

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)

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.

A For the 2015 calendar year, or tax year beginning 05-01-2015 , and ending 04-30-2016

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization PEORIA DISTRICT DENTAL SOCIETY	D Employer identification number 37-6063365
Number and street (or P O box, if mail is not delivered to street address) 3306 W CHARTWELL ROAD	Room/suite
City or town, state or province, country, and ZIP or foreign postal code PEORIA, IL 61614	E Telephone number (309) 690-0011
F Group Exemption Number ►	

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: ► HTTPS://PDDS.ORG/**J** Tax-exempt status (check only one) 501(c)(3) 501(c)(6) (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 ► \$ 64,081**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 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	675
3 Membership dues and assessments	3	51,138
4 Investment income	4	73
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	
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	12,195
c Less direct expenses from gaming and fundraising events	6c	9,743
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,452
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	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	54,338
10 Grants and similar amounts paid (list in Schedule O)	10	1,000
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	10,507
13 Professional fees and other payments to independent contractors	13	1,100
14 Occupancy, rent, utilities, and maintenance	14	207
15 Printing, publications, postage, and shipping	15	5,956
16 Other expenses (describe in Schedule O)	16	41,932
17 Total expenses. Add lines 10 through 16 ►	17	60,702
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,364
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	109,347
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	102,983

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

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	108,413	22	102,256
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	934	24	727
25 Total assets	109,347	25	102,983
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	109,347	27	102,983

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

What is the organization's primary exempt purpose?

THE PRIMARY EXEMPT PURPOSE OF THE ORGANIZATION IS TO REPRESENT THE INTERESTS OF THE DENTAL PROFESSION AND THE PATIENTS THEY SERVE ANOTHER OBJECTIVE OF THE ORGANIZATION IS TO ENSURE THAT THE HIGHEST QUALITY DENTAL CARE IS PROVIDED TO THE PUBLIC

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

CONDUCTED CONTINUING EDUCATION CONFERENCES TO EDUCATE MEMBERS CONDUCTED

28 COMMUNITY EVENTS TO EDUCATE THE PUBLIC REGARDING THE SCIENCE OF DENTISTRY
(Grants \$ 0) If this amount includes foreign grants, check here

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DR NATHAN SHROEDER PRESIDENT	0 40	0	0	0
DR MELISSA ROEHM STIGALL PRESIDENT-ELECT	0 40	0	0	0
DR FABIAN HOSEIN TREASURER	0 40	0	0	0
DR CHRISTOPHER LOUDERMILK SECRETARY	0 40	0	0	0
DR SCOTT ANDERSON PAST PRESIDENT	0 40	0	0	0
DR DAN LOVELL DIRECTOR	0 40	0	0	0
DR JAMIE SMITH DIRECTOR	0 40	0	0	0
DR ERIC SUDHOLT DIRECTOR	0 40	0	0	0
DR RAVICHANDRA JULURI DIRECTOR	0 40	0	0	0
DR HARRELL WATTS DIRECTOR	0 40	0	0	0
DR KEVIN NELSON DIRECTOR	0 40	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		No
34		No
35a		No
35b		
35c	Yes	
36		No
37a	0	
37b		
38a		No
38b		
39		
39a		
39b		
40a		
40b		
40c		
40d		
40e		No
41		
42a	Telephone no (309) 690-0011	
	Located at 3306 W CHARTWELL ROAD PEORIA, IL	ZIP + 4 61614
42b		No
42c		No
43		
44a		
44b		No
44c		No
44d		
45a		No
45b		

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

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)

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)?

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0

b Did the organization file **Form 1120-POL** for this year?

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?

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

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), 501(c)(4), and 501(c)(29) 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

c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► **FABIAN HOSEIN** Telephone no (309) 690-0011
Located at 3306 W CHARTWELL ROAD PEORIA, IL ZIP + 4 61614

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 **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

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 ►

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**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

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		No

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

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

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 FABIAN HOSEIN TREASURER Type or print name and title	2016-07-11 Date
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Paid Preparer Use Only	Print/Type preparer's name ROBERT J GEORGE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00072160
	Firm's name ► HEINOLD BANWART LTD			Firm's EIN ► 37-1196235	
	Firm's address ► 201 CLOCK TOWER DRIVE THIRD FLOOR EAST PEORIA, IL 616112449			Phone no (309) 694-4251	

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

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: PEORIA DISTRICT DENTAL SOCIETY

EIN: 37-6063365

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE C
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.
►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2015****Open to Public
Inspection**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
PEORIA DISTRICT DENTAL SOCIETY

Employer identification number

37-6063365

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2

Political expenditures



\$ _____

3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955

\$ _____



2 Enter the amount of any excise tax incurred by organization managers under section 4955

\$ _____



3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

□ Yes □ No

4a

Was a correction made?

□ Yes □ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$ _____



2

Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities

\$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

\$ _____



4

Did the filing organization file Form 1120-POL for this year?

□ Yes □ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing
organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the
amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a
separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
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Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

j reporting section 4911 tax for this year?

Yes

No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)	(b)
Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		

a
Volunteers?b
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c
Media advertisements?d
Mailings to members, legislators, or the public?e
Publications, or published or broadcast statements?f
Grants to other organizations for lobbying purposes?g
Direct contact with legislators, their staffs, government officials, or a legislative body?h
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i
Other activities?j
Total Add lines 1c through 1i2a
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?b
If "Yes," enter the amount of any tax incurred under section 4912c
If "Yes," enter the amount of any tax incurred by organization managers under section 4912d
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).1
Were substantially all (90% or more) dues received nondeductible by members?

	Yes	No
1		No
2		No
3		No

2
Did the organization make only in-house lobbying expenditures of \$2,000 or less?3
Did the organization agree to carry over lobbying and political expenditures from the prior year?**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**1
Dues, assessments and similar amounts from members1
51,1382
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).a
Current year2a
2,000b
Carryover from last year2b
c
Total2c
2,0003
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

3	
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4
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?4
____5
Taxable amount of lobbying and political expenditures (see instructions)

5	2,000
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Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
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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.**2015****Open to Public
Inspection**

Name of the organization PEORIA DISTRICT DENTAL SOCIETY	Employer identification number 37-6063365
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 73
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME OLIVIA PINKOWSKI GRANTEE RELATIONSHIP N/A PROPERTY DESCRIPTION CASH DATE OF GIFT 06/01/15 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 207
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEETINGS AMOUNT 25,773 DESCRIPTION DONATIONS AMOUNT 2,400 DESCRIPTION GIFTS AND MEMORIALS AMOUNT 319 DESCRIPTION LICENSES AND FEES AMOUNT 15 DESCRIPTION TRAVEL AMOUNT 2,756 DESCRIPTION OFFICE EXPENSE AMOUNT 4,558 DESCRIPTION ADVERTISING AMOUNT 5,141 DESCRIPTION EDUCATION EXPENSES AMOUNT 120 DESCRIPTION INSURANCE AMOUNT 150 DESCRIPTION MISCELLANEOUS AMOUNT 700 TOTAL TO FORM 990-EZ, LINE 16 41,93 2
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION EQUIPMENT & FURNITURE BEG OF YEAR AMOUNT 7,405 END OF YEAR AMOUNT 7,405 DESCRIPTION ACCUMULATED DEPRECIATION BEG OF YEAR AMOUNT -6,471 END OF YEAR AMOUNT - 6,678