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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 private foundations)

2016

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service**A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016**

- B** Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
SPARTA FESTIVALS INC**D Employer identification number**

39-1494880

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 89**E Telephone number**

(800) 354-2453

City or town, state or province, country, and ZIP or foreign postal code
SPARTA, WI 54656**F Group Exemption Number** ►**G Accounting Method** Cash Accrual Other (specify) ►**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► WWW.SPARTABUTTERFEST.COM**J Tax-exempt status**(check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 108,787**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	<table border="0"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td style="text-align: right;">1</td><td>7,965</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td style="text-align: right;">2</td><td>100,269</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td style="text-align: right;">3</td><td>169</td></tr> <tr><td>4</td><td>Investment income</td><td style="text-align: right;">4</td><td></td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td style="text-align: right;">5a</td><td></td></tr> <tr><td>b</td><td>Less cost or other basis and sales expenses</td><td style="text-align: right;">5b</td><td></td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td style="text-align: right;">5c</td><td></td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td style="text-align: right;">6a</td><td></td></tr> <tr><td>b</td><td>Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td><td style="text-align: right;">6b</td><td></td></tr> <tr><td>c</td><td>Less direct expenses from gaming and fundraising events</td><td style="text-align: right;">6c</td><td></td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td style="text-align: right;">6d</td><td></td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td style="text-align: right;">7a</td><td></td></tr> <tr><td>b</td><td>Less cost of goods sold</td><td style="text-align: right;">7b</td><td></td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td style="text-align: right;">7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td style="text-align: right;">8</td><td>384</td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►</td><td style="text-align: right;">9</td><td>108,787</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	7,965	2	Program service revenue including government fees and contracts	2	100,269	3	Membership dues and assessments	3	169	4	Investment income	4		5a	Gross amount from sale of assets other than inventory	5a		b	Less cost or other basis and sales expenses	5b		c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6	Gaming and fundraising events			a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		c	Less direct expenses from gaming and fundraising events	6c		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		7a	Gross sales of inventory, less returns and allowances	7a		b	Less cost of goods sold	7b		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8	Other revenue (describe in Schedule O)	8	384	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	108,787	<table border="0"> <tr><td>1</td><td>7,965</td></tr> <tr><td>2</td><td>100,269</td></tr> <tr><td>3</td><td>169</td></tr> <tr><td>4</td><td></td></tr> <tr><td>5a</td><td></td></tr> <tr><td>5b</td><td></td></tr> <tr><td>5c</td><td></td></tr> <tr><td>6a</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>7a</td><td></td></tr> <tr><td>7b</td><td></td></tr> <tr><td>7c</td><td></td></tr> <tr><td>8</td><td>384</td></tr> <tr><td>9</td><td>108,787</td></tr> </table>	1	7,965	2	100,269	3	169	4		5a		5b		5c		6a		6b		6c		6d		7a		7b		7c		8	384	9	108,787
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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	154,848	22 146,290
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	0
25 Total assets	154,848	25 146,290
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	154,848	27 146,290

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO GENERATE FUNDS THROUGH PROMOTION OF THE CITY OF SPARTA TO BETTER THE COMMUNITY AND CREATE COMMUNITY AWARENESS

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

28a**29**

(Grants \$) If this amount includes foreign grants, check here

29a**30**

(Grants \$) If this amount includes foreign grants, check here

30a**31**

Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a**32 Total program service expenses** (add lines 28a through 31a)**32**

0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KIMBERLY SMITH PRESIDENT	2 00	0	0	0
BRAD BOHL VICE PRESIDENT	2 00	0	0	0
SHELLEY BOHL TREASURER	2 00	0	0	0
COLIN NUGENT SECRETARY	2 00	0	0	0
RAY WEIBEL BOARD MEMBER	2 00	0	0	0
CHARLES WEAVER BOARD MEMBER	2 00	0	0	0
RANDY PFAFF BOARD MEMBER	2 00	0	0	0
MELANIE HEMMERSBACH BOARD MEMBER	2 00	0	0	0
DELORES BOWEN BOARD MEMBER	2 00	0	0	0
BOB PHILLIPS BOARD MEMBER	2 00	0	0	0
VICKY RILEY BOARD MEMBER	2 00	0	0	0
GARY ZIMMERMAN BOARD MEMBER	2 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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	No
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	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c 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	35c	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	No
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 I	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0	40b	0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0	40b	0
e 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	40e	No
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► SHELLEY BOHL Telephone no ► (608) 269-1937 Located at ► 9197 GAVEL AVENUE SPARTA, WI ZIP + 4 ► 54656		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ► _____	42c	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
If "Yes," enter the name of the foreign country ► _____	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	
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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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	

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47	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	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
		48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
		49a	
49b	b If "Yes," was the related organization a section 527 organization?	Yes	No
		49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ►

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	***** Signature of officer	2017-05-08 Date
	SHELLEY BOHL TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name TERRIE GAARDER CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00373734
	Firm's name ► CLIFTONLARSONALLEN LLP				Firm's EIN ► 41-0746749
	Firm's address ► 435 JULIE STREET TOMAH, WI 54660				Phone no (608) 372-2177

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Additional Data

Software ID:

Software Version:

EIN: 39-1494880

Name: SPARTA FESTIVALS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p>28 TO GENERATE FUNDS THROUGH PROMOTION OF THE CITY OF SPARTA TO BETTER THE COMMUNITY AND CREATE COMMUNITY AWARENESS (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a 0</p>

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: SPARTA FESTIVALS INC

EIN: 39-1494880

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

~~Internal Revenue Service~~Name of the organization
SPARTA FESTIVALS INC**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.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2016**Open to Public
Inspection****Employer identification number**
39-1494880**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION INTEREST AMOUNT 384

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME MORGAN RODGERS DATE OF GIFT 04/11/16 AMOUNT GIVEN 600

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME LIRA DATE OF GIFT 08/16/16 AMOUNT GIVEN 1,300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME WEAVER DATE OF GIFT 09/20/16 AMOUNT GIVEN 800 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,700

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PROGRAM SERVICE AMOUNT 71,163 DESCRIPTION OFFICE EXPENSE AMOUNT 487 DESCRIPTION LICENSE AND PERMITS AMOUNT 369 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 3,551 DESCRIPTION SERVICE FEES AMOUNT 10 DESCRIPTION CLEAN UP AMOUNT 2,369 DESCRIPTION ADVERTISING AMOUNT 9,460 DESCRIPTION GIFTS AMOUNT 542 DESCRIPTION PUBLIC RELATIONS AMOUNT 180 DESCRIPTION INSURANCE AMOUNT 4,089 DESCRIPTION DONATIONS AMOUNT 2,440 TOTAL TO FORM 990-EZ, LINE 16 94,660

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION PRIOR PERIOD ADJUSTMENT AMOUNT -2,435