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

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

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

F Group Exemption
Number

Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2010)

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	115,651	22	143,282
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	0	24	10,542
25	Total assets	115,651	25	153,824
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	115,651	27	153,824

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? TO CARRY ON AND MAINTAIN A FESTIVITY BENEFITTING THE PEOPLE OF SEYMOUR THROUGH THE PROMOTION OF A GERMAN FESTIVAL ATMOSPHERE IN CELEBRATION OF THE COMMUNITY'S GERMAN HERITAGE		(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 THE SEYMOUR OKTOBERFEST DREW APPROXIMATELY 100,000 FESTIVAL GOERS IN 2010. PEOPLE ARE DRAWN TO THE LOCAL FESTIVAL BY THE GERMAN FOOD, THE FREE MUSIC AND ENTERTAINMENT, AND THE FESTIVE ATMOSPHERE. THE PEOPLE COME TO ENJOY AND EXPERIENCE THE BAVARIAN-THEME ACTIVITIES CELEBRATING THE GERMAN HERITAGE OF MANY OF THE FAMILIES OF JACKSON COUNTY. MANY LOCAL NOT-FOR-PROFIT GROUPS PARTICIPATE IN THE THREE-DAY FESTIVAL IN ORDER TO PROMOTE THEIR ORGANIZATION AND TO RAISE FUNDS FOR THEIR PARTICULAR CHARITIES. (Grants \$ 7,925) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	45,676
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		32	45,676

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)















Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and 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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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? (see instructions)	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 tax year 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) 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 <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . .  43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

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

Sign Here	***** Signature of officer		2011-05-23 Date		
	BOB DORIOT TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	THOMAS E REINHART CPA	Date 2011-05-23	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	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

YesNo

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization SEYMOUR OKTOBERFEST INC	Employer identification number 35-1511996
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 48 TOTAL TO FORM 990-EZ, LINE 14 5,221

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DISASTER ASSISTANCE GRANTEE NAME AMERICAN RED CROSS GRANTEE ADDRESS 411 INDIANAPOLIS AVENUE SEYMOUR, IN 47274 DATE OF GIFT 09/30/10 AMOUNT GIVEN 350

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SUMMER FIELD TRIPS GRANTEE NAME BOYS AND GIRLS CLUB OF SEYMOUR GRANTEE ADDRESS 950 NORTH O'BRIEN STREET SEYMOUR, IN 47274 DATE OF GIFT 08/25/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION FOOD PANTRY GRANTEE NAME COMMUNITY PROVISIONS OF JACKSON COUNTY, INC GRANTEE ADDRESS 107 WEST BRUCE STREET SEYMOUR, IN 47274 DATE OF GIFT 08/04/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HOUSING FOR LOW INCOME FAMILIES GRANTEE NAME HABITAT FOR HUMANITY JACKSON COUNTY GRANTEE ADDRESS 318 NORTH PARK DRIVE SEYMOUR, IN 47274 DATE OF GIFT 08/04/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION RELIGIOUS EDUCATION GRANTEE NAME HAYDEN METHODIST CHURCH GRANTEE ADDRESS 7260 WEST BASE ROAD HAYDEN, IN 47245 DATE OF GIFT 09/22/10 AMOUNT GIVEN 50

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION ACADEMIC ACHIEVEMENT AWARDS GRANTEE NAME SEYMOUR HIGH SCHOOL RENAISSANCE GRANTEE ADDRESS 1350 WEST SECOND STREET SEYMOUR, IN 47274 DATE OF GIFT 08/04/10 AMOUNT GIVEN 250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DOWNTOWN PROJECTS GRANTEE NAME SEYMOUR MAIN STREET, INC GRANTEE ADDRESS P O BOX 82 SEYMOUR, IN 47274 DATE OF GIFT 08/04/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONCERT SPONSORSHIP GRANTEE NAME SOUTHERN INDIANA CENTER FOR THE ARTS GRANTEE ADDRESS 2001 NORTH EWING STREET SEYMOUR, IN 47274 DATE OF GIFT 08/04/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MUSCULAR DYSTROPHY RESEARCH GRANTEE NAME ABATE GRANTEE ADDRESS 522 JACKSON STREET SEYMOUR, IN 47274 DATE OF GIFT 09/30/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION RELIGIOUS EDUCATION GRANTEE NAME ROCKFORD METHODIST CHURCH GRANTEE ADDRESS 1934 NORTH EWING STREET SEYMOUR, IN 47274 DATE OF GIFT 09/30/10 AMOUNT GIVEN 600

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EMERGENCY MEDICAL SERVICES GRANTEE NAME JACKSON COUNTY AMBULANCE SERVICE GRANTEE ADDRESS 616 WEST BROWN STREET SEYMOUR, IN 47274 DATE OF GIFT 09/30/10 AMOUNT GIVEN 100

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HEALTH OF BABIES RESEARCH GRANTEE NAME MARCH OF DIMS GRANTEE ADDRESS 1258 WASHINGTON STREET COLUMBUS, IN 47201 DATE OF GIFT 10/12/10 AMOUNT GIVEN 250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION FIRE SAFETY EDUCATION GRANTEE NAME NATIONAL FIRE SAFETY COUNCIL GRANTEE ADDRESS P O BOX 378 MICHIGAN CENTER, MI 49254 DATE OF GIFT 02/01/10 AMOUNT GIVEN 150

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION RECYCLING GRANTEE NAME GREATER SEYMOUR CHAMBER OF COMMERCE GRANTEE ADDRESS 105 SOUTH CHESTNUT STREET SEYMOUR, IN 47274 DATE OF GIFT 06/02/10 AMOUNT GIVEN 300

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH ACTIVITIES GRANTEE NAME SEYMOUR YOUTH LEAGUES, INC GRANTEE ADDRESS P O BOX 164 SEYMOUR, IN 47274 DATE OF GIFT 02/24/10 AMOUNT GIVEN 275

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION COMMUNITY THEATER GRANTEE NAME JACKSON COUNTY COMMUNITY THEATER GRANTEE ADDRESS 121 WEST WALNUT STREET BROWNSTOWN, IN 47220 DATE OF GIFT 03/11/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION FOOD PANTRY GRANTEE NAME COMMUNITY PROVISIONS OF JACKSON COUNTY, INC GRANTEE ADDRESS 107 WEST BRUCE STREET SEYMOUR, IN 47274 DATE OF GIFT 11/05/10 AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 7,925

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 390 DESCRIPTION OTHER EXPENSES AMOUNT 4,831

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 4,014 DESCRIPTION EQUIPMENT RENTAL AND MAINTENANCE AMOUNT 8,264 DESCRIPTION BOARD MEETINGS AND EXPENSES AMOUNT 6,151 DESCRIPTION DUES AND PERMITS AMOUNT 1,012 DESCRIPTION ENTERTAINMENT AMOUNT 4,725 DESCRIPTION INSURANCE AMOUNT 6,536 DESCRIPTION OFFICE SUPPLIES AMOUNT 3,372 DESCRIPTION PARADE AMOUNT 500 DESCRIPTION CLEANUP AMOUNT 3,607 DESCRIPTION SECURITY AMOUNT 650 DESCRIPTION MISCELLANEOUS AMOUNT 506 TOTAL TO FORM 990-EZ, LINE 16 39,337

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 10,542

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return SEYMOUR OKTOBERFEST 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	500,000
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	2,000,000
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
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 2009 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 2011 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 II Special 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 III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
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 2010 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		10,932	7 0	HY	200 DB	390
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 2010 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 IV Summary (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	390
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, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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
25Special 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 2010 tax year (see instructions)					
43 A mortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

**TY 2010 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.

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 FOUTS 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