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Form **990-E**Z

Short Form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990 All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

Address change Name change Initial return Termination Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). APPALACHIAN PREGNANCY CARE CENTERS INC 20- Room/suite E Telep (66) F Grounds APPALACHIAN PREGNANCY CARE CENTERS INC 20- Room/suite F Grounds APPALACHIAN PREGNANCY CARE CENTERS INC 20- Number and street (or P 0 box, if mail is not delivered to street address) F Grounds APPALACHIAN PREGNANCY CARE CENTERS INC 20- Number and street (or P 0 box, if mail is not delivered to street address) F Grounds APPALACHIAN PREGNANCY CARE CENTERS INC 20- Number and street (or P 0 box, if mail is not delivered to street address) F Grounds APPALACHIAN PREGNANCY CARE CENTERS INC 20- Number and street (or P 0 box, if mail is not delivered to street address) F Grounds APPALACHIAN PREGNANCY CARE CENTERS INC 20- Number and street (or P 0 box, if mail is not delivered to street address) F Grounds APPALACHIAN PREGNANCY CARE CENTERS INC 20- Number and street (or P 0 box, if mail is not delivered to street address) F Grounds APPALACHIAN PREGNANCY CARE CENTERS INC APPALACHIAN PREGNANCY CARE CENTERS INC Specific Contents APPALACHIAN PREGNANCY CARE CENTERS INC F Grounds APPALACHIAN PREGNANCY CARE CENTERS INC Specific Contents AP	oyer identification number -8757537 whone number 06) 437-1025 up Exemption
Address change Name change Initial return Termination Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). APPALACHIAN PREGNANCY CARE CENTERS INC 20- Room/suite E Telep (66) F Ground Street (or PO box, if mail is not delivered to street address) Place of the property of the p	-8757537 whone number 06) 437-1025 up Exemption
Name change Initial return Termination Application pending ■ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Address change Initial return Initial return Tempinator Specific Initial return Termination Application pending APPALACHIAN PREGNANCY CARE CENTERS INC	ohone number 06) 437-1025 up Exemption
Termination Application pending PikeVILLE N/A	06) 437-1025 up Exemption
Termination Amended return Application pending See See See See See See See See See Se	up Exemption
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Specific Instructions. PIKEVILLE PIKEVILLE KY 41501 F Groundly Mum Application pending Accounting method: Other (specify) > H Check X I if the required to attach Section 501 (C)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	up Exemption
Application pending vions. PIKEVILLE KY 41501 Num Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: Other (specify) ► H Check X if the required to attach Schedule A (Form 990 or 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). G Accounting method Other (specify) ► H Check ► X if the required to attach S	
must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ► I Website: ► N/A H Check ► X if the required to attach S	
I Website: ► N/A H Check ► X if the required to attach S	A Cash Accidan
1 Website: ► N/A required to attach S	e organization is not
	Schedule B (Form 990.
J Tax-exempt status (check only one) $ \boxed{X}$ 501(c) (3) \blacktriangleleft (insert no.) $\boxed{4947(a)(1)}$ or $\boxed{527}$ 990-EZ, or 990-PF)	
K Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm	nally 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 sui	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990	
ınstead of Form 990-EZ	► \$ 90,735.
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruc	
1 Contributions, gifts, grants, and similar amounts received .	1 77,320.
Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4
5a Gross amount from sale of assets other than inventory 5a	
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)	5c
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$	
a Gross revenue (not including \$ of contributions	
b Less: direct expenses other than fundraising expenses 6b 997.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances	6c 12,418.
b Less cost of goods sold	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe >)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 89,738.
Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits RECEIVED	12 24,000.
E 10 1 10 10 10 10 10 10	13 96.
14 Occupancy, rent, utilities, and maintenance	15,700.
S 10 , tiltuing, pastications, postago, and simplified	15 83.
16 Other expenses (describe ► See Other Expenses Statement (16)	16 18,191.
	58,070.
	18 31,668.
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	41 045
figure reported on prior year's return)	19 41,845.
	20 73,513.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instea	
(See the instructions for Part II) (A) Beginning of year 22 Cash, savings, and investments 42,502.	
	23 0.
23 Land and buildings 24 Other assets (describe ► See L-24 Stmt) 0.	24 1,136.
25 Total assets (describe 5 See L-24 Stmt) 42,502.	
26 Total liabilities (describe > See L-26 Stmt) 657.	26 838.
· · · · · · · · · · · · · · · · · · ·	73,513.

Form 990-EZ (2009) APPALACHIAN PRI				-875	7537 Page 2			
Part III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)	_	Expenses			
What is the organization's primary exempt purpose? PF	nat is the organization's primary exempt purpose? PROVIDING SUPPORT TO PREGNANT WOMEN							
Describe what was achieved in carrying out the	ncise manner,	orgai	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional					
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 PROVIDED FREE SPIRITUAL,	PRACTICAL, AND EM	OTIONAL SUPPOR	т					
TO PREGNANT WOMEN IN PIK								
10 11000001 100000 10 1110	=							
(Grants \$ 0.) If the	us amount includes foreign ar			28 a	58,070.			
	ils amount includes foreign gi	ants, check here	- 11	20 a	30,070.			
29	'							
(Grants \$) If the	nis amount includes foreign gi	rants, check here	. 🏲	29 a				
30								
(Grants \$) If the	nis amount includes foreign gi	rants, check here	▶	30 a				
31 Other program services (attach schedul	e)							
(Grants \$) If the	nis amount includes foreign gi	rants, check here	▶ 🗍	31 a				
32 Total program service expenses (add	nes 28a through 31a)		. •	32	58,070.			
Part IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	ne even if not com	pens	ated (See the instrs.)			
	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account			
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plai deferred compensa		and other allowances			
WAY HAMMOND	to position		deferred compensa					
KAY HAMMOND								
610 CEDAR CREEK	EX DIRECTOR			•				
PIKEVILLE KY 41501	20.00	24,000.		0.				
CATHY JUSTICE								
1584 BROADBOTTOM	VICE CHAIR							
PIKEVILLE KY 41501	1.00	0.		0.				
PAUL POTTER								
P.O. BOX 445	SECRETARY		İ					
BELCHER KY 41513	0.50	0.		0.				
LYNETTE SCHINDER								
139 COLLEGE ST	TREASURER							
PIKEVILLE KY 41501	1.00	0.		0.				
BOB FITCH	1.00							
	- DIRECTOR							
65 RATLIFF ST	- 1			^				
PIKEVILLE KY 41501	0.50	0.		0.				
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BAA	TEEA0812 (01/30/10			Form 990-EZ (2009)			

Par	tv Other Information (Note the statement requirements in the instrictor Part v.)		V	N-
	D. I. II		Yes	<u>No</u>
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity '	33		<u>X</u>
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	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, attach a statement explaining why the organization did not report the income on Form 990-T			
	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?	35 a		х
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 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	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		X
38 a	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?	38 a		Х
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9	-		
	o Gross receipts, included on line 9, for public use of club facilities i Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	† ,	100	
40 8	section 4911 \(\bigcup_{} \), section 4912 \(\bigcup_{} \), section 4955 \(\bigcup_{} \)	J		
t	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	40 b		Х
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	\$ x. 'a \		* * 1
c	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 List the states with which a copy of this return is filed ►	40 e		X
42 a	The organization's books are in care of ► LYNETTE SCHINDLER PIKEVILLE KY ZIP + 4 ► 41501	437	- <u>10</u> 2	25_ <u>-</u>
			Yes	No
ı	o 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.	42b	,	Х
			4	
(See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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	42 c		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		► []	
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,'	45		X
BAA	Form 990 must be completed instead of Form 990-EZ TEEA0812 01/30/10 FG	rm 99	0-EZ	

	990 E7 (20	1001	APPALACHIAN	DDDCNANGY	CADE	CENTERC	TNC
OHIL	990-EZ (ZC	וכטנ	ALLATACHTAN	PREGNANCY	CARE	CENTERS	INC

Part VI

20-8757537

Page 4

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 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 46 46 Х Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II . . . 47 Х 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 Х 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a X b If 'Yes,' was the related organization a section 527 organization? 49 h 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.' (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (e) Expense account and (a) Name and address of each employee paid more than \$100,000 other allowances NONE 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 NONE d Total number of other independent contractors each receiving over \$100,000 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Date Preparer's Identifying Number (See instructions) Check if self-Preparer's signature Paid employed Pre-Non-Paid Firm's name (or parer's yours if self-Use employed), address, and ZIP + 4 ΕIN Only Phone no May the IRS discuss this return with the preparer shown above? See instructions No Yes BAA Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name (Name of the organization Employer identification number											
APP				ANCY CARE CEN'							75753	
Par	i İ	Reasor	າ for Pu	blic Charity Statu	s (All organizations	must	comple	te this	part.)	See ı	nstruct	ions
The c	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												
3	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4												
	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 7	X	An organi	ization th	· local government or at normally receives a (XAXvi). (Complete P	governmental unit descri substantial part of its si art II)	ibed in s upport fr	ection 1 om a go	70(b)(1) overnme	(A)(v). ntal uni	t or fron	n the ger	neral public described
8		A commu	nity trust	described in section	170(b)(1)(A)(vi). (Comple	te Part	II)					
9		from activinvestment June 30,	vities rela nt income 1975 See	ted to its exempt funce and unrelated busine e section 509(a)(2). (C		n except section	tions, an 511 tax)	id (2) no i from bi	more t usiness	han 33- es acqui	1/3 % of	its support from gross
10		An organ	ization or	ganized and operated	exclusively to test for pr	ublic saf	ety See	section	1 509(a)	(4).		
11		more pub	licly supp	orted organizations o	exclusively for the bene lescribed in section 509(zation and complete line	(a)(1) or	section	509(a)(a	ctions (2) See	of, or ca section	rry out tl 509(a)(3	ne purposes of one or i). Check the box that
		а 🔲 Тур	e I	b Type II	c 🗌 Type II	II – Fun	ctionally	integra	ted		d 🗌	Type III- Other
е		By checki than foun 509(a)(2)	dation ma	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	lled direction	ctly or in d organi	dırectly zatıons	by one describe	or more ed in se	disquali ction 509	ified persons other $\theta(a)(1)$ or section
f		If the organicheck this	anızatıon s box	received a written def	ermination from the IRS	that is	a Type I	, Type II	l or Typ	e III sup	porting (organization,
g		Since Aug	gust 17, 2	2006, has the organiza	ition accepted any gift of	or contrib	oution fro	om any	of the f	ollowing	persons	
		(i) a pe	erson who	o directly or indirectly	controls, either alone or upported organization?	togethe	r with pe	ersons d	escribe	d ın (ıı) a	and (III)	Yes No
			_	nber of a person desc	• • •							11g (ii)
		• •	•	•	described in (i) or (ii) a	hove?			•			11 g (iii)
h				•	the supported organization							1119(111)
	- Ci) Name of Su		(u) EIN	(iii) Type of organization		Is the	(a) Did	ou notify		s the	(VII) Amount of Support
	\ **/	Organizat	ion	(ii) LiiV	(described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	tion in col d in your erning ment?	the organ	nzation in	organizat	ion in col zed in the S ?	(VII) Amount of Support
						Yes	No	Yes	No	Yes	No	
							ļ					
						<u> </u>						
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			_ _	 			-	ļ		ļ		
<u>Total</u>												

Par	t II Support Schedule for	_)(T)(A)(iv) and	170(b)(1)(A)(\	/i)
200	(Complete only if you check	ed the box on line	5, 7, or 8 of Pa	rt I)				
	tion A. Public Support			 			- 1	
pegii	ndar year (or fiscal year nning inֳ) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	19	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')			40,940.	56,636.	77,3	320.	174,896.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3			40,940.	56,636.	77,3	320.	174,896.
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)			113 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
	Public support. Subtract line 5 from line 4		·	,			`};;¥	174,896.
Sec	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4			40,940.	56,636.	77,3	320.	174,896.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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.)				4,751.	12,	118.	17,169.
11	Total support. Add lines 7 through 10							192,065.
12	Gross receipts from related activ	vities, etc. (see in	structions)				12	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	ond, third, fourth, o	or fifth tax year as	a section	501(c)(3) ▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage					
14	Public support percentage for 20	009 (line 6, colum	n (f) divided by l	ine 11, column (f)			14	91.06%
15	Public support percentage from	2008 Schedule A	Part II, line 14				15	95.36%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
b 33-1/3 support test — 2008. 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 stop here. The organization qualifies as a publicly supported organization.								
17a 10%-facts-and-circumstances test — 2009 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	b 10%-facts-and-circumstances test — 2008. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
18 BAA	Private foundation. If the organ	zation did not che	eck a box on line	, 13, 16a, 16b, 17a				structions. >

20-8757537

Page 2

Schedule A (Form 990 or 990-EZ) 2009 APPALACHIAN PREGNANCY CARE CENTERS INC

Form 990-EZ Part II

Other Assets and Liabilities

2009

Name as Shown on Return APPALACHIAN PREGNANCY CARE CENTERS INC	Employer Identification No. 20-8757537		
Line 24 - Other Assets:	Beginnin of Year	_	
EQUIPMENT		1,136.	
Totals to Form 990-EZ, Part II, line 24		1,136.	
	Beginnin	g End of	

Line 26 - Total Liabilities:

PAYROLL TAXES

657. 838.

Totals to Form 990-EZ, Part II, line 26

Beginning of Year

Find of Year

1657. 838.

TEEW1801 SCR 02/11/10

Form 9	990-EZ,	Part I	, Line	16
Other	Expens	es Sta	itemei	nt

Other expenses (describe)	·
TRAVEL	2,060.
INSURANCE	3,394.
SUPPLIES	2,690.
BABY BOTTLES	2,527.
LICENSES/PERMITS	315.
PAYROLL TAXES	1,884.
TELEPHONE	1,885.
MISC EXPENSE	583.
BANK CHARGES	21.
ADVERTISING	2,604.
DUES	168.
DEPRECIATION EXPENSE	60.
Total	18,191.