pnor year			(d)Three years back	(e)Four years back		
1a	Beginning of year balance .									
b	Contributions									
c	Net investment earnings, gain losses	s, and								
d	Grants or scholarships									
е	Other expenditures for facilities and programs	es								
f	Administrative expenses .									
g	End of year balance									
2	Provide the estimated percenta	age of the	current year and halan	e (line 1a.co	lump (a)	ı) held ac				
	•	-	current year end barant	e (iiile 19, co	iuiiiii (a)) lielu as				
a	Board designated or quasi-end	owment >								
b	Permanent endowment ▶									
С	Temporarily restricted endowm The percentages on lines 2a, 2		should equal 100%							
3a	Are there endowment funds not organization by	in the po	ssession of the organiz	ation that are	held and	l administere	d for the	Yes No		
	(i) unrelated organizations .					•	3a			
b	(ii) related organizations . If "Yes" on 3a(ii), are the relate			 d on Schedule	R? .		3a(
4	Describe in Part XIII the inten	ded uses	of the organization's en	dowment fund:	5					
Pai	rt VI Land, Buildings, ar			-m 000 Dar	- T\/ .lun	0 110 500	Form 000 Dart V	line 10		
	Complete if the orga Description of prop		answered Yes to Fo	(a) Cost or othe		(b) Cost or other ba	Accumulated	(d)Book value		
_				(investme		(other)	1			
	Land									
	Buildings			•				1		
	Leasehold improvements					2,774,9				
d	Equipment					273,3	14 157,103	116,211		

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

45,326

1,527,973

122,853

168,179

Part VII	Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the orga	nızatıon answered 'Ye	es' on Form 990, Part IV, line 11b
	(a) Description of security or category (including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market value
	al derivatives -held equity interests			
(3)0 ther	-neid equity interests			
	mn (b) must equal Form 990, Part X, col (B) line 12			
Part VIII	Investments—Program Related Complete if the organization answe	red 'Yes' on Form 99	0, Part IV, line 11c.s	ee Form 990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				Cost of end-of-year market value
	onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization		Form 990, Part IV, line	
		escription		(b) Book value
	ımn (b) must equal Form 990, Part X, col (B) lıı			
Part X	Other Liabilities. Complete if the of See Form 990, Part X, line 25.	organization answere	d 'Yes' on Form 990,	Part IV, line 11e or 11f.
1.	(a) Description of liability	(b) Book value	!	
Federal inc	ome taxes			
401(K) PA	YABLE	4,	780	
N/P-AG SC		283,		
N/F-AG SC	JCIL I I	203,	349	
			<u> </u>	
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 25)	▶ 288,	129	
2. Liability organizatio	for uncertain tax positions In Part XIII, proin's liability for uncertain tax positions unde	ovide the text of the foo or FIN 48 (ASC 740) C	cnote to the organization neck here if the text of the	''s financial statements that reports th he footnote has been provided in Part

1

2

а

1

b	Donated services and use of f	acılıtıes 2b		
c	Recoveries of prior year grant	s 2 c		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 99	00, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line 12)	5	
Part		xpenses per Audited Financial Statements With Expenses	s per	Return.
		nization answered 'Yes' on Form 990, Part IV, line 12a.		Г
1	·	er audited financial statements	1	
2		ut not on Form 990, Part IX, line 25		
а	Donated services and use of f	acılıtıes		
b	Prior year adjustments	<u>2</u> b		
C	Other losses	<u>2</u> c		
d	Other (Describe in Part XIII))		
e	Add lines 2a through 2d		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	A mounts included on Form 99	00, Part IX, line 25, but not on line 1:		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)) 4b		
c	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	5	
	XIII Supplemental Inf			
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2l, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		
Part X	, Line 2	The Organization has adopted the provisions of FASB ASC 740, Income requirements of uncertain income tax provisions as required by generally principles, with no cumulative effect adjustment required. Income tax bei income tax positions taken or expected to be taken in a tax return, only vincome tax position will more-likely-than-not be sustained upon examination to Organization believes that income tax filing positions will be sustain does not anticipate any adjustments that would result in a material adversignment of Organization's financial condition, results of operations, or cash flows. A has not recorded any reserves or related accruals for interest and penalt	vacce nefits when it ition b ed upo rse affi ccordi ies for	pted accounting are recognized for the state of the state
		positions at October 31, 2016 or 2015. The Organization is subject to r jurisdictions, however, there are currently no audits for any tax periods in		
		believes it is no longer subject to income tax examinations for years prior		
			Sche	dule D (Form 990) 2015

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organization

Department of the
Treasury
Internal Revenue Service

Information about Schedule

Name of the organization

The Great Frederick Fair Inc

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493069011007

Open to Public Inspection

Employer identification number

52-0915839

						32 0313033	
Part I General Information	n on Grants an	d Assistance					
 Does the organization maintain r the selection criteria used to awa Describe in Part IV the organiza 	ard the grants or a	ssistance?				stance, and	√ Yes N
Part II Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on F	form 990, Part IV, line 2	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 50 3 Enter total number of other organ For Paperwork Reduction Act Notice, see	nızatıons lısted ın t	the line 1 table				<u> ▶ _</u>	le I (Form 990) 2015

Schedule I (Form 990) 2015

Page **2**

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EXHIBITOR PREMIUMS	2137	122,716			

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Explanation Return Reference Part I, Line 2 THE GREAT FREDERICK FAIR OFFERS A VARIETY OF COMPETITIVE EVENTS TO EXHIBITORS SUCH AS LIVESTOCK, HOUSELHOLD, FARM &GARDEN, POULTRY AND HARNESS RACING EXHIBITORS SIGN-UP FOR THEIR ENTRIES ONLINE DURING THE MONTHS OF JUNE, JULY AND AUGUST, PRIOR TO THE START OF THE GREAT FREDERICK FAIR CUT-OFF FOR THE ONLINE ENTRIES IS MID-AUGUST JUDGING OCCURS

THE WEEK PRIOR AND DURING THE GREAT FREDERICK FAIR EACH EVENT HAS SPECIFIC CRITERIA AN ENTRY MUST MEET FOR ITEMS DISPLAYED IN BUILDINGS, PREMIUMS ARE GIVEN TO 1ST THROUGH 5TH PLACE FINISHERS FOR LIVESTOCK ENTRIES, PREMIUMS ARE GIVEN TO 1ST THROUGH 10TH PLACE FINISHERS IN ADDITION, THERE ARE OVERALL PREMIUMS FOR CHAMPION AND BEST OF SHOW efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule L

(Form 990 or 990-EZ)

DLN: 93493069011007

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue S		information a		dule L (Form	990 or Form 99 990 or 990-EZ <u>ov/form990</u> .	90-EZ. !) and its instru	ctions	s is at			en to P nspect	
Name of the o	rganization						Er	nploye	r identi	ficatio	n numbe	r
	nek i ali ine						5.	2-091	5839			
	cess Benefit Tr										40h	
	nplete if the organiz me of disqualified p					ified person and			cription			rected?
				. 0	rganization			tran	saction		Yes	No
2 Enter the	amount of tax incl	ırred by orga	nızatıon ma	nagers or di	squalified pers	sons during the	year	under	section			
									> \$			
3 Enter the	amount of tax, If a	ny, on line 2	, above, reii	mbursed by t	he organizatio	on	•		> \$			
С	oans to and/o omplete if the orga rganization reporte (b) Relationship	nization ans d an amount	wered "Yes	" on Form 99 90, Part X, Iir		, line 38a, or Fo		90, Pai	rt IV, lır		or If the	ritten
interested person	with organization	Purpose of loan	or from th organizatio		principal amount	due	defa	default? A pproved by board or committee?		ard or	d or	
			То	From			Yes	No	Yes	No	Yes	No
Total		<u></u> \$										
	rants or Assist omplete if the or					rt IV line 27						
(a) Name of pers	finterested (b)	Relationshi erested pers organiza	p between on and the		t of assistance			ıstanc	e (e)	Purpo	se of ass	sistance
		-										
· · · · · · · · · · · · · · · · · · ·												

Return Reference

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
(1) KAREN CRUM	GRANDAUGHTER OF BOD	55,672	SALARY		No
Part V Supplemental Informat					

Explanation

SCHEDULE M

(Form 990)

Department of the Treasury

DLN: 93493069011007

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open to Public

2015

OMB No 1545-0047

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Internal Revenue Service

Inspection

	ne of the organization Great Frederick Fair Inc				Employer identificat	ion nu	mber	
iie	dreat Frederick Fair Inc				52-0915839			
P	Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	letermır		ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	Other ► ()	See Additional Data						
26	Other ▶ ()				+			
	Other ▶ ()							
	Other ► ()							
	Number of Forms 8283 received for which the organization comple				29			
	-						Yes	No
30a	During the year, did the organization it must hold for at least three year.				- '			
	·			acion, una mineri is noc requ	nea to be asea		ŀ	1
ı	for exempt purposes for the enti for If "Yes," describe the arrangem	٠.				30a		No
31	Does the organization have a gi	t acceptant	ce policy that requires the i	review of any non-standard	contributions?	31	Ì	No

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions? . . .

b If "Yes," describe in Part II

describe in Part II

32a

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

Additional Data

Software ID: Software Version:

EIN: 52-0915839

Name: The Great Frederick Fair Inc

Part I, Types of Property, Lines 25-28

В	(a) Check If applicable	items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other►(UTVS&PASSENGER CARTS)	Х	7	15,050	FMV
Other►(HOTEL ROOMS)	X	8	10,500	FMV
Other ► (TENTS & EVENT SUPPLIES)	Х	85	9,500	FMV
Other►(ALL IN ONES AND LAPTOPS)	Х	12	4,992	FMV
Other►(BLEACHERS)	X	18	3,500	FMV
Other▶(YARDS OF MULCH)	Х	120	2,900	FMV
Other▶(LIVESTOCK PENS)	X	4	2,572	FMV
Other▶(STORE COUPONS)	Х	1,500	1,500	FMV
Other▶(SHEDS)	Х	4	1,500	FMV
Other ► (GATOR RENTAL)	Х	1	1,500	FMV

Property, Lines 25-28

(a) (b) (c) (d)

Check Number of Noncash Method of contributions contribution amounts noncash

Part I, Types of

MEALS)

Other►(RENTAL VANS)

Other ▶ (

PHOTO CART) Other ► (

OUTDOORS TVS)

	IT.	contributions	contribution	aetermining
	applicable	oritems	amounts	noncash
		contributed	reported on	contribution
			Form 990,	amounts
			Part VIII,	
			line 1g	
Other ▶ (Х	150	1,500	FMV

600 FMV

400 FMV

400 FMV

Х

Х

Х

SCHEDULE O	Sı	pplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue		omplete 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. ormation about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2015 Open to Public Inspection
Service			
Name of the organization The Great Frederick Fair Inc		Employer ident	tification number
		52-0915839	
990 Schedule O, S	upplement	al Information	
Return Refer			
Form 990 Part VI Sec	tion A line 2	KAREN CRUM EXECUTIVE ASSISTANT HAS A FAMILY RELATIONSHIP WITH CL'	Y DE CRUM DIRECTOR

THE VARIOUS COMMITTEES DO NOT KEEP WRITTEN MINUTES

DLN: 93493069011007

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Form 990, Part VI, Section A, line 8b

990 Schedule O, Supplemental Information

Return Reference

Section C. line 19

	· ·
' '	AT PRESENT, THE TREASURER REVIEWS THE FEDERAL FORM 990, AND 990-T IF APPLICABLE, PRIOR TO SUBMISSION TO THE IRS THE BOARD OF DIRECTORS MAY MODIFY THIS PROCESS IN THE FUTURE
Form 990, Part VI,	GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Explanation

990 Schedule O, Supplemental Information

Return

Reference	
Form 990,	SPONSORSHIP EXPENSES 86,293 SUPPLIES 84,810 EQUIPMENT RENTAL 52,686 REFUSE REMOVAL 51,721 COMMISSIONS
Part IX, line	42,280 CREDIT CARD AND ETIX FEES 42,245 ELECTRICAL SERVICES 38,013 TENT RENTAL 35,057 PARKING 34,524
24e	RACING 22,863 MEALS AND ENTERTAINMENT 8,769 RESTROOM ATTENDANTS 7,850 POSTAGE AND SHIPPING 7,285
	CATALOG 7,226 TELEPHONE 7,065 MISCELLANEOUS 6,828 HOUSE TRAILER PUMPING 5,175 PRINTING 4,481 FIRE AND
	RESCUE 3,500 TICKETS/PASSES 2,812 GRANDSTAND CLEANING 2,500 DUES AND SUBSCRIPTIONS 1,998 AFTERNOON
	GRANDSTAND ENT 1,295 BANK FEES 629 RETURNED CHECKS 310 CONTRIBUTIONS 300
	RESCUE 3,500 TICKETS/PASSES 2,812 GRANDSTAND CLEANING 2,500 DUES AND SUBSCRIPTIONS 1,998 AFTERNOON

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Related Or.

DLN: 93493069011007OMB No 1545-0047

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Name of the organization The Great Frederick Fair Inc					identificatio	n number		
Part I Identification of Disregarded Entities Compl	ete if the organization	answered "Yes" or	n Form 990, P	52-09158 art IV, line 33.	339			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct	(f) controlling intity		
Part II Identification of Related Tax-Exempt Organi		he organization an	swered "Yes"	on Form 990, Pa	art IV, line	34 because it	had one	e
or more related tax-exempt organizations during t (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ction Public charity (if section 501		(f) Direct controlling entity	Section (13) co	512(b) ontrolled city?
(1)FREDERICK COUNTY AGRICULTURE SOCIETY PO BOX 604 FREDERICK, MD 217050604 52-0318921	RENTAL OF DEBT- FINANCED PROPERTY	MD	501(c)(5)					No

Part III	Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Pa	rt IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or I managing partner?		General or managing partner?		(k) Percentage ownership								
]			Yes	No]	Yes	No													
									1															
Day IV. Identification of Polated Organizations Tayable s		!	T	ط د ک ر محمامت				111/001		00 5) 1	TV luna												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
·									

Part V	Transactions With Related Organization	s Complete if the organization answered	i "Yes" on Form 990, Part IV, line 34, 35b, or 36	5.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
	Gift, grant, or capital contribution from related organization(s)	1 c	Yes	
	Loans or loan guarantees to or for related organization(s)	1d		No
	Loans or loan guarantees by related organization(s)	1e	Yes	
_				
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)FREDERICK COUNTY AGRICULTURAL SOCIETY INC	С	20,000	FMV
(2)FREDERICK COUNTY AGRICULTURAL SOCIETY INC	Q	1,000	AGREEMENT
(3)FREDERICK COUNTY AGRICULTURAL SOCIETY INC	R	14,270	AGREEMENT
(4)FREDERICK COUNTY AGRICULTURAL SOCIETY INC	К	102,000	AGREEMENT
(5)FREDERICK COUNTY AGRICULTURAL SOCIETY INC	Е	283,649	FMV

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions r				ment	partnerships																										
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)																		section 501(c)(3) organizations?				(f) (g) Share of otal end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No																			
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