

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)

2017

- 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/form990ez](http://www.irs.gov/form990ez).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017

, and ending 06-30-2018

B Check if applicable

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

C Name of organization  
PFLUGERVILLE LIONS CLUBNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite  
PO BOX 722City or town, state or province, country, and ZIP or foreign postal code  
PFLUGERVILLE, TX 78691D Employer identification number  
51-0141145

E Telephone number

F Group Exemption Number ► 0239

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: ►PFLUGERVILLELIONSCLUB.ORG

J Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) (insert no)  4947(a)(1) or  527K 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 ► \$ 180,552

## 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	1,375
2	Program service revenue including government fees and contracts . . . . .	2	
3	Membership dues and assessments . . . . .	3	8,173
4	Investment income . . . . .	4	60,107
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	27,338
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	81,682
c	Less direct expenses from gaming and fundraising events . . . . .	6c	44,422
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	64,598
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	1,877
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	136,130
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	78,037
11	Benefits paid to or for members . . . . .	11	
12	Salaries, other compensation, and employee benefits . . . . .	12	
13	Professional fees and other payments to independent contractors . . . . .	13	
14	Occupancy, rent, utilities, and maintenance . . . . .	14	17,098
15	Printing, publications, postage, and shipping . . . . .	15	
16	Other expenses (describe in Schedule O) . . . . .	16	43,072
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	138,207
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-2,077
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	199,739
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	197,662



**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. . . . .

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

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

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

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

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

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

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

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

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), 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 40b

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 40e

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

42a The organization's books are in care of ► WILLARD HEBBE Telephone no ► (512) 251-5466  
Located at ► POBOX 722 PFLUGERVILLE, TX ZIP + 4 ► 78691

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)? 42b

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.? 42c

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 44a

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

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

	<b>Yes</b>	<b>No</b>
33	<input type="checkbox"/>	No
34	<input type="checkbox"/>	No
35a	<input type="checkbox"/>	No
35b	<input type="checkbox"/>	
35c	<input type="checkbox"/>	No
36	<input type="checkbox"/>	No
37b	<input type="checkbox"/>	No
38a	<input type="checkbox"/>	No
40b	<input type="checkbox"/>	No
40e	<input type="checkbox"/>	No
42b	<input type="checkbox"/>	No
42c	<input type="checkbox"/>	No
43	<input type="checkbox"/>	
44a	<input type="checkbox"/>	No
44b	<input type="checkbox"/>	No
44c	<input type="checkbox"/>	No
44d	<input type="checkbox"/>	
45a	<input type="checkbox"/>	No
45b	<input type="checkbox"/>	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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	47			
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	48			
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	49a			
b If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	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

<b>Sign Here</b>	***** Signature of officer WAYNE REDD PRESIDENT Type or print name and title	2018-05-10 Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JEFF MONZINGO	Preparer's signature	Date 2019-05-10	Check <input type="checkbox"/> if self-employed	PTIN P00148216
	Firm's name ► MONTOYA & MONZINGO LLP				Firm's EIN ► 81-0792126
	Firm's address ► PO BOX 3350 PFLUGERVILLE, TX 786913350				Phone no (512) 251-5611

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

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 51-0141145  
**Name:** PFLUGERVILLE LIONS CLUB

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p><b>28</b> DONATIONS TO LIONS CLUB INTERNATIONAL FOR THEIR STATE, NATIONAL, AND INTERNATIONAL PROGRAMS THESE INCLUDE LIONS CAMP, EYE BANK, LEADER DOG, LIONS FOUNDATION (Grants \$ 25,882)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>28a</b> 25,882</p>

# Form 990EZ, Part III - Statement of Program Service Accomplishments

<p><b>Expenses</b> <b>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.</b></p>	<p><b>Expenses</b> <b>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>
<p><b>29 SCHOLARSHIPS GIVEN TO STUDENTS TO ASSIST WITH THE COSTS OF HIGHER EDUCATION</b> <b>(Grants \$ 13,500)</b></p> <p>If this amount includes foreign grants, check here . . . ➤ <input data-bbox="3508 773 3589 875" type="checkbox"/></p>	<p><b>29a</b> <b>13,500</b></p>

# Form 990EZ, Part III - Statement of Program Service Accomplishments

<p><b>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.</b></p>	<p><b>Expenses</b> <b>(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)</b></p>
<p><b>30</b> DONATIONS OF SCHOOL SUPPLIES FOR STUDENTS IN NEED, FOOD PANTRY DONATIONS, DONATIONS TO SCHOOL NURSES, SUPPORT OF CIRCLE OF FRIENDS, DONATIONS TO BLUE SANTA, VARIOUS OTHER DONATIONS TO SUPPORT PROGRAMS  (Grants \$ 38,655)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>30a</b> 38,655</p>

**Form 990EZ, 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
WAYNE REDD PRESIDENT	2 00	0		
MIKE CALLAHAN 1ST VICE PRE	2 00	0		
LLOYD HEBBE 2ND VICE PRE	2 00	0		
JERRY GRONA 3RD VICE PRE	2 00	0		
RON THOMAS SECRETARY	2 00	0		
RAY KRZESNIAK TREASURER	2 00	0		
STEVE SHEFFIELD 1ST YEAR DIR	2 00	0		
WILFORD PREUSSE 1ST YEAR DIR	2 00	0		
HARLEY SAATHOFF 2ND YEAR DIR	2 00	0		
ATLAN PFLUGER 2ND YEAR DIR	2 00	0		
ANDREW GEBBIA LION TAMER	2 00	0		
CRAIG SPEER TAIL TWISTER	2 00	0		
BOB BRYDSON MEMBERSHIP C	2 00	0		
TERRY GRONA PAST PRESIDE	2 00	0		

SCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

2017

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceComplete if the organization answered "Yes" on 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](http://www.irs.gov/form990)Name of the organization  
PFLUGERVILLE LIONS CLUB

Employer identification number

51-0141145

**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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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 fundraiser have custody or control of contributions?		(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		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

		(a) Event #1 <b>DINNER PARTY</b> (event type)	(b) Event #2 <b>GOLF TOURNAMENT</b> (event type)	(c) Other events <b>2</b> (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>					
1	Gross receipts . . . . .	39,454	21,640	20,588	81,682
2	Less Contributions . . . . .				
3	Gross income (line 1 minus line 2) . . . . .	39,454	21,640	20,588	81,682
<b>Direct Expenses</b>					
4	Cash prizes . . . . .		1,120		1,120
5	Noncash prizes . . . . .	8,380		398	8,778
6	Rent/facility costs . . . . .		6,214		6,214
7	Food and beverages . . . . .	3,649	320	989	4,958
8	Entertainment . . . . .				
9	Other direct expenses . . . . .	2,444	385	8,494	11,323
10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				32,393
11	Net income summary Subtract line 10 from line 3, column (d) . . . . .				49,289

**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 col (a) through col (c))
<b>Revenue</b>					
1	Gross revenue . . . . .	27,338			27,338
<b>Direct Expenses</b>					
2	Cash prizes . . . . .	11,456			11,456
3	Noncash prizes . . . . .				
4	Rent/facility costs . . . . .				
5	Other direct expenses . . . . .	573			573
6	Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				12,029
8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . .				15,309

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

Yes  No

a Is the organization licensed to conduct gaming activities in each of these states?

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

<b>a</b>	The organization's facility	<b>13a</b>	100 000 %
<b>b</b>	An outside facility	<b>13b</b>	%

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

Name ► WILLARD HEBBE

Address ► POBOX 722  
PFLUGERVILLE, TX 78691

**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 ► HARLEY SAATHOFF

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► HELPS OVERSEE BINGO FOR ORGANIZATION

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 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).

Return Reference

Explanation

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

Department of the Treasury

Internal Revenue Service

Name of the organization  
PFLUGERVILLE LIONS CLUB**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](http://www.irs.gov/form990).

**2017****Open to Public  
Inspection****Employer identification number**

51-0141145

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS 1,877 TOTAL 1,877

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	NAME LIONS CLUB PROGRAMS CASH CONTRIBUTION 25,882 NAME VARIOUS CASH CONTRIBUTION 5,425 NAME SCHOLARSHIPS CASH CONTRIBUTION 13,500 NAME SCHOOL NURSE PROGRAM CASH CONTRIBUTION 6,221 NAME SCHOOL SUPPLIES CASH CONTRIBUTION 6,500 NAME CIRCLE OF FRIENDS CASH CONTRIBUTION 15,309

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16	EXPENSES HALL EXPENSES 31,131 MEETING MEALS 6,527 MISCELLANEOUS 2,474 NON-INVESTMENT DEPRECIATION 2,940 TOTAL 43,072

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	BEER COOLER 1,600 1,600 LESS ACCUMULATED DEPRECIATION 1,440 1,600 CHAIRS AND TABLES 6,944 6,944 LESS ACCUMULATED DEPRECIATION 6,249 6,944 CHAIR DOLLIES 2,862 2,862 LESS ACCUMULATED DEPRECIATION 2,302 2,862 TOTAL 1,415 0