See a Social Security Number? Say Something!
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Form **990-EZ**

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)

▶ 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

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 04/01/13 , and ending 03/31/14

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

C Name of organization
CONCORD EPSOM LODGE OF ELKS #1210

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P.O. BOX 1012

City or town, state or province, country, and ZIP or foreign postal code
EPSOM NH 03234

D Employer identification number
02-0108531

E Telephone number

F Group Exemption Number ▶ 1156

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: ▶ N/A

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(8) ◀ (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 ▶ $ 159,999

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	6,707
	2	Program service revenue including government fees and contracts		2	32,441
	3	Membership dues and assessments SEE STATEMENT		3	23,237
	4	Investment income		4	7,233
	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			
	a	Gross income from gaming (attach ~~Schedule G~~ if greater than $15,000)	6a 30,901		
	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		
	c	Less direct expenses from gaming and fundraising events	6c 9,440		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	21,461
	7a	Gross sales of inventory, less returns and allowances	7a 58,430		
	b	Less cost of goods sold	7b 28,301		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	30,129
	8	Other revenue (describe in Schedule O)		8	1,050
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	122,258
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	7,146
	13	Professional fees and other payments to independent contractors		13	3,478
	14	Occupancy, rent, utilities, and maintenance		14	63,317
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	36,076
	17	**Total expenses.** Add lines 10 through 16 ▶		17	110,017
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	12,241
	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	53,038
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	65,279

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2013)

DAA

P 13

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	80,236	22	77,788
23 Land and buildings	0	23	2,339
24 Other assets (describe in Schedule O)	4,496	24	4,496
25 **Total assets**	84,732	25	84,623
26 **Total liabilities** (describe in Schedule O)	31,694	26	19,344
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	53,038	27	65,279

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 TO PROVIDE SUPPORT TO THE FOLLOWING: NEEDY FAMILIES, ELKS NATIONAL FOUNDATION, ELKS NATIONAL HOME, OTHER CHARITY PROGRAMS.
(Grants $) If this amount includes foreign grants, check here ▶ 28a

29 TO PROVIDE SUPPORT FOR YOUTH ACTIVITIES, AND HELP CHILDREN GROW UP HEALTHY AND DRUG FREE.
(Grants $) If this amount includes foreign grants, check here ▶ 29a

30 TO SUPPORT VETERANS PROGRAMS; UNDETAKE PROJECTS THAT ADDRESS UNMET NEEDS AND BY HONORING THE SACTIFICE OF OUR VETERANS.
(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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heath benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LAURENE MCLEOD EXALTED RULER	1.00	0	0	0
MICHAEL BURNS LEADING KNIGHT	1.00	0	0	0
KENNETH PENNELL LECTURING KNIGHT	1.00	0	0	0
GUY MITCHELL LOYAL KNIGHT	1.00	0	0	0
LORI LYMAN SECRETARY	15.00	2,793	0	0
MARY KELLOWAY TREASURER	15.00	2,793	0	0
STANLEY MCLEOD TRUSTEE	1.00	0	0	0
CYNTHIA SYLVESTER TRUSTEE	1.00	0	0	0
DAVID KELLOWAY TRUSTEE	1.00	0	0	0
JOSEPH WHITE TRUSTEE	1.00	0	0	0
BERNARD MITCHELL TRUSTEE	1.00	0	0	0
CHARLENE LABARRE TRUSTEE	1.00	0	0	0

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

			Yes	No
33	Did the organization engage in any significant 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," attach 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
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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 ▶ Telephone no ▶			
	Located at ▶ ZIP + 4 ▶			
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 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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	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)	45b		X

			Yes	No
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 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 ☐

			Yes	No
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	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 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	Michael R Burns Signature of officer	7-1-14 Date
	Michael R Burns Exalted Ruler Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	EDWARD T. PERRY	E T Perry CPA	06/30/14		P00021063
	Firm's name ▶ PLODZIK & SANDERSON PROFESSIONAL ASSN.			Firm's EIN ▶	02-0403669
	Firm's address ▶ 193 NORTH MAIN STREET CONCORD, NH 03301			Phone no	603-225-6996

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" to Form 990, Part IV, lines 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

2013

Open to Public Inspection

Name of the organization

CONCORD EPSOM LODGE OF ELKS #1210

Employer identification number

02-0108531

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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 ten 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 fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
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" to 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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to 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 col (a) through col (c))
Revenue	1 Gross revenue		30,901		30,901
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		9,440		9,440
	6 Volunteer labor	☐ Yes % ☒ No	☐ Yes % ☒ No	☐ Yes % ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				9,440
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				21,461

9 Enter the state(s) in which the organization operates gaming activities: NH

a Is the organization licensed to operate 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 operate 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 operated 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 ▶ MARY KELLOWAY
P.O. BOX 1012
Address ▶ EPSOM NH 03234

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 complete this part to 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

2013

Open to Public Inspection

Name of the organization

CONCORD EPSOM LODGE OF ELKS #1210

Employer identification number

02-0108531

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION		AMOUNT
HALL RENTAL INCOME-MEMBERS	$	1,050
TOTAL	$	1,050

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

DESCRIPTION		AMOUNT
EXPENSES		
GRAND LODGE CONVENTION	$	2,827
STATE CONVENTION	$	100
LOAN INTEREST EXPENSE	$	354
GRAND LODGE PER CAPITA	$	5,168
STATE PER CAPITA	$	808
NH ROOMS & MEALS TAX	$	5,373
HARV/HALLOW/PIG/MOTHERS/S	$	2,226
BREAKFASTS/BARBEQUE	$	1,365
COMMUNITY RELIEF	$	200
TROPHIES & PLAQUES	$	132
INSTALLATION	$	193
MOTHERS/MEMORIAL DAY SERV	$	98
FLAG DAY	$	97
FLAGS	$	176
YOUTH ACTIVITIES	$	127
DRUG AWARENESS	$	331
CONTINGENCY FUND	$	2,488

Name of the organization: CONCORD EPSOM LODGE OF ELKS #1210

Employer identification number: 02-0108531

MISC & UNEXPECTED	$	1,056
FRIDAY NIGHT DINNERS	$	641
EQUIPMENT RENTAL	$	1,100
BAR LICENSES	$	1,950
BAR ENTERTAINMENT	$	2,200
WORKERS COMP INSURANCE	$	500
OFFICER LIABILITY INSURAN	$	675
OFFICE SUPPLIES,PAPER,TON	$	1,575
OFFICE EXPENSE-COMP/SOFTW	$	5
BANK FEES	$	552
CHARITABLE TRUSTS LICENSE	$	75
MEMBERS ADMIN FEES	$	50
CLINICS & MEETINGS	$	135
INVESTMENT DEPRECIATION	$	3,499
TOTAL	$	36,076

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORIES FOR SALE OR USE	$ 4,496	$ 4,496
TOTAL	$ 4,496	$ 4,496

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 31,694	$ 7,902
DEFERRED REVENUE	$ 0	$ 7,277
MORTGAGE AND OTHER NOTES PAYABLE	$ 0	$ 4,165

Name of the organization: CONCORD EPSOM LODGE OF ELKS #1210

Employer identification number: 02-0108531

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

CONCORD EPSOM LODGE OF ELKS #1210 IS PART OF THE NATIONAL FRATERNAL ORDER OF ELKS WHOSE MISSION IS TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTINCE, BROTHERLY LOVE AND FIDELITY: TO RECONIZE A BELIEF IN GOD; TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS; TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM; TO CULTIVATE GOOD FELLOWSHIP; TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATIN AND TO PROVIDE FOR ITS GOVERNMENT, THE BENEVEOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA AND WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

ALL IN SUPPORT OF EXEMPT PURPOSE'S 1ST, 2ND AND 3RD

Federal Statements

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
REGULAR MEMBER DUES	$ 21,198
LIFE MEMBER DUES	210
GRAND LODGE PER	1,454
NEW MEMBERS	148
STATE PER CAPITA	227
TOTAL	$ 23,237

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
EQUIPMENT	$	$	$ 18,802	$
FURNITURE & FIXTURES			86,758	
ACCUMULATED DEPRECIATION				103,221
TOTAL	$ 0	$ 0	$ 105,560	$ 103,221