

Form

990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

OMB No 1545-1150

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 01-01-2006, 2006, and ending 12-31-2006, 20

B Check if applicable

Address change

Name change

Initial return

Final return

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
KEOWEE CHAMBER MUSIC FESTIVAL

% Elizabeth Austin

Number and street (or P O box, if mail is not delivered to street address) Room/suite
406 Shorecrest Drive

City or town, state or country, and ZIP + 4
Clemson, SC 296311411

D Employer identification number
20-1206646

E Telephone number
(864) 624-9693

F Group Exemption Number

▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ www.keoweechambermusic.org

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

J Organization type (check only one)—☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☒ if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 25,976

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions)									
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,382					
	2	Program service revenue including government fees and contracts	2	10,467					
	3	Membership dues and assessments	3	0					
	4	Investment income	4	127					
	5a	Gross amount from sale of assets other than inventory	5c	0					
	b	Less cost or other basis and sales expenses							
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)							
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	6c	0					
	a	Gross revenue (not including \$ 0 of contributions reported on line 1)							
	b	Less direct expenses other than fundraising expenses							
Expenses	7a	Gross sales of inventory, less returns and allowances	7c	0					
	b	Less cost of goods sold							
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)							
	8	Other revenue (describe ▶)	8	0					
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	25,976					
	10	Grants and similar amounts paid (attach schedule)	10						
	11	Benefits paid to or for members	11	0					
	12	Salaries, other compensation, and employee benefits	12	0					
	13	Professional fees and other payments to independent contractors	13	17,788					
	14	Occupancy, rent, utilities, and maintenance	14	0					
Net Assets	15	Printing, publications, postage, and shipping	15	4,094					
	16	Other expenses (describe ▶)	16	1,278					
	17	Total expenses (add lines 10 through 16) ▶	17	23,160					
	18	Excess or (deficit) for the year (line 9 less line 17)	18	2,816					
	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	9,508					
	20	Other changes in net assets or fund balances (attach explanation)	20						
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	12,324					

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 41 of the instructions)

(A) Beginning of year

(B) End of year

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe ▶)

25 Total assets

26 Total liabilities (describe ▶)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

9,508

0

0

9,508

0

9,508

22

23

24

25

26

27

12,324

0

0

12,324

0

12,324

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2006)

Part III Statement of Program Service Accomplishments (See page 42 of the instructions)		Expenses	
What is the organization's primary exempt purpose? music performance for advancement of education		(Required for 501(c)(3)	
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, or other relevant information for each program title		and (4) organizations and 4947(a)(1) trusts, optional for others)	
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here	30a	
31 Other program services (attach schedule)		31a	
(Grants \$)	If this amount includes foreign grants, check here		
32 Total program service expenses (add lines 28a through 31a)		32	16,077

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 42 of the instructions)				
(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 & deferred compensation	(E) Expense account and other allowances
See Additional Data Table				

Part V	Other Information (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36	No
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?	37b	No
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 unpaid at the start of the period covered by this return?	38a	No
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	0
39	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	

Part V

Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

40a

501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under

section 4911 0 , section 4912 0 , section 4955 0

40b

501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

Yes

No

No

40c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0

40d

Enter amount of tax on line 40c reimbursed by the organization

0

40e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

No

41

List the states with which a copy of this return is filed SC

42a

The books are in care of Elizabeth Austin Telephone no (864) 624-9693

406 Shorecrest Drive

Located at Clemson, SC ZIP + 4 296311411

42b

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)?

Yes

No

No

42c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

Yes

No

No

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

Please Sign Here

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

Signature of officer 2007-04-13 Date

Elizabeth Austin Co-director/Treasurer Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
KEOWEE CHAMBER MUSIC FESTIVAL

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Employer identification number

20-1206646

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III **Statements About Activities** (See page 2 of the instructions.)

Yes **No**

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year	►		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	►0		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	►0		

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5

☐

A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6

☐

A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7

☐

A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8

☐

A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9

☐

A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b

☐

A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12

☒

An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13

☐

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14
- ☐
- An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A

Support Schedule

(Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.


Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	12,025	1,900	0	0	13,925
16	Membership fees received	0	0	0	0	0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	3,029	1,861	0	0	4,890
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	18	4	0	0	22
19	Net income from unrelated business activities not included in line 18	0	0	0	0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23	Total of lines 15 through 22	15,072	3,765	0	0	18,837
24	Line 23 minus line 17	12,043	1,904	0	0	13,947
25	Enter 1% of line 23	151	38	0	0	
26	Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	
c	Total support for section 509(a)(1) test Enter line 24, column (e)				26c	13,947
d	Add Amounts from column (e) for lines 18 19 22 26b				26d	
e	Public support (line 26c minus line 26d total)				26e	
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	
27	Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2005) 8,705(2004) 0(2003) 0(2002) 0					
b	For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) 0(2004) 0(2003) 0(2002) 0					
c	Add Amounts from column (e) for lines 15 13,925 16 0 17 4,890 20 0 21 0				27c	18,815
d	Add Line 27a total 8,705 and line 27b total 0				27d	8,705
e	Public support (line 27c total minus line 27d total)				27e	10,110
f	Total support for section 509(a)(2) test Enter amount from line 23, column (e)				27f	18,837
g	Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	53 67 %
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	0 12 %
28	Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					


Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to	33a		
a	Students' rights or privileges?	33b		
b	Admissions policies?	33c		
c	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	33g		
g	Athletic programs?	33h		
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** ☐ if the organization belongs to an affiliated group

Check  **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,000</div><div>Over \$500,000 but not over \$1,000,000</div><div>Over \$1,000,000 but not over \$1,500,000</div><div>Over \$1,500,000 but not over \$17,000,000</div><div>Over \$17,000,000</div><div>20% of the amount on line 40</div><div>\$100,000 plus 15% of the excess over \$500,000</div><div>\$175,000 plus 10% of the excess over \$1,000,000</div><div>\$225,000 plus 5% of the excess over \$1,500,000</div><div>\$1,000,000</div></div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements		No	
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines c through h .)			0
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of		
(i) Cash		No
(ii) Other assets		No
b Other transactions		
(i) Sales or exchanges of assets with a noncharitable exempt organization		No
(ii) Purchases of assets from a noncharitable exempt organization		No
(iii) Rental of facilities, equipment, or other assets		No
(iv) Reimbursement arrangements		No
(v) Loans or loan guarantees		No
(vi) Performance of services or membership or fundraising solicitations		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ **Yes** ☒ **No**

[illegible]



Additional Data

Software ID: 06000173
Software Version: v1.00
EIN: 20-1206646
Name: KEOWEE CHAMBER MUSIC FESTIVAL

Form 990EZ, Part III - Statement of Program Service Accomplishments

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, or other relevant information for each program title.		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Chamber Music Programs This was a three-day residency for 6th graders entitled Exploring Music from Latin America Students learned guitar strumming and played rhythms of tango and samba on percussion instruments Children introduced pieces, displayed artwork and played alongside professionals for school on last day A concert was performed by professionals and children for the 350-member school community (3 days) (Grants \$ 4,927) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	4,927
29 Music Programs KCMF presented childrens concerts, Keowee For Kids at the Salvation Army Boy and Girls Clubs in Greenville SC in June, for over 140 underserved children The enthusiasm of the children at Boys and Girls Clubs set this program apart Musicians established a fun tone for the event with an activity that taught the children Italian words for musical dynamics Keeping the flow of the program moving along was helpful and short activities kept the younger childrens' attention spans intact The musical story, Mole Music, featured large projected images of the illustrations on a screen At the end, the musicians played a selection while children made drawings inspired by the music Many of the children gave the musicians their art work after the program (2 performances) (Grants \$ 1,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	1,000
30 Music Festivals Keowee Chamber Music Festival (KCMF) presented a 2-week summer festival in Upstate South Carolina and Western North Carolina Events included open rehearsals at UNC-Asheville's Center for Creative Retirement, five formal concerts, a gallery concert and five childrens concerts Nearly 1000 adults and children attended these events (13 performances) (Grants \$ 9,671) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	9,650
Ethnic Music Programs This concert featured world chamber music for flute, guitar and cello, alongside photography by Barry Williams, wall hangings by Helen Purdum and CITY WALLS, clay art by Peg Morar with accompanying haiku by Jenie Joyner This concert/exhibition was attended by 60 patrons, who enjoyed an evening of music and art in a downtown Asheville art studio (1 performance) (Grants \$ 500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			500

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

(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 & deferred compensation	(E) Expense account and other allowances
Elizabeth Austin  406 Shorecrest Drive Clemson, SC 296311411	Treasurer 20	750	0	0
Virginia McKinley 11 Norwood Asheville, NC 288043615	Secretary 1	0	0	0
Charles Lilien 28 Clubside Drive Asheville, NC 288041800	Board Member 1	0	0	0
Ron Manheimer 26 Thurland Avenue Asheville, NC 288032428	Board Member 1	0	0	0
Kate Steinbeck  7 Ramoth Road Asheville, NC 288043619	Chairman 20	750	0	0

TY 2006 Compensation Explanation

Name: KEOWEE CHAMBER MUSIC FESTIVAL

EIN: 20-1206646

Software ID: 06000173

Software Version: v1.00

Person Name	Explanation
Elizabeth Austin	Ms Austin volunteers the vast majority of her labor to the organization The \$750 figure represents a token amount approved by the board for her efforts
Kate Steinbeck	Ms Steinbeck volunteers the vast majority of her labor to the organization The \$750 figure represents a token amount approved by the board for her efforts

TY 2006 Other Expenses Schedule**Name:** KEOWEE CHAMBER MUSIC FESTIVAL**EIN:** 20-1206646**Software ID:** 06000173**Software Version:** v1.00

Description	Amount
production	574
travel	173
catering	531

*** 990 Online Filers: Please fax completed and signed form to 866-699-3916

Form 8453-EO	Exempt Organization Declaration and Signature for Electronic Filing For calendar year 2006, or tax year beginning <u>1/1/2006</u> , and ending <u>12/31/2006</u> For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 ▶ See instructions on back.	OMB No. 1545-1879 <div style="font-size: 2em; font-weight: bold;">2006</div>
Department of the Treasury Internal Revenue Service		
Name of exempt organization KEOWEE CHAMBER MUSIC FESTIVAL		Employer identification number 20 1206648

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>\$25,976</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

- 6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund; and (d) the date of any refund.

Sign Here	Signature of officer	<u>04/22/07</u> Date	Elizabeth Austin, Co-director/Treasurer Title
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ _____ Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____ EIN : _____ Phone no. () _____
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Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ _____ Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____ EIN : _____ Phone no. () _____
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