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Paid

Preparer

Use Only

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

▶ Do not enter social security numbers on this form as it may be made public. Open to Public

Inspection

Α	For the	2016 calendar year, or tax year beginning 11/01 , 2016, and end	ing 10)/31	, 20 17				
В	Check if	applicable C Name of organization Rutland County Agricultural Society		D Employe	er identification number				
	Address	change Doing business as Vermont State Fair			03-0154330				
	Name cl	hange Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephor	ne number				
	Initial ref	turn PO Box 10			802-775-5200				
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code								
	Amende	ed return Rutland Vt 05702		G Gross re	ceipts \$ 423,832.38				
	Applicat	ion pending F Name and address of principal officer:	H(a) is this a g	roup return for s	subordinates? Yes V No				
		Same as Above			s included? Yes No				
	Tax-exe	mpt status: ☐ 501(c)(3)	J If "N	lo," attach a	list. (see instructions)				
J	Website		H(c) Group	exemption	number ►				
K	Form of	organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ► 1 L Year of form	·····		of legal domicile. VT				
P	art l	Summary							
	1	Briefly describe the organization's mission or most significant activities: The	nission and th	e purpose	of the society is to				
æ	[foster and understanding of and to promote agricultural issues and to advocate fo							
aŭ	Ì	Fair.							
Governance	2	Check this box ▶☐ If the organization discontinued its operations or disposed	of more than	1 25% of	its net assets.				
Š	3			1 1	11				
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b		4	11				
jes	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	58				
Activities &	6	Total annulus of columns (advanta if annual	<u> </u>	6	50				
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 120 EIVE	<i>J</i>	7a	00				
	b	Net unrelated business taxable income from Form 990 Teline 34	.] <mark>0</mark> ,}	7b	00				
			Prior Y		Current Year				
m	8	Contributions and grants (Part VIII, line 1h)	ď	9500.	43,874.				
Revenue	9			366863.	379,958.				
eve	10	Investment income (Part VIII, tolumn (A), lines 3, 4, and 7d) OGDEN.							
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		376363.	423,832				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)							
	14	Benefits paid to or for members (Part IX, column (A), line 4)							
Ø	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		90276.	84,137.				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)							
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶							
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		349438.	246,590.				
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		439714.	330,727				
	19	Revenue less expenses. Subtract line 18 from line 12		(63324.)	93,105.				
o ses			Beginning of Co	rrent Year	End of Year				
Sets	20	Total assets (Part X, line 16)	5	,709,094.	5,728,881.				
4 Age	21	Total liabilities (Part X, line 26)		241,910.	168,931				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	5	,467,184.	5,559,951				
	art II	Signature Block							
Ur	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								
tru	true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.								
		Jan Cha		3/12	118				
Sig	ın	Signature of officer	Da	ite /	 				

Preparer's signature

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Type or print name and title Print/Type preparer's name

Firm's name

Firm's address ▶

Cat. No. 11282Y

Date

PTIN

Check ☐ if self-employed

Firm's EIN ▶



Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

) (Revenue \$



art	IV 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		~
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
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		~
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		>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
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 "Yes," complete Schedule D, Part I	6		~
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," 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 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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		>
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		>
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		~
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		٧
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		~
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		~
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		~
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		~
		F.	- 000	(0040

Part	V Checklist of Required Schedules (continued)			
	,		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		'
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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	ļ	'
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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	-		Ť
	organization's current and former officers, directors, trustees, key employees, and highest compensated 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 through 24d and complete Schedule K. If "No," go to line 25a	24a		·
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	~
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-	;
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	·	~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		·
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		'
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		V
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
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	-	~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	}	~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	,	
				(2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	•	
,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	.		ļ
0-		1c		
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 58	O.L.	اما	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	/	ļ
30	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-		, ·
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		-
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶	4a		<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		v
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	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 was			İ
	required to file Form 8282?	7с		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			_
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		-
э a	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		1
10	Section 501(c)(7) organizations. Enter:	<u> </u>		
a	Initiation fees and capital contributions included on Part VIII, line 12	i		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			Ì
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		_	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.			1
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			1
C	Enter the amount of reserves on hand	142	ļ.——	
142	ι μα της αταφητικής τος ένα είναι αντιπορίε τος ιπαρος ταθρίδα έρδυκος αμέρα της τον νέος)	142		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. <u>v</u>
Secti	on A. Governing Body and Management		r.,	
	en de la companya della companya della companya de la companya della companya del		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 11	1	1	
	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 in Schedule O.		İ	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ł		
_	any other officer, director, trustee, or key employee?	2		<u></u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		-
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		V
6	Did the organization have members or stockholders?	6	1	
7a	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	~	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b_		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	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 in Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	L	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	İ	ĺ	
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	ļ	1
14	Did the organization have a written document retention and destruction policy?	14		1
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?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1
b	Other officers or key employees of the organization	15b	ļ	~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		-
b	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?	16b		<u>L</u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501	(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors

E2

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 employees."
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Reportable Name and Title Average Reportable Estimated box, unless person is both an hours per compensation from compensation officer and a director/trustee) amount of eek (list an) from related other Individual trustee or director Key employee hours for Institutional Highest organizations compensation ighest compensated mployee related organization (W-2/1099-MISC) from the (W-2/1099-MISC) organizations organization below dotted and related trustee organizations line) 20 (1) Richard McKirryher Trustee O (2) Lonna Kantorski 15 Trustee 0 15 (3) Cash Ruane Trustee 0 (4) Melanie Aquiar 20 **Trustee** 0 (5) Richard Giddings **Trustee** 0 (6) Charles Hemingway 20 Trustee 0 (7) Sharon McNeil 20 Treasurer 0 (8) Robert Congdon Jr 20 ~ Vice President n 10 (9) Edgar Cleveland Vice President 0 (10) Christy Davis 20 Secretary 0 30 (11) Luey Clough President (12)

16) 17) 18) 19) 20) 21) 22) 23) 24) 25) 1b Sub-total	Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (continue	ed)		
Name and tule Note Post	•	(4)	(5)			•	•			-	(E)			_	
For any individual listed on line 1a, is the sum of reportable compensation from the organization from the organization from the organization from the organization and related organization from the organization and related organization from the organization and related organization from the organization and related organizations greater than \$150,000 of the organization and related organizations greater than \$150,000 of the calendar year ending with the organization or individual for severe rendered to the organization. Report compensation from the organization and related organizations greater than \$150,000 of the calendar year ending with or within the organization. Report compensation from the organization of the calendar year ending with or within the organization. Report compensation from the organization from the organization. Report compensation from the organization from the organization. Report compensation from the organization of the calendar year ending with or within the organization. Report compensation from the organization			(do not check more than o						1	1					
Sub-total Sub-		box, diliess person is bo								1					
tisp. 16] 16] 17] 18] 18] 18] 18] 18] 18] 18] 19			1		F		т -			1	1		_		_
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tisp. 16] 16] 17] 18] 18] 18] 18] 18] 18] 18] 19				3 5	ğ	1	夏	st cc	۳	(W-2/1099-MISC)					
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The portable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							ed:	above) w	ho received m	ore than \$1	00 000			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				- 10 11	1000	. 1131			., **		ore trian wr		O1		
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For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3								-		est compe	nsated			.,
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	4	• •							-		ensation fr	om the	3		
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	•														
for services rendered to the organization? If "Yes," complete Schedule J for such person									΄.		<i></i>		4		1
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compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation			compensat	ed inc	depe	end	ent:	contr	acto	ors that receive	ed more tha	n \$100.	000 of		
(A) Name and business address Description of services Compensation	•	compensation from the organization. Rep													ах
		(A)	lroop.										(C)	-4:	
2 Total number of independent contractors (including but not limited to those listed above) who		Name and business address Description of services Compensation													
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2 Total number of independent contractors (including but not limited to those listed above) who															
2 Total number of independent contractors (including but not limited to those listed above) who			 												
	2	Total number of independent contractor	re (includir	na bu	ıt n	n+ 1	mit	ed to	, +h	osa listed abo	nya) who		<u>-</u>		

Part	VIII	Statement of Revenue					
	`	Check if Schedule O contains a resp	oonse or note to	any line in this	Part VIII		🛚
,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns 1a					
irar Oun	b	Membership dues 1b	3175.00				
S, S	С	Fundraising events 1c					
ar ji	d	Related organizations 1d					
ai.	е	Government grants (contributions) 1e	29278.00				
io Si	f	All other contributions, gifts, grants,					
E E		and similar amounts not included above 1f	11421.00				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
g C	h	Total. Add lines 1a-1f	▶	43874.00			
			Business Code				
Ven	2a	State Fair		248007.00	248007.00		
æ	b	Special Programs		76392.00	76392.00		
<u> </u>	С	Leases and Rentals		55559.00	55559.00		
Sen	d						
E	е					· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	f	All other program service revenue.					
<u>~</u> _	g	Total. Add lines 2a-2f		379958.00			· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including divide					
		and other similar amounts)	<u> </u>				
	4	Income from investment of tax-exempt bo	·				
	5	Royalties	(ii) Personal				<u> </u>
	6-		(1) 7 0.0011.00				
	6a	Gross rents Less: rental expenses					
	b	Rental income or (loss)					
	d	Not (loss)		-		-	
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less. cost or other basis					
		and sales expenses .					
	С	Gain or (loss)			1		
	d	Net gain or (loss)	▶				
•							
Other Revenue	8a	Gross income from fundraising					
Š		events (not including \$	}				
æ		of contributions reported on line 1c).					
þer		See Part IV, line 18 a					
ŏ		Less: direct expenses b	L				-
		Net income or (loss) from fundraising	events . ►				
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming acti	vities 🕨			-	
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b		į			
	С	Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code				_
	11a						
	b						
	C	All other revenue	ļ				
	d e	All other revenue					<u> </u>
		remination lating	1		1		i

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Part IX Statement of Functional Expenses

			organizations mu	

	17 00 1(0)(0) are 00 1(0)(1) 019 are 20110110 111001 00111				
•	Check if Schedule O contains a respons		e in this Part IX .	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		· · ·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22			į	
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign			1	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	72178.00.00	72178.00		
8	Pension plan accruals and contributions (include	.2	.2.75.50		
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	11959.00	11959.00		
11	Fees for services (non-employees):		.,,,,,,,,		······································
'' a	Management				
b	Legal	4234.00	4234.00		
C	Accounting				
ď	Lobbying				·
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.)			ļ	
12	Advertising and promotion	24248.00	24248.00		
13	Office expenses	10890.00	10890.00		
14	Information technology				
15	Royalties				
16	Occupancy	49361.00	49361.00		· · · · · · · · · · · · · · · · · · ·
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	10723.00	10723.00		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	14356.00	14356.00		
24	Other expenses. Itemize expenses not covered				
-	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	State Fair Expenses	95099.00	95099.00		
b	City Licenses and Fees	14483.00	14483.00		
C	Program Expenses	23196.00	23196.00		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	330727.00	330727.00		
26	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				

Form 990 (2016) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 25,026,00 1 60.740.00 Cash—non-interest-bearing Savings and temporary cash investments 2 2 3 3 53,715.00 37,719.00 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Assets 7 7 Inventories for sale or use 8 4,065. 4,013.00 9 Prepaid expenses and deferred charges . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,626,409.00 10b 5,626288 10c 5,626,409.00 b Less: accumulated depreciation 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 14 15 15 5,709,094.00 5,728,881.00 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 60.618.00 15,926.00 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 167,817.00 151.697.00 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 13,475.00 25 1,308.00 Total liabilities. Add lines 17 through 25 . . . 241,910.00 168,931.00 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31

Retained earnings, endowment, accumulated income, or other funds .

32

33

5,728,881.00

5,728,881.00

5,626,288.00

5,626,288.00

5,709,094.00

32

33

_	4	
Page	ı	4

Form	aan	(2016)
	33U	120101

	0 (2016)			Pa	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		<u> </u>
1'	Total revenue (must equal Part VIII, column (A), line 12)				32.00
2	Total expenses (must equal Part IX, column (A), line 25)	_			27.00
3	Revenue less expenses. Subtract line 2 from line 1	$-\!\!\!-\!\!\!\!-$			05.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			56262	288.00
5	Net unrealized gains (losses) on investments	+			 -
6	Donated services and use of facilities	-			
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	<u> </u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	- }			
	33, column (B)))		57288	81.00
Part	· · · ·				
	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: Cash Accrual Other				<u> </u>
	If the organization changed its method of accounting from a prior year or checked "Other," explain	n in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	dor			
	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		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	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 overs	ight			1
	of the audit, review, or compilation of its financial statements and selection of an independent accountal		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	n in			
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in		-	
	the Single Audit Act and OMB Circular A-133?		За		,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the			<u> </u>
•	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		
				- 000	(2016)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name o	the organization		Employer identification number
Rutlan	d County Agricultural Society		03-154330
Par			
	Complete if the organization answered '	,	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benef	fit of the donor or donor advisor, or	for any other purpose
D	conferring impermissible private benefit?	·····	· · · · · · · · · Yes No
Par	Conservation Easements.	"You" on Form 000 Port IV line	7
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		of a letter death, were asked to add and
	Preservation of land for public use (e.g., recreat		
	Protection of natural habitat	☐ Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a qualified conservation contribut	
	•		Held at the End of the Tax Year
a		<i></i>	
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	•		· · 2d
3	Number of conservation easements modified, transtax year ▶	-	rminated by the organization during the
4	Number of states where property subject to conser		
5	Does the organization have a written policy requipolations, and enforcement of the conservation ear	sements it holds?	· · · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin \$\bigsec\$\$\$\$\$	ng, handling of violations, and enforcing	g conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easements	conservation easements in its revenu of the footnote to the organization's f	e and expense statement, and
Part	Organizations Maintaining Collections Complete if the organization answered '		
1a	If the organization elected, as permitted under SF, works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fi	AS 116 (ASC 958), not to report in a ssets held for public exhibition, e	ts revenue statement and balance sheet education, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public exhibition, eing to these items:	education, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, following amounts required to be reported under S	FAS 116 (ASC 958) relating to these	items:
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$

Par									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and of	ther reco	ords, che	ck any of the	e follov	ving that are a si	gnificant u	ise of its
a	☐ Public exhibition		d	☐ Loar	or exchang	e prog	rams		
b	☐ Scholarly research		е	☐ Othe	er				
C	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	tion's collections	and expl	ain how t	they further	the org	janization's exem	pt purpos	e in Parl
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							☐ No
Par	IV Escrow and Custodial Arra							_	_
	Complete if the organization 990, Part X, line 21.			·			•		orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							t Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	ollowing t	table:		T Ar	nount	
С	Beginning balance					10			
d	Additions during the year					1d			
e	Distributions during the year					1e			- /
f	Ending balance					1f			
2a	Did the organization include an amour							? 🗍 Yes	□ No
b	If "Yes," explain the arrangement in Pa	· ·		-			•		
Par						-	· · · · · · · · · · · · · · · · · · ·	···········	
	Complete if the organization	answered "Yes	on Fo	rm 990,	Part IV, line	e 10.			
		(a) Current year	(b) Pr	or year	(c) Two years	s back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and				1				
	programs		<u> </u>						
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	he current year er	nd baland	ce (line 1	g, column (a)) held	as:	· · · · · · · · · · · · · · · · · · ·	
а	Board designated or quasi-endowmer	nt 🕨	%						
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the	e possession of the	ne organ	zation th	at are held a	and ad	ministered for the	_ _	
	organization by:							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	•	•					3b	
4	Describe in Part XIII the intended uses		on's end	owment f	funds.				
Par									
	Complete if the organization	answered "Yes	" on Fo	m 990,	Part IV, line	11a.	See Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or ot (investm			or other basis other)		Accumulated epreciation	(d) Book v	alue
	Land			 					,115,018
b	Buildings								2,136.99
c	Leasehold improvements								540,595
ď	Equipment								178661
e	Other			<u>† </u>					
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90. Part	X. colum	n (B), line 10	c.) .		5	,626,409

Part VII	Investments-Other Securitie	s.			
	Complete if the organization an	swered "Yes" on For	m 990, Part IV, line	11b. See Form 99	0, Part X, line 12.
•	(a) Description of security or categorial (including name of security)	ory	(b) Book value	(c) Method (Cost or end-of-y	
(1) Financial	I derivatives				
(2) Closely-I	held equity interests	[
(3) Other					
(A)					
(B)	**				
(C)					
(D)					
(E)					
(F) (G)					
(H)					
	(b) must equal Form 990, Part X, col (B) line 12.) ▶				
Part VIII	Investments-Program Relate				
	Complete if the organization an		m 990, Part IV, line	11c. See Form 99	0. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Method Cost or end-of-y	of valuation
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
(6)					
<u>(7)</u>					-, -
(8)					
(9)	b) must equal Form 990, Part X, col (B) line 13.)				
Part IX	Other Assets.	······································	m 000 Port IV line	11d Can Form 00	O Dort V line 15
	Complete if the organization an	(a) Description	in 990, Part IV, line	110. See Form 99	(b) Book value
(1)		(a) Document	·		(D) Dook value
(2)			· .w	····	
(3)			· · · · · · · · · · · · · · · · · · ·		·
(4)			· · · · · · · · · · · · · · · · · · ·		
(5)					
(6)					
(7)					
(8)					
(9)		. (0) 1			
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·		
Part X	Other Liabilities. Complete if the organization an line 25.	swered "Yes" on For	m 990, Part IV, line	11e or 11f. See Fo	orm 990, Part X,
1.	(a) Description of liability	(b) Book value			***************************************
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 25.) ▶				
	r uncertain tax positions. In Part XIII. pro		te to the organization's	financial statements	that reports the

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
		Complete if the organization answered "Yes" on Form 990, I				
1,		revenue, gains, and other support per audited financial statements			1	
2		unts included on line 1 but not on Form 990, Part VIII, line 12:		1		
а		unrealized gains (losses) on investments	2a			
p		ated services and use of facilities	2b			
C		overies of prior year grants	2c			
d		•	2d			
е		lines 2a through 2d			2e	<u></u>
3		ract line 2e from line 1			3	
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:	ł			
а	Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Othe	r (Describe in Part XIII.)	4b]]	
C		lines 4a and 4b			4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XII	Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses pe	r Ret	um,
		Complete if the organization answered "Yes" on Form 990, I	Part l'	V, line 12a.		
1	Total	expenses and losses per audited financial statements			1	
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25:				
а		ated services and use of facilities	2a			
b		year adjustments	2b		1	
c		r losses	2c		1 1	
d			2d		1	
e		lines 2a through 2d			2e	
3		ract line 2e from line 1			3	
4		unts included on Form 990, Part IX, line 25, but not on line 1:	ĺ	1	-	
a		stment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b		r (Describe in Part XIII.)	$\overline{}$		1	
		, (bosonbe in a crain)		<u> </u>		
~	DH4	lines 4a and 4h			I Ac I	
С 5		lines 4a and 4b			4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4c 5	
5 Part	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	· · · · · · · · · · · · · · · · · · ·	5	V. line 4: Part X. line
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	
5 Part Provid	Total XIII le the	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; P	art IV, lines 1b and 2b	5 ; Part	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Rutland County Agricultural Society	03-0154330
Form 990, Part VI, Line 11B - Organizations Process To Review Form 990 Reviewed By Board, Officer	s, and Trustees
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available Upon Request	
Form 990, Part VI, Line 6-8 The 11 member governing body of officers and trustees is elected annually	by the 175 member society.
The governing body manages the facility and is unpaid. By-weekly meetings are held. Minutes are rec	orded