Fo	- 990-T	E	Exempt Org	anization Bu	ısine	ss Inc	ome 1	Γax Retur	n	OMB No 1545-0687
	/.·	(and proxy tax under section 6033(e)) [9] [0] For calendar year 2018 or other tax year beginning NOV 1, 2018 and ending OCT 31, 20								2018
	, ·	For ca							<u> 19</u>	ZU 10
	partment of the Treasury rnal Revenue Service	•		ww irs gov/Form990T for obers on this form as it m					,	Open to Public Inspection fo 501(c)(3) Organizations Only
A	Check box if address changed									loyer identification number ployees' trust, see uctions)
	Exempt under section	Print	GEORGIA MO	OUNTAIN FAIR	, IN	IC.			5	8-1201642
C	X 501(c)(3 ()3	or	Number, street, and ro	oom or suite no. If a P.O. b	ox, see i	nstructions.				ated business activity code instructions)
	408(e)220(e)	Туре	P.O. BOX 4	144						,
	408A 530(a)		City or town, state or	province, country, and ZIP	or foreig	n postal cod	le			
	529(a)		HIAWASSEE,	GA 30546					721	210
C	Book value of all assets at end of year		F Group exemption ni	umber (See instructions.)	<u> </u>					
		61.	G Check organization	type 🕨 🗶 501(c) co	orporatio	n 5	501(c) trust	401(a) trust_	Other trust
H	Enter the number of the	organiza	ition's unrelated trades	or businesses. 🕨	_1		Describe	the only (or first) u	nrelated	
t	rade or business here 🕨	► <u>CA1</u>	MPGROUND				. If only one	, complete Parts I-V	. If more	than one,
(lescribe the first in the bl	lank spa	ce at the end of the pre	vious sentence, complete	Parts I ai	nd II, comple	te a Schedul	e M for each additio	nal trade	e or
t	usiness, then complete	Parts III	-V							
				an affiliated group or a par	rent-subs	sidiary contro	olled group?	▶ i	Y6	es 🗶 No
	f "Yes," enter the name a	ınd iden	lifying number of the pa	rent corporation.	<u> </u>					
	The books are in care of							none number 🕨 🔭		
<u>'P</u>	art: Unrelated	dirac	de or Business I	ncome		(A) In	come	(B) Expense	S 3-29 - 37	(C) Net
	a Gross receipts or sale									IN THE WAR TO SEE THE
_	b Less returns and allow			c Balance	1c	 		TO WIND TO SERVE	4. P. P. P.	REAL AND A TENNESS
2	Cost of goods sold (S				2			PARTALAGED	reterne	Piki Filikia kispidikak
3	Gross profit. Subtract				3			57 34 - 15 30 444 57 17 18 2 4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Part of the second	
4		•	,		4a				2. 1 6. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	, , , ,		art II, line 17) (attach Fo	orm 4797)	4b			TO A THE THE THE TAKE THE	To the second	
	Capital loss deduction			. /!!	4c			AT AT AND THE PROPERTY OF THE	entarant Entrara	
5 6			ship or an S corporation	(attach statement)	6	616	5,544.	613,6	(李敬)(2) (72	2,871.
7	Rent income (Schedul Unrelated debt-financi	•	ne (Schadula E)		7	010	7, 744.	013,0	,,,,,	<u> </u>
8			,	led organization (Schedule F						
5 9) organization (Schedule (
10	Exploited exempt activ			, argumenton (constant)	10					·
11	Advertising income (S				11					
12	Other income (See ins	struction	s; attach schedule) S	TATEMENT 1	12	60	0,642.	LANCE STATE	M.P.	60,642.
	Total, Combine lines	3 throu	gh 12		13		7,186.		<u>573.</u>	63,513.
ŢΡ				iere (See instructions						
	(Except for c	contribu	utions, deductions m	ust be directly connect	ed with	the unrelate	ed busines	s income)		
14	•	icers, dii	rectors, and trustees (S	chedule K)					14	
15	Salaries and wages								15	57,206.
16	Repairs and mainten	ance		RECEI	V _ L	,			16	16,769.
17	Bad debts					~~1%1			17	
18	Interest (attach schei	dule) (se	ee instructions)	2 AUG 31	2020				18_	
19	Taxes and licenses			17701	Lone	RS-D			19	
20			e instructions for limitati	ion rules)	NI 11		امما	28,818.	20	<u> </u>
21 22	Depreciation (attach		ooz) n Schedule A and elsewi	OGDE	14, U		21 22a	20,010.	22b	28,818.
23	Depletion	illieu oi	i Schedule A and eisewi	HOLE OFFICE COAL			[224]		23	20,010.
24	Contributions to defe	rred co	mneneation nlane						24	
25	Employee benefit pro		inperioditori piario						25	
26	Excess exempt exper	•	chedule 1)						26	
27	Excess readership co		•						27	
28	Other deductions (att		· ·			SEE	STAT	EMENT 2	28	64,213.
29	Total deductions Ad							78	29	167,006.
30				ting loss deduction. Subtra	act line 2	9 from line 1	3		30	-103,493.
31	Deduction for net opi	eratıng l	oss arising in tax years	beginning on or after Janu	Jary 1, 20	018 (see insti	ructions)	71	31	的學術的學術學
32	Unrelated business to	axable ır	ncome. Subtract line 31	from line 30				3	32	-103,493.
823	701 01-09-19 LHA Fo	r Papen	work Reduction Act No	tice, see instructions.				,	l	Form 990-T (2018)

Form 990-T	ODUNGEN NOONTHEN THEN, -110.	58-12	01642	Page 2
Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	ions)	33	<u>-103,493.</u>
34	Amounts paid for disallowed fringes		34	<u></u>
35`	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 4	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	-103,493.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	29	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		1 1	
	enter the smaller of zero or line 36	2	9 38	-103,493.
Part I				
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	>	39	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38	from:		
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax See instructions	•	- 41	
42	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income See Instructions		43	
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \		· ·		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	Other credits (see instructions) 45b			
c	General business credit Attach Form 3800 45c		$\neg \mid \mid \mid \mid$	
_	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits Add lines 45a through 45d		45e	
	Subtract line 45e from line 44		46	0.
		Other (attach schedule		
	Total tax Add lines 46 and 47 (see instructions)	,	48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018			
	2018 estimated tax payments 50b		71.	
	Tax deposited with Form 8868 50c		7,1	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions) 50e	-		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		$\exists \bot \bot$	
	Other credits, adjustments, and payments: Form 2439 510		711	
y	Form 4136	1,699		
51	Total payments Add lines 50a through 50g SEE STATEME		51	1,699.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54	1,699.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	55	1,699.
Part V	Statements Regarding Certain Activities and Other Information (see)	nstructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other a	uthority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	ountry		المصالحين المالية
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o, a foreign trust?		X_
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	· <u></u>		*/ st. st. st.
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, correct, and complete Declaration of preparer sether than taxpayer) is based on all information of which preparer has any kind.	and to the best of my k	nowledge and b	pelief, it is true,
Sign	1 2 1 1 2 20 00 12	[May the IRS di	scuss this return with
Here	MORTHA S ON SOUTH PRESIDENT		•	own below (see
	Signature of officer Date Title		instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	Check	If PTIN	
Paid	14 0 20 00.	self- employe	I	
Prepa	rer KELLEY Q. MANDERS Kelley Q. Manders CPA 108/24/	20		L702054
Use C	nly Firm's name ► STRICKLAND AND ASSOCIATES, PC	Firm's EIN	<u> </u>	<u>-2270765 </u>
	P.O. BOX 2539			
	Firm's address ► BLAIRSVILLE, GA 30514	Phone no.		15-3464
823711 01	09-19		F	orm 990-T (2018)

Schedule'A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation > N/A						
1 Inventory at beginning of year	1		6	Inventory at end of year	ar .		6			
2 Purchases	2		7	Cost of goods sold. St	ubtract I	ine 6				
3 Cost of labor	3		1	from line 5. Enter here						
4a Additional section 263A costs		-	1	line 2			7			
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Ye	s No	
b Other costs (attach schedule)	4b		1	property produced or a	•					
5 Total. Add lines 1 through 4b	5		1	the organization?	•	,,				
Schedule C - Rent Income	(From Real	Property and	d Pe	rsonal Property	Lease	ed With Real Pro	perl	ty)		
(see instructions)	•					_				
1 Description of property										
(1) CAMPGROUND	•									
(2)										
(3)		-								
(4)										
	2 Rent receiv	ed or accrued								
(a) From personal property (if the perent for personal property is more 10% but not more than 50%	e than	` of rent for p	ersonal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 5				
(1)		616,544.						613,	673.	
(2)		·								
(3)										
(4)				····						
Total	0.	Total		616,5	44.					
(c) Total income Add totals of columns		ter		01073		(b) Total deductions				
here and on page 1, Part I, line 6, column		.		616,5	44.	Enter here and on page 1, Part I, line 6, column (B)	•	613.	673.	
Schedule E - Unrelated Del		Income (see	ınstru			<u></u>				
		(Gross income from		3 Deductions directly cor to debt-finan-				
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedu		
<u>(1)</u>										
(2)								<u>-</u>		
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property is schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable ded (column 6 x total of 3(a) and 3(b	columns	
(1)				%	ĺ					
(2)				%						
(3)				%						
(4)				%					_	
		-				nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colum	-	
Totals				•		0			0.	
Total dividends-received deductions in	icluded in columi	ı 8		•		<u> </u>	•		0.	
								Form 990		

(1) (2)(3)(4) 0

0

Form 990-T (2018)

Totals (carry to Part II, line (5))

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-				
(2)			_				
(3)							
(4)							
Totals from Part I	•	0.	0.			RESILVENT NE	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		▶Ì	0.

Form 990-T (2018)

		_							
FORM 990-T	FORM 990-T OTHER INCOME								
` DESCRIPTION	1			AMOUNT					
CRAFT & CON	- NCESSION BOOTH COMM P INCOME	MISSIONS		36,912, 23,730,					
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 12		60,6	42.				
FORM 990-T		OTHER DEDUC	TIONS	STATEMENT	2				
DESCRIPTION	ı			AMOUNT					
SECURITY-CR LABOR-CRAFT ADVERTISING COMPUTER SU WEBSITE DES	6,520. 12,366. 30,948. 13,009. 1,370.								
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 28		64,213.					
FORM 990-T	ОТНЕ	ER CREDITS AND	PAYMENTS	STATEMENT	3				
DESCRIPTION	ī			AMOUNT					
FORM 8827,	LINE 8C			1,699					
TOTAL INCLU	DED ON FORM 990-T,	PAGE 2, PART	V, LINE 50G	1,69	99.				
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT	4				
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR					
10/31/10 10/31/11 10/31/12 10/31/15 10/31/16 10/31/17 10/31/18	59,434. 8,603. 39,282. 6,296. 58,514. 33,201. 116,800.	59,434. 8,603. 22,003. 0. 0.	0. 0. 17,279. 6,296. 58,514. 33,201. 116,800.		5. 4. 1.				
NOL CARRYOV	ER AVAILABLE THIS	YEAR	232,090.	232,090	<u> </u>				

FORM 990-T	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT	
DESCRIPTION				TIVITY	AMOUNT	TOTAL	
CAMPGROUND SALA CASUAL LABOR GROUP HEALTH IN PAYROLL TAX EXP CREDIT CARD FEE REFUNDS GENERAL INSURAN SUPPLIES TELEPHONE CABLE TV UTILITIES INTEREST	ISURANCE PENSE IS	- SUBTOTA		1	293,157. 41,963. 20,073. 19,748. 37,455. 1,169. 31,678. 29,488. 5,739. 9,542. 121,595. 2,066.	613,65	73.
TOTAL TO FORM 9	90-T, SCHEDUI	LE C, COLU	MIN 3			613,67	73.

Form **8827**

Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Attach to the corporation's tax return

• Go to www irs gov/Form8827 for the latest information.

2018

Employer identification number

GEORGIA MOUNTAIN FAIR, INC.	58-	1201642
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	
2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2	3,397.
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3	4	3,397.
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	0.
6 Enter the refundable minimum tax credit (see instructions)	6	1,699.
7 Add lines 5 and 6	7	1,699.
8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	1,699.
b Current year minimum tax credit Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition		
excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	8b	0.
c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this		
amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	8c	<u>1,699.</u>
9 Minimum tax credit carryforward to 2019 Subtract line 8a from line 4. Keep a record of this		1 600
amount to carry forward and use in future years	9	1,698.