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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** July 1 , 2009, and ending June 30 , 2010

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

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

**C Name of organization**  
**The PACE Group, Inc.**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**P.O. Box 1485**  
 City or town, state or country, and ZIP + 4  
**Thomasville, N.C. 27361-1485**

**D Employer identification number**  
**56-2016907**

**E Telephone number**  
**336-472-2900**

**F Group Exemption Number** ▶ **N/A**

**G Accounting Method**  Cash  Accrual  
 Other (specify) ▶

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

**I Website:** ▶

**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no )  4947(a)(1) or  527

**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** ▶ \$

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21						
Revenue	1	Contributions, gifts, grants, and similar amounts received														79,505.00																		
	2	Program service revenue including government fees and contracts																																
	3	Membership dues and assessments																																
	4	Investment income														110.00																		
	5a	Gross amount from sale of assets other than inventory																																
	5b	Less: cost or other basis and sales expenses																																
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																																
	6a	Gross revenue (not including \$ of contributions reported on line 1)																																
	6b	Less: direct expenses other than fundraising expenses																																
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																	
7a	Gross sales of inventory, less returns and allowances																																	
7b	Less: cost of goods sold																																	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																	
8	Other revenue (describe )																																	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														79,615.00																			
Expenses	10	Grants and similar amounts paid (attach schedule)														500.00																		
	11	Benefits paid to or for members																																
	12	Salaries, other compensation, and employee benefits																																
	13	Professional fees and other payments to independent contractors																																
	14	Occupancy, rent, utilities, and maintenance														1,834.00																		
	15	Printing, publications, postage, and shipping														260.00																		
	16	Other expenses (describe ▶ <b>Projects</b> )														92,793.00																		
17	<b>Total expenses.</b> Add lines 10 through 16														95,387.00																			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														(15,772.00)																		
	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)														33,603.00																		
	20	Other changes in net assets or fund balances (attach explanation)														65.00																		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														33,668.00																		

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 THOMASVILLE, NC

**Part II 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	(B) End of year
22	Cash, savings, and investments	49,375.00	33,668.00
23	Land and buildings	23	23
24	Other assets (describe ▶ )	24	24
25	<b>Total assets</b>	49,375.00	33,668.00
26	<b>Total liabilities</b> (describe ▶ )	26	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	49,375.00	33,668.00

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

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Form **990-EZ** (2009)

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
<b>35</b>	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.		
<b>a</b>	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?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	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		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> None		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
<b>38a</b>	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?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b>	Section 501(c)(7) organizations. Enter.		
<b>a</b>	Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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		<input checked="" type="checkbox"/>
<b>c</b>	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 ▶ None		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ None		
<b>e</b>	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.		<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed ▶ <b>North Carolina</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Martin P. Beale</b> Telephone no ▶ <b>336-472-2900</b> Located at ▶ <b>1120 Randolph St. Thomasville, N.C.</b> ZIP + 4 ▶ <b>27360</b>		
<b>b</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)?	<b>Yes</b>	<b>No</b>
	If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b> N/A		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>Yes</b>	<b>No</b>
			<input checked="" type="checkbox"/>
<b>45</b>	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		<input checked="" type="checkbox"/>

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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 . . . . .	<b>46</b>	<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	<input checked="" type="checkbox"/>

**50** Complete this table for the organization's 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
<b>None-All Uncompensated Volunteers</b>				

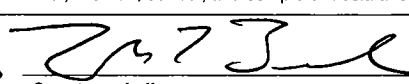
**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's 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
<b>None</b>		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

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

▶  Date 11/10/10

▶ **Martin P. Beale-Treasurer**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	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)**

Department of the Treasury  
Internal Revenue Service

**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**

Name of the organization <b>The PACE Group, Inc.</b>	Employer identification number <b>56 : 2016907</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. (For lines 1 through 11, check only one box.)

- 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).**
- 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% % 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% % 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).**
- 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 supported organization(s).

(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 (f) 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	
None									
<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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	57,170.00	26,561.00	23,564.00	25,000.00	79,505.00	211,800.00
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	57,170.00	26,561.00	23,564.00	25,000.00	79,505.00	211,800.00
<b>5</b> 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)						25,000.00
<b>6 Public support.</b> Subtract line 5 from line 4.						186,800.00

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	57,170.00	26,561.00	23,564.00	25,000.00	79,505.00	211,800.00
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,102.00	582.00	563.00	1,980.00	110.00	4,337.00
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						216,137.00
<b>12</b> Gross receipts from related activities, etc (see instructions)					12	0.00
<b>13 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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	86.42 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	96.33 %
<b>16a 33⅓% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33⅓% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</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—2008.</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"/>		
<b>18 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"/>		

### **Reference Form 990 EZ Part III**

**The PACE Group has at its purpose to revitalize the old business section of the city of Thomasville North Carolina. This is being accomplished by volunteers who make up the officers and board of The PACE Group. Funding is provided by public contributions and by certain fund raising projects undertaken from time to time. The benefit to be derived from the efforts of The PACE Group is that business activity in the old business section of Thomasville will increase with the result being economic growth in the community.**

**To date some of the achievements of The PACE Group have been to create improvements in old store fronts by encouraging repairs by the building owners, purchase and installation of street lamps along the sidewalks in the old business section of town, revitalization of an old railroad depot now used as a visitors center, creation of a park space with fountains, plantings, and seating in an existing space behind some old store buildings with access sidewalks to the space, partnering with the city to build a greenway walking path connecting to the downtown section, promoting the recognition of an historic section of the old downtown section of town with a walking tour route and markers to guide the way, a project to replace entrance signs to Thomasville to include all corridors to the city, a Farmers Market located in the old downtown section and an amphitheater with provision for seating and lights and plantings of shrubbery and trees. Other projects are being considered as practical. All projects being undertaken have been under a master plan developed by the North Carolina Urban Design Assistance Team who agreed to work with PACE and Thomasville after review of the potential of the city and of the support for the projects by the city and citizen volunteers coordinated by The PACE Group.**

Ref. 990EZ Part IV

# PACE Board

Term Name	Title	Address	City	State	Zip	Home #	Work #	E-MAIL
2011								
Amanda Brookbank		318 Spring St	Thomasville	NC	27360	382-4748		dbrookbank@mac.com
Pete Davis	President	1120 Randolph Street	Thomasville	NC	27360	472-2900	472-2900	pdavis@citizensinsnc.com
Dale Everhart		34 Salem Street	Thomasville	NC	27360	476-6581	472-7231	forests34@aol.com
Bennie Pugh	Vice President	15 N Forrest Dnve	Thomasville	NC	27360	882-9407		bpugh@cprsystems.com
2012								
Betty Almond		293 Darr Road	Thomasville	NC	27360	475-2649		bdal@northstate.net
Marty Beale	Treasurer	1120 Randolph Street	Thomasville	NC	27360	472-2900	472-2900	mbeale@citizensinsnc.com
Doug Elliott		1120 Randolph Street	Thomasville	NC	27360		472-1222	doug@twillelaw.com
Jim Gregory	Immed Past President	6626 Oak Knoll Ct, S	Thomasville	NC	27360	475-3361		jgregory16@tnad.rr.com
2013								
Sue Hunter		111 Kathland Avenue	Thomasville	NC	27360	870-0753 C		jands111@tnad.rr.com
Aldeen Robbins		120 Circle Drive	Thomasville	NC	27360	476-6949		arobbins1@tnad.rr.com
Carl Shalley		PO Box 112	Thomasville	NC	27361		476-1276	n2dzign@aol.com
Ben Watford	Secretary	11 West Holly Hill Ro	Thomasville	NC	27360	472-1761		benwatford@northstate.net
9999								
Ottis Honeycutt	Board Member Emeritus	212 W Colomal Drive	Thomasville	NC	27360	476-6203		
Hazel Prevo	Board Member Emeritus	1120 Randolph Street	Thomasville	NC	27360	472-2900	472-2900	hprevo@citizensinsnc.com
Eugene Saunders	Board Member Emeritus	PO Box 1052	Thomasville	NC	27361	886-4285	475-0081	gsaunderspbs@northstate.net

# PACE Restricted Funds

2009 - 2010 YTD

8/18/2010

JUNE  
2010

	<u>Balance Forward</u>		<u>Income</u>		<u>Expenses</u>	<u>Ending Balance</u>
	\$	-				
LSB Courtyard	\$	4,860.32				\$ 4,860.32
Murals	\$	660 00				\$ 660.00
Façade Grant Program	\$	5,000.00				\$ 5,000.00
PACE PARK	\$	8,718.10	\$ 2,550.00			\$ 11,268.10
General Fund	\$	-	\$ 2,500.00			\$ 2,500 00
Street Lamp Program	\$	-	\$ 5,000.00			\$ 5,000.00
	\$	19,238.42	\$ 10,050.00	\$	-	\$ 21,788.42
Total Funds						\$ 33,668.05
Restricted Funds						\$ 21,788.42
Unrestricted Funds						\$ 11,879.63

Income/Expense:3  
7/1/2009 through 6/30/2010

Category Description	7/1/2009- 7/31/2009	8/1/2009- 8/31/2009	9/1/2009- 9/30/2009	10/1/2009- 10/31/2009	11/1/2009- 11/30/2009	12/1/2009- 12/31/2009
<b>INCOME</b>						
FUND TRANSFER	0.00	0.00	0.00	0.00	0.00	0.00
Interest Inc	22.54	15.90	7.20	8.99	8.94	9.22
Other Inc	212.10	0.00	25,408.00	0.00	171.00	0.00
Projects	6,500.00	650.00	200.00	9,050.00	8,550.00	2,350.00
<b>TOTAL INCOME</b>	<b>6,734.64</b>	<b>665.90</b>	<b>25,615.20</b>	<b>9,058.99</b>	<b>8,729.94</b>	<b>2,359.22</b>
<b>EXPENSES</b>						
Uncategorized	0.00	0.00	0.00	0.00	0.00	0.00
Advertising	0.00	200.00	0.00	0.00	0.00	0.00
Downtown Concert	0.00	0.00	500.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	0.00	0.00	0.00
Misc	0.00	0.00	211.19	0.00	121.22	0.00
Misc	0.00	0.00	0.00	0.00	0.00	0.00
Misc. Repairs	0.00	0.00	0.00	0.00	0.00	0.00
Postage and Delivery	0.00	0.00	0.00	60.00	0.00	0.00
Project	437.41	650.00	37,514.77	2,499.20	9,009.08	1,024.81
Utilities	32.95	56.20	38.75	41.34	53.12	35.19
<b>TOTAL EXPENSES</b>	<b>470.36</b>	<b>906.20</b>	<b>38,264.71</b>	<b>2,600.54</b>	<b>9,183.42</b>	<b>1,060.00</b>
<b>OVERALL TOTAL</b>	<b>6,264.28</b>	<b>-240.30</b>	<b>-12,649.51</b>	<b>6,458.45</b>	<b>-453.48</b>	<b>1,299.22</b>

Income/Expense:3  
7/1/2009 through 6/30/2010

8/18/2010

Category Description	1/1/2010- 1/31/2010	2/1/2010- 2/28/2010	3/1/2010- 3/31/2010	4/1/2010- 4/30/2010	5/1/2010- 5/31/2010	6/1/2010- 6/30/2010
<b>INCOME</b>						
FUND TRANSFER	0.00	0.00	0.00	0.00	0.00	0.00
Interest Inc	8.94	7.33	8.08	7.24	2.86	2.88
Other Inc	4.25	0.00	0.00	0.00	2,560.00	2,500.00
Projects	5,100.00	550.00	2,250.00	4,150.00	1,750.00	7,550.00
<b>TOTAL INCOME</b>	<b>5,113.19</b>	<b>557.33</b>	<b>2,258.08</b>	<b>4,157.24</b>	<b>4,312.86</b>	<b>10,052.88</b>
<b>EXPENSES</b>						
Uncategorized	0.00	0.00	0.00	0.00	0.00	0.00
Advertising	0.00	0.00	0.00	0.00	0.00	0.00
Downtown Concert	0.00	0.00	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	173.00	0.00	24.00
Misc	0.00	37.60	121.00	0.00	381.44	18.35
Misc.	31.25	0.00	0.00	0.00	0.00	0.00
Misc. Repairs	0.00	0.00	0.00	0.00	75.00	0.00
Postage and Delivery	0.00	0.00	0.00	0.00	0.00	0.00
Project	7,355.80	782.41	12,694.16	15,280.48	5,514.78	0.00
Utilities	67.79	77.48	92.21	76.45	29.47	39.32
<b>TOTAL EXPENSES</b>	<b>7,484.84</b>	<b>897.49</b>	<b>12,907.37</b>	<b>15,529.93</b>	<b>6,000.69</b>	<b>81.67</b>
<b>OVERALL TOTAL</b>	<b>-2,371.65</b>	<b>-340.16</b>	<b>-10,649.29</b>	<b>-11,372.69</b>	<b>-1,687.83</b>	<b>9,971.21</b>

8/18/2010	Category Description	OVERALL TOTAL
<b>INCOME</b>		
	FUND TRANSFER	0.00
	Interest Inc	110.12
	Other Inc	30,855.35
	Projects	48,650.00
	<b>TOTAL INCOME</b>	<b>79,615.47</b>
<b>EXPENSES</b>		
	Uncategorized	0.00
	Advertising	200.00
	Downtown Concert	500.00
	Insurance	197.00
	Misc	890.80
	Misc	31.25
	Misc. Repairs	75.00
	Postage and Delivery	60.00
	Project	92,792.90
	Utilities	640.27
	<b>TOTAL EXPENSES</b>	<b>95,387.22</b>
	<b>OVERALL TOTAL</b>	<b>-15,771.75</b>