

HANKINS, EASTUP, DEATON, TONN & SEAY
A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
P.O. BOX 977 - 902 NORTH LOCUST ST.
DENTON, TX 76202-0977
(940) 387-8563

July 19, 2018

Rotary International - Denton
PO Box 1622
Denton, TX 76202

Your 2016 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Robert D. Seay

CLIENT D248

ROTARY INTERNATIONAL - DENTON

75-0533079

7/19/18

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	2016	2015	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	2,211	4,031	-1,820
MEMBERSHIP DUES AND ASSESSMENTS.....	89,632	95,712	-6,080
INVESTMENT INCOME.....	4	4	0
NET INCOME (LOSS) - SPECIAL EVENTS.....	23,159	21,552	1,607
TOTAL REVENUE.....	115,006	121,299	-6,293
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	31,768	38,560	-6,792
PROFESSIONAL FEES/PYMT TO CONTRACTORS.....	9,856	10,035	-179
OTHER EXPENSES.....	77,166	70,196	6,970
TOTAL EXPENSES.....	118,790	118,791	-1
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	-3,784	2,508	-6,292
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	75,587	73,079	2,508
OTHER CHANGES IN NET ASSETS/FUND BAL.....	-1	0	-1
NET ASSETS/FUND BAL. AT END OF YEAR.....	71,802	75,587	-3,785

CLIENT D248

ROTARY INTERNATIONAL - DENTON

75-0533079

7/19/18

02:53PM

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990-EZ

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 2017

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2016

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

ROTARY INTERNATIONAL - DENTON

75-0533079

Name and title of officer

RANDY SUDDERTH

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b	
2 a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b	<u>115,006.</u>
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HANKINS, EASTUP, DEATON, TONN & SEAY, PC, to enter my PIN 04248 as my signature
ERO firm name **04248** Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN **75804933383**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2016)

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

OMB No. 1545-1150

2016

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
 Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C ROTARY INTERNATIONAL - DENTON
 PO BOX 1622
 DENTON, TX 76202

D Employer identification number
 75-0533079

E Telephone number
 940-387-8563

F Group Exemption Number..... ▶ 0573

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: ▶ [HTTP://WWW.DENTONROTARY.COM/](http://WWW.DENTONROTARY.COM/)

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 122,553.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1 Contributions, gifts, grants, and similar amounts received																													
2 Program service revenue including government fees and contracts																													
3 Membership dues and assessments																													
4 Investment income																													
5a Gross amount from sale of assets other than inventory																													
b Less: cost or other basis and sales expenses																													
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
6 Gaming and fundraising events																													
a Gross income from gaming (attach Schedule G if greater than \$15,000)																													
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)																													
c Less: direct expenses from gaming and fundraising events																													
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													
7a Gross sales of inventory, less returns and allowances																													
b Less: cost of goods sold																													
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													
8 Other revenue (describe in Schedule O)																													
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													
10 Grants and similar amounts paid (list in Schedule O)																													
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																													
15 Printing, publications, postage, and shipping																													
16 Other expenses (describe in Schedule O)																													
17 Total expenses. Add lines 10 through 16																													
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																													
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)																													
20 Other changes in net assets or fund balances (explain in Schedule O)																													
21 Net assets or fund balances at end of year. Combine lines 18 through 20																													

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding IRS reporting, organizational changes, income, and tax requirements.

42a The organization's books are in care of ROBERT SEAY Telephone no. 940-387-8563 Located at 902 N. LOCUST DENTON TX ZIP + 4 76201

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 N/A

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

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. Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(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 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
 Signature of officer: _____ Date: _____
 RANDY SUDDERTH TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name ROBERT D. SEAY	Preparer's signature	Date 7/19/18	Check <input type="checkbox"/> if self-employed	PTIN P00344575
Firm's name ▶ HANKINS, EASTUP, DEATON, TONN & SEAY, PC, CPA'S	Firm's address ▶ PO BOX 977 DENTON, TX 76202-0977		Firm's EIN ▶ 75-1333383	Phone no. (940) 387-8563

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: **ROTARY INTERNATIONAL - DENTON** Employer identification number: **75-0533079**

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FLAG PROJECT (event type)	GRAPEFRUIT SAL (event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts	23,132.	7,574.	30,706.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	23,132.	7,574.	30,706.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,514.	3,033.	7,547.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			7,547.
	11	Net income summary. Subtract line 10 from line 3, column (d)			23,159.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
REVENUE	1	Gross revenue			
	2	Cash prizes			
DIRECT EXPENSES	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

ROTARY INTERNATIONAL - DENTON

Employer identification number

75-0533079

FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

CASH AMOUNT GIVEN: \$ 31,768.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BAD DEBTS.....	\$	5,119.
CLUB ADMINISTRATION.....		2,809.
CLUB SUPPLIES.....		610.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		15,220.
DEPRECIATION.....		194.
DISTRICT AND NATIONAL DUES.....		10,871.
MEETINGS.....		37,876.
MISCELLANEOUS.....		2,000.
PIANO.....		1,000.
PUBLIC AWARENESS.....		1,467.
TOTAL	\$	77,166.

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DEPRECIATION ADJ.....	\$	-1.
TOTAL	\$	-1.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE.....	\$ 5,398.	\$ 7,509.
FURNITURE AND FIXTURES.....	195.	0.
TOTAL	\$ 5,593.	\$ 7,509.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 14,439.	\$ 10,798.
TOTAL	\$ 14,439.	\$ 10,798.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

COMMUNITY SERVICE

Name of the organization ROTARY INTERNATIONAL - DENTON	Employer identification number 75-0533079
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**FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
ADAM REESE DIRECTOR	1	\$ 0.	\$ 0.	\$ 0.
RITA BURLESON DIRECTOR	1	0.	0.	0.
MIKE POPE DIRECTOR	1	0.	0.	0.
RANDY SUDDERTH TREASURER	2	0.	0.	0.
MAX MORLEY SECRETARY	1	0.	0.	0.
DICK PITTROFF DIRECTOR	1	0.	0.	0.
JACK KEARNEY DIRECTOR	1	0.	0.	0.
TODD PRICE PRESIDENT	3	0.	0.	0.
RICHARD BROWN DIRECTOR	1	0.	0.	0.
CONDELL GARDEN DIRECTOR	1	0.	0.	0.
RANDY ROBINSON DIRECTOR	1	0.	0.	0.
DEAN PERKINS DIRECTOR	1	0.	0.	0.
JIM ENGELBRECHT PRES-ELECT	1	0.	0.	0.
RANDI SKINNER DIRECTOR	1	0.	0.	0.
JACK THOMPSON PAST PRESIDENT	1	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

6/30/17

2016 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT D248

ROTARY INTERNATIONAL - DENTON

75-0533079

7/19/18

02:53PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS DEDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.			
FORM 990/990-PF																			
FURNITURE AND FIXTURES																			
1	FILING CABINETS	6/01/05		1,507							1,507	1,507	S/L	HY	3	0			
2	LAPTOP, PROJECTOR, ETC	7/21/11		1,342							1,342	1,206	S/L	HY	5	.10000			
3	TABLETOP LECTERN	8/04/11		593							593	535	S/L	HY	5	.10000			
TOTAL FURNITURE AND FIXTURE												3,442	0	0	0	0	3,442	3,248	194
TOTAL DEPRECIATION												3,442	0	0	0	0	3,442	3,248	194
GRAND TOTAL DEPRECIATION												3,442	0	0	0	0	3,442	3,248	194