

Form **990EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

**Open to
Public
Inspection**

A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

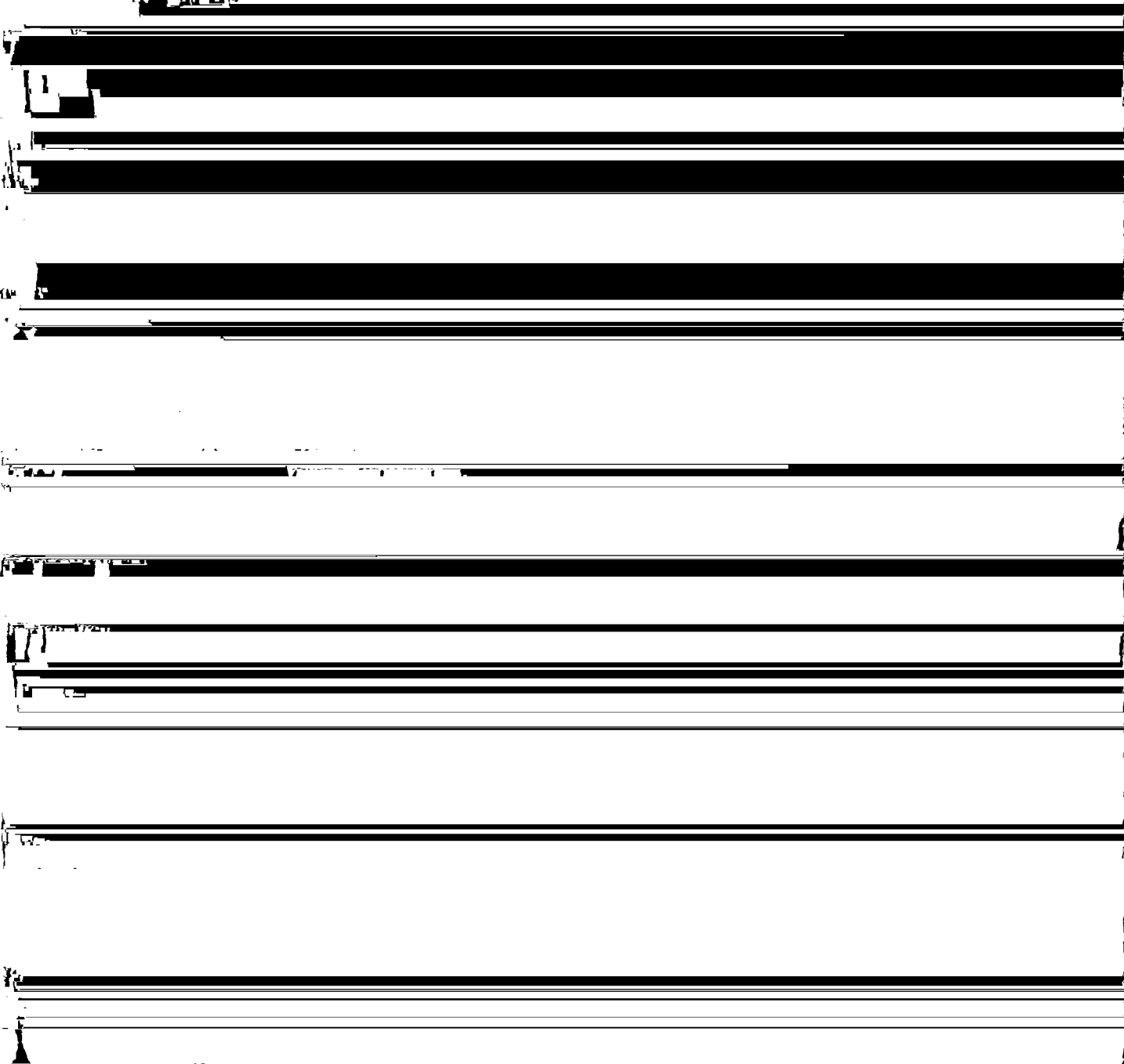
- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization HENDERSON COUNTY FAIR INC	
Number and street (or P O box, if mail is not delivered to street address) P O BOX 843	Room/suite
City or town, state or province, country, and ZIP or foreign postal code HENDERSON, KY 424190843	

D Employer identification number 61-1192387
E Telephone number (270) 826-4474
F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is **not**



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	2,389	22 8,408
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	2,389	25 8,408
26 Total liabilities (describe in Schedule O).	13,000	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-10,611	27 8,408

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

	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 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 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	2019-06-05 Date
JONATHAN EBLEN PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOY A RIES	Preparer's signature	Date 2019-06-06	Check <input type="checkbox"/> 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>28 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>	28a	119,624

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

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 3,690 TOTAL 3,690

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 1,312 LICENSES AND FEES 618 SUPPLIES 133 FUNDRAISERS 519 COMMISSION 580 INTEREST EXPENSE 23 INSURANCE 1,893 4-H / FFA AWARDS 7,494 FAIR EVENT EXPENSE 28,223 LIVESTOCK EVENT EXPENSE 45,389 CONCESSIONS 4,047 SALES TAX 182 TOTAL 90,413

990 Schedule O, Supplemental Information

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