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**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

- 33** Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . . **33**  Yes  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**  Yes  No
- 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 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 section 6033(e) notice, reporting, and proxy tax requirements? . . . . . **35a**  Yes  No
  - b** If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . . **35b**  Yes  No
- 36** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . . **36**  Yes  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**  Yes  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**  Yes  No
- b** If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . **38b** N/A
- 39** Section 501(c)(7) organizations. Enter:
  - a** Initiation fees and capital contributions included on line 9 . . . . . **39a** N/A
  - b** Gross receipts, included on line 9, for public use of club facilities . . . . . **39b** N/A
- 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 (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," complete Schedule L, Part I . . . . . **40b**  Yes  No
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0
- d** Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0
- 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**  Yes  No
- 41** List the states with which a copy of this return is filed. ▶ N/A
- 42a** The books are in care of ▶ Anne B. Weiss Telephone no. ▶ (956) 761-4097  
 Located at ▶ 4109 Padre Blvd., South Padre Island, TX ZIP + 4 ▶ 78597
- 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 account)? . . . . . **42b**  Yes  No  
 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**  Yes  No  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_
- 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** 0
- 44** Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . **44**  Yes  No
- 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**  Yes  No

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . 

47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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- b If "Yes," was the related organization(s) a section 527 organization? . . . . . 

49b	<input type="checkbox"/>	<input type="checkbox"/>
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- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
N/A				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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.

**Sign Here** Date 1/21/11

▶ Anne B. Weiss  
Signature of officer

▶ **Anne B. Weiss, Treasurer**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ Preparer's Identifying Number (See Instructions) \_\_\_\_\_

EIN ▶ \_\_\_\_\_ Phone no ▶ ( ) \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization <b>El Paseo Arts Foundation</b>	Employer identification number <b>20 : 5415860</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  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 exempt 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). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h Provide the following information about the organizations the organization supports.**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	N/A					
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 <b>Total.</b> Add lines 1-3 . . . . .						
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) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	%
16a <b>33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	N/A	365	44465	3895	9412	58137
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 . . . . .		2170	22892	26723	19327	71112
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .		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
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .		0	0	0	0	0
6 <b>Total.</b> Add lines 1-5 . . . . .		2535	67357	30618	28739	129249
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .		0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .		0	0	0	0	0
c Add lines 7a and 7b . . . . .		0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						129249

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .		2535	67357	30618	28739	129249
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .		0	34	30	15	79
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .		0	0	0	0	0
c Add lines 10a and 10b . . . . .		0	34	30	15	79
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
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .		0	0	0	0	0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						129328

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%

19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b **33 1/3 % support tests—2007.** 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 ▶

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV** **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)

NONE

2008 Form 990-EZ

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Part I – Line 10 – Grants and similar amounts paid – See attached schedule

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Part I – Line 16 – Performance Expenses

Insurance	\$1065
Membership fees	\$165
Conference fees	\$0
Travel and entertainment	\$0
Misc. expenses	\$100
Advertising	\$2769
Catering	\$1700
Equipment rental	\$7555
Performance fees	\$5996
Gifts/awards	\$0
PayPal fees	\$30
In-kind expenses	\$0
Printing & production	\$574
Supplies & materials	\$0
Security	\$285
<b>Total performance expenses</b>	<b>\$20239</b>

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EL PASEO ARTS FOUNDATION  
 FORM 990-EZ  
 PART I LINE 10

#20-5415860

El Paseo Arts Foundation  
 Custom Transaction Detail Report  
 July 2008 through June 2009

1:09 PM  
 02/11/11

Type	Date	Num	Name	Memo	Account	Class	Original Amount	Paid Amount
Jul '08 - Jun '09								
Check	10/1/2008	1144	Sand Castle Days, Inc.	Rising Star A...	5300 Contributions t...	Admin	500.00	500.00
Check	10/1/2008	1145	Art Walk		5300 Contributions t...	Admin	500.00	500.00
Check	12/8/2008	1205	Our Lady Star of the Sea	Holiday Conc...	5300 Contributions t...	2008 Sh...	200.00	200.00
Check	2/23/2009	1226	Laguna Madre Humane Soc...	Sylvia 2-19-2...	5300 Contributions t...	2009 Syl...	2,460.00	2,460.00
Check	6/2/2009	1242	Camille Playhouse	Harvey 6-2-2...	5300 Contributions t...	2009 Har...	500.00	500.00
							<b>4,160.00</b>	<b>4,160.00</b>

Jul '08 - Jun '09

EL PASO ARTS FOUNDATION  
 FORM 990-EZ  
 PART II OTHER PROGRAM SERVICES  
 TOTAL PROGRAM SERVICES

#20-5415860  
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El Paseo Arts Foundation  
 Custom Summary Report  
 July 2008 through June 2009

1:54 PM  
 02/11/11

	2008 Ballad of...	2008 ETA 3 11...	2008 Share th...	2009 Doubloo...	2009 Harvey 6...	2009 Richard ...	2009 Sylvia 219
<b>Income</b>							
4000 Contributions and Support	0.00	1,500.00	0.00	0.00	0.00	0.00	40.00
4010 Yearly Membership	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4012 Lifetime Membership	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4020 Performance Income	4,519.75	1,720.00	1,520.00	787.00	1,815.00	1,755.00	5,085.00
4030 Mercado	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4050 Miscellaneous Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4500 Interest Earned	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Income</b>	<b>4,519.75</b>	<b>3,220.00</b>	<b>1,520.00</b>	<b>787.00</b>	<b>1,815.00</b>	<b>1,755.00</b>	<b>5,125.00</b>
<b>Expense</b>							
5000 Administrative Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5100 Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5200 Internet Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5210 Web Hosting	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5220 Website Design/Maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5300 Contributions to Events	0.00	0.00	200.00	0.00	500.00	0.00	2,460.00
5350 Membership Fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5600 Miscellaneous Expenses	0.00	0.00	0.00	0.00	0.00	0.00	100.00
6000 Advertising	803.36	244.40	1,223.30	0.00	301.43	196.50	0.00
6010 Catering	0.00	400.00	0.00	0.00	500.00	400.00	0.00
6020 Equipment Rental	1,966.00	1,590.00	0.00	0.00	531.00	1,972.00	472.00
6100 Performance Fees	507.75	2,500.00	0.00	0.00	0.00	500.00	138.20
6350 Security	0.00	0.00	0.00	0.00	0.00	0.00	284.90
6400 Printing and Reproduction	111.14	0.00	162.00	75.00	226.35	0.00	0.00
6450 Supplies and Materials	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6500 Pay Pal fees	12.17	0.00	0.00	0.00	3.50	4.08	10.36
<b>Total Expense</b>	<b>3,400.42</b>	<b>4,734.40</b>	<b>1,585.30</b>	<b>75.00</b>	<b>2,062.28</b>	<b>3,072.58</b>	<b>3,465.46</b>
<b>Net Income</b>	<b>1,119.33</b>	<b>-1,514.40</b>	<b>-65.30</b>	<b>712.00</b>	<b>-247.28</b>	<b>-1,317.58</b>	<b>1,659.54</b>

EL PASO ARTS FOUNDATION  
 FORM 990-EZ  
 1:54 PM PART III OTHER PROGRAM SERVICES  
 02/11/11 TOTAL PROGRAM SERVICES

#20-5415860  
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El Paseo Arts Foundation  
 Custom Summary Report  
 July 2008 through June 2009

	2009 VSO/PS...	Admin	Membership	Mercado	Uncl...	TOTAL
<b>Income</b>						
4000 Contributions and Support	1,115.00	0.00	0.00	0.00	0.00	2,655.00
4010 Yearly Membership	0.00	0.00	3,890.00	0.00	0.00	3,890.00
4012 Lifetime Membership	0.00	0.00	1,000.00	0.00	0.00	1,000.00
4020 Performance Income	2,085.00	0.00	0.00	0.00	0.00	19,286.75
4030 Mercado	0.00	0.00	0.00	1,867.70	0.00	1,867.70
4050 Miscellaneous Income	0.00	0.00	40.00	0.00	0.00	40.00
4500 Interest Earned	0.00	14.85	0.00	0.00	0.00	14.85
<b>Total Income</b>	<b>3,200.00</b>	<b>14.85</b>	<b>4,930.00</b>	<b>1,867.70</b>	<b>0.00</b>	<b>28,754.30</b>
<b>Expense</b>						
5000 Administrative Expense	0.00	314.56	0.00	0.00	0.00	314.56
5100 Insurance	0.00	1,064.62	0.00	0.00	0.00	1,064.62
5200 Internet Service	0.00	169.40	0.00	0.00	0.00	169.40
5210 Web Hosting	0.00	282.12	0.00	0.00	0.00	282.12
5220 Website Design/Maintenance	0.00	317.97	0.00	0.00	0.00	317.97
5300 Contributions to Events	0.00	1,000.00	0.00	0.00	0.00	4,160.00
5350 Membership Fee	0.00	165.00	0.00	0.00	0.00	165.00
5600 Miscellaneous Expenses	0.00	0.00	0.00	0.00	0.00	100.00
6000 Advertising	0.00	0.00	0.00	0.00	0.00	2,768.99
6010 Catering	400.00	0.00	0.00	0.00	0.00	1,700.00
6020 Equipment Rental	324.50	0.00	700.00	0.00	0.00	7,555.50
6100 Performance Fees	2,000.00	0.00	350.00	0.00	0.00	5,995.95
6350 Security	0.00	0.00	0.00	0.00	0.00	284.90
6400 Printing and Reproduction	0.00	0.00	0.00	0.00	0.00	574.49
6450 Supplies and Materials	0.00	0.00	0.00	0.00	0.00	0.00
6500 Pay Pal fees	0.00	0.00	0.00	0.00	0.00	30.11
<b>Total Expense</b>	<b>2,724.50</b>	<b>3,313.67</b>	<b>1,050.00</b>	<b>0.00</b>	<b>0.00</b>	<b>25,483.61</b>
<b>Net Income</b>	<b>475.50</b>	<b>-3,298.82</b>	<b>3,880.00</b>	<b>1,867.70</b>	<b>0.00</b>	<b>3,270.69</b>