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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 private foundations)

2014

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable
  - Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

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) 524-4460
City or town, state or province, country, and ZIP or foreign postal code SEYMOUR, IN 47274	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](http://WWWSEYMOUROKTOBERFEST.COM)J Tax-exempt status (check only one) -  501(c)(3)  501(c)( 4 ) ► (Insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 108,279

## 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 4,870
	2 Program service revenue including government fees and contracts . . . . .	2 103,409
	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 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 . . . . . ►	9 108,279
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 31,775
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 7,449
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 23,292
	15 Printing, publications, postage, and shipping . . . . .	15 396
	16 Other expenses (describe in Schedule O) . . . . .	16 28,706
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 91,618
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 16,661
	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) . . . . .	19 198,470
	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 . . . . . ►	21 215,131

**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 . . . . .	160,989	22 141,133
23 Land and buildings . . . . .	25,210	23 24,559
24 Other assets (describe in Schedule O) . . . . .	12,271	24 49,439
<b>25 Total assets</b> . . . . .	<b>198,470</b>	<b>25 215,131</b>
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	26 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	198,470	27 215,131

**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?

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

28 THE SEYMOUR OKTOBERFEST DREW APPROXIMATELY 100,000 FESTIVAL GOERS IN 2014. 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 \$ 31,775)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	91,618
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	
<b>32 Total program service expenses</b> (add lines 28a through 31a)		32	91,618

**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
BOB DORIOT TREASURER	0 75	0	0	0
CINDY RUDDICK BOARD MEMBER	0 75	0	0	0
KAY SCHWADE VICE PRESIDENT	0 75	0	0	0
JANA PLUMP SECRETARY	0 75	0	0	0
JEREMY GRAY BOARD MEMBER	0 75	0	0	0
CRAIG LUEDEMAN EX-OFFICIO BOARD MEMBER	0 75	0	0	0
JIM FOUTS BOARD MEMBER	0 75	0	0	0
KATHY MEAD PRESIDENT	0 75	0	0	0
MARTHA MCINTIRE CHAIRPERSON	0 75	0	0	0
BEN STAHL BOARD MEMBER	0 75	0	0	0
RANDY SCHAFER BOARD MEMBER	0 75	0	0	0
RICHARD SCHWADE BOARD MEMBER	0 75	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 

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40a		
40b		No
40c	0	
40d	0	
40e		No
41		
42a	Telephone no (812) 524-4460	
	ZIP + 4 47274	
42b		No
42c		No
43	43	
44a		No
44b		No
44c		No
44d		
45a		No
45b		

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)

35a 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**

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 **40a**, section 4912 **40a**, section 4955 **40a**

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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**

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40c**

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization **40d**

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**

41 List the states with which a copy of this return is filed **41** IN

42a The organization's books are in care of **42a** PATRICK LECLAIRE Telephone no (812) 524-4460  
Located at **42a** PO BOX 1212 SEYMOUR, IN ZIP + 4 **42a** 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 **42b**

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? **42c**

If "Yes," enter the name of the foreign country **42c**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here **43** and enter the amount of tax-exempt interest received or accrued during the tax year

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

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**

c Did the organization receive any payments for indoor tanning services during the year? **44c**

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**

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**

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		No

**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

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**48** Is the organization a school as 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 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 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.

<b>Sign Here</b>	***** Signature of officer <u>PATRICK LECLAIRE TREASURER</u> Type or print name and title	2015-05-07 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name THOMAS E REINHART CPA	Preparer's signature	Date 2015-05-07	Check <input type="checkbox"/> if self-employed	PTIN P00127808
	Firm's name <input type="checkbox"/> BLUE & CO LLC	Firm's EIN <input type="checkbox"/> 35-1178661			
	Firm's address <input type="checkbox"/> 106 COMMUNITY DR SEYMORE, IN 47274	Phone no (812) 522-8416			

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

2014

Open to Public  
Inspection**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](http://www.irs.gov/form990).

Name of the organization SEYMOUR OKTOBERFEST INC	Employer identification number 35-1511996
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**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CIVIC APPRECIATION GRANTEE NAME CITY OF SEYMOUR GRANTEE ADDRESS S 301 - 309 NORTH CHESTNUT STREET SEYMOUR, IN 47274 DATE OF GIFT 05/12/14 AMOUNT GIVEN 6,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY THEATER GRANTEE NAME JACKSON COUNTY COMMUNITY THEATER GRANTEE ADDRESS 121 WEST WALNUT STREET BROWNSTOWN, IN 47220 DATE OF GIFT 03/26/14 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DRUG ABUSE EDUCATION GRANTEE NAME DARE GRANTEE ADDRESS 205 NO RTH EWING STREET SEYMOUR, IN 47274 DATE OF GIFT 05/13/14 AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION HIGH SCHOOL FOOTBALL PROGRAM GRANTEE NAME SEYMOUR FOOTBALL PARE NTS CLUB GRANTEE ADDRESS 1350 WEST SECOND STREET SEYMOUR, IN 47274 DATE OF GIFT 10/13/14 AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION PROMOTE HISTORICAL DOWNTOWN GRANTEE NAME SEYMOUR MAIN STREET, I NC GRANTEE ADDRESS P O BOX 92 SEYMOUR, IN 47274 DATE OF GIFT 03/18/14 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION RELIGIOUS EDUCATION GRANTEE NAME ROCKFORD METHODIST CHURCH GRA NTEE ADDRESS 1934 NORTH EWING STREET SEYMOUR, IN 47274 DATE OF GIFT 10/04/14 AMOUNT GIVEN 600
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION RENAISSANCE PROGRAM HONOR SOCIETY GRANTEE NAME SEYMOUR HIGH SCH OOL GRANTEE ADDRESS 1350 WEST SECOND STREET SEYMOUR, IN 47274 DATE OF GIFT 04/10/14 AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION YOUTH BASEBALL AND SOFTBALL PROGRAMS GRANTEE NAME SEYMOUR YOUTH LEAGUES, INC GRANTEE ADDRESS P O BOX 164 SEYMOUR, IN 47274 DATE OF GIFT 04/15/14 AMOUNT GIVEN 275
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY OUTREACH PROGRAMS GRANTEE NAME HABITAT FOR HUMANITY GRANTEE ADDRESS P O BOX 276 SEYMOUR, IN 47274 DATE OF GIFT 05/13/14 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY OUTREACH PROGRAMS GRANTEE NAME JACKSON COUNTY YOUNG PROFESSIONALS GRANTEE ADDRESS 105 SOUTH CHESTNUT STREET SEYMOUR, IN 47274 DATE OF GIFT 09/03/14 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY OUTREACH PROGRAMS GRANTEE NAME GIRLS, INC GRANTEE ADDRESS 956 NORTH O'BRIEN STREET SEYMOUR, IN 47274 DATE OF GIFT 09/05/14 AMOUNT GIVEN 150
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION ASSISTING THE MEN AND WOMEN OF THE U.S ACTIVE-DUTY MILITARY GRANTEE NAME WISH FOR OUR HEROES GRANTEE ADDRESS 4979 EAST 216TH STREET NOBLESVILLE, IN 46062 DATE OF GIFT 10/13/14 AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION AFTER SCHOOL PROGRAM ENHANCEMENT GRANTEE NAME BOYS & GIRLS CLUB OF SEYMOUR GRANTEE ADDRESS 950 NORTH O'BRIEN STREET SEYMOUR, IN 47274 DATE OF GIFT 06/18/14 AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CIVIC APPRECIATION GRANTEE NAME CITY OF SEYMOUR GRANTEE ADDRESS S 301 - 309 NORTH CHESTNUT STREET SEYMOUR, IN 47274 DATE OF GIFT 05/15/14 AMOUNT GIVEN 20,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 31,775
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 10,940 DESCRIPTION OTHER EXPENSES AMOUNT 12,352
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION 5K RACE AMOUNT 7,552 DESCRIPTION ADVERTISING AND PROMOTION AMOUNT 6,550 DESCRIPTION BOARD MEETINGS AND EXPENSES AMOUNT 4,210 DESCRIPTION DUES AND PERMITS AMOUNT 631 DESCRIPTION INSURANCE AMOUNT 4,984 DESCRIPTION OFFICE AND OPERATING SUPPLIES AND EXPENSES AMOUNT 2,176 DESCRIPTION PARADE AMOUNT 1,025 DESCRIPTION PRIZES AND AWARDS AMOUNT 397 DESCRIPTION BRAT CONTEST AMOUNT 1,181 TOTAL TO FORM 990-EZ, LINE 16 28,706
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 12,271 END OF YEAR AMOUNT 49,439

Form 4562

Department of the Treasury  
Internal Revenue Service (99)Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2014

Attachment  
Sequence No 179► Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).Name(s) shown on return  
SEYMOUR 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 <b>smaller</b> of line 5 or line 8 . . . . .	9		
10 Carryover of disallowed deduction from line 13 of your 2013 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 2015 Add lines 9 and 10, less line 12 ► [13] . . . . .	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 2014 . . . . .	17	4,158
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 2014 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		47,457	7 0	HY	200 DB	6,782
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 2014 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	10,940
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 aircraft, 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

<b>30</b> 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	
	Yes	No										
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> 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)

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
<b>41</b> 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.

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2014 tax year (see instructions)					

<b>43</b> Amortization of costs that began before your 2014 tax year	<b>43</b>
<b>44</b> Total. Add amounts in column (f) See the instructions for where to report	<b>44</b>

## TY 2014 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.