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A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Seymour Oktoberfest Inc		D Employer identification number 35-1511996
		Number and street (or P O box, if mail is not delivered to street address) PO Box 1212		E Telephone number (812) 522-7456
		City or town, state or country, and ZIP + 4 Seymour, IN 47274		F Group Exemption Number 1

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ www.seymouroktoberfest.com		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 79,134			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	
	2	Program service revenue including government fees and contracts						2	79,134
	3	Membership dues and assessments						3	
	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	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here							
	a	Gross revenue (not including \$ _of contributions reported on line 1)				6a			
	b	Less direct expenses other than fundraising expenses				6b			
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6c		
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 _____)						8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	79,134	
Expenses	10	Grants and similar amounts paid (attach schedule)						10	33,425
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	
	13	Professional fees and other payments to independent contractors						13	720
	14	Occupancy, rent, utilities, and maintenance						14	6,841
	15	Printing, publications, postage, and shipping						15	104
	16	Other expenses (describe _____)						16	35,075
	17	Total expenses. Add lines 10 through 16						17	76,165
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	2,969
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	112,682
	20	Other changes in net assets or fund balances (attach explanation)						20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20						21	115,651

Part II Balance Sheets —If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ	
(See the instructions for Part II)	
22 Cash, savings, and investments	
23 Land and buildings	
24 Other assets (describe  _____)	
25 Total assets	
26 Total liabilities (describe  _____)	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	

[illegible]

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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
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 period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
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 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	No
c	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 . . . ▶		0
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		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	No
41	List the states with which a copy of this return is filed ▶ IN		
42a	The organization's books are in care of ▶ BOB DORIOT Telephone no ▶ (812) 522-7456 po box 1212 Located at ▶ seymour, IN ZIP + 4 ▶ 47274		
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)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? 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 ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	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.			
	***** Signature of officer		2010-05-10 Date	
Paid Preparer's Use Only	bob donot treasurer Type or print name and title			
	Preparer's signature	Thomas E Reinhart CPA	Date 2010-05-10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	Blue & Co LLC 106 Community Dr Seymour, IN 47274			EIN Phone no (812) 522-8416
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:

EIN: 35-1511996

Name: Seymour Oktoberfest Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Bob Doriot pO Box 1212 Seymour,IN 47274	TREASURER 0 75	0	0	0
CINDY RUDDICK pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
DAVID MCINTIRE pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
FRED HINES pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
KAY SCHWADE pO Box 1212 seymour,IN 47274	vice president 0 75	0	0	0
JANA PLUMP pO Box 1212 seymour,IN 47274	SECRETARY 0 75	0	0	0
JEREMY GRAY pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
Craig Luedeman pO Box 1212 seymour,IN 47274	ex-officio BOARD MEMBER 0 75	0	0	0
JIM FOOTS pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
KATHY MEAD pO Box 1212 seymour,IN 47274	PRESIDENT 0 75	0	0	0
MARK RISSE pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
MARTHA MCINTIRE pO Box 1212 seymour,IN 47274	Chairperson 0 75	0	0	0
tina stark pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
RANDY SCHAFER pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
RICHARD SCHWADE pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
ROBERT BECKER pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
bill abbott pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
dick wilde pO Box 1212 seymour,IN 47274	BOARD MEMBER 0 75	0	0	0
tom fettig pO Box 1212 Seymour,IN 47274	director emeritus 0 00	0	0	0

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Name(s) shown on return Seymour O ktoberfest Inc	Business or activity to which this form relates Form 990-EZ Page 1	Identifying number 35-1511996
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Part I

Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part IISpecial Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part IIIMACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	1,489
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IVSummary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,489
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						Yes No			24b If "Yes," is the evidence written?			Yes No					
(a) Type of property (list vehicles first)		(b) Date placed in service		(c) Business/ investment use percentage		(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		(f) Recovery period		(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)												25					
26 Property used more than 50% in a qualified business use																	
				%													
				%													
				%													
27 Property used 50% or less in a qualified business use																	
				%						S/L -							
				%						S/L -							
				%						S/L -							
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1												28					
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1														29			

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)			(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year														
32 Total other personal(noncommuting) miles driven														
33 Total miles driven during the year Add lines 30 through 32														
34 Was the vehicle available for personal use during off-duty hours?			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?														
36 Is another vehicle available for personal use?														

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?												Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners													
39 Do you treat all use of vehicles by employees as personal use?													
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?													
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)													
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles													

Part VI Amortization

(a) Description of costs		(b) Date amortization begins		(c) Amortizable amount		(d) Code section		(e) A mortization period or percentage		(f) A mortization for this year	
42 A mortization of costs that begins during your 2009 tax year (see instructions)											
43 A mortization of costs that began before your 2009 tax year									43		
44 Total. Add amounts in column (f) See the instructions for where to report									44		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** Seymour Oktoberfest Inc**EIN:** 35-1511996

Item No.	1
Class of Activity	disaster assistance
Donee's Name	AMERICAN RED CROSS
Donee's Address	411 INDIANAPOLIS AVENue SEYMOUR, IN 47274
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	2
Class of Activity	food pantry
Donee's Name	anchor house
Donee's Address	250 south vine street seYMOUR, IN 47274
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	3
Class of Activity	developmental services
Donee's Name	arc of jackson county
Donee's Address	608 pineway court seYMOUR, IN 47274
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	4
Class of Activity	adult support for youth
Donee's Name	big brothersbig sisters
Donee's Address	105 east 2nd street sEYMOUR, IN 47274
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	5
Class of Activity	summer field trips
Donee's Name	boys and girls club of seymour
Donee's Address	950 north obrien street SEYMOUR, IN 47274
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	6
Class of Activity	PLAYGROUND EQUIPMENT FOR the handicapped
Donee's Name	cars & guitars
Donee's Address	310 north lynn street SEYMOUR, IN 47274
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	7
Class of Activity	preschool program
Donee's Name	child care network inc
Donee's Address	113 north chestnut street SEYMOUR, IN 47274
Amount (FMV)	700
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	8
Class of Activity	food pantry
Donee's Name	community provisions of jackson county inc
Donee's Address	107 west bruce street SEYMOUR, IN 47274
Amount (FMV)	1,200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	9
Class of Activity	bereavement support
Donee's Name	compassionate friends
Donee's Address	PO Box 673 Seymour, IN 47274
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	10
Class of Activity	senior activities
Donee's Name	crothersville senior citizens inc
Donee's Address	114 east main street crothersville, IN 47229
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	11
Class of Activity	world war II museum
Donee's Name	freeman army air field museum
Donee's Address	1035 a avenue seYMOUR, IN 47274
Amount (FMV)	1,300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	12
Class of Activity	community festival
Donee's Name	freetown july festival
Donee's Address	5288 West 850 North freetown, IN 47235
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	13
Class of Activity	youth activities
Donee's Name	girls inc
Donee's Address	501 west 2nd street seYMOUR, IN 47274
Amount (FMV)	700
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	14
Class of Activity	housing for low income families
Donee's Name	habitat for humanity jackson county
Donee's Address	318 north park drive seYMOUR, IN 47274
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	15
Class of Activity	early parent-child interaction
Donee's Name	healthy families jackson county
Donee's Address	200 east 3rd street seYMOUR, IN 47274
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	16
Class of Activity	youth activities
Donee's Name	hoosier trails council boy scouts of america
Donee's Address	5625 east state road 46 bloomington, IN 47401
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	17
Class of Activity	animal shelter
Donee's Name	humane society of jackson county
Donee's Address	1109 g avenue seymour, IN 47274
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	18
Class of Activity	youth activities
Donee's Name	jackson county 4-h
Donee's Address	111 south main street suite 010 brownstown, IN 47220
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	19
Class of Activity	history preservation
Donee's Name	jackson county historical society
Donee's Address	415 1/2 south poplar street brownstown, IN 47220
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	20
Class of Activity	youth ministry
Donee's Name	jared adam robinson memorial fund
Donee's Address	605 south walnut street seYMOUR, IN 47274
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	21
Class of Activity	historical building preservation
Donee's Name	ft vallonia days association
Donee's Address	4959 South 250 West vallonia, IN 47281
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	22
Class of Activity	spanish-speaking residents assistance
Donee's Name	la paz de cristo social ministry inc
Donee's Address	113 north chestnut street seYMOUR, IN 47274
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	23
Class of Activity	mental illness awareness
Donee's Name	mental health america of jackson county
Donee's Address	po box 51 seYMOUR, IN 47274
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	24
Class of Activity	pregnacy help
Donee's Name	pregnancy care center
Donee's Address	600 south jackson park drive seYMOUR, IN 47274
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	25
Class of Activity	special needs children awareness
Donee's Name	special education parents advisory council
Donee's Address	po box 1028 seyMOUR, IN 47274
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	26
Class of Activity	academic achievement awards
Donee's Name	seymour high school renaissance
Donee's Address	1350 west second street seyMOUR, IN 47274
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	27
Class of Activity	downtown projects
Donee's Name	seymour main street inc
Donee's Address	po box 82 seyMOUR, IN 47274
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	28
Class of Activity	concert sponsorship
Donee's Name	southern indiana center for the arts
Donee's Address	2001 north ewing street seymour, IN 47274
Amount (FMV)	1,200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	29
Class of Activity	SUMMER ACTIVITIES FOR THE HANDICAPPED
Donee's Name	special olympics indiana of jackson county
Donee's Address	6100 west 96th street suite 270 indianapolis, IN 46278
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	30
Class of Activity	women's mentoring
Donee's Name	women's conference of jackson county
Donee's Address	105 south chestnut street seyMOUR, IN 47274
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	31
Class of Activity	event security
Donee's Name	seymour police department
Donee's Address	220 north chestnut street seYMOUR, IN 47274
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-11

Item No.	32
Class of Activity	muscular dystrophy research
Donee's Name	abate
Donee's Address	522 jackson street seYMOUR, IN 47274
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	33
Class of Activity	religious education
Donee's Name	rockford methodist church
Donee's Address	1934 north ewing street seYMOUR, IN 47274
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	34
Class of Activity	religious education
Donee's Name	redeemer lutheran youth group
Donee's Address	504 north walnut street seYMOUR, IN 47274
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	35
Class of Activity	emergency medical services
Donee's Name	jackson county ambulance service
Donee's Address	616 west brown street seymour, IN 47274
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	36
Class of Activity	health of babies research
Donee's Name	march of dimes
Donee's Address	1258 washington street columbus, IN 47201
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	37
Class of Activity	economic development
Donee's Name	greater seymour chamber of commerce
Donee's Address	105 south chestnut street seYMOUR, IN 47274
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-04

Item No.	38
Class of Activity	event security and clean up
Donee's Name	city of seymour
Donee's Address	309 north chestnut street seyMOUR, IN 47274
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-03

Item No.	39
Class of Activity	youth activities
Donee's Name	seymour youth leagues inc
Donee's Address	po box 164 seYMOUR, IN 47274
Amount (FMV)	275
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-03

Item No.	40
Class of Activity	community theater
Donee's Name	jackson county community theater
Donee's Address	121 west walnut street brownstown, IN 47220
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-02

TY 2009 Other Assets Schedule

Name: Seymour Oktoberfest Inc

EIN: 35-1511996

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	1,489	0

TY 2009 Other Expenses Schedule**Name:** Seymour Oktoberfest Inc**EIN:** 35-1511996

Description	Amount
advertising	3,808
equipment rental and maintenance	3,814
conferences and meetings	6,766
dues and permits	995
entertainment	6,500
insurance	6,603
office supplies	2,900
parade	800
cleanup	1,284
security	600
miscellaneous	1,005

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: Seymour Oktoberfest Inc

EIN: 35-1511996

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.