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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

A **For the 2010 calendar year, or tax year beginning** 07/01/10 , **and ending** 06/30/11

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
Concord Downtown Development Corp

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO Box 62

City or town, state or country, and ZIP + 4
Concord NC 28026

D Employer identification number
56-1666570

E Telephone number
704-784-4208

F Group Exemption Number ▶

G Accounting Method [X] 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:** ▶ concorddowntown.com

J **Tax-exempt status** (check only one) — [ ] 501(c)(3) [X] 501(c) (6) ◀ (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 $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 192,171

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	179,885
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	329
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			See Stmt
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	8,051	
	c	Less direct expenses from gaming and fundraising events	6c	4,650	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	3,401
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	3,906
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	187,521
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	4,555
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	96,320
	13	Professional fees and other payments to independent contractors		13	2,410
	14	Occupancy, rent, utilities, and maintenance		14	5,758
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	78,350
	17	**Total expenses.** Add lines 10 through 16 ▶		17	187,393
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	128
	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	40,484
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	154
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	40,766

65

16

Part II Balance Sheets. (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II [X]

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	41,135	22	41,849
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	889	24	210
25 **Total assets**	42,024	25	42,059
26 **Total liabilities** (describe in Schedule O)	1,540	26	1,293
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	40,484	27	40,766

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III [X]

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
See Schedule O

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 See Schedule O

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ [ ] 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and address	(a) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Diane M. Young	Executive Director 40.00	12,917	155	0
Chad Tarlton	Promotions 0.00	0	0	0
Alex Rankin	Secretary 0.00	0	0	0
Ken Griffin	Board Member 0.00	0	0	0
Angela Long	Board Member 0.00	0	0	0
Will Swink	Treasurer 0.00	0	0	0
Knox Morrison	Board Member 0.00	0	0	0
David McClellan	President 0.00	0	0	0
Noelle Scott	Board Member 0.00	0	0	0
Chris McCartan	Vice President 0.00	0	0	0

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

Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ None

42a The organization's books are in care of ▶ Nancy Lenig Telephone no ▶ 704-784-4208

30 Cabarrus Ave W

Located at ▶ Concord NC ZIP + 4 ▶ 28025

			Yes	No
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)? 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.**	42b		X
c	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 ▶ _____	42c		X

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

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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

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

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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	Diane M. Young Signature of officer	10-9-2011 Date
	Diane M. Young Executive Director Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Ladoska Keeter, CPA		10/05/11		P00658376
	Firm's name ▶ Gordon, Keeter & Co.			Firm's EIN ▶	
	Firm's address ▶ 323 Coddle Market Drive NW Suite 110 Concord, NC 28027			Phone no 704-786-0171	

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

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: Concord Downtown Development Corp

Employer identification number: 56-1666570

Form 990-EZ, Part I, Line 8 - Other Revenue

Description		Amount
Other Income	$	3,906
Total	$	3,906

Form 990-EZ, Part I, Line 16 - Other Expenses

Description		Amount
Expenses		
Travel & Training	$	2,655
Business Development	$	1,983
Insurance - General	$	1,741
Insurance - D&O	$	1,206
Insurance - Workers Comp	$	822
General Supplies	$	1,891
Annual Meeting	$	1,991
Promotional Expense	$	35,232
Insurance - Group	$	13,356
Lease & Maintenance	$	4,680
Postage	$	244
Miscellaneous	$	2,407
Dues & Subscriptions	$	2,422
Pub Relations	$	203
Coca Cola	$	7,500
Penalties & Fines	$	17
Total	$	78,350

Name of the organization: Concord Downtown Development Corp

Employer identification number: 56-1666570

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Prior year's voided checks	$ 154

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
FIXED ASSETS	$ 7,090	$ 5,910
Less Accumulated Depreciation	$ 6,201	$ 5,700
Total	$ 889	$ 210

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Fica Withheld	$ 702	$ 675
Federal Withheld	$ 505	$ 375
State Taxes Withheld	$ -17	$ -107
Accrued Retirement	$ 350	$ 350

Form 990-EZ, Part III - Primary Exempt Purpose

The mission of Concord Downtown Development Corporation is to care for the Downtown Concord Mucnicipal Service District and to foster continued growth and redevelopment through promotion, design and business development.

Form 990-EZ, Part III, Line 28 - First Achievement

Provide information and programs for the community of Concord, NC in order to promote and assist in the redevelopment, beautification, and revitalization of the

Name of the organization: Concord Downtown Development Corp

Employer identification number: 56-1666570

downtown area.

Form **990**

Special Events Schedule

For calendar year 2010, or tax year beginning 07/01/10 , and ending 06/30/11

2010

Name

Concord Downtown Development Corp

Employer Identification Number

56-1666570

	(A)	(B)	(C)	Others	Total
Gross receipts	5,091	2,960	0	0	8,051
Less contributions	0	0	0	0	0
Gross revenue	5,091	2,960	0	0	8,051
Less direct expenses	4,259	391	0	0	4,650
Net income (loss)	832	2,569	0	0	3,401

Description

(A) **Beer & Wine Garden**

(B) **Other**

(C)

Others

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2010
Attachment Sequence No **67**

Name(s) shown on return: Concord Downtown Development Corp

Identifying number: 56-1666570

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	679

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	679
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

There are no amounts for Page 2

30395 Concord Downtown Development Corp
56-1666570
FYE: 6/30/2011

10/05/2011 10:26 AM

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
2	Slide Projector & Accessories	11/13/96	701				701	7	HY	S/L	701	0
4	Chair	12/31/98	106				106	5	HY	S/L	106	0
6	Minolta Copy Machine	7/01/99	1,180				1,180	5	HY	S/L	1,180	0
	Sold/Scrapped: 7/01/10											
			1,987				1,987				1,987	0
Other Depreciation:												
16	Computer Equipment	12/15/05	2,533				2,533	5	MO	S/L	2,322	211
17	Dell Laptop	6/30/06	1,769				1,769	5	MO	S/L	1,415	354
18	Blinds	4/28/06	801				801	7	MO	S/L	477	114
	Total Other Depreciation		5,103				5,103				4,214	679
	Total ACRS and Other Depreciation		5,103				5,103				4,214	679
	Grand Totals		7,090				7,090				6,201	679
	Less: Dispositions and Transfers		1,180				1,180				1,180	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		5,910				5,910				5,021	679

30395 Concord Downtown Development Corp
56-1666570
FYE: 6/30/2011

Depreciation Adjustment Report
All Business Activities

10/05/2011 10:26 AM

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

30395 Concord Downtown Development Corp 10/05/2011 10:26 AM
56-1666570 **Future Depreciation Report FYE: 6/30/12**
FYE: 6/30/2011 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
2	Slide Projector & Accessories	11/13/96	701	0	0
4	Chair	12/31/98	106	0	0
			807	0	0
Other Depreciation:					
16	Computer Equipment	12/15/05	2,533	0	0
17	Dell Laptop	6/30/06	1,769	0	0
18	Blinds	4/28/06	801	114	0
	Total Other Depreciation		5,103	114	0
	Total ACRS and Other Depreciation		5,103	114	0
	Grand Totals		5,910	114	0

Tax Asset Detail 7/01/10 - 6/30/11

Asset	dt	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Class:												
2		Slide Projector & Accessories	11/13/96	700 77	0 00	0 00	700 77	0 00	700 77	0 00	S/L	7 0
6	d	Minolta Copy Machine	7/01/99	1,180 12	0 00	0 00	1,180 12	0 00	1,180 12	0 00	S/L	5 0
16		Computer Equipment	12/15/05	2,532 72	0 00	0 00	2,321 64	211 08	2,532 72	0 00	S/L	5 0
17		Dell Laptop	6/30/06	1,768 52	0 00	0 00	1,414 80	353 72	1,768 52	0 00	S/L	5 0
18		Blinds	4/28/06	800 59	0 00	0 00	476 54	114 37	590 91	209 68	S/L	7 0
		No Class		6,982 72	0 00c	0 00	6,093 87	679 17	6,773 04	209 68		
		***Less: Dispositions and Transfers**		1,180 12	0 00	0 00	1,180 12	0 00	1,180 12	0 00		
		Net No Class		5,802 60	0 00c	0 00	4,913 75	679 17	5,592 92	209 68		
Class: F												
4		Chair	12/31/98	105 98	0 00	0 00	105 98	0 00	105 98	0 00	S/L	5 0
		F		105 98	0 00c	0 00	105 98	0 00	105 98	0 00		
		Grand Total		7,088 70	0 00c	0 00	6,199 85	679 17	6,879 02	209 68		
		Less: Dispositions and Transfers		1,180 12	0 00	0 00	1,180 12	0 00	1,180 12	0 00		
		Net Grand Total		5,908 58	0 00c	0 00	5,019 73	679 17	5,698 90	209 68		

Tax Current Year Disposals

Asset	Property Description	Disposal Date	Disposal Method	Tax Cost/Basis	Gross Proceeds	Expense of Sale	Unrecovered Tax Cost	Gain/Loss
Class:								
6	Minolta Copy Machine	7/01/10	Sold	1,180.12	0.00	0.00	0.00	0.00
			No Class	1,180.12	0.00	0 00	0.00	0.00
			Grand Total	1,180.12	0 00	0 00	0.00	0.00

Comparative - Tax & AMT

Asset	Property Description	Tax Current Depreciation	AMT Curr Depreciation	Difference
Class:				
2	Slide Projector & Accessories	0 00	0.00	0.00
6	Minolta Copy Machine	0.00	0.00	0 00
16	Computer Equipment	211.08	0.00	211.08
17	Dell Laptop	353.72	0.00	353.72
18	Blinds	114 37	0 00	114 37
	No Class	679.17	0.00	679 17
Class: F				
4	Chair	0.00	0.00	0.00
	F	0.00	0 00	0.00
	Grand Total	679.17	0.00	679.17

Tax Future Depreciation FYE: 6/30/12

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Class:											
2	Slide Projector & Accessories	11/13/96	700 77	0 00	0 00	700 77	0 00	700 77	0 00	S/L	7 0
16	Computer Equipment	12/15/05	2,532 72	0 00	0 00	2,532 72	0 00	2,532 72	0 00	S/L	5 0
17	Dell Laptop	6/30/06	1,768 52	0 00	0 00	1,768 52	0 00	1,768 52	0 00	S/L	5 0
18	Blinds	4/28/06	800 59	0 00	0 00	590 91	114 37	705 28	95 31	S/L	7 0
	No Class		5,802 60	0 00	0 00	5,592 92	114 37	5,707 29	95 31		
Class: F											
4	Chair	12/31/98	105 98	0 00	0 00	105 98	0 00	105 98	0 00	S/L	5 0
	F		105 98	0 00	0 00	105 98	0 00	105 98	0 00		
	Grand Total		5,908 58	0 00	0 00	5,698 90	114 37	5,813 27	95 31		

Federal Statements

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
Minolta Copy Machine							
Purchase		7/01/99	7/01/10	$	$ 1,180	$ 1,180	$
Total				$ 0	$ 1,180	$ 1,180	$ 0