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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

► 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

2011

Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning 01-01-2011****, and ending 12-31-2011****B Check if applicable**

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
SEYMOUR OKTOBERFEST INC

D Employer identification number
35-1511996

E Telephone number
(812) 522-7456

F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____

H Check **if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**

I Website: ► WWWSEYMOUROKTOBERFEST.COM**J Tax-Exempt status** (check only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Check **if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return**

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 95,347

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 100
	2 Program service revenue including government fees and contracts	2 95,245
	3 Membership dues and assessments	3
	4 Investment income	4 2
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ _ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 95,347
	10 Grants and similar amounts paid (list in Schedule O)	10 27,975
Net Assets	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	13 780
	14 Occupancy, rent, utilities, and maintenance	14 9,395
	15 Printing, publications, postage, and shipping	15 285
	16 Other expenses (describe in Schedule O)	16 38,818
	17 Total expenses. Add lines 10 through 16	17 77,253
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 18,094
	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)	19 153,824
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 171,918

Part II Balance SheetsCheck 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	143,282	22	147,869
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	10,542	24	24,049
25 Total assets	153,824	25	171,918
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)	153,824	27	171,918

Part III Statement of Program Service AccomplishmentsCheck 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

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

28 THE SEYMOUR OKTOBERFEST DREW APPROXIMATELY 110,000 FESTIVAL GOERS IN 2011. PEOPLE ARE DRAWN TO THE LOCAL FESTIVAL BY THE GERMAN FOOD, THE FESTIVE ATMOSPHERE, AND THE FREE MUSIC AND ENTERTAINMENT. 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 \$ 7,975)

If this amount includes foreign grants, check here **28a** 71,981**29**

(Grants \$)

If this amount includes foreign grants, check here **29a****30**

(Grants \$)

If this amount includes foreign grants, check here **30a****31 Other program services (describe in Schedule O)**

(Grants \$)

If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a) **32** 71,981**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

- 33** Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
- 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)
- 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

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

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?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** 0

39 *Section 501(c)(7) organizations.* Enter

a Initiation fees and capital contributions included on line 9 **39a** 0

b Gross receipts, included on line 9, for public use of club facilities **39b** 0

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 0, section 4912 0, section 4955 0

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 **40c** 0

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization **40d** 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 **SEYMORE, 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.**

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 _____

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** 0

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

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*

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," *Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)*

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40b		No
40c	0	
40d	0	
40e		No
42b		
42c		No
44a		No
44b		No
44c		No
44d		
45a		No
45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		No

Part VI Section 501(c)(3) organizations 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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?

b 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

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

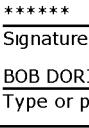
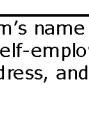
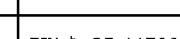
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

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 Yes No

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

Sign Here	***** Signature of officer <u>BOB DORIOT TREASURER</u> Type or print name and title	2012-05-07 Date
Paid Preparer's Use Only	Preparer's signature  THOMAS E REINHART CPA Firm's name (or yours if self-employed), address, and ZIP + 4  BLUE & CO LLC 106 COMMUNITY DR SEYMOUR, IN 47274	Date 2012-05-07 Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (See instructions) P00127808
		EIN  Phone no 

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

2011

Open to Public
Inspection**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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization
SEYMORE OKTOBERFEST INC

Employer identification number
35-1511996

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	PNC BANK 2
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 SEYMORE, IN 47274 DATE OF GIFT 09/30/11 AMOUNT GIVEN 100
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 SEYMORE, IN 47274 DATE OF GIFT 10/06/11 AMOUNT GIVEN 500
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 SEYMORE, IN 47274 DATE OF GIFT 09/30/11 AMOUNT GIVEN 600
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 SEYMORE, IN 47274 DATE OF GIFT 09/30/11 AMOUNT GIVEN 100
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 07/02/11 AMOUNT GIVEN 150
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION YOUTH BASEBALL AND SOFTBALL PROGRAM GRANTEE NAME SEYMORE YOUTH LEAGUES, INC GRANTEE ADDRESS P O BOX 164 SEYMORE, IN 47274 DATE OF GIFT 03/02/11 AMOUNT GIVEN 275
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 01/21/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SKATE PARK DEVELOPMENT GRANTEE NAME SEYMORE SKATE PARK ASSOCIATION GRANTEE ADDRESS 600 NORTH BROADWAY SEYMORE, IN 47274 DATE OF GIFT 01/13/11 AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HIGH SCHOOL BAND TRIP GRANTEE NAME SEYMORE BAND BOOSTERS ASSOCIATION GRANTEE ADDRESS 1521 EAST TIPTON STREET #242 SEYMORE, IN 47274 DATE OF GIFT 04/12/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DRUG ABUSE EDUCATION GRANTEE NAME DARE GRANTEE ADDRESS 205 NORTH EWING STREET SEYMORE, IN 47274 DATE OF GIFT 09/02/11 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION RELIGIOUS EDUCATION GRANTEE NAME FIRST BAPTIST CHURCH GRANTEE ADDRESS 505 COMMUNITY DRIVE SEYMORE, IN 47274 DATE OF GIFT 09/08/11 AMOUNT GIVEN 50
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION AFTER SCHOOL PROGRAM ENHANCEMENT GRANTEE NAME CHILD CARE NETWORK, INC GRANTEE ADDRESS 113 NORTH CHESTNUT STREET SEYMORE, IN 47274 DATE OF GIFT 09/23/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION BURN SURVIVOR CAMP GRANTEE NAME HOOSIER BURN CAMP GRANTEE ADDRESS 12635 WEST TECUMSEH BEND ROAD BROOKSTON, IN 47923 DATE OF GIFT 09/27/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION ANIMAL SHELTER GRANTEE NAME HUMANE SOCIETY OF JACKSON COUNTY GRANTEE ADDRESS 1109 G AVENUE WEST SEYMORE, IN 47274 DATE OF GIFT 10/06/11 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HIGH SCHOOL FOOTBALL PROGRAM GRANTEE NAME SEYMORE FOOTBALL PARENTS CLUB GRANTEE ADDRESS 1350 WEST SECOND STREET SEYMORE, IN 47274 DATE OF GIFT 10/06/11 AMOUNT GIVEN 200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CIVIC APPRECIATION GRANTEE NAME CITY OF SEYMORE GRANTEE ADDRESS 301 - 309 NORTH CHESTNUT STREET SEYMORE, IN 47274 AMOUNT GIVEN 20,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 27,975
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 4,993 DESCRIPTION OTHER EXPENSES AMOUNT 4,402 TOTAL TO FORM 990-EZ, LINE 14 9,395
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 4,251 DESCRIPTION EQUIPMENT RENTAL AND MAINTENANCE AMOUNT 7,097 DESCRIPTION BOARD MEETINGS AND EXPENSES AMOUNT 6,380 DESCRIPTION DUES AND PERMITS AMOUNT 847 DESCRIPTION ENTERTAINMENT AMOUNT 6,744 DESCRIPTION INSURANCE AMOUNT 4,606 DESCRIPTION OFFICE SUPPLIES AMOUNT 2,931 DESCRIPTION PARADE AMOUNT 1,343 DESCRIPTION CLEANUP AMOUNT 3,402 DESCRIPTION SECURITY AMOUNT 950 DESCRIPTION AWARDS AMOUNT 267 TOTAL TO FORM 990-EZ, LINE 16 38,818
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 10,542 END OF YEAR AMOUNT 24,049

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Attachment
Sequence No 179Name(s) shown on return
SEYMORE OKTOBERFEST INCBusiness or activity to which this form relates
FORM 990-EZ PAGE 1Identifying number
35-1511996**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 instructions)	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 2010 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 2012 Add lines 9 and 10, less line 11 ►	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 2011	17	3,012
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 2011 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		18,500	7 0	HY	200 DB	1,981
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	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 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	4,993
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	

TY 2011 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 990-EZ, Special Condition Description:

Special Condition Description

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
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 LUDEMAN 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 RISSEK 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
BEN STAHL PO BOX 1212 SEYMOUR, IN 47274	BOARD MEMBER 0 75	0	0	0