Form 990-EZ

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## **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

Open to Public Inspection

Debartment of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2007 calendar year, or tax year beginning and ending Gheck if applicable Please Name of organization Employer identification number use IRS Radress change CHARLESTON ST PATRICKS DAY PARADE Name change label or COMMITTEE INCORPORATED 81-0973293 print or Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number type See Termination PO BOX 31256 843-200-5623 Specific City or town, state or country, and ZIP + 4 Group Exemption Amended return (13 Instruc-CHARLESTON SC 29417 Number Application pending tions Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Accounting method X Cash Accrual a completed Schedule A (Form 990 or 990-EZ) Other (specify) Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) CHARLESTONSTPATRICKDAYPARADE. WORDPRESS Website Organization type (check only one)— X 501(c) ( **3**) **◄** (insert no) | 4947(a)(1) or | |X| if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return 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. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions ) Part I Contributions, gifts, grants, and similar amounts received 1 Statute Cleared JAN **2**2 Program service revenue including government fees and contracts. V 2 € 3 Membership dues and assessments 3 7 0 55 E808359E80 M Gallegos Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses ch schedule) Œ Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (atta 5c Special events and activities (attach schedule) If any amount is from gaming, check here Gross revenue (not including \$ of contributions: reported on line 1) 6a 6b Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities. Subtract line 6b from line 6a 6c Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a 7c 8 Other revenue (describe 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 STATUTE UNIT 10 Grants and similar amounts paid (attach schedule) 10 RECEIVED 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 JAN 0 3 2018 13 Professional fees and other payments to independent contractors 13 TPR BRANCH 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe 16 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year Subtract line 17 from line 9 18 18 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 Other changes in net assets or fund balances (attach explanation) 20 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 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 60 of the instructions) (A) Beginning of year (B) End of year 22 22 Cash, savings, and investments 23 23 Land and buildings 24 24 Other assets (describe 0 25 Total assets 0 26 26 Total liabilities (describe

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

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

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27

Form 990-EZ (2007)

Forr		ESTON ST PATRICKS DAY PA		973293	,			F	age 2
<u>P</u>	art III Statement of	Program Service Accomplishments (	See page 60 of th	e instructions	_)	Ex	pense	es	
	at is the organization's primary	exempt purpose?			1	(Required			
_	ee Statement 1				_	and (4) o	-		
		rying out the organization's exempt purposes. In a e number of persons benefited, or other relevant in			1	and 4947 optional f			,
	/-	e fluttiber of persons benefited, of other relevant in	ionnation for each pro	gram title		T	OI OIII	<u>eis )</u>	
28 -	N/A								
	(Grants \$	) If this amount includes foreign grants, che	eck here	▶ □	28a	i			
29	<u> </u>			•					
	(Grants \$	) If this amount includes foreign grants, che	eck here	<b>&gt;</b>	29a	_			
30									
1.	(Grants \$	) If this amount includes foreign grants, che	eck here	<u> </u>	30a	<del> </del>			
1	Other program services (attach			\	,,,				
	(Grants \$	) If this amount includes foreign grants, che	eck nere		31a 32	-	-		0
		ses. Add lines 28a through 31a irectors, Trustees, and Key Employees (List eac	h one even if not com	nenested See no		of the inst	tructio	ne \	
	art iv List of Officers, D	rectors, Trustees, and Key Employees (List each	(B) Title and average		n (D)	Contributions	s to	( <b>E</b> ) Ex	pense
	(A	Name and address	hours per week devoted to position	(If not paid, enter -0-)		ee benefit pla ed compensa		accoun other allow	
JAM	ES J. FINNEGAN JR	CHARLESTON	PRESIDENT	1	1				
736	WOODWARD RD	SC 29407	1.0		0		o		0
KEN	NETH J. CLAIR	MOUNT PLEASANT	TREASURER						
642	HIDDEN BLVD	SC 29464	1.0		0		0		0
I							- 1		
			<u> </u>						
							-		
. D	art V Other Informa	tion (Note the statement requirement	n General Instruc	tion V )				Yes	No
33		change in its activities or methods of conducting a			-			res	No
<b>J</b> J	detailed statement of each of		ictivities. Il 163, atte	ion a			33		x
34		the organizing or governing documents but not rep	orted to the IRS? If "Y	es."				<del>                                     </del>	
	attach a conformed copy of t			•			34		х
35	If the organization had income fro	m business activities, such as those reported on lines 2, 6	, and 7 (among others), b	ut <b>not</b>					
	reported on Form 990-T, attach a	statement explaining your reason for not reporting the inc	ome on Form 990-T						
а	Did the organization have un	related business gross income of \$1,000 or more	or 6033(e) notice, repo	orting, and					
	proxy tax requirements?						35a_		X
þ	If "Yes," has it filed a tax retu	rn on <b>Form 990-T f</b> or this year?				- 1	35b		
36	Was there a liquidation, dissi	olution, termination, or substantial contraction duri	ng the year? If "Yes,"	attach a					
	statement		_	1 1		_	36		X
37a	•	ures, direct or indirect, as described in the instr	•	37a		0	۸	;	•
b	•	•	ustoo or kay amalaya	o or wore		ļ	37b		X
38a		rom, or make any loans to, any officer, director, tr		e or were		,	382		х
<b>L</b>		or year and still unpaid at the start of the period of specified in the line 38 instructions and enter the		1 1		1	38a		
b	in res, attach the schedule	specified in the line 30 instructions and effer the	amount	38b					
39	501(c)(7) organizations Ente	er							
а	Initiation fees and capital cor			39a					

Form **990-EZ** (2007)

39b

b Gross receipts, included on line 9, for public use of club facilities

no 🕨

Form 990-EZ (2007)

non-paid

address, and ZIP +

preparer.

SCHEDULE A (Form 990 or 990-EZ)

## 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

OMB No 1545-0047

Schedule A (Form 990 or 990-EZ) 2007

2007

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number Name of the organization CHARLESTON ST PATRICKS DAY PARADE COMMITTEE INCORPORATED 81-0973293 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl benefit plans account and other (c) Compensation than \$50,000 per week devoted to position & deferred comp allowances NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None." (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

ch	edule A' (Form 990 or 990-EZ) 2007 CHARLESTON ST PATRICKS DAY PARADE 81-0973293		P	age 2
Р	art 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, including 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 i of Part VI-B)	1		x
	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)			
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		x
е	Transfer of any part of its income or assets?	2e		x
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		х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		x
b	Did the organization make any taxable distributions under section 4966?	4b		_ <del></del>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<u> </u>
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	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	

Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2007

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cert 5	_	e organization is not a private foundatiourch, convention of churches, or associ		•	licable box)		
6	_						- C
•	_	hool Section 170(b)(1)(A)(ii) (Also com					09
	∐ A hos	spital or a cooperative hospital service	organization Section 1	70(b)(1)(A)(III)			ı
	A fede	deral, state, or local government or gove	ernmental unit Section	170(b)(1)(A)(v)			
	A med	edical research organization operated in	conjunction with a hos	spital Section 170(b)(1	1)(A)(III) Ente	er the hospital's	name, city,
	and s	state▶					
	_	rganization operated for the benefit of a complete the Support Schedule in Pa		wned or operated by a	a government	al unit Section 1	70(b)(1)(A)(ıv)
a		rganization that normally receives a sub b)(1)(A)(vi) (Also complete the <b>Suppor</b>		_	ital unit or fror	m the general pu	blic Section
b	A com	mmunity trust Section 170(b)(1)(A)(vi)	(Also complete the Su	pport Schedule in Pai	rt IV-A)		
	from a	rganization that normally receives (1) national activities related to its charitable, etc., for gross investment income and unrelated	unctions-subject to cer	tain exceptions, and (2	2) no more th	nan 33 1/3% of its	s support
	_	nization after June 30, 1975 See section	on 509(a)(2) (Also com	•	•	•	·
	organ	rganization after June 30, 1975 See section rganization that is not controlled by any rements of section 509(a)(3) Check the	disqualified persons (c	plete the Support Sch other than foundation n	nedule in Par managers) an	t IV-A)	ts the
	organ	rganization that is not controlled by any	disqualified persons (c	plete the Support Sch other than foundation n e type of supporting or	nedule in Par managers) an	t IV-A)	ts the
	organ	rganization that is not controlled by any rements of section 509(a)(3). Check the Type I	disqualified persons (or box that describes the Type III-Functionally I	plete the Support Schother than foundation network type of supporting or ntegrated Typerorted organizations.	nedule in Par managers) and ganization pe III-Other	t IV-A ) d otherwise mee	ns)
	organ An org	rganization that is not controlled by any rements of section 509(a)(3) Check the	disqualified persons (c e box that describes the Type III-Functionally I	plete the Support Schother than foundation net type of supporting or ntegrated Type	managers) and ganization pe III-Other  . (See page 8 (	t IV-A)	
	organ An org	rganization that is not controlled by any rements of section 509(a)(3). Check the Type I	disqualified persons (ce box that describes the Type III-Functionally I mation about the sup (b) Employer identification	plete the Support Schother than foundation in etype of supporting or integrated Type or ted organizations.  (c) Type of organization (described in lines 5 through 12 above or IRC	managers) and ganization pe III-Other  . (See page 8 (	of the instruction d) upported ion listed in pporting ization's	ns ) (e) Amount of
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tal	organ  An org requir  Name(s	rganization that is not controlled by any rements of section 509(a)(3). Check the Type I	disqualified persons (ce box that describes the Type III-Functionally I mation about the sup (b) Employer identification	plete the Support Schother than foundation in etype of supporting or integrated Type or ted organizations.  (c) Type of organization (described in lines 5 through 12 above or IRC	nedule in Parimanagers) and ganization pe III-Other  (See page 8)  (Is the sorganization the surganigoverning	of the instruction d) upported ion listed in pporting ization's documents?	ns ) (e) Amount of

·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) 2006 (b) 2005 (d) 2003 (c) 2004 (e) Total Gifts, grants, and contributions received (Do not include unusual grants See line 28) 16 Membership fees received 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 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 0 organization after June 30, 1975 19 Net income from unrelated business 0 activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 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 0 public without charge 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 23 0 Total of lines 15 through 22 0 24 Line 23 minus line 17 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a 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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b Total support for section 509(a)(1) test Enter line 24, column (e) 26c d Add Amounts from column (e) for lines 22 26d Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f a For amounts included in lines 15, 16, and 17 that were received from a "disqualified Organizations described on line 12: 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 N/A (2006)(2005)(2004)(2003)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 N/A (2006)(2003)Add Amounts from column (e) for lines 27c d Add Line 27a total and line 27b total 27d Public support (line 27c total minus line 27d total) 27e f Total support for section 509(a)(2) test Enter amount from line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) q 27g Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) % Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions ) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No 29 other governing instrument, or in a resolution of its governing body? 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? 31 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) 32 Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d 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 Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? C 33c d Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? g 33g h Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization receive any financial aid or assistance from a governmental agency? 34a 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 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 35 of Rev Proc \$\tilde{n}^5-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

)	9	7	3	2	9	3	 Page 6

	Part VI-A Lobbying Expend (To be completed	ONLY by an elig	gible organization	that filed	Form 5	768)	N/A			
Che	eck   a if the organization belo	ngs to an affiliated gr	oup Check	<b>b</b> If	you chec	ked " <b>a"</b> an	d "limit	ed co	ntrol" provisions apply	
		Lobbying Expe				Affiliate tot			(b) To be completed for all electing organizations	
		tures" means amount							Organizations	
36	Total lobbying expenditures to influence		•		36					_
37	Total lobbying expenditures to influence	e a legislative body (d	lirect lobbying)		37					
38	Total lobbying expenditures (add lines	36 and 37)			38					
39	Other exempt purpose expenditures				39					
40	Total exempt purpose expenditures (ad	40								
41	Lobbying nontaxable amount Enter the									
	If the amount on line 40 is-	The lobbying n	ontaxable amount is-							
	Not over \$500,000	20% of the amoun	nt on line 40	7						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$500	.000						
	Over \$1,000,000 but not over \$1,500,000	•	% of the excess over \$1,00		41					
	Over \$1,500,000 but not over \$17,000,000	•	of the excess over \$1,500		<del></del>					_
	Over \$17,000,000	\$1,000,000		3,000						
42	Grassroots nontaxable amount (enter 2	• • •			42					
	Subtract line 42 from line 36 Enter -0-		ulina 36		43					
	Subtract line 41 from line 38 Enter -0-				44					—
~~	Subtract line 41 Work line 30 Enter -0-	ii iiile 41 i3 iiilote tilaii	i lille 30						<u></u>	
	Caution: If there is an amount on eithe	r lino 42 or lino 44 ivo	ou must file Form 4720							
_	Caution: If there is all amount on either		raging Period Un		on E01/	<b>5</b> \				—
	/Sama arranimation					•			-1	
	, ,		on 501(h) election do r		•		e colur	nns b	elow	
	1	See the instructions t	or lines 45 through 50	on page 13 o	of the insi	tructions)		_		—
		······································	Lobbying Expe	enditures Du	ring 4-Yo	ear Averag	jing Pe	rıod		
	Calendar year (or		(d)							
	Sulcitual your (or	(a)	(b)	(c)	)		(d)		(e)	
	fiscal year beginning in)	(a) 2007	(b) 2006	(c) 200			(d) 2004		(e) Total	
	1	, ,	1	1		2				
 45	1	, ,	1	1						_
	fiscal year beginning in)	, ,	1	1		2				_
	fiscal year beginning in)  Lobbying nontaxable amount	, ,	1	1		2				_
46	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 45(e))	, ,	1	1		2				
46	fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of	, ,	1	1						
46 47	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures	, ,	1	1						
46 47 48	fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount	, ,	1	1						
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D	art VII	Information Bog	ordina Tr	anofore To and Transactic	ne and Polationshine With Noncharit	abla		
				ee page 14 of the instruction	ons and Relationships With Noncharit	abie		
51					with any other organization described in section			
31				3) organizations) or in section 527,				
إ				noncharitable exempt organization			Yes	No
a		on the reporting organ	ization to a	nonchantable exempt organization	OI .	51a(i)	162	X
	(ı) Cash							_
	• •	assets				a(ii)		X
b	Other transa							٠,
	, -	-		scharitable exempt organization		b(ı)		X
				le exempt organization		b(II)		X
		I of facilities, equipmer		assets		p(III)		X
		oursement arrangemer	nts			p(in)		X
	(v) Loans	or loan guarantees				b(v)		X
	(vi) Perfor	mance of services or r	membership	or fundraising solicitations		b(vi)		X
С	_		-	other assets, or paid employees		С		X
d					mn (b) should always show the fair market value o	f the		
ļ	goods, other	r assets, or services gi	ven by the r	eporting organization. If the organiz	zation received less than fair market value in any			
	transaction	or sharing arrangemen	t, show in c	olumn (d) the value of the goods, o	ther assets, or services received			
	(a)	(b)		(c)	(d)			
	Line no	Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and sharir	ng arrange	ments	
N/	A							
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E20	la the ergon			d	L			
52a				d with, or related to, one or more to	·		<u></u>	=
_	i e			than section 501(c)(3)) or in section	n 52/7	►   Y	es 🛚	No.
	i res, con	nplete the following sch	nequie	I		—·		
		(a) Name of organization		(b) Type of organization	(c) Description of relationship			
	N/A		<del>.</del>	1,750 0. 0.921.1201.011	Description of relationship			
	H/A		-	<del></del>				
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