



**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
<b>22</b> Cash, savings, and investments . . . . .	6,172	<b>22</b> 2,389
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	6,172	<b>25</b> 2,389
<b>26 Total liabilities</b> (describe in Schedule O). . . . .		<b>26</b> 13,000
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	6,172	<b>27</b> -10,611

**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

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

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

<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b>	<b>29a</b>	
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		
<b>30</b>	<b>30a</b>	
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	119,546

**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
VALERIE LEE GENTRY PRESIDENT	5 00	0		
YVETTE LACER TREASURER	5 00	0		
ARIN WAGNER SECRETARY	5 00	0		
JONATHAN EBLEN VICE PRESIDE	5 00	0		
BOB WATSON DIRECTOR	1 00	0		
LARRY CROXTON DIRECTOR	1 00	0		
KRISTI LANCASTER DIRECTOR	1 00	0		
DARRELL LACER DIRECTOR	1 00	0		
HEATHER FEHD DIRECTOR	1 00	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 . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 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 . . . . . 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

Table with 5 columns: (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 "

Table with 3 columns: (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

Sign Here \*\*\*\*\* Signature of officer 2018-04-25 Date VALERIE LEE GENTRY PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name JOY A RIES Preparer's signature Date 2018-04-30 Check if self-employed PTIN P01293356 Firm's name KEMPER CPA GROUP LLP Firm's EIN 37-0818432 Firm's address PO BOX 676 HENDERSON, KY 424190676 Phone no (270) 826-4474

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 61-1192387

**Name:** HENDERSON COUNTY FAIR INC

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p><b>28</b> HENDERSON COUNTY FAIR, INC IS A NOT FOR PROFIT ORGANIZATION WHOSE PRIMARY PURPOSE AND MISSION IS TO ORGANIZE AND CONDUCT THE ANNUAL COUNTY FAIR IN HENDERSON, KY (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	119,546

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HENDERSON COUNTY FAIR INC

Employer identification number

61-1192387

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS RENT & FEES 5,088 TOTAL 5,088

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 2,130 LICENSES AND FEES 340 SUPPLIES 1,008 WEBSITE 203 INSURANCE 3,295 4-H / FFA AWARDS 17,866 FAIR EVENT EXPENSE 44,319 LIVESTOCK EVENT EXPENSE 54,716 PAGEANT EXPENSE 515 TOTAL 124,392

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	UNSECURED NOTES AND LOANS PAYABLE 0 13,000