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Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1495.00	22 5106.00
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	40953.00	24 36568.00
25 Total assets	42448.00	25 41674.00
26 Total liabilities (describe in Schedule O)	24242.00	26 24242.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18206.00	27 17432.00

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? County Fair

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 <u>Henderson County Fair, Inc. is a non profit organization whose primary purpose and mission is to organize and conduct the annual county fair in Henderson, KY.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	39254.00
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)	32	39254.00

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
James Peden Henderson, KY	Chairman 2	0	0	0
Jeff Overton Henderson, KY	Vice Chairman 2	0	0	0
Susan Overton Henderson, KY	Secretary 2	0	0	0
Margaret Mitchell Henderson, KY	Treasurer 2	0	0	0
Larry Croxton Henderson, KY	Member 1	0	0	0
Reva Mitchell Henderson, KY	Member 1	0	0	0
Martha Boucherie Henderson, KY	Member 1	0	0	0
Kristy Lancaster Henderson, KY	Member 1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and descriptions.

	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	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

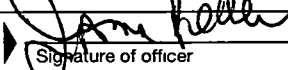
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(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		<u>2/11/15</u>
	Signature of officer	Date
	James Peden, Chairman	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Henderson County Fair, Inc

Employer identification number

61-1192387

Form 990 EZ - Part I Other Revenue, Line 8

Interest Income \$3.00

Fairground Rental \$1500.00

Event Income \$4865.00

Total Other Income \$6368.00

Form 990 EZ Part I Other Expense, Line 16

Interest Expense \$1618.00

Events Expense \$35760.00

Insurance Expense \$1361.00

Taxes and Fees \$515.00

Total Other Expenses \$39,254.00

Form 990-EZ Part II Other Assets, Line 24

	Beg of Year	End of Year
Other Depreciable Assets	\$40593.00	\$41674.00

Form 990-EZ, Part II Other Liabilities, Line 26

	Beg of Year	End of Year
Notes Payable	\$24242.00	\$24242.00

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts

The organization, did not, during the year, receive and funds, directly or indirectly, to pay premiums on personal benefit contracts

The organization did not, during the year, pay any premiums, directly or indirectly on a personal benefit contract.