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990-EZ

## **Short Form Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

2009

Open to Public Inspection

		the Treasury ue Service		assets less th  ► The organization may ha		the end of the year many this return to satisfy			ents		U	nspection
_			year,	or tax year beginning				nd ending		) JUNE		, 20
_		خبي	888	C Name of organization								cation number
	Address o	change use	e IRS	SHEPTON BAND BOO	STERS							01608
	Name cha		nt or	Number and street (or P O	box, if mail is not	delivered to street ad	ldress)	Room/suite	E Telep	hone nu	mbe	r
=	Initial retu Terminate	la .		5505 WEST PLANO PA	RKWAY					469	9-75	2-7762
Ħ	Amended	Spe	ecific	City or town, state or coun	try, and ZIP + 4		L		F Grou	ın Exer	nntid	
=		on pending tion	ns.	PLANO, TEXAS 75093	-4837					ber ▶	•	<i>,</i>
=			ganiz	ations and 4947(a)(1) no		table trusts must	attach	G Accou	<b></b>			Cash
	- 000		_	pleted Schedule A (Fo	•		dildon		(specify)		ت	Casir 🗀 /iccida
	······			<u> </u>							rgan	ızatıon ıs <b>not</b>
1 V	Vebsit	te: ▶ WWW.SI	HEP1	ONBAND.ORG				L			-	ule B (Form 990,
			ck on	ly one) — 🗸 501(c) ( 3	) ◀ (insert no.	) 4947(a)(1) or	<b>52</b>	- ı ·	Z, or 99			210 2 (1 0 000,
_	Check I			ation is not a section 509						<del></del>	re th	nan \$25 000 A
			-	urn is not required, but i		_	-	•	•			απ <b>ψ</b> 20,000. Α
				9 to determine gross rece						\$		64 879
	art l			enses, and Change						ctions	for	
-	1			s, grants, and similar		· · · · · · · · · · · · · · · · · · ·				1		18 588
	2		_	evenue including gove						2		0
	3	=		and assessments.			• •			3		1 880
	4	Investment in					• •		• •	4		63
	5a			n sale of assets other	than inventor	· · · · · ·	5a			7		
	b			basis and sales expe	-		5b		0			
	C			sale of Fasets other t				ne 5a)		5c		0
Æ	6	Special events an	oacti	uties (complete applicable p	arts of Schedule	G) If any amount is from	om <b>gam</b> ir	na. check here l	• ⊓i l	-		<del>_</del>
Revenue	a			t including \$ 0		of contributions	J J	.,				
<u></u>	_	reported on the					6a		44 348			
4	ь			ses other than indra			6b		20 772			
	C			skiromispecial events				no 6a\		6c		23 576
	7a			entory, ess returns an			7a	11 <del>0</del> 0a)		- 00		
	b	Less: cost of			u allowalices		7b	<del></del>	- 0	1		
	C		_	s) from sales of inven	ton/(Subtract	line 7h from line	<del></del>	·		7c		0
	8	Other revenue			iory (Subtract		ra) .		• ;	8		
	9		•	d lines 1, 2, 3, 4, 5c, 6	Sc. 7c. and 8			· · · · · · · · · · · · · · · · · · ·		9		44 107
	10			amounts paid (attach		· · · · · ·		<del></del>		10		26 119
	11	Benefits paid							]	11		20119
s	12			npensation, and empl						12		
nses	13			and other payments to	-					13		
je	14			utilities, and maintena						14		0
Expe	15			ons, postage, and ship						15		97
	16			escribe ADMIN FE					· ; }	16		170
	17			add lines 10 through 1					—' ∤	17		26 386
	18	Excess or (det	ficit)	for the year (Subtract	line 17 from lu	· · · · · ·	<del>:</del>	<u> </u>	•	18		17 721
e e	19			balances at beginne						-10		
SS	'`	end-of-vear fi	aure	reported on prior year	r's return)		(/-9)	(must agree	******	19		28 875
Net Assets	20			net assets or fund bala						20		20 0/3
ž	21			balances at end of ye						21		46 596
P	art II			s. If Total assets on I							i of	
				(See the instructions		(=) αιο ψ1,200,0			inning of			(B) End of year
22		ach cawange on	ימו אר	estments	•					875 2		
23				· · · · · · ·						0 2	_	45 596
24		ther assets (des								0 2		
25		•		· · · · · · · ·	<del></del>			-'	20	875 2		45 596
26		otal liabilities (d						`,		0 2	_	45 596
27		et assets or fur	nd b	alances (line 27 of col	umn (B) must	agree with line 2	11)	-'	21	875	_	45 596



	t III Statement of Program Service Accom							]	Expenses
	t is the organization's primary exempt purpose?								ired for section
	cribe what was achieved in carrying out the org								)(3) and 501(c)(4) izations and section
	ner, describe the services provided, the number of	f persons i	bene	fited, and	other relevant in	forma	ation for	4947(	a)(1) trusts; optional
each	program title.							for ot	
28	Provide funds to Shepton HS Band to support: 1) get	neral and sp	ecifi	c clinics, 2)	unique marching	ргод	rams		
	and music, 3) drills and fees for competitions, and 4)	equipment	and:	supplies for	the band program	n			
	(Grants \$ 13 492) If this amount	includes fo	reigr	grants, ch	eck here		<b>D</b>	28a	13 492
29	Provide funds to the feeder Middle School band prog	grams to su	pport	future She	oton HS band stud	ients			
	(Grants \$ 596) If this amount	includes fo	reigr	grants, ch	eck here		▶ 🗆	29a	596
30	provide funds for student recognition events, educat								
	(Grants \$ 12 031) If this amount	includes fo	reiar	orants, ch	eck here		▶ □	30a	12 031
31	Other program services (attach schedule)					<del></del>	<del></del> _	1	
•	(Grants \$ ) If this amount	includes fo	reiar	grants ch	eck here	•	▶□	31a	
32	Total program service expenses (add lines 28a t	hrough 31a	a) .	r granto, on		<del></del> -	. •	32	26 119
	List of Officers, Directors, Trustees, and Key					sated	(See the		
-				average	(c) Compensation		d) Contributio		(e) Expense
	(a) Name and address		s per	week oosition	(If not paid, enter -0)	emi	ployee benefit ferred compe	plans &	account and other allowances
Me	Anita Brown	devoid	- CO F	NOSITION .	enter -o;	- <del>  ue</del>	ierred compe	isauon	Otter allowances
	Widgeon Dr, Plano, TX 75024	President,	7 hol	ırs	<b>,</b>			0	0
	Joy Allington-Baum					۳-			
	Black Sage Dr, Plano, TX 75093	VP Volunte	ers,	5 hours				•	0
					<b></b>	<del>" </del>			
	Alichelle Cavenee	VP Way & !	Mean	s, 5 hours	l				
	Corinthian Bay Dr, Plano, TX 75093				ļ	<u> </u>		0	0
	Linda Rosen	Secretary	5	Janes C		_}			_
	Oates Dr., Plano, TX 75093		<u> </u>	1000		<u> </u>		0	0
	y and Ruth Meyers	Secretary Treasurers	5	hours	ĺ			_	_
5816	Golden Lea Ct., Plano, TX 75093				<b></b>	0		0	0
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Part	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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			Î ,
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		✓
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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		<b>/</b>
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		1
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 outstanding at the end of the period covered by this return?	38a	-	\ \
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			. '
b	Gross receipts, included on line 9, for public use of club facilities			1
40a	Section 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			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	ļ		j
	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	40b		<b>V</b>
С	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			i
ө	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		
41	List the states with which a copy of this return is filed. ▶ None	.,,,,	<u></u>	
42a		69-75	2-7762	2
	Located at ► 5505 West Plano Parkway, Plano, TX ZIP + 4 ►	75093	-4837	
b	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		Yes	No
	account)?	42b		
	If "Yes," enter the name of the foreign country: ►  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		1
	If "Yes," enter the name of the foreign country: ▶		·	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		<b>►</b> □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
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		<b>1</b>
		n <b>99</b> 0	LF7	(2000)

=~~~	000	FZ (2	<b>2000)</b>

Page 4

alte	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	947(a)(1) nonexempt chari	<b>xempt charital</b> itable trusts mu	ole trusts only. A st answer questic	all section ons 46-49b	
46	Did the organization engage in direct or indire	ct political campaign activiti	es on behalf of o	r in opposition to	Yes N	0
	candidates for public office? If "Yes," complete				46	Ļ
	Did the organization engage in lobbying activiti				47	<u>/</u>
	Is the organization a school as described in sect				48	<u>/</u> _
	Did the organization make any transfers to an e				49a 1	<u>/</u> _
	If "Yes," was the related organization a section				49b	
50	Complete this table for the organization's five the employees) who each received more than \$100 cannot be sufficient to the control of the co	nighest compensated emplo 0.000 of compensation from	yees (other than the organization.	officers, directors, t If there is none, en	trustees and k ter "None."	ey
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense	_
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account and other allowance	
NONE				ļ		
				<del> </del>		
					<u> </u>	
						_
		<del> </del>	<del> </del>		<u> </u>	
				Í	]	
	Complete this table for the organization's five \$100,000 of compensation from the organizati			tors who each rec	eived more th	an
	(a) Name and address of each independent contractor	or paid more than \$100,000	(b) Ty	pe of service	(c) Compensation	n
NONE					····	_
						_
d	Total number of other independent contractors	each receiving over \$100,00	. ▶	ZERO	<del></del>	_
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accompany on of preparer (other than officer) is b	ying schedules and strased on all informatio	atements, and to the bes	st of my knowledg any knowledge.	е —
Sign Here	Signature of officer  Harry F. Meyers, Treasurer  Type or print name and title	uyrs		OI Aug	2010	<u>)                                    </u>
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	nber (See instructions	3)
Use Onl	y yours if self-employed),		EI			_
May the	address, and ZIP + 4 Per IRS discuss this return with the preparer show	vn above? See instructions	PI	none no. ►	Yes 🗌 No	_
	···			Fo	m <b>990-EZ</b> (20	09)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

She	pto		ol Band Booste						75		2301608	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) S	See instru	ctions.	
The	orga	anization is n	ot a private four	dation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one bo	x.)		
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)	(A)(i).		
2		A school des	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (Att	tach Sch	edule E.)						
3		A hospital or	r a cooperative l	hospital service organ	ization d	lescribed	ın <b>sectic</b>	n 170(b)	(1)(A)(iii	).		
4			esearch organiza ime, city, and st	ation operated in conj ate:	unction	with a ho	spital de	scribed ii	n <b>sectio</b>	n 170(b)(1	)(A)(iii). Ente	er the
5			ion operated for (b)(1)(A)(iv). (Co	the benefit of a colle the colle	ge or uni	versity ov	wned or	operated	by a go	vernmenta	l unit descri	bed in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(	v).		
7		An organizat	ion that normally	receives a substantia (1)(A)(vi). (Complete F	al part of			_		-	the general	public
8				d in section 170(b)(1)		Complete	Part II.)					
9	Z	An organizat	ion that normally activities relate	receives: (1) more that d to its exempt func- ent income and unre	an 33½ % tions—su	6 of its su abject to (	pport fro certain e	xceptions	, and (2	) no more	than 331/3 %	of its
				after June 30, 1975.						,,, 0.,, 100,	,	.00000
10	П		_	nd operated exclusive				-	•	0(a)(4)		
11	H	•	•	and operated exclusive	-	•					ir to camy o	ut the
•		purposes of	one or more pu	blicly supported organ at describes the type	nizations	describe	d in secti	on 509(a	)(1) or s	ection 509	(a)(2). See se	
		a ☐ Type				oe III–Fun			•		Type III-O	ther
е	П	• •		tify that the organizat	• •		•	_				
		persons other		n managers and othe				-	-	-	•	
f			zation received, check this box	a written determinati	on from	the IRS	that it is	a Type	l, Type	II, or Type	III supporti	ng 🗀
g		_		the organization acce	epted anv	oift or c	ontribute	on from a	nv of th	 ne		
•		following per		o. <b>3</b>	- p - u - u - u	, g c. c			,			
				r indirectly controls, e	either alo	ne or too	ether wit	th nersor	s descr	nbed in (ii)	Yes	No
				ning body of the supp				iii persor	15 00001	ibca iii (ii)	11g(i)	
			-	rson described in (i) a							11g(ii)	
				of a person described							11g(iii)	
h				ation about the suppo							331	
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	1	organization		ou notify	(vi)	) Is the	(vii) Amoun	t of
	org	anization		(described on lines 1-9 above or IRC section		sted in your		nization in		ation in col	support	
				(see instructions))	governing	document?		of your port?		nized in the JS?		
					Yes	No	Yes	No	Yes	No		
		-										
											<del></del>	<del></del>
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			l e			1	1	1	Į.	1		

Total

Sched	tule A (Form 990 or 990-EZ) 2009	<del> </del>						Page 2
	Support Schedule for Org (Complete only if you check					and 1	70(b)(1	)(A)(vi) 
	tion A. Public Support		·,				<del> </del>	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
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							
4	Total. Add lines 1 through 3							
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) Public support. Subtract line 5 from line 4.							
	tion B. Total Support			<u> </u>				
	llendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						_	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .		<u></u>					
12	Gross receipts from related activities, etc	•	•			12		
13	First five years. If the Form 990 is for						a sectio	on 501(c)(3)
Soc	organization, check this box and stop he tion C. Computation of Public Su			<u> </u>	<u> </u>		• • •	<u> </u>
14	Public support percentage for 2009 (line			1 column (fl)		14		%
	· · · · · · · · · · · · · · · · · · ·	, ,	_			15		<u> </u>
15 16a	Public support percentage from 2008 Sci 33% % support test – 2009. If the organic		•	 on line 13 and			ore che	
IVA	and <b>stop here.</b> The organization qualifies							_
b	331/3 % support test—2008. If the organization							
_	box and stop here. The organization qua							
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explair	ın Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate" Private foundation. If the organization did	acts-and-circur ances" test. The	nstances" test, e organization qu	check this box alifies as a publi	and <b>stop here.</b> cly supported or	Explain ganizatio	in Part on	IV how the ▶ □
		oneon a bi		, 100, 174, 01		Jon Will	. 500 1110	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

<del></del>	Complete only if you checke	d the box of	i lille 9 Ol Fa	11 1./	·····		
	tion A. Public Support	(a) 2005	(h) 2006	(=) 2007	(d) 0000	(=) 0000	(6) Total
Ca	ılendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15 173	9 733	16 555	17 196	20 468	79 125
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	15 173	9 733	16 555	17 196	20 468	79 125
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	0	0	0	0	0	0
_	amount on line 13 for the year	0	0	0	0	0	0
8	Add lines 7a and 7b				<u>v</u>		79 125
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	15 173	9 733	16 555	17 196	20 468	79 125
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	207	245	205	125	63	845
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	o	0
С	Add lines 10a and 10b	207	245	205	125	63	845
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	15 380	9 978	16 760	17 321	20 531	79 970
14	First five years. If the Form 990 is for torganization, check this box and stop	here		nd, third, fourth	•		
Sec	tion C. Computation of Public Sup				· · · · · · · · · · · · · · · · · · ·	<del>,</del>	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	rt III, line 15	e 13, column (	. ,,	15 16	98.9 % 98.8 %
	tion D. Computation of Investmen		<del></del>	<u> </u>		[ .= ]	<u> </u>
17 18	Investment income percentage for 2009 Investment income percentage from 20	108 Schedule A	A, Part III, line	17		17	1.2 %
19a	17 is not more than 331/3 %, check this be	ox and <b>stop he</b>	<b>re.</b> The organi	zation qualifies	as a publicly s	supported orga	nization 🕨 🗹
20 b	33½ % support tests—2008. If the organ line 18 is not more than 33½ %, check this Private foundation. If the organization	s box and stop	<b>here.</b> The orgai	nization qualifie	s as a publicly	supported orga	nization 🕨 🔲

Schedule A (Fe	orm 990 or 990-l	EZ) 2009							Page 4
Part IV			ormation. 17b; and	Complete Part III, lin	this part e 12. Pro	t to provide the	ne explanati er additional	ons required information.	by Part II, line 10; See instructions.
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# **Shepton Band Boosters**

75-2301608

For the year ending 30 June 2010

To be filed with 2009 Form 990-EZ

Line 6-Special Events and Activities

Event		Silent Auction		Spaghetti Dinner		Gift Cards		Passbook		Raffle	o <u>c</u>	Raffle Registration	Total
Gross Receipts	€	10,887.00 \$	↔	\$ 00.2886	↔	6,132.00	↔	6,132.00 \$ 4,940.00 \$ 5,170.00 \$ 7,332.00	<del>(A</del>	5,170 00	↔	7,332.00	\$ 44,348.00
Less: Direct Expenses	છ	269.00	↔	269.00 \$ 4,650.00 \$	₩	5,650.00 \$	ક્ર	2,290.00 \$ 1,413.00 \$	<b>⇔</b>	1,413 00	₩	6,500 00	\$ 20,772.00
Net Income	€9	10,618.00 \$ 5,237.00 \$	↔	5,237.00	₩	482.00 \$	↔	2,650.00 \$ 3,757.00 \$	₩	3,757.00	₩	832.00	\$ 23,576.00