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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

A For the 2012 colondar year at tax year haginning

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

~ '	0. 110	, 2012, and shuing		, 20		
В	heck if ap	plicable. C Name of organization D I	Employer id	lentification number		
	Address change TREMPEALEAU COUNTY AGRICULTURAL SOCIETY, INC		3	39-0827351		
\sqcup	Name cha			Telephone number		
_	Initial retur	IP. O. Box 206				
=	Terminate	City or town, state or country, and ZIP + 4	Group Exe	emption		
	Amended Application	i i i i i i i i i i i i i i i i i i i	Number >			
		- Control of the cont				
	Nebsit			if the organization is not		
				tach Schedule B		
				0-EZ, or 990-PF).		
	Check ▶	····· 3- ··- · · · · · · · · · · · ·	•			
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	e required	(see instructions). But if		
	_	nization chooses to file a return, be sure to file a complete return				
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more or if total assets (Pa	art II,			
(i	ne 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of For	. ▶ 9	3		
P	art I	Revenue, Expenses, and Changes in Net Assets of Fund Balances (see the ins	struction	s for Part I)		
		Check if the organization used Schedule O to respond to any question in this Part I				
	1	Contributions, gifts, grants, and similar amounts received		49,018		
	2	Program service revenue including government fees and contracts	. 2	47,338		
	3	Membership dues and assessments	3	20		
	4	Investment income	4			
1	5a	Gross amount from sale of assets other than inventory 5a	· -	 		
•						
	b	Less: cost or other basis and sales expenses	— -			
•	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>			
	6	Gaming and fundraising events	i			
m	a	Gross income from gaming (attach Schedule G if greater than				
Ž	1	\$15,000)				
Revenue	b	Gross income from fundraising events (not including \$of contributions				
æ	1	from fundraising events reported on line 1) (attach Schedule G if the				
	1	sum of such gross income and contributions exceeds \$15,000) 6b				
	C	Less: direct expenses from gaming and fundraising events 6c 6c				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act			
	ţ	line 6c)	· 6d			
	7a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
١	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c			
	8	Other revenue (departs in Schedule O)	. 8	15,240		
<i>,</i> 7	9	Total revenue. Add lines 1, 2, 3, 4, 50, 6d 16 Land 8, 2	▶ 9			
	10	Grants and similar amounts paid (list in Schedule O) 9	. 10	111,623		
			· ·	16,332		
2	11	Benefits paid to or for members	. 11	0		
Se Se	12	Salaries, other compensation, and employee benefits	. 12	19,740		
Z W LUL Expenses	13	Professional fees and other payments to independent contractors	. 13	<u> </u>		
70 0	. 14	Occupancy, rent, utilities, and maintenance	. 14	20,334		
<u>~</u> û	15	Printing, publications, postage, and suppting	. 15	<u> </u>		
AUG	16	Other expenses (describe in Schedule O)	. 16	78,706		
1	17	Total expenses. Add lines 10 through 16	▶ 17			
~ e	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	-23,489		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w	vith	1		
		end-of-year figure reported on prior year's return)	. 19	234,741		
3 =	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20			
ž ž	21		▶ 21	 		
<i>ъ</i> -	<u> </u>	Net assets or fund balances at end of year. Combine lines 18 through 20	- 41	211,252 Form 990-EZ (2012)		
~ & L 0	ı Labei	rwork Reduction Act Notice, see the separate instructions. Cat No. 106421		rom 990-EZ (2012)		

•	-2 (2012)	٨
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ane	. 2

	Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	y question in this	Part II		🛮
	,			(A) Beginning of year		(B) End of year
	Cash, savings, and investments		[22,933	22	15,777
	and and buildings			198,834	23	195,200
	Other assets (describe in Schedule O)		<u> </u>	12,974	$\overline{}$	275
	'otal assets		<u> </u>	234,741		211,252
	otal liabilities (describe in Schedule O)				26	
	let assets or fund balances (line 27 of column			234,741	27	211,252
Part III		•		•		Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗍	(Re	quired for section
What is	the organization's primary exempt purpose?	Conducting Trempea	leau County Fair	. <u>,</u>		(c)(3) and 501(c)(4)
as meas persons	e the organization's program service accompli- sured by expenses. In a clear and concise m benefited, and other relevant information for ea	anner, describe the ach program title.	f its three largest p	rogram services, I, the number of	494	anizations and section 7(a)(1) trusts, optional others)
28 <u>Sp</u>	ecial acts, features and contests at the Trempeale	au County Fair				
	**********************************	********				
				·····		1
<u> </u>	rants \$) If this amount				28	29,579
29 Pre	emiums and prizes					

		includes foreign gra			29	6,550
30 <u>w</u> a	ges, salaries, and services required to conduct th	e Trempealeau Coun	ty Fair			
••••						
:::-		·				
<u> </u>		includes foreign gra			30	11,791
	her program services (describe in Schedule O)					
<u>G</u>	rants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	31	
32 10	tal program service expenses (add lines 28a	through 31a)	·	<u> </u>	32	
Part IV					struc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		<u> </u>
			4 1 0 4 . 5 . 5 .		÷	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	T.	Estimated amount of other compensation
Timothy	Ryom President	hours per week	compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	T.	
	Byom, President	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	n	other compensation
W12308	Byom, President State Road 54, Ettrick, WI 54627	hours per week	compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	T.	other compensation
W12308 Kellen N	Byom, President State Road 54, Ettrick, WI 54627 elson, Vice-President	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0	other compensation
W12308 Kellen N N45621	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	n	other compensation
W12308 Kellen N N45621 Dennis I	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0	other compensation
W12308 Kellen N N45621 Dennis I 40915 W	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary Insand, Pigeon Falls, WI 54760	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0	other compensation
W12308 Kellen N N45621 Dennis I 40915 W Sarah H	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary Vinsand, Pigeon Falls, WI 54760 enderson, Treasurer	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	other compensation 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary linsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	other compensation 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary linsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630 derson, Member at Large	hours per week devoted to position <1 <1 <1	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	other compensation
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary Vinsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630 derson, Member at Large Crystal Valley Road, Galesville, WI 54630	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	other compensation
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361 Bruce H	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary Vinsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630 derson, Member at Large Crystal Valley Road, Galesville, WI 54630 oward, Director	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	other compensation 0 0 0
W12308 Kellen N N45621 Dennis F 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054	Byom, President State Road 54, Ettrick, Wi 54627 lelson, Vice-President County Road O, Osseo, Wi 54758 Frame, Secretary Vinsand, Pigeon Falls, Wi 54760 enderson, Treasurer Trim Road, Galesville, Wi 54630 derson, Member at Large Crystal Valley Road, Galesville, Wi 54630 oward, Director County Road D, Whitehall, Wi 54773	hours per week devoted to position <1 <1 <1	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	other compensation 0 0 0
W12308 Kellen N N45621 Dennis F 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054 Larry La	Byom, President State Road 54, Ettrick, Wi 54627 lelson, Vice-President County Road O, Osseo, Wi 54758 Frame, Secretary Vinsand, Pigeon Falls, Wi 54760 enderson, Treasurer Trim Road, Galesville, Wi 54630 derson, Member at Large Crystal Valley Road, Galesville, Wi 54630 oward, Director County Road D, Whitehall, Wi 54773 ikey, Director	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	other compensation 0 0 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054 Larry La	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary linsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630 derson, Member at Large Crystal Valley Road, Galesville, WI 54630 oward, Director County Road D, Whitehall, WI 54773 ikey, Director 11th Street, Trempealeau, WI 54661	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	other compensation 0 0 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054 Larry La W23375 David A	Byom, President State Road 54, Ettrick, WI 54627 Ielson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary Iinsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630 derson, Member at Large Crystal Valley Road, Galesville, WI 54630 oward, Director County Road D, Whitehall, WI 54773 ikey, Director 11th Street, Trempealeau, WI 54661 inderson, Director	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750 100	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0 0 0 0 0 0	other compensation 0 0 0 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054 Larry La W23375 David A: W24114	Byom, President State Road 54, Ettrick, Wi 54627 lelson, Vice-President County Road O, Osseo, Wi 54758 Frame, Secretary linsand, Pigeon Falls, Wi 54760 enderson, Treasurer Trim Road, Galesville, Wi 54630 derson, Member at Large Crystal Valley Road, Galesville, Wi 54630 oward, Director County Road D, Whitehall, Wi 54773 likey, Director 11th Street, Trempealeau, Wi 54661 Inderson, Director Fairway Lane, Trempealeau, Wi 54661	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0 0 0 0	other compensation 0 0 0 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054 Larry La W23375 David A W24114 Brad Go	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary Vinsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630 derson, Member at Large Crystal Valley Road, Galesville, WI 54630 oward, Director County Road D, Whitehall, WI 54773 ikey, Director 11th Street, Trempealeau, WI 54661 inderson, Director Fairway Lane, Trempealeau, WI 54661 ipplin, Director	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750 100	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0 0 0 0 0 0	other compensation 0 0 0 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054 Larry La W23375 David A W24114 Brad Go	Byom, President State Road 54, Ettrick, Wi 54627 lelson, Vice-President County Road O, Osseo, Wi 54758 Frame, Secretary linsand, Pigeon Falls, Wi 54760 enderson, Treasurer Trim Road, Galesville, Wi 54630 derson, Member at Large Crystal Valley Road, Galesville, Wi 54630 oward, Director County Road D, Whitehall, Wi 54773 likey, Director 11th Street, Trempealeau, Wi 54661 Inderson, Director Fairway Lane, Trempealeau, Wi 54661	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750 100	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0 0 0 0 0 0	other compensation 0 0 0 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054 Larry La W23375 David A W24114 Brad Go	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary Vinsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630 derson, Member at Large Crystal Valley Road, Galesville, WI 54630 oward, Director County Road D, Whitehall, WI 54773 ikey, Director 11th Street, Trempealeau, WI 54661 inderson, Director Fairway Lane, Trempealeau, WI 54661 ipplin, Director	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750 100	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0 0 0 0 0 0	other compensation 0 0 0 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054 Larry La W23375 David A W24114 Brad Go	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary Vinsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630 derson, Member at Large Crystal Valley Road, Galesville, WI 54630 oward, Director County Road D, Whitehall, WI 54773 ikey, Director 11th Street, Trempealeau, WI 54661 inderson, Director Fairway Lane, Trempealeau, WI 54661 ipplin, Director	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750 100	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0 0 0 0 0 0	other compensation 0 0 0 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054 Larry La W23375 David A W24114 Brad Go	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary Vinsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630 derson, Member at Large Crystal Valley Road, Galesville, WI 54630 oward, Director County Road D, Whitehall, WI 54773 ikey, Director 11th Street, Trempealeau, WI 54661 inderson, Director Fairway Lane, Trempealeau, WI 54661 ipplin, Director	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750 100	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0 0 0 0 0 0	other compensation 0 0 0 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054 Larry La W23375 David A W24114 Brad Go	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary Vinsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630 derson, Member at Large Crystal Valley Road, Galesville, WI 54630 oward, Director County Road D, Whitehall, WI 54773 ikey, Director 11th Street, Trempealeau, WI 54661 inderson, Director Fairway Lane, Trempealeau, WI 54661 ipplin, Director	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750 100	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0 0 0 0 0 0	other compensation 0 0 0 0 0 0
W12308 Kellen N N45621 Dennis I 40915 W Sarah H N18700 Joel Hal W18361 Bruce H N40054 Larry La W23375 David A W24114 Brad Go	Byom, President State Road 54, Ettrick, WI 54627 lelson, Vice-President County Road O, Osseo, WI 54758 Frame, Secretary Vinsand, Pigeon Falls, WI 54760 enderson, Treasurer Trim Road, Galesville, WI 54630 derson, Member at Large Crystal Valley Road, Galesville, WI 54630 oward, Director County Road D, Whitehall, WI 54773 ikey, Director 11th Street, Trempealeau, WI 54661 inderson, Director Fairway Lane, Trempealeau, WI 54661 ipplin, Director	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 500 100 250 750 100	(d) Health benefits, contributions to employ benefit plars, and deferred compensation	0 0 0 0 0 0	

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art	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			No
•	detailed description of each activity in Schedule O	33	1	✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			ب
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a	<u> </u>	√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		3.5	······
39	Section 501(c)(7) organizations. Enter:	[,]	ا د ` برا د	
a b	Initiation fees and capital contributions included on line 9	- ,	1	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	1	, 1	•
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	25.5		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		- ٠٠ ر ۶ ر	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	·	1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Sarah Henderson Located at ▶ N18700 Trim Road, Galesville, WI ZIP + 4 ▶	608-58 546	2-445 330	4
b		42b	Yes	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1, 7	大学	;, ,
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	 ——	Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	3	45a		V
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		,
		1420	L	

	-EZ (2012)						age 4
	D:11			h 1 - 11 - 11 - 1		Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," c	curectly, in political complete Schedule C	ampaign activities on	penait of or in opposit	ion	 	لرا
Part \			Fait1	······································	46		
ait	All section 501(c)(3) organizations		stions 47-49h and f	52, and complete th	e tables f	ar line	as
	50 and 51	400		, and complete a.	0 (02)02 /		
	Check if the organization used Sch	nedule O to respond	to any question in th	nis Part VI	<u>, , , .</u>		
						Yes	No
47	Did the organization engage in lobbying			n in effect during the		}	l
	year? If "Yes," complete Schedule C, Part				47	 	<u> </u>
48 49a	is the organization a school as described in Did the organization make any transfers to				. 48 . 49a	 	 -
	If "Yes," was the related organization a se	•	_	allorr . ,	49b	 	<u> </u>
50	Complete this table for the organization's			er than officers, direct	•	es an	d key
	employees) who each received more than						
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimate	ad amo	unt of
	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred			
			(compensation			
				 			
	T	*** \$100,000	L	L	L		
f	Total number of other employees paid ov Complete this table for the organization			contractors who ass	h saaaiyad	more	a than
51	\$100,000 of compensation from the organization	anization. If there is n	one, enter "None."	Contractors who each	II IECEIVOL	more	, man
(0)	Name and address of each independent contractor pa	and more than \$100,000	(b) Type of serv	ice (c	c) Compensat	ion	,
	Traine and georges of outside indeportunit desiration per		(5) 1750 01 301	(4			
							
			-				
			 				
			7				
	Table wherefore and a sector of the sector o	antara angle sanak da s	***** 6400 000				
	Total number of other independent contribution of the organization complete Schedule.	-		and 4047/a\/1\			
52	nonexempt charitable trusts must attach		1 = A		► ☐ Yes	s 🗆	No
Jnder £	penalties of perjury, I declare that I have examined this						
лье, со	rrect, and complete Declaration of preparer (other tha	n officer) is based on all inf	ormation of which preparer	has any knowledge			
	XXIIVICONVION			JOIN K)		
Sign	Signature of officer			Date			
Here			 				
	Type or print name and title	Preparer's signature	7/1 10	ate	PTIN		
Paid		Toparola signature		6-25-/3 Check self-empl	_ H [ากกกวา	224
-	Only Firm's name > ROBERTSON & OHN	4	'1	Firm's EIN ▶	<u> </u>	98473	
use	Only Firm's name ROBERTSON & OHN Furm's address P. O. Box 324, Ettric			Phone no	608-52		
May t	he IRS discuss this return with the prepare		instructions		► ✓ Ye		No
-	D # C	4 Q	Dre. Si	onestrur	Form 9	90-E2	(2012
•	Pont Correspon		J. 8	gnatur			
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ULE O orm 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
TREMPEALEAU COUNTY AGRICULTURAL SOCIETY, INC.	39-0827351
Line 8, Part 1: Other income: building storage rent: \$15,240.	
Line 10, Part 1: Grants: Prizes and premiums paid to fair exhibitors: \$16,332.	***************************************
Line 16, Part 1: Other expenses: Fees paid judges: \$3,916; Ads and promo: \$11,760; Dues: \$558; Dep	reciation: \$7,516; Insurance \$10,290;
Colonia de Angelo de Colonia de C	
Sales tax: \$1,038; Law enforcement. \$1,800; Administrative expenses: \$5,343; Supplies: \$5,714, Speci	al acts, contests and shows: \$29,579;
Mine of 400. Table to overseen 670 700	
Misc. \$1,192; Total other expenses: \$78,706.	
Line 23, Part II(A): Changes in net assets: In prior years (more than 50), the organization did not show	sacraing and account depreciation on
Line 23, Fait may. Changes write assets. In prior years (more train 30), the organization tha not show	acciding and accided depreciation on
capital assets. This adjustment accounts for all prior years' depreciation. Net asset change: -\$345,532	
Line 24, Part II(B): Personal property less accrued depreciation: \$275.	

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