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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public :

<u>A</u> _	For the	2014 calen	dar year, or	tax year b	egin	ning			, 2014,	and endi	ng			,			
В	Check if a	applicable	C Name of or	ganization	Com	e-See-l	Me Fest	ival,	Inc.				D Employ	er identific	ation num	ber	
	Add	ress change	Doing busin					•					57-	100433	35		
	Nan	ne change	Number en	d street (or P	O box	If mail is not d	elivered to stree	et address)		Room	/suite		E Telepho				
	Initia	al return	PO Box	4221									(80)	3) 329	3-762	5	
	Final	return/terminated			vince, c	country, and ZI	IP or foreign pos	stal code			-		(00.	3, 32.	7020		
	Ame	ended return	Rock Hi.	11					SC	29731			G Gross re	secrete S	260,	620	
	\vdash	lication pending	F Name and		ncinal c	officer				29731	H(a) Is	this a	group return			Yes	XNo
			Mark Sex	•			Doole	Hill	CC	29731			-		<u> </u>	Yes	No
$\overline{\Gamma}$	Tay.es	kempt status	501(c)(3)	X 501(c			(Insert no)			527	_ if	'No,'	subordinales atlach a list (s	see instructi	ons)	7.40	
ij		 					(IIISELLIIO)	14947	(a)(1) or	1321	-						
K -		of organization.	meseeme. X Corporation		<u> </u>	·	T 1	· · · · · · · · · · · · · · · · · · ·	1				exemption nu				
		Summar		Trust		Association	Other >		LY	ear of forma	tion <u>I</u>	98	o IMIS	tate of lega	I domicile	SC	
F		griefly describ		ration's mi	oolon	or most si	anificant act	llulling.					•				
	ŀ	oneny descrit	e the organiz	zauon s mi	SSION	or most si	gnilicant act	iivities.	Se	e Stat	emer	1 <u>E</u> _	1				
Governance	-																
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ķ	ة وا	Check this bo	v ►			discontinu	ed its opera	tions or d	ienosoc		 than 26		f its not as				
ලි	3 1	Number of vo	ina members	of the go	vernir	na body (P	art VI. line 1	a)	iishosec			<i>-</i> 0		3			19
જ	4 1	Number of ind	lependent vo	ting memb	ers o	f the gover	ning body (Part VI, I	ine 1b)					4			$\frac{19}{19}$
Activities &	5 T	otal number	of individuals	employed	in ca	alendar yea	ar 2014 (Par	rt V, line	2a) .					5			
ξį	6 T	otał number	of volunteers	(estimate	if ned	cessary) .								6			320
Ac		otal unrelate												7a			0.
	b N	let unrelated	business tax	able incon	ne fro	m Fo rm 9 9	9 0 <u>T. line</u> 3 4	211.75		ŋ				7b			0.
			RECEIVED						Р	rior Year		Curre	nt Yea	ar			
0		Contributions							<u>ç</u>	2			123,5	17.	1	172,	218.
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eve	10 lr	Program servi	come (Part Vi	III, column	(A), i	linesβ774, a	and 7d) 🐣	à 701°	نی ۰ ا	,				16.			22.
Œ	ווו כ	Jiner revenue	e (Part VIII, Co	olumn (A),	unes	5, 60, 80,	Ac'-1nc'-auc	1-1-1e)		<u> </u>	1						
		otal revenue							_*		·		200,8	71.	2	260,	629.
	1	Frants and sir					•			.	·						
		Benefits paid to or for members (Part IX, column (A), line 4)															
တ္	15 S	Salaries, othe	r compensati	on, emplo	yee b	enefits (Pa	irt IX, colum	n (A), lin	es 5-10))	·						
пsе	16a F	Professional f	undraising fe	es (Part IX	(, colu	ımn (A), lin	ne 11e)				.						
Expenses	bТ	otal fundraisi	ing expenses	(Part IX,	colum	n (D), line	25) ►			0.	100			· · ·			
ற		Other expense	- •	•		, ,	· -						····	····		271,	986
		otal expense	•			· · · · · · · · · · · · · · · · · · ·	•										986.
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8 8		10101100 1000	Oxponede C	abildot iiit	- 101	10111 1110 12		• • • •					ng of Curren			of Yea	
and a	20 T	otal assets (I	Part X line 16	6)							Deg	10.03.03	61,4				109.
3 E	21 T	otal liabilities	•	,							<u> </u>			16.			263.
Net Assets Fund Balanc	22 N	let assets or	,	,	t line	21 from lin	20				·						
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		2		Hill			0 (! :		29730				Phone no	(803)	328-		
May	r une iK!	o aiscuss this	return with t	ne prepar	er sho	own above	(see instru	ictions)							Yes	IX.	No 💂

BAA For Paperwork Reduction Act Notice, see the separate instructions.

X No Form 990 (201

		ne-See-Me Fest	ival, Inc.				57-1	004335	Page 2
Par	771 × 7 × 7 × 1	nt of Program Se	•						
	Check if Sc	hedule O contains a re	sponse or note to a	ny line in this Parl	<u>: III </u>		· · · · · · · · ·		<u> </u>
1	Briefly describe the	e organization's mission	1						
	See Stateme	<u>ent 1</u>							
						- - -			
									
2	-	on undertake any signifi			ır which were n	ot listed on	the prior	_	
		Z?		• • • • •				· Yes	X No
_	•	nese new services on S			_				
3	-	on cease conducting, or	-	anges in how it c	onducts, any p	rogram serv	rices?	· [Yes	X No
_	•	nese changes on Sched							
4	Section 501(c)(3) a	nization's program servi and 501(c)(4) organizat y, for each program ser	ions are required to	s for each of its the report the amour	iree largest pro it of grants and	ogram servic I allocations	es, as measur to others, the	ed by expense total expense	ses s,
4 8	(Code) (Expenses \$	271,881. ir	cluding grants of	\$	5,000.) (Revenue	\$ 2	60,524.)
	Our Organiz	zation sponsor	s an annual	community	spring fe	estival	that inc		
		ad race, firew							certs,
		en's activitie			 .				
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41	(Code.) (Expenses \$	ir	ncluding grants of	\$) (Revenue	\$)
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4	c (Code:) (Expenses \$		ncluding grants of	: \$		_) (Revenue	\$)
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4	d Other program se	rvices (Describe in Scl	nedule O)						
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	(Expenses \$ e Total program ser		including grants of) (Revenue	e \$)

			163	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
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? If 'Yes,' complete Schedule C, Part II	4		
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? If 'Yes,' complete Schedule C, Part III	5		Х
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? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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? If 'Yes,' complete Schedule D, Part IV	9_		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		777	1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
á	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	x	
Ì	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? If 'Yes,' complete Schedule D, Part VII	11b		х
(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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	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? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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)? If 'Yes,' complete Schedule D, Part X	111		х
12 :	a Dld the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	ļ	х
ı	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
I	DIDID 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? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
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? If 'Yes,' complete Schedule F, Parts II and IV	15	,	х
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? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	<u> </u>

Page 4

			Yes	No
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? If 'Yes,' complete Schedule I, Parts I and II	21		х
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? If 'Yes,' complete Schedule I, Parts I and III	22		х
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? If 'Yes,' complete Schedule J	23		х
24 a	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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? If 'Yes,' complete Schedule L, Part I	25a		х
ı	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? If 'Yes,' complete Schedule L, Part I	25b		х
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? If 'Yes', complete Schedule L, Part II	26		х
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? If 'Yes,' complete Schedule L, Part III	27		х
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)	`,;	4 - 2 3	
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
1	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? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	ļ	<u> </u>
30	contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, 'complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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? If 'Yes,' complete Schedule R, Part I	33		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	organization? If Yes, complete Schedule R, Part V, line 2	36		
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? If 'Yes,' complete Schedule R, Part VI	37	-	X
38	Note. All Form 990 filers are required to complete Schedule O	38	X	
BA	4	Forn	1990	(2014)

Form 990 (2014) Come-See-Me Festival, Inc. 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

a Enier the number oported in Box 3 of Form 1096 Enter-0- if not applicable 1 a 0 0 b Enier the number of Forms W-26 included in line 1 a Enter-0- if not applicable 1 b 0 0 c 1 b Enier the number of Forms W-26 included in line 1 a Enter-0- if not applicable 1 b 0 0 c 1 b Enier the number of Forms W-26 included in line 1 a Enter-0- if not applicable 1 b 0 0 c 1 b 1 b 0 0 c 1 b 1 b 0 0 c 1 b 1 b 0 0 c 1 b 1 b 0 0 c 1 b 1 b 0 0 c 1 b 1 b 0 0 c 1 b 1 b 0 0 c 1 b 1 b 0 0 c 1 b 1 b 1 c 1 b 1 b 1 c 1 b 1 b 1 c 1 b 1 b	Check if Schedule O contains a response or note to any line in this Part V			. П
b Enter the number of Forms W-25 included in line 1s. Enter 0- if not applicable. C Did the organization comply with backput withholding rules for repotable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3. Transmittatior (Wage and Tax Statements, Bied for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2s, did the organization file of required redders' employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions). 3 a Did the organization have undealed business gross income of \$1,000 or more during the year? 3 a Did the organization have undealed business gross income of \$1,000 or more during the year? 3 b If Yes, including the celevity age, did the organization that or a signature or other authority over, a financial account in a foreign country. 5 a West the organization or foreign country. 5 a West the organization or foreign country. 5 a West the organization or foreign country. 5 a West the organization and or file organization that it was or is a party to a prohibited tax sheller transcaled. 5 a 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? 5 b If Yes, if other organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible each orthibitions? 6 a Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor. 7 b If Yes, if other organization that may receive deductible contributions under section 170(c). 8 organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the organization freely			Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filed for the calefactive year ending with to will nit he year covered by this return. 5 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 a Was the organization have unrelated business gross income of \$1,000 or more during the year? 5 a Was the organization and the organization have an interest in, or a signature or other authority over, a wind or the organization have a business organization have a business organization have a business organization and the organization have a business organization and the properties of the organization and the signal organization and the signal organization and the signal organization and the signal organization and the was of a party to a prohibited tax sheller transaction? 5 a Doss the organization have annual gross receipte that are normally greater than \$100,000, and did the organization before the organization for the was presented to the organization have annual gross receipte that are normally greater than \$100,000, and did the organization school and services provided to the payer? 5 a Doss the organization have annual gross receipte that are normally greater than \$100,000, and did the organization school and services provided to the payer? 7 organizations that may receive deductible contributions under section 170(c). 8 a Doss the organization school was payment in excess of \$75 mate paying and the payon that the payon the payon that the payon that the payon that the payon that	1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	, %		1 2/2 2. 1/2
Gambling) winnings to prize winners? 2 E Einer the number of employees reported on Form NV-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or will in the year covered by this return bit at least one is reported on file 23, did the organization file all required federal employment has returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have underted business gross income of \$1,000 or more during the year? 3 a Did have reported the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial accountly ochre as a bank account, securities account, or other financial accountly? 4 a At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial accountly ochre as a bank account, securities account, or other financial accountly? 4 a Did with the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial accountly ochre as a bank account, securities account, or other financial accountly? 4 a Did with the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial file of the properties and the properties account or other authority over, a financial file of the properties account or other authority over, a financial file of the properties account or other authority over, a financial file of the properties account or other authority over, a financial file of the properties account or other authority over, a financial file of the properties account or other authority over, a financial file of the properties account or other authority over, a file of the properties account or other authority of the properties account or other authority or account or other authority or account or account of the properties account or account of the properties account or other authority or account or a	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12. b Gross income from members or shareholders. b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a bif Yes, enter the amount of tax-exempt interest received or accrued during the year 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? Note. See the Instructions for additional information the organization must report on Schedule O 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 c Enter the amount of rece		7 c		
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g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organizations make any taxable distributions under section 4966? 9 a b Did the sponsoring organizations. Enter a initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12. c Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 a lis the organization licensed to issue qualified health plans in more than one state? Note. See the Instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand 13 c Enter the amount of reserves on hand 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
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14a Did the organization receive any payments for indoor tanning services during the tax year?	which the organization is licensed to issue qualified health plans	.		
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			i	5
				-^-
		<u> </u>	990 (1 2014\

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

Sec	tion A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·				
					Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a	19	~ ,	- Q.	147,751
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad			74 m		ه گرين ده مواد د
	authority to an executive committee or similar committee, explain in Schedule O	ł I			3.77	
t	Enter the number of voting members included in line 1a, above, who are independent	1 b	19		X,307	Y44.4
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	ship with any other		اڭ _ى 🕸	\$ (20°)	
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under of officers, directors, or trustees, or key employees to a management company or other person?	r the direct supervision		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					,
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or			O		X
7 8	members of the governing body?	• •		7 a		Х
t	Are any governance decisions of the organization reserved to (or subject to approval by) member					
	stockholders, or persons other than the governing body?			7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake the following			1 5. 1 31	, (*) , 3 855	
	The governing body?			8 a	Х	
t	Each committee with authority to act on behalf of the governing body?			8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be					
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not requir	red by the Intern	<u>al Reven</u>	ue C	ode.)	ļ
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10 a		X
t	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, at operations are consistent with the organization's exempt purposes?			10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	form?		11 a	X	
k	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1 3,5,1	ا در	内容数
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13			12 a	`	X
ŧ	Were officers, directors, or trustees, and key employees required to disclose annually interests th to conflicts?	nat could give rise		12 b	V · ·	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If Schedule O how this was done		<i>.</i>	12 c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and appropersons, comparability data, and contemporaneous substantiation of the deliberation and decision	roval by independent		* \$ 45.3°	680	
	The organization's CEO, Executive Director, or top management official			15 a	w. * * * * * * * * * * * * * * * * * * *	X
	Other officers or key employees of the organization			15 b		X
1	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			15	1313	200
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrantaxable entity during the year?			16a		X
ŀ	of Yes, did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safe	uate its		73.75 72.75	100	9/3
	organization's exempt status with respect to such arrangements?	<u> </u>		16 b		<u> </u>
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► South Caro		. – – – -			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9 for public inspection. Indicate how you made these available. Check all that apply			availat	ole	
19	Own website	her <i>(explain in Sched</i> olicy and financial statem		e In		
20	the public during the tax year State the name, address, and telephone number of the person who possesses the organization's	-	- CARS GVGRGDI	- 10		
4 U	•	SC 29732	101	U 3 I	320-	7625
	Kathy Wilson PO Box 4221 Rock Hill, S	00 63136	10	<i>UJ</i>	223-	1023

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

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

- 1 a 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

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

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 it heliner the organization nor any related organization compensated any current officer, director, or trustee. (C)												
(A) Name and Title	(B) Average hours per	ls	both	(do no box, u an of ector/	it che infess ficer a	ck more persor and a e)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	week (list any hours for related organiza- tions below doited line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
(1) Amelia Anderson	2.00	,,						_		_		
Member at Large	 	X		<u> </u>				0.	0.	0.		
(2) Dan Ballou Member at Large	2.00	х						0.	0.	0.		
(3) Alice Davis Member at Large	2.00	X						0.	0.	0.		
(4) Brian Ullrich Treasurer	2.00	х						0.	0.	0.		
(5) Mike Goodner Member at Large	2.00	Х						0.	0.	0.		
(6) Matt Watson President	2.00	х						0.	0.	0.		
(7) Trey Moore Member at Large	2.00	х						0.	0.	0.		
(8) Angie Perry Festival Chair Nominee	2.00	х						0.	0.	0.		
(9) Kathy Wilson Member at Large	12.00					х		17,342.	0.	0.		
(10) Jennifer Childers 2014 Vice Chair	2.00	x						0.	0.	0.		
(11) Nicki Nash Member at Large	2.00	X						0.	0.	0.		
(12) Harold Peeples Former Festival Chair	2.00	х						0.	0.	0.		
(13) Joe Sprouse Member at Large	2.00	х						0.	0.	0.		
(14) Brian Hovis Festival Chair	2.00	х						0.	0.	0.		
BAA	TEEA0	107	02/27	//14						Form 990 (2014)		

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martivital Section A. Onicers, Directors, Tri	(B)			(C		, ui	id mgnoot oo.		Communica,
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	not ch , unles cer an	s per d a di	more son :: irecto	than on an end of the state of	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated annount of other compensation from the organization and related organizations
(15) Erika Bell	2.00_								
Immediate Past Festival Chair	12 00	X	╁			-	0.	0.	0
(16) Dan Murray	2.00_	x							
Winthrop Representative	0.00	 ^	-	-		-	0.	0.	0
(17) David Williams	2.00_	,							
2014 Vice Chair	 	X	\vdash	_			0.	0.	0
(18) Lamar Thompson	2.00_	۱							
Member at Large	<u> </u>	X	\vdash	_			0.	0.	0
(19) Jodie Roberts-Smith	2.00	l]						
Immediate Past President		X					0.	0.	0
(20) Mark Sexton	2.00_		li						
City Representative		X					0.	0.	0
(21)			1						
(22)									
(23)									
(24)			\vdash						
	1	_							
<u>(25)</u>									
1 b Sub-total				•		. •	17,342	0.	0
c Total from continuation sheets to Part VII, Sect	on A					▶			
d Total (add lines 1b and 1c)						•	17,342	0.	0
2 Total number of individuals (including but not limite							ed more than \$100	,000 of reportable co	
from the organization -									
									Yes N
3 Did the organization list any former officer, directo	r, or truste	e, ke	y em	ploy	ee,	or high	est compensated e	mployee	17 7 4d x 12 12
on line 1a? If 'Yes,' complete Schedule J for such i									. 3
4 For any individual listed on line 1a, is the sum of re	portable c	ompe	ensat	ion a	and	other c	compensation from		
the organization and related organizations greater	than \$150	,000?	' If 'Y	'es' (com	plete S	chedule J for		4
such individual									3. (3.7.7)
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'									
Section B. Independent Contractors	complete	JUITE	1010	3 101	300	ii pers	511	· · · · · · · · · · · · · · · · · · ·	., -
1 Complete this table for your five highest compensa	ted indepe	ender	it cor	ntrac	ctors	that re	eceived more than	\$100,000 of	
compensation from the organization Report comp	ensation fo	or the	cale	nda	r yea	ar endi		····	
(A) Name and business add	200							B) of services	(C) Compensation
Traine and business add									
							 		
									
							+		
					-		+		
2 Total number of independent contractors (including	but not lin	nited	to th	ose	liste	ed abor	/e) who received m	ore than	A Carre
\$100,000 of compensation from the organization	>		•					· · ·	
T. TOTAL T. TELLIPO. TOMAN HOLD HIS TIS TIMENTON								16%*	- x a . P. x . and halve I dought (not the four by suggest)

(E, at	P.o. V. 111	Check if Schedule O c		se or note to any lir	ne 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	b c	Federated campaigns . Membership dues Fundraising events Related organizations .	1c					
butions, Gither Simila	e f	Government grants (contribution All other contributions, gifts, graimilar amounts not included a	ons) 1 e	172,218.				
		Noncash contributions Included Total. Add lines 1a-1f .	· _		172,218.	*,,,,	14	87.5
Program Service Revenue	2a b c d	Spring Festival	L Income _	9000099	88,389.	88,389.	0.	0.
Progran		All other program service Total. Add lines 2a-2f			88,389.	Marie Assa	4× ' ' ' ' '	an a financial
	4	Investment income (incluother similar amounts) Income from investment Royalties	of tax-exempt bo	▶	22.	22.	0.	0.
	b	Gross rents Less. rental expenses Rental Income or (loss) Net rental income or (loss						
	7 a	Gross amount from sales of assels other than inventory	(1) Securilies	(ii) Other				
	С	Less cost or other basis and sales expenses Gain or (loss)						
Other Revenue		Gross income from fundr (not including. \$	on line 1c)					
Othe	с 9 а	Less: direct expenses . Net income or (loss) from Gross income from gamin	n fundraising ever ng activities	<u> </u>	1000	***************************************		
	b	See Part IV, line 19 Less: direct expenses . Net income or (loss) from	b	L	Size No.			
	b	Gross sales of inventory, and allowances Less. cost of goods sold	b			, , , , , ,		2 2 2
	11a b	Net income or (loss) from		Business Code	4. %.	,	, , ,	,
	е	All other revenue Total. Add lines 11a-11d	·				-	<i>i</i>
	12	Total revenue. See instr	uctions		260 629	88 411	0	0

Part IX Statement of Functional Expenses

Do n 6b, 7	of Include amounts reported on lines b, 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			The control of the co	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16			and the second	
4	Benefits paid to or for members			3.5 1.7 55 7 1.3 4	The state of the s
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting				
	Lobbying				
-	Professional fundraising services See Part IV, line 17		\$ 10 Feb 100 100 100 100 100 100 100 100 100 10		
	Investment management fees		0 - 3 m/ 10 1/4 m 1 1/4 m	, <u>, , , , , , , , , , , , , , , , , , </u>	
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		· · · · · · · · · · · · · · · · · · ·		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	105.	105.	0.	0.
23	Insurance				
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)	200		The second secon	
а	Spring Festival Expenses	227,331.	227,331.	0.	0.
b		44.550.	0.	44,550.	0.
c					,
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	271,986.	227,436.	44,550.	0.
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 if following SOP 98-2 (ASC 958-720)				

_		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	20,727.	1	22,063.
ļ	2	Savings and temporary cash investments	36,879.	2	26,809.
	3	Pledges and grants receivable, net	· · · · · · · · · · · · · · · · · · ·	3	
	4	Accounts receivable, net	74.	4	0.
	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	
į	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	
ற	7	Notes and loans receivable, net	·····	7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	3,739.	9	1,237.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<i>5,739.</i>	.,	1,23/.
	b	Less, accumulated depreciation	•	10 c	l
	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		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	61,419.	16	50,109.
\neg	17	Accounts payable and accrued expenses	216.	17	263.
	18	Grants payable	210.	18	203.
1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
မွ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	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	and the second s	22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	216.	26	263.
seou	0.7	Organizations that follow SFAS 117 (ASC 958), check here Induction and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	210.	2.7	
ā	27	Temporarily restricted net assets		27	
8	28			28	
חק	29	Permanently restricted net assets	12, 126, 12	29	25 Totaline per in 102 #44 # c # 14
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.		3	
ts	30	Capital stock or trust principal, or current funds		30	
8	31	Pald-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	61,203.	32	49,846.
Ę.	33	Total net assets or fund balances	61,203.	33	49,846.
	34	Total liabilities and net assets/fund balances	61,419.	34	50,109.
RΛ	Α				Form 990 (2014)

LOIII	1990(2014) Come-See-Me Festival, Inc. 57-1004335)	Pa	ge 12
Pai	tXI 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)	2	60,6	29.
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,9	86.
3	Revenue less expenses. Subtract line 2 from line 1		11,3	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		61, 2	03.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
F 2:	column (B))		49,8	46.
(Pa	∰XII. Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. </u>
			Yes	No
1	Accounting method used to prepare the Form 990.			1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	3. (3. 3. 3. 3. 3.		
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		Х
	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	\$ 7.5° \$ 74.5°	46.3	18.24. 14. 58
	Separate basis Consolidated basis Both consolidated and separate basis		,	
١	b Were the organization's financial statements audited by an independent accountant?	2 b		Х
	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		,	, ~~, ~, .
	Separate basis Consolidated basis Both consolidated and separate basis	13.4	B	18.30
(c 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?	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	7.14	TO STORY	(% \3) 24 (4)
3	a 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?	3 a		Х
!	b 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	3 b		<u> </u>
BAA		Form	990 (2014)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public /

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Come-See-Me Festival, Inc. 57-1004335 Part (Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . Aggregate value of contributions to (during year) . . 2 Aggregate value of grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Rårt II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements . . 2 a 2 h c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ▶\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **►** \$

	See-Me F					00.	57-100			Page 2
Part III Organizations Mainta										ed)
3 Using the organization's acquisition items (check all that apply)	n, accession, a	and other re				are a signifi	cant use of its	s collectio	n	
a Public exhibition			d Loan	or exc	hange programs					
b Scholarly research			e Other							
c Preservation for future genera Provide a description of the organi		tions and ex	splain how the	ey furtl	ner the organization	n's exempt _l	purpose in			
Part XIII 5 During the year, did the organization be sold to raise funds rather that	on solicit or rec	eive donati	ons of art, his	torica	treasures, or other	r sımilar ası	sets		г	٦
Part IV Escrow and Custodia	Arrangen	ined as par	t of the organ	ization	s collection?	worod 'Ve	o' to Form	Yes	-4 117	No
line 9, or reported an a	mount on F	orm 990,	Part X, line	e 21.		wered re		990, Fa	11110,	· · · · · · · · · · · · · · · · · · ·
1 a Is the organization an agent, truste on Form 990, Part X?					outions or other ass	ets not incl	uded · · · · ·	Yes		No
b If 'Yes,' explain the arrangement in	Part XIII and	complete th	e following ta	ble						
								Amount		
c Beginning balance						- I				
d Additions during the year										
e Distributions during the year										
f Ending balance										
2 a Did the organization include an am								Yes	L	No
b If 'Yes,' explain the arrangement in	Part XIII Che	ck here if th	ne explanatio	n has l	been provided in Pa	art XIII			· · [
Diff V. Tendoument Funda C	'amplata if t	ho organ	ization and		d'Vas'ta Farm	000 D-	4 IV / I'- = 4/			
Part Val Endowment Funds. C	l									
1 a Beginning of year balance	(a) Current	year	(b) Prior year		(c) Two years back	(a) In	ree years back	(e) Fo	ur years	back
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	<u> </u>							<u> </u>		
2 Provide the estimated percentage		year end ba		g, colu	mn (a)) heid as					
a Board designated or quasi-endow			 ^{&}							
b Permanent endowment	%									
c Temporarily restricted endowment			8							
The percentages in lines 2a, 2b, a	nd 2c should e	qual 100%.	•							
3 a Are there endowment funds not in organization by:	the possessio	n of the org	anization that	are h	eld and administere	ed for the		_	Yes	No
									Tes	No
(ii) related organizations								3a(i) 3a(ii)		
b If 'Yes' to 3a(ii), are the related org								3b		
4 Describe in Part XIII the intended of		•						I an I		
Y			endownenti	unus.	· · · · · · · · · · · · · · · · · · ·					
Complete if the organiz			s' to Form 9	990, F	Part IV, line 11a	. See Fo	rm 990, Pa	art X, lin	e 10.	
Description of property		(a) Cost or (inves	other basis iment)	(b) Cost or other basis (other)		umulated eciation	(d) B	ook va	lue
1 a Land										
b Buildings										
c Leasehold improvements										
d Equipment					2,338.		2,338.			0.
e Other		<u> </u>								
Total. Add lines 1a through 1e (Column	(d) must equa	u ⊢orm 990	, Part X, colu	mn (B)	, line 10c.)	• • • • •		ulo D /E-	001	0.
BAA							Scried	ule D (Fo	ım 99(リ 2014

Schedule D (Form 990) 2014 Come-See-Me Festi	val, Inc.	57-100	4335 Page 3
Part-VII Investments – Other Securities. Complete if the organization answered	Yes' to Form 990.	Part IV. line 11b. See Form 990. P	art X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			·
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) >			
Part VIII Investments - Program Related.	1	<u> </u>	a the work to have a
Part VIII Investments — Program Related. Complete if the organization answered	Yes' to Form 990,	Part IV, line 11c. See Form 990, P	art X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-c	of-year market value
	ļ		
(2)			
(3)	ļ		
(4)	<u> </u>		
(5) (6)			
(7)	 	<u> </u>	
(8)	-		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) >		Le 43 15 2 187 245 - 1 2 2 3 18 - 4	Survey Survey - how his dry to
Part IX. Other Assets.	Vacita Farm 000	Dort IV line 44d Con Form 000 F) = ul V lim = 4.0
Complete if the organization answered	escription	Part IV, line 11d. See Form 990, P	(b) Book value
(1)	- CONTRACTO	, , , , , , , , , , , , , , , , , , ,	(b) book value
(2)			
(3)			
(4)			
(5)	•		
(6) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to F			
(a) Description of liability (1) Federal income taxes	(b) Book value		
(2)			
(3)			
(4)			
(5)		Country of the second of the s	
(6)			
(7)		- Sewant British the Est	Towns of the second
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)			The state of the s
2. Liability for uncertain tax positions in Part XIII, provide the text of the foo	-		_
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote	has been provided in Part X	M	

Schedule D (Form 990) 2014 Come-See-Me Festival, Inc.	57-1004335	Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	51,2	
a Net unrealized gains (losses) on investments	(3)	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	. 2 e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-71	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	(, %)	
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p		·
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	32	
a Donated services and use of facilities		
b Prior year adjustments	 ;/	
c Other losses		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	E g	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	, ,	
b Other (Describe in Part XIII)	, A 20 1	
C Add lines 4a and 4b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Rart-XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

57-1004335

Name of the organization

Pt V1, Line 11b

Come-See-Me Festival, Inc.

Fiancials Reviewed and Tax Return Completed by an External Accountant

Miscellaneous Statement

Form 990 Statement of Organization's Primary Exempt Purpose	Part I	Statement 1
To provide an annual 10 day festival for the enjoyment of the		
citizens of York County, South Carolina,		
and the surrounding area.		

Total

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99) Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2014

Attachment Sequence No.

ldentifying number

Come-See-Me Festival, 57-1004335 Business or activity to which this form relates / Form 990EZ Rart Mark Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) . Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- 4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 R 9 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 10 Business income limitation, Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11... 12 * C . Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Raft If the Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Do not include listed property) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2014 105 17 Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (e) Convention (f) Method (g) Depreciation Classification of property yéar placed in service (business/investment use only — see instructions) Recovery period deduction 19 a 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 27.5 yrs MM S/L 27.5 yrs MM S/L property . . . MM I Nonresidential real 39 yrs S/L property MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life S/L **b** 12-year. S/L 12 yrs **c** 40-year. 40 yrs S/L MM Part IV | Summary (See instructions.) Listed property Enter amount from line 28. 21 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

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

105

På	rt V Listed	Property (In-	clude automobil	es, certa	in other v	vehicles	, certain	aircr	aft, c	certain o	ompute	rs, and p	property	used for	<u> </u>	1 age 2	
	Note: Fo	r any vehicle fo	r which you are of Section A, all	uşına the	e standar	d milea	ge rate o	or de	ducti	ng leas	e expen	se, com	plete on i	ly 24a, 2	4b,		
			tion and Other							is for lin	nits for p	assenge	er autom	obiles)			
24	a Do you have eviden	ce to support the b	usiness/investment	use claim	ed?		Yes		No	24b lf	Yes,' is th	e evldend	e written?	[Yes	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	Cost other	t or	(busine	(e) Basis for depreciation (business/investment use only)		F	Recovery Metho		(g) ethod/ evention	od/ Depreciation		(i) Elected section 179 cost		
25	Special deprecia	ation allowance	for qualified liste	ed prope	d property placed in service during the tax year and (see instructions)						· · · · · ·	48.7					
26	used more than 50% in a qualified business use (see instructions)									· · · · · · · · · · · · · · · · · · ·							
																	
27	Property used 5	0% or less in a	qualified busine:	ss use:		·									1		
						ļ							ļ		- 7	. ,	
			 			<u> </u>			-								
28	Add amounts in											28			7	·· .	
_29	Add amounts in	column (i), line			ne 7, pag B – Info						· · · ·	· · · · ·		. 29			
Con	nplete this section our employees, fire	for vehicles use						-			related r	erson	If you pro	ovided ve	ehicles		
to yo	our employees, fire	st answer the qu	uestions in Secti	ion C to	see if you	ı meet a	ın excep	tion I	to co	mpletin	g this se	ction fo	r those v	ehicles	1		
30	during the year	Total business/investment miles driven during the year (do not include		Vehi	a) icle 1		(b) Vehicle 2		(c) ehic	(c) ehicle 3 V		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 32	Total other personal (noncommuting)																
33	miles driven . Total miles drive lines 30 through	en during the ye	ar Add											 			
				Yes	No	Yes	No	Υe	s	No	Yes	No	Yes	No	Yes	No	
34	Was the vehicle during off-duty h	nours?			ļ			ļ					<u> </u>				
35	Was the vehicle than 5% owner	or related perso	by a more n?					_									
36	Is another vehic personal use?				<u> </u>								<u> </u>				
	wer these question	ns to determine									-		-	not mo	re than		
37	Do you maintain									ding co	nmuting	,			Yes	No	
38	Do you maintain employees? See	a written policy the instruction	statement that s for vehicles us	prohibits ed by co	persona prporate c	I use of officers,	vehicles directors	s, exc s, or	ept o	commul or more	ing, by y owners	our		•			
39	Do you treat all t	use of vehicles l	by employees a	s person	al use?.												
40	Do you provide in vehicles, and ret																
41	Do you meet the Note: If your ans	requirements of swer to 37, 38,	concerning quali 39, 40, or 41 is '	fied auto Yes,' do	mobile d	emonstr olete Se	ration us ction B f	e? (S or the	See i e cou	nstructi vered ve	ons) . ehicles.		•				
Pa	rt VI Amorti	zation															
	(a) (b) (c) (d) (e) Description of costs Date amortization begins amount section period or percentage								(f) Amortization for this year								
42	Amortization of	costs that begin	s during your 20)14 tax y	ear (see	instructi	ons) [.]					1 50					
							_		+			-		ļ			
43	Amortization of	costs that bega	n before your 20	014 tax y	ear		•		 _				43				
44	Total Add amo	unto in column	(D. Coo the instr	uotione t	for whore	to ropo	-1						AA				

(Rey January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Department of the Internal Revenue		▶ Information	about Fon	m 8968 and	its instructions is at www.	irs.gov/form8	B68.	
		Itomatic 3-Month Extensi	ion, comple	te only Par	t I and check this box			▶ X
					omplete only Part II (on page	a 2 of this form).	
					3-month extension on a previ			
Electronic fil	line (a.fila). V	u can alastranically file Co	9960 if i	ou pond o 3	-month automatic extension of	af times to Els (f		
					-month automatic extension of time. You o			
					ondrextension or time. You to Part II with the exception of Fo		-	
					h must be sent to the IRS in			
					gov/efile and click on e-file fo			
Part 1					mit original (no copies		vonproms.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					extension - check this box a			
Part I only	roquillo to me	•	_		CALCIDION — CINCA UND DON	sac complete		▶ □
	orations (inclu		ships. REMI		ts must use Form 7004 to re	cuest an exten	sion of time	٠٠٠٠٠٠٠٠
to file income				,		quoor un orton		
					E	inter filer's ide	entifvina nur	nber, see Instructions
Type or	Name of ex	empt organization or other	filer, see ins	tructions.				ımber (EIN) or
print	1		-			. ,		. , ,
	ROCK F	IILL COME-SEE-	-ME FE	STIVAL	, INC	57-100	4335	
	Number, str	eet, and room or suite no.	If a P.O. box	c, see instru	ctions.	Social securi	ity number (S	SN)
File by the	P.O. E	30X 4221					•	•
due date for	City, town o	r post office, state, and ZIF	code. For a	foreign add	iress, see instructions.			
filmg your return See	<u> </u>							
nstructions.	ROCK F	ILL	SC	29732	<u>}</u>			
Enter the Reti	um code for th	e return that this anolication	n is for (file s	e enarate a	pplication for each return)			01
		o rotali i alat ano application	17 101 (1.10)	1 soperate a	pplication to each retain)			
Application	1			Return	Application			Return
Is For			·····	Code	is For			Code
	r Form 990-EZ	· · · · · · · · · · · · · · · · · · ·		01	Form 990-T (corporation)	·····	 	07
Form 990-B				02	Form 1041-A		·	
Form 4720				03	Form 4720 (other than indi	vidual)		09
Form 990-P		- 400(=) 4=1)		04	Form 5227			
	(sec. 401(a) of the the	· · · · · · · · · · · · · · · · · · ·		05 06	Form 6069			
FOIRE 330-1	(uust outer th	BRIAN ULLRICH		00	Form 8870			112
		PO BOX 4221						
• The broke :	era in the care of	► ROCK HILL					9	C 29732
1 (10 DOORS	ato in die care o				•••• ••• ••••			
Telephone	No. ▶ 80	3-335-2027		FAX No.	•			
			of business		d States, check this box			▶ □
• If this is fo	r a Group Ret	um, enter the organization's	s four digit G	roup Exemi	otion Number (GEN)	. If this i		🖵
for the whole o					heck this box	and attach		
•	• • •	s of all members the exter						
				equired to fil	e Form 990-T) extension of ti	me	·	
					anization named above. The			
	rganization's r			_				
► X	calendar year	2014 or						
▶ [] :	tax year begin	ning , , , , , ar	nd ending					
2 If the tax	k year entered	in line 1 is for less than 12	months, che	ck reason:	Initial return Fin	nal return		
	nange in accou	inting period						
3a If this ap	optication is for	Forms 990-BL, 990-PF, 99	90-T, 4720, d	or 6069, ent	er the tentative tax, less any			
nonrefundable credits. See instructions.							0	
b If this ap	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimate	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0						0	
	EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0							
Caution. If you a	aution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.							