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

**F** Group Exemption  
Number 

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 . . . . .	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 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		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	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

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 <input type="checkbox"/> IN		
42a	The organization's books are in care of <input type="checkbox"/> BOB DORIOT Telephone no <input type="checkbox"/> (812) 522-7456 PO BOX 1212 Located at <input type="checkbox"/> SEYMOUR, IN ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> _____ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> 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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	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		
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

		Yes	No
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		
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

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	2012-05-07 Date		
	BOB DORIOT TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	THOMAS E REINHART CPA	Date 2012-05-07	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	BLUE & CO LLC 106 COMMUNITY DR SEYMOUR, IN 47274	Preparer's taxpayer identification number (See instructions) P00127808	
			EIN 35-1178661 Phone no (812) 522-8416	

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

Yes No

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93492135022322	
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
					2011
					Open to Public Inspection
Name of the organization SEYMOUR 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 SEYMOUR, 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 SEY MOUR, 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 SEYMOUR, 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 SEYMOUR, 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 SEYMOUR YOUTH LEAGUES, INC GRANTEE ADDRESS P O BOX 164 SEYMOUR, 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 SEYMOUR SKATE PARK ASSOCIATION GRANTEE ADDRESS 600 NORTH BROADWAY SEYMOUR, 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 SEYMOUR BAND BOOSTERS ASSOCIATION GRANTEE ADDRESS 1521 EAST TIPTON STREET #242 SEYMOUR, 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 SEYMOUR, 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 SEYMOUR, 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 SEYMOUR, 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 SEYMOUR, 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 SEYMOUR FOOTBALL PARENTS CLUB GRANTEE ADDRESS 1350 WEST SECOND STREET SEYMOUR, 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 SEYMOUR GRANTEE ADDRESS 301 - 309 NORTH CHESTNUT STREET SEYMOUR, IN 47274 AMOUNT GIVEN 20,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 27,975
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	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

Attachment  
Sequence No 179

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 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 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 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	
			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 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	

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 ( <b>do not</b> 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 )		
<b>Note:</b> 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) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	



## **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
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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 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
BEN STAHL PO BOX 1212 SEYMOUR,IN 47274	BOARD MEMBER 0 75	0	0	0