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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**
- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection**A For the 2010 calendar year, or tax year beginning , 2010, and ending ,**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Come-See-Me Festival, Inc.		D Employer identification number 57-1004335
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number (803) 329-7625
	PO Box 4221		F Group Exemption Number ►
	City or town, state or country, and ZIP + 4 Rock Hill SC 29731		

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ► _____

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► comeseeme.rockhill.net**J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **172,874.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	122,430.
	2 Program service revenue including government fees and contracts	2	49,074.
	3 Membership dues and assessments	3	
	4 Investment income	4	1,370.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	172,874.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	5,150.
	13 Professional fees and other payments to independent contractors	13	421.
	14 Occupancy, rent, utilities, and maintenance	14	8,113.
	15 Printing, publications, postage, and shipping	15	539.
	16 Other expenses (describe in Schedule O)	16	149,876.
	17 Total expenses. Add lines 10 through 16	17	164,099.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,775.	
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	88,149.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	96,924.

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2010)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	75,625.	22 85,158.
23 Land and buildings	716.	23 501.
24 Other assets (describe in Schedule O) <u>See L-24 Stmt</u>	13,747.	24 11,265.
25 Total assets	90,088.	25 96,924.
26 Total liabilities (describe in Schedule O) <u>See L-26 Stmt</u>	1,939.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	88,149.	27 96,924.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? Annual 10 day Festival

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

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

28 <u>Our Organization sponsors an annual community spring festival that includes a parade, road race, fireworks, tailgate party, art exhibits, and live music and concerts</u> (Grants \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	137,210.
29 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	137,210.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Ann Terry</u> <u>PO Box 4221</u> <u>Rock Hill SC 29732</u>	Administrative Assistant 12.00	3,412.	0.	
<u>Mary Archie</u> <u>1890 Farrow Drive</u> <u>Rock Hill SC 29732</u>	Member at Large 2.00	0.	0.	
<u>Bubba Bailey</u> <u>709 Summerwood Drive</u> <u>Rock Hill SC 29732</u>	Sponsor Liaison 2.00	0.	0.	
<u>Kevin Boulware</u> <u>PO Box 36502</u> <u>Rock Hill SC 29732</u>	Treasurer 2.00	0.	0.	
<u>Sonja Burris</u> <u>PO Box 11377</u> <u>Rock Hill SC 29731</u>	CVB Representative 2.00	0.	0.	
<u>Andrea Cooper</u> <u>2169 Summers Glen</u> <u>Rock Hill SC 29732</u>	Member at Large 2.00	0.	0.	
<u>Catherine Faircloth</u> <u>643 Sedgewood Drive</u> <u>Rock Hill SC 29732</u>	Immediate Past Festival Chair 2.00	0.	0.	
<u>Jimmy Freeman</u> <u>355 Silver Lane</u> <u>Rock Hill SC 29732</u>	Member at Large 2.00	0.	0.	
<u>Dan Ballou</u> <u>PO BOX 10490</u> <u>Rock Hill SC 29731</u>	Member at Large 2.00	0.	0.	
<u>See List of Officers, Directors, Trustees, & Key Employees Stmt</u>				

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41		

42a The organization's books are in care of **Kevin D. Boulware** Telephone no **(803) 329-7625**
 Located at **PO Box 4221** **Rock Hill** SC ZIP + 4 **29732**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country **42b**

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the US?
 If 'Yes,' enter the name of the foreign country: **42c**

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

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

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44b**

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

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **44d**

	Yes	No
44a		X
44b		X
44c		X
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Kevin D Boulware</u>		Date <u>5-12-11</u>		
	Type or print name and title <u>KEVIN D Boulware Treasurer</u>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <u>Kevin D Boulware</u>	Date <u>05/12/11</u>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	<u>BOOKKEEPERS PLUS, LLC</u>			
	Firm's address	<u>PO BOX 36502</u>			
	<u>ROCK HILL SC 29732</u>	Firm's EIN	<u>(803) 329-1404</u>		

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

Miscellaneous StatementForm 990 Statement of Organization's Primary Exempt PurposePart IStatement 1

To provide an annual 10 day festival for the enjoyment of the
citizens of York County, South Carolina,
and the surrounding area.

Total

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Depreciation	205.
Licenses	8.
Board Meeting Expenses	134.
Property Taxes	30.
Conferences	349.
Insurance	7,790.
Dues and Subscriptions	443.
Office Supplies and Expense	3,443.
Travel Expenses	220.
Memorials	200.
Licenses	50.
Program Services Expenses:	
BBQ Competiton	7,224.
Beach Bash	16,941.
Brouchers	6,790.
Children's Activities	3,420.
Publicity and Advertising	23,808.
Road Race	5,210.
Skydiving	265.
Souvenirs	10,387.
Gourmet Gardens	8,900.
Volunteer Related	9,890.
Parade	2,776.
Moonlight Jazz	9,930.
Tailgate Party/Fireworks	16,966.
Glencairn Gardens Entertainment	3,945.
EMS Service	2,150.
Mayors Tour	
Sponsor Signage	1,802.
Festival Meetings	1,578.
Community Service Merit Awards	157.
Other Miscellaneous	2,290.
Sponsor Related	1,195.
Unveiling Breakfast	1,380.

Total	<u>149,876.</u>
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Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Dan Murray 1162 Eden Terrace Rock Hill SC 29732 Foreign city _____ Foreign country _____	Title Winthrop Universi Hours/Week 2.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ericka Bell 1081 Woodshire Ct Rock Hill SC 29730 Foreign city _____ Foreign country _____	Title 2011 Vice Chair Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jodie Roberts-Smith 861 Myrtle Drive Rock Hill SC 29730 Foreign city _____ Foreign country _____	Title 2011 Festival Vic Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mark Sexton PO Box 11706 Rock Hill SC 29731 Foreign city _____ Foreign country _____	Title City Rep Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Margaret Wallace 705 Brynwood Drive Rock Hill SC 29732 Foreign city _____ Foreign country _____	Title Member at Large Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Matt Watson 957 Beverly Drive Rock Hill SC 29730 Foreign city _____ Foreign country _____	Title 2011 Festival Cha Hours/Week 6.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> David Williams PO Box 11590 Rock Hill SC 29731 Foreign city _____ Foreign country _____	Title President of Board Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Amy Faulkenberry 668 Clouds Way Rock Hill SC 29732 Foreign city _____ Foreign country _____	Title Vice President of Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lamar Thompson 4715 Westwind Drive Rock Hill SC 29732 Foreign city _____ Foreign country _____	Title Member at Large Hours/Week 2.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Wayne Wingate 838 Bridgewood Drive Rock Hill SC 29732 Foreign city _____ Foreign country _____	Title 2011 Festival Cha Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lisbeth D. Neely PO BOX 4221 Rock Hill SC 29732 Foreign city _____ Foreign country _____	Title Staff Hours/Week 8.00	1,290.	0.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Prepaid Rent	13,747.	11,245.
Bad Checks Receivable		20.
Total	13,747.	11,265.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Payroll Liabilities	168.	0.
Accrued Expenses	1,771.	0.
Total	1,939.	0.

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
Utilities	6,031.
Phone	2,082.
Total	<u>8,113.</u>

Supporting Statement of:

Form 990-EZ/Line 23, Column (A)

Description	Amount
Frog Heads (mascots)	2,338.
Accumulated Depreciation	-1,622.
Total	<u>716.</u>

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010Attachment
Sequence No **67**

Name(s) shown on return

Come-See-Me Festival, Inc.

Identifying number

57-1004335

Business or activity to which this form relates

Form 990 / Form 990EZ

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	
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	
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 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	205.
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 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
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	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2010 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	205.
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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 10/29/10

Form **4562** (2010)

Part V Listed Property (Include automobiles, certain other vehicles, 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?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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										
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	
30 Total business/investment miles driven during the year (do not 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												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 **are not** 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,' do not 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 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**State of South Carolina
Office of the Secretary of State, Mark Hammond
Public Charities Division**

1205 Pendleton St, Ste 525
Columbia, SC 29201

Phone: (803) 734-1790

Fax: (803) 734-1604

**INSTRUCTIONS FOR THE
ANNUAL FINANCIAL REPORT FORM**

This form is due to our Office on the 15th day of the 5th month after the end of your fiscal year. (Organizations may submit an IRS Form 990 or 990-EZ to this Office instead.) To complete this form, first fill out the General Information section of the form. Next, complete all schedules relevant to your organization. Start with Schedule 5, and finish with the Financial Summary. Note that Schedule 1 and Activity Statements are required of all organizations. When completed, the form should be signed and dated by the Chief Executive Officer and Chief Financial Officer of the organization. There is no fee for filing this form. You may mail, overnight or fax the form to us.

General Information

- Employer's Identification Number (EIN) – Identification number assigned to a nonprofit by the Internal Revenue Service.
- "Fiscal Year Beginning" and "Fiscal Year Ending" – Organizations establish the dates of their fiscal year. If an organization wishes to change its fiscal year, it should contact our Office.
- Charity Registration Number - Number assigned to your organization by the Public Charities Division.

Schedule 5: Special Events and Fundraising Sales

Use this schedule for special events like bingo games, golf tournaments, dinners, auctions and for sales of products like candy, fruit, t-shirts and concessions.

Schedule 4: Contracts with Commercial Co-Venturers (CCV)

Commercial Co-Venture (CCV) - any agreement between a business and a charity in which the business advertises that the sale of its goods or services will benefit a charitable organization and the price of the good or service does not exceed that normally charged. An example of a CCV -- a restaurant might advertise that for every hamburger sold, it will donate 25 cents to a particular charity. The charity should report on Schedule 1, Line 3 only its income from the event.

Schedule 3: Contracts with Professional Fundraising Counsels (PFRC)

Professional Fundraising Counsels (PFRC) - any individual or business which contracts with a charitable organization to plan, manage or prepare material for a fundraising campaign which the charitable organization will conduct. A Professional Fundraising Counsel, however, does NOT solicit funds. A PFRC might prepare grant proposals or plan a mailing for charitable organizations.

Schedule 2: Contracts with Professional Fundraising Solicitors (PFRS)

Professional Fundraising Solicitor (PFRS) - an individual or business which contracts with a charitable organization to solicit contributions for it. For example, a PFRS might call citizens or go door-to-door to ask for contributions. Bingo operators are considered professional solicitors under state law but not federal law. Information on bingo promoters should be entered on Schedule 5, Special Events and not Schedule 2. Thus, a charity which has hired a professional solicitor to conduct a special event would complete the Annual Financial Report Form in the same way as IRS Form 990 or 990-EZ.

Schedule 1: Contributions

- | | |
|---------|--|
| Line 3 | "Commercial Co-Venture" – See definition under Schedule 4 above. |
| Line 5 | "Special Events and Fundraising Sales" – See definition under Schedule 5 above. |
| Line 10 | "Other" – In this section, you may list other kinds of solicitation and the proceeds from them |
| Line 12 | Federated Fundraising Agencies - a group of independent charitable organizations which have voluntarily joined together to raise and distribute contributions (i.e. United Way). |