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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 09-01-2013, and ending 08-31-2014

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: CARLISLE SUMMERFAIR
Number and street (or P O box, if mail is not delivered to street address): PO BOX 1773
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: CARLISLE, PA 17013

D Employer identification number: 23-2097609

E Telephone number: (717) 763-2207

F Group Exemption Number

G Accounting Method: [ ] Cash [X] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.CARLISLESUMMERFAIR.ORG

J Tax-exempt status (check only one): [ ] 501(c)(3) [X] 501(c)(4) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 32,883

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 [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 5,854, 26,996, 33, 32,883, 26,661, 6,222, 34,109, 40,331.

**Part III Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	34,109	<b>22</b>	40,331
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	34,109	<b>25</b>	40,331
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	34,109	<b>27</b>	40,331

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
 PROMOTE COMMUNITY SPIRIT FOR THE RESIDENTS OF THE CALRISLE, PA AREA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

<b>28</b> A ONE WEEK FESTIVAL IS HELD FOR ALL CARLISLE RESIDENTS ACTIVITES INCLUDE, BUT ARE NOT LIMITED TO PARADE, ARTS FESTIVAL, MUSICAL AND VARIOUS SPORTS EVENTS FOR ALL AGES (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	18,688
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	18,688

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

Yes No

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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 (JEFF SEIPLE TREASURER) and Date (2014-12-11)

Paid Preparer Use Only: Print/Type preparer's name (JOEL A FLINCHBAUGH CPA), Preparer's signature, Date (2014-12-11), Check self-employed, PTIN (P00065208), Firm's name (SMITH ELLIOTT KEARNS & COMPANY LLC), Firm's EIN (52-0783935), Firm's address (19 BROOKWOOD AVE STE 101, CARLISLE, PA 17015), Phone no (717) 243-9104

May the IRS discuss this return with the preparer shown above? See instructions

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-2097609  
**Name:** CARLISLE SUMMERFAIR

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
BJ CASHMAN CHAIR	1 00	0		
TARA SALISBURY 2ND VICE CHA	1 00	0		
JEFF SEIPLE TREASURER	1 00	0		
DEB SOWERS FINANCE CHAI	1 00	0		
DARIN BAISH BOARD MEMBER	1 00	0		
MICHAEL BLACK BOARD MEMBER	1 00	0		
DEBBIE BUBB BOARD MEMBER	1 00	0		
CATHY CLARK BOARD MEMBER	1 00	0		
GEORGE DOUGLAS BOARD MEMBER	1 00	0		
RACHEL FLUSS BOARD MEMBER	1 00	0		
ANGELA MACKKEY BOARD MEMBER	1 00	0		
CHRIS MOWERS BOARD MEMBER	1 00	0		
HEATHER MOWERS BOARD MEMBER	1 00	0		
KEVIN SMALL BOARD MEMBER	1 00	0		
DOTTIE WARNER BOARD MEMBER	1 00	0		

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BILL WISE BOARD MEMBER	1 00	0		
RUSSELL YINGER BOARD MEMBER	1 00	0		

**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 to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
CARLISLE SUMMERFAIR

**Employer identification number**

23-2097609

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	

# TY 2013 Compensation Explanation

**Name:** CARLISLE SUMMERFAIR

**EIN:** 23-2097609

Person Name	Explanation
BJ CASHMAN	
TARA SALISBURY	
JEFF SEIPLE	
DEB SOWERS	
DARIN BAISH	
MICHAEL BLACK	
DEBBIE BUBB	
CATHY CLARK	
GEORGE DOUGLAS	
RACHEL FLUSS	
ANGELA MACKEY	
CHRIS MOWERS	
HEATHER MOWERS	
KEVIN SMALL	
DOTTIE WARNER	
BILL WISE	
RUSSELL YINGER	