

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **10/01/17**, and ending **09/30/18**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">KOSCIUSKO COUNTY COMMUNITY FAIR INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>PO BOX 1093</p> City or town, state or province, country, and ZIP or foreign postal code <p>WARSAW IN 46581-1093</p>	D Employer identification number <p style="text-align: center;">35-0449569</p> E Telephone number <p style="text-align: center;">574-269-1823</p> G Gross receipts \$ <p style="text-align: right;">591,211</p>
F Name and address of principal officer: <p>SHEAL DIRCK PO BOX 1093 WARSAW IN 46581-1093</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶
J Website: ▶ WWW.KCFAIR.COM		L Year of formation: 1960
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: IN

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">THE PURPOSE OF THE ORGANIZATION IS THE INSTRUCTION OF THE PUBLIC ON AGRICULTURE MATTERS BY MEANS OF PUBLIC FAIRS AND EXHIBITIONS.</p>											
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.											
	3 Number of voting members of the governing body (Part VI, line 1a)	3 14										
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14										
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 9										
	6 Total number of volunteers (estimate if necessary)	6 100										
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a -30,536										
	7b Net unrelated business taxable income from Form 990-T, line 34	7b -4,199										
Revenue	8 Contributions and grants (Part VIII, line 1h)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Prior Year</th> <th style="width: 50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">99,980</td> <td style="text-align: right;">122,573</td> </tr> <tr> <td style="text-align: right;">358,330</td> <td style="text-align: right;">355,121</td> </tr> <tr> <td style="text-align: right;">30,508</td> <td style="text-align: right;">12,502</td> </tr> <tr> <td style="text-align: right;">488,818</td> <td style="text-align: right;">490,196</td> </tr> </tbody> </table>	Prior Year	Current Year	99,980	122,573	358,330	355,121	30,508	12,502	488,818	490,196
	Prior Year	Current Year										
	99,980	122,573										
	358,330	355,121										
	30,508	12,502										
488,818	490,196											
9 Program service revenue (Part VIII, line 2g)	0											
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0											
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0											
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0											
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0										
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0										
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	79,557										
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0										
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,397	0										
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	472,352										
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	551,909											
19 Revenue less expenses. Subtract line 18 from line 12	-63,091											
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Beginning of Current Year</th> <th style="width: 50%;">End of Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">533,046</td> <td style="text-align: right;">503,218</td> </tr> <tr> <td style="text-align: right;">70,745</td> <td style="text-align: right;">124,770</td> </tr> <tr> <td style="text-align: right;">462,301</td> <td style="text-align: right;">378,448</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	533,046	503,218	70,745	124,770	462,301	378,448		
	Beginning of Current Year	End of Year										
	533,046	503,218										
70,745	124,770											
462,301	378,448											
21 Total liabilities (Part X, line 26)	0											
22 Net assets or fund balances. Subtract line 21 from line 20	0											

Part II Signature Block

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 <p style="text-align: center;">SHEAL DIRCK</p> Type or print name and title	Date <p style="text-align: center;">TREASURER</p>
	Print/Type preparer's name <p>WENDY BILLS CPA</p>	Preparer's signature <p>WENDY BILLS CPA</p>
Paid Preparer Use Only	Firm's name ▶ HIMES & KRULL, LLC PO BOX 153 PIERCETON, IN 46562	Firm's EIN ▶ 35-2235804
	Phone no. 574-594-2002	Check <input type="checkbox"/> if self-employed PTIN P01503265

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE PURPOSE OF THE ORGANIZATION IS THE INSTRUCTION OF THE PUBLIC ON AGRICULTURE MATTERS BY MEANS OF PUBLIC FAIRS AND EXHIBITIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **380,623** including grants of \$) (Revenue \$)

THE ORGANIZATION'S MAIN ACHIEVEMENT EACH YEAR IS THE COUNTY FAIR - THIS EVENT IS AN OPPORTUNITY TO EDUCATE THE PUBLIC IN AGRICULTURAL TECHNIQUES, TECHNOLOGY AND LIVESTOCK. THE ORGANIZATION SERVES THE WHOLE COUNTY OF KOSCIUSKO. THOUSANDS OF PEOPLE ENJOY EXHIBITS, DISPLAYS AND THE LIVESTOCK JUDGING THAT THE FAIR PROVIDES EACH YEAR. IT IS THE CULMINATION OF A YEAR'S WORTH OF WORK DONE BY THE YOUTH AND COMMUNITY AS VARIOUS PROJECTS ARE SHOWN AND DISPLAYED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 380,623**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	9		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	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)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
8a			
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>
9			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11a			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
12c			
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
13			
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
14			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15a			
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed IN
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: SHEAL DIRCK 1400 E SMITH STREET IN 46580 574-269-1823
	WARSAW

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDALL SHEPERD	0.00									
IMM PAST PRESIDENT	0.00	X		X			0	0	0	
(2) ANN WIESEHAN	0.00									
1ST VICE PRESIDENT	0.00	X		X			0	0	0	
(3) KEVIN HARRIS	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(4) SHEAL DIRCK	0.00									
TREASURER	0.00	X		X			0	0	0	
(5) BRIAN SNYDER	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) KRISTEN MESSMORE	0.00									
SECRETARY	0.00	X		X			0	0	0	
(7) SHANE CHECKETTS	0.00									
2ND VICE PRESIDENT	0.00	X		X			0	0	0	
(8) NATHAN RHOADES	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) ANTHONY HIMES	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) MATT NABIUR	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) KEN PARCELS	0.00									
BOARD MEMBER	0.00	X					0	0	0	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	3,554			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	119,019			
	g Noncash contributions included in lines 1a-1f: \$		25,000			
	h Total. Add lines 1a-1f		122,573			
Program Service Revenue	2a ANNUAL FAIR REVENUE	Busn. Code	247,966	247,966		
	b PROGRAM RELATED RENTS		50,879	50,879		
	c 4-H CLUB RENTS		36,524	36,524		
	d CAMPING INCOME		14,200	14,200		
	e OTHER		5,552	5,552		
	f All other program service revenue					
	g Total. Add lines 2a-2f		355,121			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	31,753			
		(ii) Personal				
		b Less: rental exps.	62,289			
	c Rental inc. or (loss)	-30,536				
	d Net rental income or (loss)		-30,536		-30,536	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis & sales exps.				
	c Gain or (loss)					
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	81,764				
	b Less: direct expenses	38,726				
	c Net income or (loss) from fundraising events		43,038		43,038	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			490,196	355,121	-30,536	43,038

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	71,851	30,352	41,499	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,546	2,337	3,209	
11 Fees for services (non-employees):				
a Management				
b Legal	58,536		58,536	
c Accounting	7,531		7,531	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	41,497	24,898	4,150	12,449
13 Office expenses	2,682		2,682	
14 Information technology	37,129	17,423	18,441	1,265
15 Royalties				
16 Occupancy	77,981	56,757	14,461	6,763
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,040		2,040	
20 Interest	1,841	1,841		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,035	33,035		
23 Insurance	37,337	25,678	7,739	3,920
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANNUAL 4-H FAIR EXPENSES	154,177	154,177		
b EQUIPMENT RENTS & REPAIRS	24,051	24,051		
c MISCELLANEOUS EXPENSE	7,317	200	7,117	
d BANK & CREDIT CARD FEES	6,173	6,173		
e All other expenses	5,327	3,701	1,626	
25 Total functional expenses. Add lines 1 through 24e	574,051	380,623	169,031	24,397
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest bearing	17,227	1	11,125	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	10,389	4	5,877	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	4,782	9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,324,652		
	b	Less: accumulated depreciation	10b	871,502	10c	453,150
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets	37,829	14	33,066	
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	533,046	16	503,218		
Liabilities	17	Accounts payable and accrued expenses	48,045	17	45,650	
	18	Grants payable		18		
	19	Deferred revenue	2,700	19	4,120	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	20,000	23	10,000	
	24	Unsecured notes and loans payable to unrelated third parties		24	65,000	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	70,745	26	124,770	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	462,301	27	378,448	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	462,301	33	378,448		
34	Total liabilities and net assets/fund balances	533,046	34	503,218		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	490,196
2	Total expenses (must equal Part IX, column (A), line 25)	2	574,051
3	Revenue less expenses. Subtract line 2 from line 1	3	-83,855
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	462,301
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	378,446

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

KOSCIUSKO COUNTY COMMUNITY FAIR INC

Employer identification number

35-0449569

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B**.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C**.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E**.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V**.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test—2017; b 33 1/3% support test—2016; 17a 10%-facts-and-circumstances test—2017; b 10%-facts-and-circumstances test—2016; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	99,079	82,819	90,956	99,980	122,573	495,407
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	347,516	388,573	380,298	358,330	355,121	1,829,838
3 Gross receipts from activities that are not an unrelated trade or business under section 513	65,291	95,471	121,398	98,994	81,764	462,918
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	511,886	566,863	592,652	557,304	559,458	2,788,163
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						2,788,163

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	511,886	566,863	592,652	557,304	559,458	2,788,163
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2					2
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2					2
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	511,888	566,863	592,652	557,304	559,458	2,788,165
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization KOSCIUSKO COUNTY COMMUNITY FAIR INC	Employer identification number 35-0449569
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Organization type (check one):

- Filers of: Section:
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

KOSCIUSKO COUNTY COMMUNITY FAIR INC

Employer identification number

35-0449569

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and private benefit.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Question number, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question number, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		116,269		116,269
b Buildings		835,012	584,281	250,731
c Leasehold improvements				
d Equipment		112,724	90,680	22,044
e Other		260,647	196,541	64,106
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				453,150

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

KOSCIUSKO COUNTY COMMUNITY FAIR INC

Employer identification number

35-0449569

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HAUNTED HOUSE (event type)	BBQ (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	54,980	11,453	7,946	74,379
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	54,980	11,453	7,946	74,379
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	16,829	6,803	1,800	25,432
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					48,947

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain:

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

KOSCIUSKO COUNTY COMMUNITY FAIR INC

Employer identification number

35-0449569

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

MEMBERS WHO PAY THEIR ANNUAL DUES OF \$25 HAVE THE RIGHT TO VOTE FOR MEMBERS
OF THE GOVERNING BOARD.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

MEMBERS WHO PAY THEIR ANNUAL DUES OF \$25 HAVE THE RIGHT TO VOTE FOR MEMBERS
OF THE GOVERNING BOARD.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

EACH BOARD MEMBER RECEIVES A COPY OF THE RETURN TO REVIEW AND IF ANY
QUESTIONS ARISE THEY ARE ADDRESSED WITH THE BOARD AND RETURN PREPARER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICT OF INTEREST FORMS ARE COMPLETED EACH YEAR DURING THE TIME OF BOARD
MEMBER RENEWAL.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE PERSONNEL COMMITTEE, WHICH
CONSISTS OF OUR CURRENT PRESIDENT, VICE PRESIDENT AND IMMEDIATE PAST
PRESIDENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE PERSONNEL COMMITTEE, WHICH
CONSISTS OF OUR CURRENT PRESIDENT, VICE PRESIDENT AND IMMEDIATE PAST
PRESIDENT.

Name of the organization

Employer identification number

KOSCIUSKO COUNTY COMMUNITY FAIR INC

35-0449569

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning **10/01/17**, and ending **09/30/18**

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) (C) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 503,218</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>Print or Type KOSCIUSKO COUNTY COMMUNITY FAIR INC</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1093</p> <p>City or town, state or province, country, and ZIP or foreign postal code WARSAW IN 46581-1093</p> <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.) 35-0449569</p> <p>E Unrelated business activity codes (See instructions.) 531120</p>
--	--	--

H Describe the organization's primary unrelated business activity.
▶ **RENT INCOME FOR DEBT FINANCED PROPERTY.**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ▶ **SHEAL DIRCK** Telephone number ▶ **574-269-1823**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	4,366	8,565	-4,199
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	4,366	8,565	-4,199

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)	21	4,640	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	4,640	22b 0
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-4,199
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-4,199
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-4,199

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	-660
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	-660

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800 (see instructions)	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	-660
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (all. sch.)	43	
44 Total tax. Add lines 42 and 43	44	0
45a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g	46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **TREASURER**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name WENDY BILLS CPA	Preparer's signature WENDY BILLS CPA	Date 11/16/18	Check <input type="checkbox"/> if self-employed	PTIN P01503265
	Firm's name HIMES & KRULL, LLC	Firm's EIN 35-2235804		Phone no. 574-594-2002	
	Firm's address PO BOX 153 PIERCETON, IN 46562				

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional sec. 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5	Total. Add lines 1 through 4b	5					

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)	N/A	
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
			STMT 1 (a) Straight line depreciation (attach schedule)	STMT 2 (b) Other deductions (attach schedule)	
(1)	MEETING/RECEPTION HALL	31,753	4,640	57,649	
(2)					
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)	7,296	53,072	13.75%	4,366	8,565
(2)			%		
(3)			%		
(4)			%		
SEE STATEMENT 3 SEE STATEMENT 4			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).	
Totals			4,366	8,565	
Total dividends-received deductions included in column 8					

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form 990-T	Tax Computation Worksheet - Corporate Fiscal Year Blended Rate	2017
For tax year beginning 10/01/17 and ending 09/30/18		

Name KOSCIUSKO COUNTY COMMUNITY FAIR INC	Employer Identification Number 35-0449569
--	---

1) Taxable income from Form 990-T, Line 34	1	-4,199
Pre-TCJA Tax Computation		
2) Tentative tax: (1) As a Controlled Group or (2) Based on Income of Form 990-T, Line 34 displayed on Line 1	2	0
3) Applicable ratio: <u>92</u> days included in this period divided by <u>365</u> total days in the year	3	0.252055
4) Tax for the pre-TCJA period	4	0
Post-TCJA Tax Computation		
5) Tentative tax. Multiply line 1 times 21%	5	-882
6) Applicable ratio: <u>273</u> days included in this period divided by <u>365</u> total days in the year	6	0.747945
7) Tax for the post-TCJA period	7	-660
Total Tax Computation		
8) Total tax liability before credits. Sum of line 4 plus line 7 Enter here and on Form 990-T, Line 35c	8	-660

Federal Statements**Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation**

<u>Description</u>	<u>Deduction</u>
MEETING/RECEPTION HALL	
	4,640
TOTAL	<u>4,640</u>

Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

<u>Description</u>	<u>Deduction</u>
MEETING/RECEPTION HALL	
INTEREST	219
INSURANCE	1,859
REPAIRS	1,158
UTILITIES	22,848
ALLOCATED PAYROLL	29,322
ALLOCATED PAYROLL TAX	2,243
TOTAL	<u>57,649</u>

Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

<u>Description</u>	<u>Deduction</u>
MEETING/RECEPTION HALL	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	87,552
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	<u>7,296</u>

Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

<u>Description</u>	<u>Deduction</u>
MEETING/RECEPTION HALL	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	48,234
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	57,909
	106,143
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	<u>53,072</u>

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2017

Attachment
Sequence No. **179**

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

KOSCIUSKO COUNTY COMMUNITY FAIR INC

Identifying number
35-0449569

Business or activity to which this form relates

INDIRECT DEPRECIATION

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	510,000
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	2,030,000
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 2016 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	8,432

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	23,453
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	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2017 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		1,293	5.0	HY	S/L	129
c 7-year property		7,635	7.0	HY	S/L	546
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	10/12/17	14,315	39 yrs.	MM	S/L	352
				MM	S/L	

Section C—Assets Placed in Service During 2017 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	32,912
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	

For Paperwork Reduction Act Notice, see separate instructions.

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-				
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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
30 Total business/investment miles driven during the year (don't include commuting miles)												
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?												
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 aren't more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't 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 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year				43	4,763
44 Total. Add amounts in column (f). See the instructions for where to report				44	4,763

Year Ending: September 30, 2018

35-0449569

KOSCIUSKO COUNTY COMMUNITY FAIR INC
PO BOX 1093
WARSAW, IN 46581-1093

NOL Carryback Election

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.

Year Ended: September 30, 2018

35-0449569

KOSCIUSKO COUNTY COMMUNITY FAIR INC
PO BOX 1093
WARSAW, IN 46581-1093

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Year Ended: September 30, 2018

35-0449569

KOSCIUSKO COUNTY COMMUNITY FAIR INC
PO BOX 1093
WARSAW, IN 46581-1093

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
236	FIBER OPTIC TERM BOXES	6/27/18	1,293			1,293	5 HY S/L	0	129
			<u>1,293</u>			<u>1,293</u>		<u>0</u>	<u>129</u>
7-year GDS Property:									
233	MOTOROLA HT750 RADIOS (30)	6/06/18	4,000			4,000	7 HY S/L	0	286
234	PIER (SECTIONS FOR BOAT RAMP)	6/25/18	3,635			3,635	7 HY S/L	0	260
			<u>7,635</u>			<u>7,635</u>		<u>0</u>	<u>546</u>
Non-Residential Real Property:									
235	ROOF - SHRINE BUILDING	10/12/17	14,315			14,315	39 MMS/L	0	352
			<u>14,315</u>			<u>14,315</u>		<u>0</u>	<u>352</u>
Prior MACRS:									
1	NEW BLEACHERS	4/01/87	4,680			4,680	20 HY 150DB	4,680	0
5	CART - TABLES	10/23/92	96			96	7 HY 200DB	96	0
7	BASKETBALL POLES	6/27/97	400			400	5 HY 200DB	400	0
10	BLEACHERS	5/01/88	2,178			2,178	20 HY 150DB	2,178	0
11	SEWER LINE PROJECT	3/28/95	21,009			21,009	20 HY 150DB	21,009	0
12	TILING FOR GROUNDS NEAR THE PIT	7/15/96	1,280			1,280	20 HY 150DB	1,280	0
13	TILING THROUGH CAMPING GROUND	11/15/96	1,097			1,097	20 HY 150DB	1,097	0
14	FENCE NEAR GRANDSTAND	4/15/97	8,386			8,386	15 HY 150DB	8,386	0
40	OVERHEAD DOORS	2/02/93	683			683	15 HY 150DB	683	0
42	RESTROOMS	1/15/96	5,376			5,376	20 HY 150DB	5,376	0
43	FURNACE IN RESTROOMS	7/15/96	1,740			1,740	10 HY 200DB	1,740	0
44	GENERAL ELECTRIC WORK	3/06/97	930			930	15 HY 150DB	930	0
45	GENERAL ELECTRIC WORK	4/15/97	32,017			32,017	15 HY 150DB	32,017	0
46	GENERAL ELECTRIC WORK	5/15/97	4,261			4,261	15 HY 150DB	4,261	0
47	GENERAL ELECTRIC WORK	6/15/97	3,888			3,888	15 HY 150DB	3,888	0
48	GENERAL ELECTRIC WORK	7/15/97	3,668			3,668	15 HY 150DB	3,668	0
55	MOSIER WELL	4/08/98	5,057			5,057	10 HY 200DB	5,057	0
60	FREEZER	8/01/89	950			950	7 HY 200DB	950	0
61	10 ROUND TABLES	8/28/90	1,074			1,074	7 HY 200DB	1,074	0
62	ROUND TABLES (24)	6/01/90	1,069			1,069	7 HY 200DB	1,069	0
63	TABLE TRUCK	4/01/91	90			90	7 HY 200DB	90	0
64	CARTS (3)	2/15/92	118			118	7 HY 200DB	118	0
66	REFRIGERATOR	10/16/92	2,400			2,400	7 HY 200DB	2,400	0
67	PRESSURE TANK	10/31/94	300			300	7 HY 200DB	300	0
68	HIGH CHAIRS (2)	4/20/95	90			90	7 HY 200DB	90	0
69	RCA TV - VCR	4/29/95	1,100			1,100	7 HY 200DB	1,100	0
70	STEEL INSTRUMENT CART	6/07/95	201			201	7 HY 200DB	201	0
72	DOOR	3/06/97	521			521	15 HY 150DB	521	0
78	DOOR	7/01/88	1,883			1,883	15 HY 150DB	1,883	0
79	CART	2/15/92	96			96	7 HY 200DB	96	0
80	KITCHEN CABINETS	4/15/97	500			500	7 HY 200DB	500	0
83	AIR CONDITIONER-OLD OFFICE	9/01/97	595			595	5 HY 200DB	595	0
84	TILING	10/15/97	947			947	5 HY 200DB	946	0
	Out Of Service: 9/30/16								
85	FENCE	6/25/98	2,340			2,340	15 HY 150DB	2,340	0
86	PAVEMENT	7/21/98	12,329			12,329	10 HY 200DB	12,329	0
88	BASKETBALL BACKBOARDS (6)	6/23/99	1,017			1,017	5 HY 200DB	1,017	0
89	CASH REGISTERS	7/23/99	910			910	5 HY 200DB	910	0
90	DOLLY	7/18/99	300			300	5 HY 200DB	300	0
92	BASKETBALL COURT	1/29/00	2,459			2,459	15 HY 150DB	2,459	0
93	FENCE	8/05/99	10,420			10,420	15 HY 150DB	10,420	0
94	FENCING	6/26/00	650			650	15 HY 150DB	650	0
95	1988 GMC TRUCK	8/17/00	4,000			4,000	5 HY 200DB	4,000	0
97	LITTLE WONDER LEAF BLOWER	8/20/01	800			800	7 HY 200DB	800	0
98	FLAT WAGON (2)	9/20/01	275		X	192	7 HY 200DB	275	0
99	HP AIR COMPRESSOR 26 GAL	10/25/01	359		X	251	7 HY 200DB	359	0
131	FLAT BED WAGON	10/28/04	500		X	250	5 MQ 200DB	500	0
135	EAST RESTROOM - METAL	5/05/05	1,627			1,627	10 MQ S/L	1,627	0
136	NEW FAIR OFFICE DOORS	6/23/05	526			526	10 MQ S/L	526	0
137	FAIR OFFICE SIDING	6/27/05	1,258			1,258	15 MQ S/L	1,040	84

35-0449569

Federal Asset Report

FYE: 9/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
138	FURNACE (4) SHRINE BLDG	3/10/05	9,860			9,860	15 MQ S/L	8,295	657
139	ECHO TRIMMER	6/02/05	150			150	7 MQ S/L	150	0
140	FIRE EXTINGUISHER (20)	6/02/05	1,160			1,160	7 MQ S/L	1,160	0
141	PIER HARDWARE	6/23/05	2,176			2,176	7 MQ S/L	2,176	0
142	FOLDING TABLES(17)	4/14/05	1,955			1,955	7 MQ S/L	1,955	0
143	FURNACE & AC (4)	4/14/05	14,640			14,640	15 MQ S/L	12,078	976
144	REMODEL: HFA-SOUTH END	6/10/05	6,094			6,094	39 MMS/L	1,918	156
145	SUPPLY RUNS & DUCT WRAP - SOUTH	6/30/05	4,500			4,500	39 MMS/L	1,414	115
146	S41 CONSTRUCTION	6/30/05	3,392			3,392	39 MMS/L	1,069	87
147	S41 CONSTRUCTION	6/30/05	1,554			1,554	39 MMS/L	492	40
148	AGGREGATE	6/30/05	856			856	7 MQ S/L	856	0
149	TRACTOR, LOADER, PLATES & FORKS	8/11/05	12,749			12,749	7 MQ S/L	12,749	0
150	2 GAS TANKS, HAND PUMPS & SHELL	8/11/05	918			918	7 MQ S/L	918	0
151	MICROPHONES	8/04/05	150			150	5 MQ S/L	150	0
152	HOME & FAMILY ARTS REMODEL	9/30/05	21,127			21,127	39 MMS/L	6,527	542
153	FENCE	8/11/05	1,435			1,435	7 MQ S/L	1,435	0
154	SHRINE BLD IMPROV	8/04/05	6,043			6,043	39 MMS/L	1,879	155
155	FAUX TREATMENT	8/04/05	1,860			1,860	7 MQ S/L	1,860	0
156	PAINT ENTRY & WEST ROOM	8/11/05	6,000			6,000	7 MQ S/L	6,000	0
157	WINDOW CORNICES	8/11/05	996			996	7 MQ S/L	996	0
158	RESTROOM PLUMBING	8/18/05	2,100			2,100	39 MMS/L	655	54
159	CARPET - WEST ROOM	8/18/05	4,874			4,874	7 MQ S/L	4,874	0
160	BLINDS	9/30/05	100			100	7 MQ S/L	100	0
161	DUMPSTER	8/11/05	599			599	7 MQ S/L	599	0
163	KUKER 30 GALLON SPRAYER	8/01/05	250			250	7 MQ S/L	250	0
164	TRAC VAC MODEL S/N 17123	8/01/05	2,000			2,000	7 MQ S/L	2,000	0
166	WATER SOFTNER - HFA	12/15/05	700			700	7 HY S/L	700	0
167	WATER SOFTNER - SHRINE BLD	12/15/05	1,100			1,100	7 HY S/L	1,100	0
168	FAIR OFFICE	12/30/05	39,501			39,501	39 MMS/L	11,945	1,013
169	souND SYSTEM / ACTIVITY TENT	12/31/05	2,425			2,425	7 HY S/L	2,425	0
170	FLATBED WAGONS (2)	1/26/06	650			650	7 HY S/L	650	0
171	FAIR OFFICE - PLUMBING & ELECTRIC	1/12/06	3,525			3,525	39 MMS/L	1,054	90
172	WATER SOFTNER	1/19/06	700			700	7 HY S/L	700	0
173	LIGHT FIXTURES - FAIR OFFICE	1/26/06	124			124	7 HY S/L	124	0
174	PRINTER - FAIR OFFICE	6/01/06	200			200	5 HY S/L	200	0
175	CO2 FIRE EXTINGUISHER	5/11/06	297			297	5 HY S/L	297	0
176	CEMENT HANDICAP AREA - GRANDS	8/29/06	550			550	15 HY S/L	426	37
177	SPLIT RAIL FENCE - GRANDSTAND	9/07/06	731			731	7 HY S/L	731	0
178	BATTERIES/CLIPS - HAND HELD RADIO	7/27/06	551			551	7 HY S/L	551	0
179	1997 SUZUKI	8/16/07	3,550			3,550	7 MQ S/L	3,550	0
180	GARAGE DOORS - MAINTENANCE SH	6/21/07	548			548	10 MQ S/L	548	0
181	ELECTRICAL UPGRADE - MIDWAY	4/26/07	3,514			3,514	15 MQ S/L	2,428	234
182	16 TABLES - HFA	10/25/07	2,125			2,125	7 MQ S/L	2,125	0
183	COMPUTER EQUIP - OFFICE	1/03/08	685			685	5 MQ S/L	685	0
184	COMPUTERS	2/07/08	1,600			1,600	5 MQ S/L	1,600	0
185	PIER #3	5/22/08	4,665			4,665	10 MQ S/L	4,378	287
186	PARKING LOT - SHRINE BLD	7/01/08	7,823			7,823	10 MQ S/L	7,136	687
187	TICKET BOOTH	6/19/08	980			980	10 MQ S/L	919	61
188	SWEEPER - SHRINE BLD	5/29/08	567			567	7 MQ S/L	567	0
189	AUDIO TECH MICROPHONES	6/19/08	220			220	5 MQ S/L	220	0
190	TRANSFORMER	7/07/08	506			506	7 MQ S/L	506	0
191	BATTERIES HAND HELD RADIOS	6/04/09	827			827	5 HY S/L	827	0
193	BLEACHERS	6/30/09	24,980			24,980	15 HY S/L	14,153	1,665
194	CHAIRS - SHRINE BLD	6/30/09	3,599			3,599	7 HY S/L	3,599	0
195	PORTABLE STORAGE BLD	8/29/09	2,300			2,300	15 HY S/L	1,301	153
196	GOLF CART	2/22/10	1,500			1,500	7 HY S/L	1,500	0
197	SEMI TRAILER	3/13/10	1,000			1,000	7 HY S/L	1,000	0
198	TRIMMER	8/19/10	264			264	7 HY S/L	264	0
199	RADIOS	3/19/10	2,012			2,012	5 HY S/L	2,012	0
208	BLEACHERS	9/20/13	23,500			23,500	15 MQ S/L	6,464	1,567
209	BUILDING	6/30/13	122,000			122,000	39 MMS/L	13,424	3,128
210	JOHN DEERE DIESEL MOWER	4/17/14	4,765			4,765	7 MQ S/L	2,298	681
211	MONEY TREE ATM	5/01/14	4,445			4,445	5 MQ S/L	3,000	889
212	POLAR TEMP OUTDOOR ICE MERCHA	5/16/14	3,209			3,209	5 MQ S/L	2,167	642
213	MAVRON PORTABLE TICKET BOOTH	7/03/14	15,000			15,000	10 MQ S/L	4,688	1,500
214	MAVRON PORTABLE TICKET BOOTH	7/03/14	15,000			15,000	10 MQ S/L	4,688	1,500
215	EXTENSION OFFICE ON FAIR GROUND	4/15/14	5,650			5,650	15 MQ S/L	1,272	377
217	PAINTBALL EQUIPMENT	5/18/15	4,990			4,990	7 HY S/L	1,783	713
227	STORAGE CONTAINERS	4/12/16	4,298			4,298	7 HY S/L	921	614
228	CLAY FOR TRACK	1/18/16	3,237			3,237	5 HY S/L	971	647
229	TRACK FENCE POSTS	5/04/17	1,200			1,200	5 HY S/L	120	240

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
230	HORSE ARENA LED LIGHTING	5/18/17	18,000			18,000	5 HY S/L	1,800	3,600
231	ADA BATHROOM	5/31/17	4,473			4,473	39 MM S/L	42	112
232	AIR CONDITIONING - SHRINE BUILDING	7/01/17	6,000			6,000	39 MM S/L	31	150
			<u>606,074</u>			<u>605,633</u>		<u>334,676</u>	<u>23,453</u>
Other Depreciation:									
2	EAST WELL PUMP	7/01/78	2,244			2,244	10 MO S/L	2,244	0
3	SAFE	6/01/81	320			320	12 MO S/L	320	0
4	BLEACHERS	8/01/82	907			907	5 MO S/L	907	0
6	WELL	8/01/82	694			694	15 MO S/L	694	0
8	BLEACHERS - GRANDSTAND	5/01/82	13,231			13,231	15 MO S/L	13,231	0
9	IMPROVEMENTS & LIGHTS	6/01/86	33,592			33,592	19 MO S/L	28,943	0
	Out Of Service: 9/30/16								
15	SHRINERS BUILDING	1/01/63	44,272			44,272	25 MO S/L	44,272	0
16	ROOF	1/01/80	4,122			4,122	10 MO S/L	4,122	0
17	CEMENT & FOUNDATION	7/01/82	2,986			2,986	15 MO S/L	2,986	0
18	POWER VENT FANS	7/01/83	441			441	15 MO S/L	441	0
19	4-H BUILDING	1/01/63	10,576			10,576	25 MO S/L	10,576	0
20	BUILDING EAST END	8/01/66	3,365			3,365	25 MO S/L	3,365	0
21	REMODEL MAIN OFFICE	7/01/87	1,229			1,229	31 MO S/L	1,192	37
22	PUMP JET	5/01/65	106			106	17 MO S/L	106	0
23	MENS EAST END	7/01/80	10,155			10,155	10 MO S/L	10,155	0
24	REMODEL WOMENS RESTROOM	5/01/82	599			599	15 MO S/L	599	0
25	REMODEL WOMENS RESTROOM	8/01/82	1,615			1,615	15 MO S/L	1,615	0
26	PUMP HOUSE 1/2 RACE	1/01/63	2,715			2,715	25 MO S/L	2,715	0
27	WELL PUMP	9/01/65	526			526	13 MO S/L	526	0
28	DOOR	8/01/72	536			536	10 MO S/L	536	0
29	WASH RACK	9/01/75	1,885			1,885	10 MO S/L	1,885	0
30	SMITH STREET BUILDING	1/01/63	641			641	25 MO S/L	641	0
31	POLE BARN BUILDING	1/01/63	11,000			11,000	20 MO S/L	11,000	0
32	SHEEP BARN BUILDING	1/01/62	6,885			6,885	25 MO S/L	6,885	0
33	AGI BUILDING	1/01/63	1,450			1,450	20 MO S/L	1,450	0
34	AGI ADDITION	12/01/64	128			128	20 MO S/L	128	0
35	FISH FRY BUILDING	6/01/70	1,000			1,000	25 MO S/L	1,000	0
36	CEMENT FLOOR DRAIN	5/01/70	428			428	25 MO S/L	428	0
37	HORSE BARN	8/01/81	64,549			64,549	35 MO S/L	64,549	0
38	CLAYPOOL LIONS STAND	4/01/90	1,000			1,000	19 MO S/L	779	0
	Out Of Service: 9/30/16								
39	CONSERVATION CLUB	5/01/91	1,000			1,000	19 MO S/L	813	0
	Out Of Service: 9/30/16								
41	RESTROOMS BUILDING	6/30/95	66,658			66,658	39 MO S/L	38,098	1,709
49	SHRINERS BUILDING	1/01/63	29,581			29,581	34 MO S/L	29,581	0
50	PLUMBING & HEATING	12/01/63	5,860			5,860	34 MO S/L	5,860	0
51	(2) DALITE SCREENS - 1 POWER	4/01/80	100			100	4 MO S/L	100	0
52	OBLONG TABLES	4/01/80	125			125	5 MO S/L	125	0
53	KITCHEN EQUIPMENT	3/01/81	750			750	5 MO S/L	750	0
54	SLICER & EQUIPMENT	2/01/82	1,019			1,019	5 MO S/L	1,019	0
56	PA SYSTEM	8/01/82	599			599	15 MO S/L	599	0
57	BUILDING IMPROVEMENTS	8/01/85	67,640			67,640	19 MO S/L	67,640	0
58	CHAIRS (290)	8/01/85	16,545			16,545	5 MO S/L	16,545	0
59	BUILDING IMPROVEMENTS	4/01/86	8,130			8,130	19 MO S/L	8,130	0
65	ROOF - SHRINE (NOT PP)	5/18/92	8,945			8,945	31 MO S/L	7,166	289
71	BUILDING INSULATION	5/16/95	2,778			2,778	39 MO S/L	1,590	71
73	FAMILY ARTS BUILDING	1/01/63	14,149			14,149	25 MO S/L	14,149	0
74	5 TABLES	8/16/77	50			50	5 MO S/L	50	0
75	4 FANS W/ SPEED CONTROL	9/01/81	785			785	15 MO S/L	785	0
76	ROOF	1/01/87	8,000			8,000	19 MO S/L	8,000	0
77	FOLDING TABLES	1/01/87	205			205	5 MO S/L	205	0
81	LAND	1/01/45	7,500			7,500	0 -- Land	0	0
82	PERMIT	4/01/91	250			250	0 -- Land	0	0
87	NOON LIONS PERMANENT STAND	3/29/99	4,000			4,000	39 MO S/L	1,908	103
91	TEARDOWN BINGO STAND	7/23/99	2,303			2,303	0 -- Land	0	0
96	TICKET BOOTH	6/20/01	1,000			1,000	25 MO S/L	652	40
100	ELECTRIC CAMPGROUND IMP	4/11/02	2,187			2,187	5 MO S/L	2,187	0
101	CAMPGROUND ELECT	5/02/02	1,680			1,680	10 MO S/L	1,680	0
102	CAMPGROUND PLUMBING	5/16/02	2,425			2,425	10 MO S/L	2,425	0
103	CAMPGROUND PARKING	5/09/02	2,000			2,000	10 MO S/L	2,000	0
104	COLLIER'S HEATING & COOLING	2/14/02	1,357			1,357	39 MO S/L	545	35
105	TICKET BOOTH	10/17/02	325			325	25 MO S/L	182	13

35-0449569

Federal Asset Report

FYE: 9/30/2018

Form 990, Page 1

Asset	Description	Date	Cost	Bus	Sec	Basis	PerConv	Meth	Prior	Current
		In Service		%	179					
106	ANCIL SYSTEM-SHRINE Out Of Service: 9/30/16	10/10/02	1,095			1,095	7	MO S/L	1,073	0
107	BLACKTOP	10/17/02	2,846			2,846	10	MO S/L	2,846	0
108	400 WATT M-H	12/30/02	250			250	5	MO S/L	250	0
109	400 WATT M-H	12/31/02	250			250	5	MO S/L	250	0
110	400 WATT M-H	12/31/02	250			250	5	MO S/L	250	0
111	400 WATT M-H	12/31/02	250			250	5	MO S/L	250	0
112	DESK Out Of Service: 9/30/16	1/31/03	771			771	7	MO S/L	766	0
113	CARPET	2/28/03	402			402	7	MO S/L	402	0
114	FURNACE	2/28/03	1,035			1,035	15	MO S/L	1,009	26
115	CABINETS	2/28/03	617			617	7	MO S/L	617	0
116	CABINET	3/13/03	230			230	7	MO S/L	230	0
117	BATHROOM FIXTURES	5/22/03	736			736	10	MO S/L	736	0
118	NIFF TONE DOOR	5/22/03	259			259	7	MO S/L	259	0
119	INCREASE SIZE OF BASKETBALL COL	6/05/03	709			709	15	MO S/L	676	33
120	BATHROOM FIXTURES	6/05/03	297			297	10	MO S/L	297	0
121	NEW FENCE - TRACK AREA	7/31/03	1,100			1,100	15	MO S/L	1,031	69
122	AIR CONDITIONER	7/31/03	3,980			3,980	15	MO S/L	3,743	237
123	HAY WAGON	8/20/03	268			268	5	MO S/L	268	0
124	HAY WAGON	8/20/03	268			268	5	MO S/L	268	0
125	HAY WAGON	8/20/03	268			268	5	MO S/L	268	0
126	HAY WAGON	8/20/03	268			268	5	MO S/L	268	0
127	CHAIRS (80)	4/15/04	1,810			1,810	5	MO S/L	1,810	0
128	PICNIC TABLES	6/03/04	1,965			1,965	7	MO S/L	1,965	0
129	LEAF BLOWER	9/20/04	925			925	5	MO S/L	925	0
130	COPIER/FAX	9/15/04	1,495			1,495	5	MO S/L	1,495	0
132	ANNOUNCER'S BOOTH	5/12/04	3,200			3,200	15	MO S/L	2,876	213
133	BLEACHERS FOR GRANDSTAND	6/10/04	22,110			22,110	15	MO S/L	19,899	1,474
134	LIGHTS	7/29/04	1,042			1,042	15	MO S/L	932	69
162	LAND - TOPSOIL & FILLDIRT	12/31/04	1,260			1,260	0	-- Land	0	0
192	SHORELINE PROJECT	6/30/09	94,956			94,956	0	-- Land	0	0
200	BUILDING UPGRADES	4/12/11	6,371			6,371	20	MO S/L	2,073	319
201	ELECTRICAL UPGRADES	12/14/10	32,208			32,208	20	MO S/L	11,002	1,610
202	FENCING	6/01/11	15,489			15,489	10	MO S/L	9,810	1,549
203	LEAF BLOWER	11/09/10	1,375			1,375	7	MO S/L	1,356	19
204	LAND-OUR FATHERS HOUSE	10/06/11	10,000			10,000	0	-- Land	0	0
205	LOCKS-OFFICE & SHOP	11/15/11	1,200			1,200	10	MO S/L	700	120
207	PHONE SYSTEM	6/18/13	2,637			2,637	5	MO S/L	2,240	397
Total Other Depreciation			695,335			695,335			503,914	8,432
Total ACRS and Other Depreciation			695,335			695,335			503,914	8,432
Amortization:										
206	LICENSE (PERPETUAL)	10/01/12	9,000			9,000	9	MO Amort	5,000	1,000
216	WEBSITE	5/12/15	5,500			5,500	3	MO Amort	4,430	1,070
218	ADA SITE EVALUATION & TRANSITIO	12/01/14	40,387			40,387	15	MO Amort	7,628	2,693
			54,887			54,887			17,058	4,763
Grand Totals			1,379,539			1,379,098			855,648	37,675
Less: Dispositions and Transfers			0			0			0	0
Less: Start-up/Org Expense			0			0			0	0
Net Grand Totals			1,379,539			1,379,098			855,648	37,675

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2017
For calendar year 2017, or tax year beginning 10/01/17 , and ending 09/30/18		

Name **KOSCIUSKO COUNTY COMMUNITY FAIR INC** Employer Identification Number **35-0449569**

		(a) Other event <u>MOTORSPORTS</u> <small>(event type)</small>	(b) Other event <small>(event type)</small>	(c) Other event <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	7,946			7,946
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	7,946			7,946
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	1,800			1,800

Net Operating Loss Carryover Worksheet

Form **990-T**

2017

For calendar year 2017, or tax year beginning **10/01/17**, ending **09/30/18**

Name

KOSCIUSKO COUNTY COMMUNITY FAIR INC

Employer Identification Number
35-0449569

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	
20th 09/29/98					
19th 09/29/99					
18th 09/30/00					
17th 09/30/01					
16th 09/30/02					
15th 09/30/03					
14th 09/30/04					
13th 09/30/05					
12th 09/30/06					
11th 09/30/07					
10th 09/30/08					
9th 09/30/09					
8th 09/30/10					
7th 09/30/11					
6th 09/30/12					
5th 09/30/13					
4th 09/30/14					
3rd 09/30/15					
2nd 09/30/16	-20,930		20,930		20,930
1st 09/30/17	-10,748		10,748		10,748
NOL carryover available to current year			31,678		
Current year	-4,199				4,199
NOL carryover available to next year					35,877

Kos Co Comm Fair Inc			
September 30, 2018			
UBIT work paper			
Form 990-T			
Income:			
	HFA Rents & misc	2,400	
	Shrine Rents & misc	29,353	
		31,753	
Expense:			
	Janitorial (Supplies -Janitor)	0	
	Supplies - Maintenance - Shrine	0	
	Supplies - Maintenance - HFA	0	
	Insur Liab	485	
	Prop	1,374	
	Snowplow	0	
	Payroll	12,962	
	Payroll	1,112	
	Payroll	15,248	
	Payroll		
	Payroll		
	P/R Tax	2,243	
	Utility-Shrine	10,286	
	-HFA	12,562	
	HFA misc	0	
	HFA repairs	139	
	HFA equip lease/repair	0	
	Shrine Depr	2,764	
	Shrine Misc	0	
	Shrine R&M	117	
	Shrine equip repair/lease	902	
	HFA Depr	1,876	
	Interest	219	
		62,289	
		(30,536)	
Average Debt			
	48.64% of original debt related to UBI		
	10/01/17 Bal	20000 x.4864	9,728
	9/30/18 Bal	10000 x.4864	4,864
			14,592
		average loan balance	7,296
Average Basis			
	HFA	Shrine	
	10/01/17	26,747	21,487
	09/30/18	24,871	33,038
	average	25,809	27,263
	53071.5 total (hfa ave+shrine ave)		

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
Group: Home & Family Arts												
73	FAMILY ARTS BUILDING	1/01/63	14,149	0	0	14,149	0	14,149	0	S/L	25.00	
74	5 TABLES	8/16/77	50	0	0	50	0	50	0	S/L	5.00	
75	4 FANS W/ SPEED CONTROL	9/01/81	785	0	0	785	0	785	0	S/L	15.00	
76	ROOF	1/01/87	8,000	0	0	8,000	0	8,000	0	S/L	19.00	
77	FOLDING TABLES	1/01/87	205	0	0	205	0	205	0	S/L	5.00	
78	DOOR	7/01/88	1,883	0	0	1,883	0	1,883	0	150DB	15.00	
79	CART	2/15/92	96	0	0	96	0	96	0	200DB	7.00	
80	KITCHEN CABINETS	4/15/97	500	0	0	500	0	500	0	200DB	7.00	
117	BATHROOM FIXTURES	5/22/03	736	0	0	736	0	736	0	S/L	10.00	
118	NIFF TONE DOOR	5/22/03	259	0	0	259	0	259	0	S/L	7.00	
120	BATHROOM FIXTURES	6/05/03	297	0	0	297	0	297	0	S/L	10.00	
127	CHAIRS (80)	4/15/04	1,810	0	0	1,810	0	1,810	0	S/L	5.00	
142	FOLDING TABLES(17)	4/14/05	1,955	0	0	1,955	0	1,955	0	S/L	7.00	
143	FURNACE & AC(4)	4/14/05	14,640	0	0	12,078	976	13,054	1,586	S/L	15.00	
144	REMODEL: HFA-SOUTH END	6/10/05	6,094	0	0	1,918	156	2,074	4,020	S/L	39.00	
145	SUPPLY RUNS & DUCT WRAP -	6/30/05	4,500	0	0	1,414	115	1,529	2,971	S/L	39.00	
146	S41 CONSTRUCTION	6/30/05	3,392	0	0	1,069	87	1,156	2,236	S/L	39.00	
148	AGGREGATE	6/30/05	856	0	0	856	0	856	0	S/L	7.00	
152	HOME & FAMILY ARTS REMOI	9/30/05	21,127	0	0	6,527	542	7,069	14,058	S/L	39.00	
166	WATER SOFTNER - HFA	12/15/05	700	0	0	700	0	700	0	S/L	7.00	
182	16 TABLES - HFA	10/25/07	2,125	0	0	2,125	0	2,125	0	S/L	7.00	
Home & Family Arts												
									84,159	0	59,288	24,871
									0c	1,876	59,288	
Group: Shrine Building												
49	SHRINERS BUILDING	1/01/63	29,581	0	0	29,581	0	29,581	0	S/L	34.00	
50	PLUMBING & HEATING	12/01/63	5,860	0	0	5,860	0	5,860	0	S/L	34.00	
51	(2) DALITE SCREENS - 1 POWER	4/01/80	100	0	0	100	0	100	0	S/L	4.00	
52	OBLONG TABLES	4/01/80	125	0	0	125	0	125	0	S/L	5.00	
53	KITCHEN EQUIPMENT	3/01/81	750	0	0	750	0	750	0	S/L	5.00	
54	SLICER & EQUIPMENT	2/01/82	1,019	0	0	1,019	0	1,019	0	S/L	5.00	
56	PA SYSTEM	8/01/82	599	0	0	599	0	599	0	S/L	15.00	
57	BUILDING IMPROVEMENTS	8/01/85	67,640	0	0	67,640	0	67,640	0	S/L	19.00	
58	CHAIRS (290)	8/01/85	16,545	0	0	16,545	0	16,545	0	S/L	5.00	
59	BUILDING IMPROVEMENTS	4/01/86	8,130	0	0	8,130	0	8,130	0	S/L	19.00	
60	FREEZER	8/01/89	950	0	0	950	0	950	0	200DB	7.00	
61	10 ROUND TABLES	8/28/90	1,074	0	0	1,074	0	1,074	0	200DB	7.00	
62	ROUND TABLES (24)	6/01/90	1,069	0	0	1,069	0	1,069	0	200DB	7.00	
63	TABLE TRUCK	4/01/91	90	0	0	90	0	90	0	200DB	7.00	
64	CARTS (3)	2/15/92	118	0	0	118	0	118	0	200DB	7.00	
65	ROOF - SHRINE (NOT PP)	5/18/92	8,945	0	0	7,166	289	7,455	1,490	S/L	31.00	
66	REFRIGERATOR	10/16/92	2,400	0	0	2,400	0	2,400	0	200DB	7.00	
67	PRESSURE TANK	10/31/94	300	0	0	300	0	300	0	200DB	7.00	
68	HIGH CHAIRS (2)	4/20/95	90	0	0	90	0	90	0	200DB	7.00	
69	RCA TV - VCR	4/29/95	1,100	0	0	1,100	0	1,100	0	200DB	7.00	
70	STEEL INSTRUMENT CART	6/07/95	201	0	0	201	0	201	0	200DB	7.00	
71	BUILDING INSULATION	5/16/95	2,778	0	0	1,590	71	1,661	1,117	S/L	39.00	
72	DOOR	3/06/97	521	0	0	521	0	521	0	150DB	15.00	

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Shrine Building (continued)											
84	TILING	10/15/97	947	0	0	946	0	946	1	200DB	5.0
106	ANCIL SYSTEM-SHRINE	10/10/02	1,095	0	0	1,073	0	1,073	22	S/L	7.00
122	AIR CONDITIONER	7/31/03	3,980	0	0	3,743	237	3,980	0	S/L	15.00
138	FURNACE (4) SHRINE BLDG	3/10/05	9,860	0	0	8,295	657	8,952	908	S/L	15.0
154	SHRINE BLD IMPROV	8/04/05	6,043	0	0	1,879	155	2,034	4,009	S/L	39.0
155	FAUX TREATMENT	8/04/05	1,860	0	0	1,860	0	1,860	0	S/L	7.0
156	PAINT ENTRY & WEST ROOM	8/11/05	6,000	0	0	6,000	0	6,000	0	S/L	7.0
157	WINDOW CORNICES	8/11/05	996	0	0	996	0	996	0	S/L	7.0
158	RESTROOM PLUMBING	8/18/05	2,100	0	0	655	54	709	1,391	S/L	39.0
159	CARPET - WEST ROOM	8/18/05	4,874	0	0	4,874	0	4,874	0	S/L	7.0
160	BLINDS	9/30/05	100	0	0	100	0	100	0	S/L	7.0
161	DUMPSTER	8/11/05	599	0	0	599	0	599	0	S/L	7.0
167	WATER SOFTNER - SHRINE BLD	12/15/05	1,100	0	0	1,100	0	1,100	0	S/L	7.0
186	PARKING LOT - SHRINE BLD	7/01/08	7,823	0	0	7,136	687	7,823	0	S/L	10.0
188	SWEEPER - SHRINE BLD	5/29/08	567	0	0	567	0	567	0	S/L	7.0
189	AUDIO TECH MICROPHONES	6/19/08	220	0	0	220	0	220	0	S/L	5.0
194	CHAIRS - SHRINE BLD	6/30/09	3,599	0	0	3,599	0	3,599	0	S/L	7.0
231	ADA BATHROOM	5/31/17	4,473	0	0	42	112	154	4,319	S/L	39.0
232	AIR CONDITIONING - SHRINE E	7/01/17	6,000	0	0	31	150	181	5,819	S/L	39.0
235	ROOF - SHRINE BUILDING	10/12/17	14,315	0c	0	0	352	352	13,963	S/L	39.0
	Shrine Building		226,536	0c	0	190,733	2,764	193,497	33,039		
	Grand Total		310,695	0c	0	248,145	4,640	252,785	57,910		