DLN: 93492162004090

2009

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public <u>Inspection</u>

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009 Check if applicable D Employer identification number C Name of organization Please KEOWEE CHAMBER MUSIC Address change use IRS 20-1206646 Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or PO BOX 18342 Initial return type. (828) 254-7123 Terminated See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-ASHEVILLE, NC 288140342 Application pending tions. ♦ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) 🟲 must attach a completed Schedule A (Form 990 or 990-EZ). 🕏 Check ► If the organization I Website:▶ keow eechambermusic org is **not** required to attach **J Tax-Exempt status** (check only one)— 501(c) (3) **◄**(insert no) 4947(a)(1) or 527 Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 37,579 35,375 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 0 4 284 Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses 5b 0 Revenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🕨 Gross revenue (not including \$ _of contributions 0 Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 0 6с Gross sales of inventory, less returns and allowances 7a Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0 c 8 8 Other revenue (describe **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 73,238 9 9 10 Grants and similar amounts paid (attach schedule) Benefits paid to or for members . . 11 11 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 78,225 13 13 Expenses Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 5,234 16 Other expenses (describe 16 18,389 Total expenses. Add lines 10 through 16 101,848 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18 -28,610 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 45 503 Other changes in net assets or fund balances (attach explanation) 📆 -2,362 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 14,531 Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year 22 Cash, savings, and investments 45,503 22 14,837 23 Other assets (describe 🟲 24 45,503 25 14,837 25 Total assets 26 Total liabilities (describe 🟲 🕏 26 306

14,531

45,503

27

Part III Statement of Program S	Service Accomplishm	nents (See the instruction	s for Part III)		Expenses
What is the organization's primary exempt p	(Required for section 501				
Music Education & Community Outreach (S	(c)(3) and 501(c)(4)				
Describe what was achieved in carrying out	organizations and section 4947(a)(1) trusts,				
describe the services provided, the number program title		onal for others)			
28 Keowee Chamber Music (KCM) presente	d a 2-wook fostwal in lung	2000 with 10 concort	to and two		
rehearsals open to the public Total attenda					
Councils					
(Grants \$) If this	s amount includes foreign o	grants, check here .	▶ ┌	28a	84,492
29 The directors of KCM received a new rea	lities grant from the NC Ai	ts Council for training i	n runnıng a non-		
profit arts organization and to address chall			. –		
<u>` </u>	s amount includes foreign o	·		29a	
30 Council awarded KCM a cARTwheels gra of 6500 students While this program happe 2008					
(Grants \$) If this	s amount includes foreign g	grants, check here .	▶ ┌	30a	
31 O ther program services (attach schedule					
	s amount includes foreign o	grants, check here .	<u>· · ▶ ┌ </u>	31a	
32 Total program service expenses (add line			►	32	84,492
Part IV List of Officers, Directors, Trus	stees, and Key Employees.	List each one even if not co	mpensated (See the ins	truction	s for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances
	devoted to position	enter -o)	deletted Compens	ation	other allowances

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		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? If "Yes," attach a conformed copy of the changes	34		Νo
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		Νo
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	50		140
	Did the organization file Form 1120-POL for this year?	37b		Νo
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40Ь		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 🕨 LAURA DANIEL	(82	8) 254	7123
	PO BOX 18342 Located at ASHEVILLE, NC ZIP + 4	▶ _28	81403	42
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b		No
	account)? If "Yes," enter the name of the foreign country ▶	720		140
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			
	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			▶ □
			V -	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44		Νo
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No
			90-E7	

Dowl-MT	EZ (2009)							Page 4
Part VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section	1 4947(a)(1) nonexer	-			-	stions
46 Did t	he organization engage in direct	or indirect political can	npaign activities on beha	alf of or in opp	osition to		Yes	No
cand	ıdates for public office? If "Yes,"	complete Schedule C,	Part I			46		Νο
47 Did t	47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							Νο
48 Is the	e organization a school describe	d in section 170(b)(1)(A)(II)? If "Yes," complete	: Schedule E		48		Νο
49a Did t	he organization make any transfe	rs to an exempt non-cl	harıtable related organız	ation?		49a		Νο
b If"Ye	es," was the related organization	a section 527 organiza	ation?			49b		
	plete this table for the organization oyees) who each received more t							
(a) Name	and address of each employee ad more than \$100,000	(b) Title and average hours per week devoted to position	e (c) Compensation	(d) Con employee	tributions to benefit plans & compensation	(e	Exper count a rallowa	and
	al number of other employees pa							0
of co	mpensation from the organization	If there is none, ente	r "None "					
of co	·	If there is none, ente	r "None "		each received r		an \$10 ompen	
of co	mpensation from the organization	If there is none, ente	r "None "					
of co (a) N	mpensation from the organization	n Ifthere is none, ente	r "None " nore than \$100,000					
of co (a) N	mpensation from the organization	ontractors each receive that I have examined this replete Declaration of prepare	r "None " nore than \$100,000 Ing over \$100,000 turn, including accompanying	(b) Type	e of service atements, and to to on of which prepare	(c) C	ompen	sation 0
of colonial None 51(d) Tot Please Sign	ane and address of each indeperation ame and address of each indeperation and number of other independent of the control of th	ontractors each receive hat I have examined this replete Declaration of prepare	r "None " nore than \$100,000 Ing over \$100,000 turn, including accompanying er (other than officer) is based Date 2010-06-11	(b) Type	e of service atements, and to to on of which prepare	he best cer has an	ompen	sation 0
of co (a) N NONE 51(d) Tot Please Sign Here Paid Preparer's	ane and address of each independent of the independ	ontractors each receive that I have examined this replete Declaration of prepare	r "None " nore than \$100,000 Ing over \$100,000 turn, including accompanying er (other than officer) is based Date 2010-06-11	schedules and std on all information Date Check if self-	atements, and to to on of which prepared	he best cer has an	ompen	sation 0
of color (a) N NONE 51(d) Tot Please Sign Here	ane and address of each independent of the independ	ontractors each receive that I have examined this replete Declaration of prepare DIRECTOR SOLOMON PLLC	r "None " nore than \$100,000 Ing over \$100,000 turn, including accompanying er (other than officer) is based Date 2010-06-11	schedules and std on all information Date Check if self-	atements, and to to on of which prepare 03-02 Preparer's identif (See instructions)	he best cer has an	ompen	sation 0

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization KEOWEE CHAMBER MUSIC

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

									20-12066	46		
	rt I			olic Charity Stat						structions		
he d	organız			foundation because					x)			
1		A churc	h, conventio	on of churches, or as	sociation of	churches s	ection 170(b)(1)(A)(i).				
2				ın section 170(b)(1)								
3	Г	A hospit	tal or a coop	erative hospital serv	ice organiz	atıon descri	bed in sectio	n 170(b)(1)(A)(iii).			
4	Γ			organization operate y, and state	ed in conjund	ction with a	hospital desc	cribed in seci	tion 170(b)(:	1)(A)(iii). En [.]	erthe	
5	Γ	-	-	rated for the benefit	=	or universit	y owned or o	perated by a	government	al unıt descrı	— bed in	
	_			A)(iv). (Complete Pa								
6	<u>_</u>			ocal government or	=							
7	 ~	describe	ed in	t normally receives a \)(vi) (Complete Pa		I part of its	support from	a governmer	ntal unit or fr	om the gener	al public	2
8	Г			described in section		A)(vi) (Con	nplete Part II					
9	, -	An orga	nızatıon tha	t normally receives ties related to its exi	(1) more tha	an 331/3% (of its support	from contrib	*	•	_	·S S
		ıts supp	ort from gro	ss investment incom	ne and unrel	ated busine	ss taxable ın	come (less s	ection 511 t	ax) from busi	nesses	
		acquired	d by the orga	anızatıon after June 3	30,1975 S	ee section 5	609(a)(2). (C	omplete Part	:III)			
LO	Г	Anorga	nızatıon org	anızed and operated	exclusively	to test for p	oublic safety	See section	509(a)(4).			
l1	Γ	one or m	nore publicly	anized and operated supported organization the type of suppo b Type II	tions descri rting organi	bed in secti zation and o	on 509(a)(1)	or section 5 s 11e throug	509(a)(2) Se h 11h	e section 509	9(a)(3).	. Check
e f g	,	other th section If the or check th Since A	an foundation 509(a)(2) Iganization r Inis box Ugust 17, 2	x, I certify that the o on managers and othe eceived a written det 006, has the organiz	er than one	or more pub	licly support	ed organızatı Type I, Type	ons describe	ed in section!	509(a)((1) or
		-	g persons? rson who dur	ectly or indirectly co	ntrols eithe	eralone ort	naether with	nersons desc	rihed in (ii)		Yes	No
				joverning body of the	•		-	persons aest	znibed iii (ii)	11g(i		+10
			-	r of a person describ		_				11g(ii		
		• •	•	ed entity of a person			hove?			11g(ii		+
h				g information about t						119(11	'/	
		riovide	the lonowin	g miormation about t	ne supporte	u organizat	1011(3)					
(i) Name of supported organization		of rted	(ii) EIN			e tion in ted in erning	(v) Did you notify the organization in col (i) of your support?		(v Is t organiza col (i) or in the	he ation in ganized	A m	(vii) lount of pport?
				instructions))	Yes	No	Yes	No	Yes	No	1	
											1	
											1	
		i										

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	u checked the	box on line 5, 7	<mark>7, or 8 of Part I.</mark>	.)			
	ection A. Public Support	_	1	1				
Cal	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not		45.274		70 525		24.707	
	include any "unusual grants ")	14,37	5 15,274	24,021	70,525		34,707	158,902
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
_	the organization without charge	14 27	15.274	24.021	70 525		24 707	150,002
4	Total. Add lines 1 through 3	14,37	15,274	24,021	70,525		34,707	158,902
5	The portion of total contributions by							
	each person (other than a governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from							158,902
	line 4							
	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
-	ın) A mounts from line 4	14,375	127	24,021	70,525		34,707	158,902
7	Gross income from interest,	14,575	127	24,021	70,323		34,707	130,302
8	dividends, payments received on							
	securities loans, rents, royalties	17	127		7		284	435
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
• •	carried on Other income (Explain in Part							
10	IV) Do not include gain or loss	11,564	10,318	9,119	2,885		30,590	64,476
	from the sale of capital assets		,	·	, l		<i>'</i>	•
11	Total support (Add lines 7							223,813
	through 10)							
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is	for the organization	on's first, second,	third, fourth, or fi	fth tax year as a 5	501(c)(3	3) organiz	ation,
	check this box and stop here							▶ ┌
	ection C. Computation of Pub							
14	Public Support Percentage for 2009) (line 6 column (f) divided by line	11 column (f))		14		71 000 %
15	Public Support Percentage for 2008	·	,			15		69 690 %
16a	33 1/3% support test—2009. If the				ne 14 is 33 1/3%	or more	, check th	
	and stop here. The organization qua				45 5	2 4/20/		►✓
D	33 1/3% support test—2008. If the box and stop here. The organization				a, and line 15 is 3	3 1/3%	or more, o	neck this
17a	10%-facts-and-circumstances test-				e 13 16a or 16h	and line	14	-1
.,	is 10% or more, and if the organization	•						
	in Part IV how the organization mee					-	•	ed
	organization			· ·		•		► □
b	10%-facts-and-circumstances test-	_						
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organization	tion meets the "fa	acts and circumst	ances" test The	organization quali	ries as a	publicly	▶ □
18	supported organization Private Foundation If the organizat	ion did not check	a hoy on line 13	16a 16h 17a or	17h check this h	nov and	500	F-1
	instructions	ion ala not check	a box on fille 15,	100, 100, 1700	I, D, CHECK HIS L	on allu	J G G	▶ □

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,			+			
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its						
	behalf			-			
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7 c from line 6)						
Se	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	(4) 2003	(2) 2000	(6) 2007	(4) 2000	(0,200)	(1) otal
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is fo	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	
	check this box and stop here						►□
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for 2	009 (line 10c co	olumn (f) divided l	by line 13 colum	n (f))	17	0 %
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	. 7		18	
19a	33 1/3% support tests—2009. If the					than 33 1/3% ar	nd line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T	ne organization q	ualities as a publ	ıcıy supported		

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Facts And Circumstances Test

OTHER INCOME PART II, LINE 10, DESCRIPTION PROGRAM, 2005 11564, 2006 10318, 2007 9119, 2008 2885, 2009 30590,

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 20-1206646

Name: KEOWEE CHAMBER MUSIC

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
KATHERINE HAEMMEL STEINBECK PO BOX 18342 ASHEVILLE, NC 28814	Executive Director 20 00	11,546		
LIZ AUSTIN PO BOX 18342 ASHEVILLE,NC 28814	Vice Chair 8 00	900		
AMY BRUCKSCH PO BOX 18342 ASHEVILLE,NC 28814	Treasurer 10 00	8,434		
RON MANHEIMER PO BOX 18342 ASHEVILLE,NC 28814	Board 2 00	0		
ELLIOT BLACK PO BOX 18342 ASHEVILLE,NC 28814	Board 1 00	0		
DEBORAH PIRIE PO BOX 18342 ASHEVILLE,NC 28814	Board 2 00	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492162004090

TY 2009 Other Changes in Net Assets Schedule

Name: KEOWEE CHAMBER MUSIC

EIN: 20-1206646

Description	Amount
Prior Period Adjustment	-2,362

TY 2009 Other Expenses Schedule

Name: KEOWEE CHAMBER MUSIC

EIN: 20-1206646

Description	Amount
Program Supplies	1,364
Program Event Expenses	7,330
Program Travel & Lodging	5,359
Piano Tuning	60
Dues, Licenses & Subscriptions	832
Office Supplies	1,459
Conferences & Meetings	158
Marketing	574
Communications	942
Taxes	311

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93492162004090

TY 2009 Other Liabilities Schedule

Name: KEOWEE CHAMBER MUSIC

EIN: 20-1206646

Description	Beginning of Year Amount	End of Year Amount
Credit Cards Payable		306