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.

2023 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

<u> </u>	For the	2023 calendar year, or tax year beginning 11/01/23, and ending	g <u>10/31/</u>			
В	Check if app	olicable: C Name of organization			D Employer	identification number
	Address cha	ange NEWAYGO COUNTY FAIR ASSOCI	ATION			
\exists	Name chan	Doing business as				071118
=	Ivallie Clian	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone	
	Initial return				231-	924-4450
	Final returnated	City or town, state or province, country, and ZIP or foreign postal code				
1	Amended re	FREMONT MI 49412			G Gross rece	eipts\$ 1,108,393
	Amended is	F Name and address of principal officer		H(a) Is this a grou	n raturn for a	ubordinates? Yes X No
	Application	pending MATT KEMPF		ri(a) is this a grou	pretuititor st	
		7230 HOLTON DUCKLAKE ROAD		H(b) Are all subo	rdinates inclu	uded? Yes No
		HOLTON MI 49425		If "No,"	attach a list.	See instructions
1	Tax-exemp	pt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527			
	Website:	NEWAYGOCOUNTYFAIR.ORG		H(c) Group exem	ption numbe	r
<u></u> К	Form of org		T _L	Year of formation:		M State of legal domicile:
	art I	Summary				
3333.52		riefly describe the organization's mission or most significant activities:			·········	
	'	MO COMPTON AN ADDITE HATE				
ည	· · ·	TO CONDUCT AN ANNUAL FAIR				
Governance						
ver						
9	1	heck this box if the organization discontinued its operations or disposed	of more than 25%	% of its net assets	1 1	
۰ŏ						6
es		lumber of independent voting members of the governing body (Part VI, line 1b				31
Activities	5 T	otal number of individuals employed in calendar year 2023 (Part V, line 2a)			5	0
£	1	otal number of volunteers (estimate if necessary)			1 - 1	0
⋖		otal unrelated business revenue from Part VIII, column (C), line 12			7a	3,919
		let unrelated business taxable income from Form 990-T, Part I, line 11			7b	645
	D 1	let unrelated business taxable income from 1000 1, 1 art 1, into 11		Prior Yea		Current Year
	8.0	Contributions and grants (Part VIII, line 1h)		337	,963	82,627
Ē					,500	943,443
Revenue					38	6,973
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2.5	,146	46,164
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 1		6/1	.,647	1,079,207
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)				0
	14 B	Benefits paid to or for members (Part IX, column (A), line 4)				0
Ś	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)			0
Expenses	16aP	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)				0
bei	ЬТ	otal fundraising expenses (Part IX, column (D), line 25)	0			
Ж	17 C	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		351	718	1,009,564
	1	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			718	1,009,564
		Revenue less expenses. Subtract line 18 from line 12			,929	69,643
- 5	g is K	Acrenice less expenses. Subtract line to normality 12		Beginning of Curi		End of Year
ets c	20 T	otal assets (Part X, line 16)		2,274		2,334,146
ASS	21 T	Total Part Property (Part V. Bara 00)			0	0
Net Assets or	22 1	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20		2,274	,286	2,334,146
	Part II	Signature Block	* * * * * * * * * * * * * * * * * * *		-,	
		islaties of perjury, I declare that I have examined this return, including accompanying sch	adulas and states	and to the he	ot of my kr	nowledge and helief it is
tr	inder pen	latties of perjury, I declare that I have examined this return, including accompanying scr ict, and complete. Declaration of preparer (other than officer) is based on all information	edules and staten of which preparer	has any knowledge	e.	lowledge and belief, it is
	1.0, 00,10	The state of the s		,		
					Data	
Si	- 1	Signature of officer			Date	
He	ere		REASURER	·····		
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date	Check	if PTIN
Pa	id	STEVEN D. BURT		12/17,	/24 self-en	nployed P01011501
Pre	eparer	Firm's name OOSTING, BURT & ASSOCIATES	LLP	F	irm's EIN	38-2905475
Us	e Only	38 E SHERIDAN ST				
		Firm's address FREMONT, MI 49412		P	hone no.	231-924-0870
Ma	y the IR:	S discuss this return with the preparer shown above? See instructions				X Yes No

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1 Briefly describe the organization's mission:	
TO CONDUCT AN ANNUAL FAIR	
2 Did the organization undertake any significant program services during the year which were not listed on the	
	Yes X No
prior Form 990 or 990-EZ?	165 ZZ NO
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca	tions to others,
the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 942,973 including grants of \$)	(Revenue \$
DISPLAY OF AGRICULTURAL RELATED EXHIBITS BY YOUTH AND	
VOLUTH CHOMMANGUID OF ANIMALS	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
·	
4b (Code:) (Expenses \$ including grants of \$)	
	(Revenue \$)
NT / A	
N/A	
NT / A	
NT / A	
NT / A	
N/A	
N/A lc (Code:) (Expenses \$ including grants of \$)	
N/A	
N/A lc (Code:) (Expenses \$ including grants of \$)	
N/A Ac (Code:) (Expenses \$ including grants of \$)	
N/A Ac (Code:) (Expenses \$ including grants of \$)	
N/A lc (Code:) (Expenses \$ including grants of \$)	
N/A lc (Code:) (Expenses \$ including grants of \$)	
N/A lc (Code:) (Expenses \$ including grants of \$)	
N/A 4c (Code:) (Expenses \$ including grants of \$)	
N/A 4c (Code:) (Expenses \$ including grants of \$)	
N/A lc (Code:) (Expenses \$ including grants of \$)	
N/A 4c (Code:) (Expenses \$ including grants of \$)	
N/A 4c (Code:) (Expenses \$ including grants of \$)	
N/A 4c (Code:) (Expenses \$ including grants of \$) N/A	
N/A 4c (Code:) (Expenses \$ including grants of \$) N/A 4d Other program services (Describe on Schedule O.)	
N/A 4c (Code:) (Expenses \$ including grants of \$)	

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			ĺ
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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			ĺ
	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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			4,-
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۱.,		- v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	х	
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	116		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11c		х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		- 22
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
f	the organization's separate of consolidated infancial statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a		x
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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	ļ	<u> </u>
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	<u> </u>	X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	-
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	<u> </u>	<u> </u>

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23		x
240	employees? If "Yes," complete Schedule J	23		
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			İ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization mivest any proceeds or tax-exempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ü	to defease any tax-exempt honds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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?			ĺ
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		·	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			l
	persons? If "Yes," complete Schedule L, Part III	27	000000000000000000000000000000000000000	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	 	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in noncash contributions? If Yes, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required the minute, or dissolve and cease operations: " " res, complete consequence, it is not assets? If "Yes,"			
72	complete Schodule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	į.	x
	19? Note: All Form 990 filers are required to complete Schedule O. art V Statements Regarding Other IRS Filings and Tax Compliance	38	1	1 47
	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. []
	Chook is conceded a content of topolico of floto to diff site in the content site of the content	_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			T
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 1c	1	1

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	 ∌ O		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributing gifts were not tax deductible?	ons or		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?			. 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ot?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			. 7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	808888888	500000000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by t	the			
				8	80000000	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	140-	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100				
11	Section 501(c)(12) organizations. Enter:	1445	.1			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	11b				
40-	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	10000000000	*********
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-1				
a	the state of the s			13a		T
u	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which				1	
~	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand					
14a	The state of the s			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched	ule O			<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
	excess parachute payment(s) during the year?			15	3000000000	X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					1
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	10000000	
	If "Yes," complete Form 6069.					1

Form 990 (2023) NEWAYGO COUNTY FAIR ASSOCIATION 38-6071118 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 31 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? h Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

and financial statements available to the public during the tax year.

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

State the name, address, and telephone number of the person who possesses the organization's books and records.

11777 MCCLELLAND AVE MI 49327

231-924-4450

GRANT

CHARLIE MCKINLEY

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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. See the instructions for the order in which to list the persons above.

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(2) DAVID WESTENFELDER	(A) Name and title	(B) Average hours per week	(do box offi	o not o k, unle	Pos check ess pe	ition more rson i irecto	than or s both a r/truste	ne an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
DAVID WESTENFELDER		hours for related organizations below	ndividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	ormer	1099-MISC/	1099-MISC/	organization and
PRESIDENT 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(1) MATT KEMPF	0.00									
(2) DAVID WESTENFELDER	PRESIDENT				x				0	0	0
VICE PRES											
(3) KATELYNN SYTSMA	VICE PRES				x				0	0	0
SECRETARY	(3) KATELYNN SYTSMA										
(4) CHARLIE MCKINLEY	SECRETARY				x				0	o	0
TREASURER											
(5) BRENDA NELSON 0.00 ASSISTANT TREASURER 0.00 (6) CHRIS COOK 0.00 TRUSTEE 0.00 (7) (8) (9)	TREASURER				X				o	o	0
ASSISTANT TREASURER 0.00 X 0 0 C (6) CHRIS COOK 0.00 X 0 0 0 C (7)											
(6) CHRIS COOK 0.00 TRUSTEE 0.00 X 0 C (7) (8) (9)	ASSISTANT TREASURER				$ \mathbf{x} $				0	o	0
TRUSTEE											
(8) (9) (10)											
(9)		0.00	X		<u> </u>				0	0	0
(10)	(7)										
(10)		, ,									
(10)	(8)										
(10)											
	(9)										
(11)	(10)			 	ļ						
(11)											
	(11)										

Pai	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week	bo off	x, unle icer a	Pos check ess pe nd a c	erson	than d is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12)											
(13)											
(14)											
(15)											
(16)											
(17)											
(18)											
(19)											
1b c d	Subtotal Total from continuation she Total (add lines 1b and 1c) Total number of individuals (ir	ets to Part VII, \$	Sect	ion .	A	<i>.</i> .				\$100,000 of	
	reportable compensation from			0	11100				vo) who toocived more than		Yes No
3 4	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on lin organization and related organization	<i>" complete Sche</i> eee 1a, is the sum	dule of re	J fo.	r <i>suc</i> able	h ind	divida npen	<i>ual</i> sati	on and other compensation	from the	3 X
5	individual Did any person listed on line for services rendered to the o	la receive or acc	rue	com	 pens	atio	 n froi	 m a	ny unrelated organization o	r individual	5 X
Sect 1	ion B. Independent Contractor Complete this table for your fi		ens	ated	inde	nend	lent	con	tractors that received more	than \$100 000 of	
	compensation from the organ	ization. Report c (A) I business address	omp	ensa	ation	for t	he c	aler	ndar year ending with or with	nin the organization's tax y (B) otion of services	ear. (C) Compensation
	Name and	l bùsíness address	·						Descrip	tion of services	Compensation
		MACHINE CONTROL OF CON									

			·····		***						
2	Total number of independent received more than \$100,000								ose listed above) who	0	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Related or exempt (C) (D) Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1a Federated campaigns 430 **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, 82,197 and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g 82,627 h Total. Add lines 1a-1f **Business Code** 700,524 700,524 AUCTION Program Service Revenue 97,660 97,660 FAIR WEEK ENTERTAINMENT 71,268 71,268 COLD SHOW 55,601 55,601 PROGRAM SPONSORSHIPS 12,245 12,245 CAMPING 6,145 6,145 f All other program service revenue 943,443 g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 6,973 6,973 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 35,493 6a Gross rents 6a 29,186 **b** Less: rental expenses 6,307 c Rental inc. or (loss) 6c 6,307 3,919 2,388 Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Revenue Less: cost or other basis and sales exps. 7b c Gain or (loss) 7с d Net gain or (loss). 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 12,835 12,835 11a GENERAL FUND 9,325 9,325 ADVERTISING b 4,566 4,566 MISCELLANEOUS 13,131 13,131 d All other revenue Total. Add lines 11a-11d 39,857 1,079,207 983,300 3,919 9,361

Total revenue. See instructions

Form 990 (2023)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Do not include amounts reported on lines 6b, 7b, Total expenses Management and general expenses Fundraising Program service 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): a Management b Legal 935 467 468 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 1,179 1,179 (A) amount, list line 11g expenses on Schedule O.) 3,545 3,545 Advertising and promotion 12 8,575 6,946 1,629 Office expenses 13 Information technology 463 463 15 Royalties 21,434 27,248 5,814 16 Occupancy 2,200 2,200 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 608 608 Conferences, conventions, and meetings 19 3,500 3,500 20 Payments to affiliates 21 59,865 59,865 Depreciation, depletion, and amortization 22 12,519 12,519 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 634,655 634,655 AUCTION SALES EXPENSE COGS 98,359 98,359 35,005 35,004 REPAIRS & MAINTENANCE 70,009 17,993 17,993 EQUIPMENT RENTAL 59,856 67,911 8,055 e All other expenses 66,591 1,009,564 942,973 Total functional expenses. Add lines 1 through 24e 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)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 271,175 266,641 1 Cash—non-interest-bearing 1 202,509 23,777 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 2,397,940 basis. Complete Part VI of Schedule D 10a 1,805,136 2,039,194 b Less: accumulated depreciation 10b 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 2,334,146 2,274,286 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue _____ 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 26 Total liabilities. Add lines 17 through 25 ... Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,334,146 2,274,286 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 2,274,286 2,274,286 2,334,146 32 Total net assets or fund balances 32 2,334,146 Total liabilities and net assets/fund balances

Form **990** (2023)

Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

	990 (2023) NEWAYGO COUNTY FAIR ASSOCIATION 38-6071118			Pag	ge 12
۲a	rt XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		1,07	79.	
			1,00		
2	Total expenses (must equal Part IX, column (A), line 25)				$\frac{531}{643}$
3	Revenue less expenses. Subtract line 2 from line 1		2,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4,4	, , ,	200
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				702
9	Other changes in net assets or fund balances (explain on Schedule O)	9		- 9 ,	783
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	10	2,33	34.	146
ps	32, column (B)) Int XII Financial Statements and Reporting				
9000 9	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		

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

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 on Schedule O and describe any steps taken to undergo such audits

3a

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NEWAYGO COUNTY FAIR ASSOCIATION

Employer identification number

38-6071118 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (vi) Amount of (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization other support (see (described on lines 1-10 listed in your governing support (see organization instructions) document? instructions) above (see instructions)) No Yes (A) (B) (C) (D) (E) Total

Sche	dule A (Form 990) 2023 NEV	VAYGO COUN	TY FAIR A	ASSOCIATI		-6071118	Page 2
	Support Schedule for O (Complete only if you che Part III. If the organization	rganizations D cked the box or	escribed in Soline 5, 7, or 8	ections 170(b of Part I or if t)(1)(A)(iv) and he organization	failed to qualify	under
Sec	tion A. Public Support						
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support, Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the o		econd, third, four	th, or fifth tax yea	r as a section 501(c)(3)	ſ
	organization, check this box and stop he	re					
Sec	ction C. Computation of Public S						%
14	Public support percentage for 2023 (line			nn (t))		14	<u> </u>
45	Public cupport percentage from 2022 Sci	nedule A Part II lin	e 14			15	70

12	Gross receipts from related activities, etc. (see instructions)	12	
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)		
	organization, check this box and stop here		
Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	<u> %</u>
15	Public support percentage from 2022 Schedule A, Part II, line 14	15	<u> %</u>
16a	33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	,,,,,,,,,,,	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

<u></u>	if the organization falls to	quality under th	e lesis listeu bi	slow, please cc	implete rait ii.,		
	tion A. Public Support	(=) 2010	(b) 2020	(a) 2021	(d) 2022	(e) 2023	(f) Total
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(u) 2022	(e) 2023	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,316	51,542	891,597	337,963	82,627	1,386,045
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	49,804	155,743	248,823	334,483	983,300	1,772,153
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	72,120	207,285	1,140,420	672,446	1,065,927	3,158,198
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						3,158,198
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	72,120	207,285	1,140,420	672,446	1,065,927	3,158,198
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,757	1,781	1,529	1,975	10,069	17,111
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,757	1,781	1,529	1,975	10,069	17,111
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	7,956	9,697			2,919	20,572
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	81,833	218,763	1,141,949	674,421	1,078,915	3,195,881
14	First 5 years. If the Form 990 is for the o organization, check this box and stop he	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
Sac	ction C. Computation of Public S						
15	Public support percentage for 2023 (line			nn (fl)		15	98.82%
16	Public support percentage for 2023 (infection of the support percentage from 2022 Sch						98.29%
	ction D. Computation of Investme						
17	Investment income percentage for 2023 (3, column (f))		17	1%
18	Investment income percentage from 2022					ا مه ا	%_
19a		ganization did not o	heck the box on lir	ne 14, and line 15	is more than 33 1/3	3%, and line	
	17 is not more than 33 1/3%, check this b	oox and stop here .	The organization of	qualifies as a publi	cly supported orga	nization	X
b	33 1/3% support tests — 2022. If the or						
	line 18 is not more than 33 1/3%, check t						
20	Private foundation. If the organization d	id not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	

Schedule A (Form 990) 2023 Part IV Support

Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

- 1		
	Yes	No
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9a 9b 9c		
9a 9b 9c		

Par	Supporting Organizations (continued)		_
		Yes No	डकर
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	5551
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		
	provide detail in Part VI.	11c	_
Secti	on B. Type I Supporting Organizations	I Van I Na	
		Yes No	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	3000
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sect	on C. Type II Supporting Organizations		
		Yes No	3335
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	_	
Sect	ion D. All Type III Supporting Organizations	Yes No	
	the state of the state of the fifth month of the	165 140	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	cocce
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI		
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have		
•	a significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	
Sect	ion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	1S).	
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	structions).	
C		Yes No	
2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	-
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's		
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	0.	
	have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а		3a	2000
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	
	of its supported diganizations: it is too, describe in tast trade for prayer by the diganization in the region		

Schedul	e A (Form 990) 2023 NEWAYGO COUNTY FAIR ASSOCIA	TIO	N 38-6071	118 Page 6
Part	· · · · · · · · · · · · · · · · · · ·	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			
	instructions. All other Type III non-functionally integrated supporting organizations must	st com	plete Sections A through E	
Secti	on A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023 NEWAYGO COUNTY FA			<u>71</u>	118 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Secti	on D – Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purpo		1		
2	Amounts paid to perform activity that directly furthers exempt purpose				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide det	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organiz	ation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
****		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	S	Distributable
			Pre-2023	NASSONA.	Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023	_			
	From 2018	-			
<u>b</u>	From 2019	<u>- [</u>			
	From 2020				
d	From 2021				
<u>e</u>	From 2022				
	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			10001000	
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			00000000	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:		 		
a	Excess from 2019				
b	Excess from 2020	<u> </u>	ļ		
c	Excess from 2021				
d	Evenes from 2022		1		1

e Excess from 2023

Schedule A (Forr	n 990) 2023	NEWAYGO	COUNTY	FAIR	ASSOCIATIO	ON :	38-6071118	Page 8
Part VI	Supplemental II III, line 12; Part I' B. lines 1 and 2:	nformation. Pro V, Section A, line Part IV, Section V, line 1; Part V,	vide the expl es 1, 2, 3b, 3 C, line 1; Pal Section B, li	anations c, 4b, 4c rt IV, Sec ne 1e; Pa	required by Part , 5a, 6, 9a, 9b, 9 ction D, lines 2 a art V, Section D,	t II, line 10; l c, 11a, 11b, nd 3; Part I\ lines 5, 6, a	Part II, line 17a or and 11c; Part IV, /, Section E, lines and 8; and Part V, ctions.)	Section 1c, 2a, 2b,
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Employer identification number Name of the organization NEWAYGO COUNTY FAIR ASSOCIATION 38-6071118 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	dule D (Form 990) 2023 NEWAIGO				9-00/11		Page Z
Pa	rt III Organizations Maintainir	ng Collections of	Art, Historical 1	reasures, or	Other Sim	ilar Assets	(continued)
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other record	s, check any of the fo	ollowing that make	e significant us	se of its	
а	Public exhibition	d	Loan or exchange pr	ogram			
b	Scholarly research	***************************************	Other	-			
c	Preservation for future generations	<u> </u>					
	Provide a description of the organization's	collections and evolai	n how they further the	organization's ex	emnt nurnose	in Part	
4	XIII.					s III r ait	
5	During the year, did the organization solicit						[]
	assets to be sold to raise funds rather than		part of the organization	n's collection?			Yes No
Pa	rt IV Escrow and Custodial A						_
	Complete if the organization 990, Part X, line 21.	on answered "Yes	" on Form 990, P	art IV, line 9, c	or reported a	an amount o	on Form
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for contributions	or other assets n	ot		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table.				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year						
f	Ending balance					1 1	
2a	Did the organization include an amount on	Form 990, Part X, line	e 21, for escrow or cu	stodial account lia	ability?		Yes No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the e	xplanation has been	orovided on Part)	KIII		
Pa	rt V Endowment Funds						
	Complete if the organization	on answered "Yes	<u>" on Form 990, P</u>	art IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Ti	nree years back	(e) Four years back
1a	Beginning of year balance						
	Contributions						
	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
	Other expenditures for facilities and						
_							
f	Administrative expenses						
a	End of year balance						
2	Provide the estimated percentage of the cu	rrent year end halanc	e (line 1g. column (a)	i) held as:			
 _a	Board designated or quasi-endowment	•	(m.o 19, oo.a (a,	, , , , , , , , , , , , , , , , , , , ,			
h	Permanent endowment %						
	Term endowment %						
Ū	The percentages on lines 2a, 2b, and 2c sl	nould equal 100%					
32	Are there endowment funds not in the poss	,	ation that are held an	d administered fo	r the		
- Ou	organization by:	occording the organiz	ation that are note an	a aarriiniiotoroa to			Yes No
	(i) Unrelated organizations?						
	(ii) Related organizations?						3a(ii)
h	If "Yes" on line 3a(ii), are the related organ	izations listed as requ	ired on Schedule R?				3b
	Describe in Part XIII the intended uses of t						. L
	ert VI Land, Buildings, and Equ		owillent failes.				
	Complete if the organization		" on Form 990 P	art IV line 11a	See Form	990 Part	X line 10
	Description of property	(a) Cost or other		r other basis	(c) Accumulat		(d) Book value
	boostiplier of property	(investment)	1	ther)	depreciation	1	(-,
1-	Land			L47,600			147,600
ıa	Land			148,700	72	,994	74,706
	Buildings		-	21,444		,725	3,719
	Leasehold improvements	•		9,950		,723	76
	Equipment	į.	2 /	070,246		7,153	1,813,093
	Other I. Add lines 1a through 1e. (Column (d) mus						2,039,194
iota	i. Add lines Ta inrough Te. (Column (a) mus	ı equai Fülli 990, Pal	CA, IIIIE TOC, COIUINN	(<i>D))</i>			4,035,134

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- 1	າລ	a	Δ	2

Complete if the organization answered "Yes" on Form 990, Part IX, line 115. See Form 990, Part IX, line 126. (i) Financial controllives (ii) City of the controllives (iii) Controllives (iii) City of the controllives (iii) Controllives	Part VII	Investments – Other Securities Complete if the organization answered "Ves" or	Form 990 Part IV I	ine 11h See Form 990 Part X	(line 12
Code of the five and security Code of the five and securit					
(1) Financial derivatives (2) Closely held equity interests (3) Other (4) (6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10			(b) book value	1	
(2) Closely held equity interests	(4) Figure 1 - 1 - 1				
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B					
(A) (B) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		id equity interests			
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Colum	n (b) must equal Form 990, Part X, line 25, col. (B))			
	2. Liability for	uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization	n's financial statements that reports th	ie

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1000000000	dule D (Form 990) 2023 NEWAYGO COUNTY FAIR ASSOCIAT		8-6071118	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten			
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	<u> </u>	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2с		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b			
******	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990,			
1				
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d			
	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information			
² rovi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b;	Part V, line 4; Part X, line	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	le any additional info	rmation.	
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Schedule D (Fo	rm 990) 2023	NEWAYGO	COUNTY	FAIR AS	SOCIATION	N	38-6071118	Page 5
Part XIII	Suppleme	ntal Informati	on (continu	ed)				
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SCHEDULE O (Form 990)

Om 990)

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.

2023

OMB No. 1545-0047

ZUZJ

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection
Employer identification number

NEWAYGO COUNTY FAIR ASSOCIATION	38-607	<u> </u>						
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW	FORM 990						
THE BOARD REVIEWS THE FORM 990 BEFORE FILING THE RETURN	.							
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS	POLICY							
THE BOARD REQUIRES THAT ALL BOARD MEMBERS EXPRESS ANY CONFLICTS OF INTEREST								
ANNULLY. IN ADDITION, THE BOARD PROHIBITS TRANSACTIONS WITH RELATED								
PARTIES OF THE BOARD MEMBERS.								
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR								
THE BOARD REVIEWS THE SALARY OF KEY EMPLOYEES AND MANAGEMENT ANNUALLY.								
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS								
THE BOARD REVIEWS THE SALARY OF KEY EMPLOYEES AND MANAG								
THE BOARD REVIEWS THE SALART OF RET EMPHOTEES AND MANAGE	DMDIAT PI	in Ordina .						
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLO	SURE EXE	LANATION						
NO DOCUMENTS AVAILABLE TO THE PUBLIC								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	EXPLANA	ATION						
FUND TRANSFERS	\$	217,776						
BOOK TO TAX DIFFERENCE	\$	212						
FUND TRANSFERS	\$	-217,771						
LOAN PAYMENT	\$	-10,000						
TOTAL	\$	-9,783						