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Form **990** 

Department of the

## **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.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2019

DLN: 93493321243860 OMB No. 1545-0047

Open to Public Inspection

		enue Service								
			calendar year, or tax year i	peginning 01-01-2019 , and en	ding 12-3	31-2019				
B Check if applicable:  ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending			ORANGE COUNTY FAIR ASSOCIATION INC					D Employer identification number 51-0161503		
			Doing business as							
			Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O BOX 1008				E Telephon	ie niimber		
							L Telephon			
			City or town, state or province, country, and ZIP or foreign postal code ORANGE, VA 22960				<b>G</b> Gross re	<b>G</b> Gross receipts \$ 150,710		
			F Name and address of principal officer:			H(a) Is	this a group re			
							subordinates? Yes No			
I Tax-exempt status:							re all subordinat icluded?	.es	☐ Yes ☐No	
			✓ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527				If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶			
J W	ebsit	te:▶ PD	REWTAYLOR@AOL.COM			"(c) G	roup exemption	number	•	
<b>K</b> Forr	n of o	rganizatior	n: 🗹 Corporation 🗌 Trust 🗀	Association ☐ Other ►		<b>L</b> Year of	formation: 1980	M State	of legal domicile: VA	
Pa	art I	Sum	nmary							
		1 Briefly describe the organization's mission or most significant activities:								
ce	PROMOTION AND PRODUCTION OF ANNUAL COUNTY FAIR									
Tan Tan										
Governance	<u> </u>									
<u>G</u>		Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)								
	4	Number	Number of independent voting members of the governing body (Part VI, line 1b)					4	12	
Œ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)						5	0	
Activities &	6	Total number of volunteers (estimate if necessary)						6		
ĕ	l		Total unrelated business revenue from Part VIII, column (C), line 12					7a	0	
	b	Net unre					<u> </u>		0	
Ravenue	_	0					Prior Year		Current Year	
	l		Contributions and grants (Part VIII, line 1h)						150.710	
	l	Program service revenue (Part VIII, line 2g)							150,710	
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							0	
	l	2 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							150,710	
Net Assets or Expenses Fund Balances	_	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )							2,050	
	14	Benefits	Benefits paid to or for members (Part IX, column (A), line 4)						0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)							0	
	<b>16</b> a	Professional fundraising fees (Part IX, column (A), line 11e)							0	
	l		Total fundraising expenses (Part IX, column (D), line 25) ▶0							
	l	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)							107,415	
	l	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)						109,465		
	19	Revenue	Revenue less expenses. Subtract line 18 from line 12			Regin	ning of Current Y	ear	41,245 End of Year	
							illing of our one i			
	20	Total ass	Total assets (Part X, line 16)				771,440		806,411	
E E	l	Total liabilities (Part X, line 26)						32,000 25,72		
		Net assets or fund balances. Subtract line 21 from line 20					739,4	140	780,685	
	rt II r pen		nature Block periury. I declare that I have	examined this return, including acco	ompanvino	a schedules	and statements	s. and to	the best of my	
know	ledge	and beli		plete. Declaration of preparer (othe						
any k	nowie	eage.								
		****** Signature of officer					2020-11-15			
Sign		Signa	Signature of officer Date							
Here	•		D LOHR DIR Type or print name and title							
			Print/Type preparer's name	Preparer's signature		Date		PTIN		
Paid Preparei Use Only			y 17pe preparer a name	Troparer a signature		2020-11- <b>1</b> 6		200817010	)	
		er	Firm's name  Main Street Acco	unting Services Inc			Firm's EIN ▶ 46-	4407326		
		F	Firm's address > DO Boy 496				Phone no (E40)			
							Phone no. (540)	0/2-4/20		
	:		Orange, VA 229					[. al		
			s this return with the preparer eduction Act Notice, see the	shown above? (see instructions)	• • •		• • • • No. 11282Y	<u>~</u> Y	<b>'es □ No</b> Form <b>990</b> (2019)	
	ahei	WOLK INC		parace monacuomo		Cat. I	10. IIZOZĪ		101111 <b>330</b> (2019)	