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)

Open to Public

Inspection

Department of the Treasury

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.

	41101	IRM THOTES	INC CONTROL				
	A F	or the	2016 calendar year, or tax year beginning 1-1- , 20	16, and endin	g	12-31- , 20	16
	Во	heck if a	plicable C Name of organization ?		D Empl	loyer identification num	ber ?
		Address o	hange Share the Life Inc				
	_	Name cha		Room/surt	e E Telep	phone number	
	_ = '	nıtıal retu	I 100 I 344 Ziru Ave	į	ľ	904-476-3026	
	=	-marretur Amended	City or town, state or province, country, and ZIP or foreign postal code	(0	F Grou	up Exemption	
	=		n pending Boca Raton, FL 33432	じつ		nber 🕨 ?	
^	G /	ccoun	ing Method: ☑ Cash ☐ Accrual Other (specify) ▶		H Check	If the organization	on is not
か		Vebsite				to attach Schedule B	
V-/	J T	ax-exer	npt status (check only one) — ☑ 501(c)(3) ☐ 501(c) () ◄ (insert no.) ☐ 4947(a)(1) or 527		90, 990-EZ, or 990-PF	
15			organization: Corporation Trust Association Other			·	
1,			s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if	total assets		
	(Par	t II, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	4486
		art l	Revenue, Expenses, and Changes in Net Assets or Fund Bala			ctions for Part I)	
			Check if the organization used Schedule O to respond to any questi				
	?	1	Contributions, gifts, grants, and similar and leceived			1	3300
Ć.	<u> </u>	2	Program service revenue including government fees and contracts			2	
· .	?	3				3	
ϵ		4	Membership dues and assessments			4	
٤.		5a	Gross amount from sale of assets other than inventory	5a		·	
		Ь	Less: cost or other basis and sales expenses ENTTY DEP! Gain or (loss) from sale of asset Republicant inventory (Subtract line 5b from the sale of th	5b			
=======================================	Ž	c	Gain or (loss) from sale of asset are a liver (eventory (Subtract line 5b fro	m line 5a)		5c	
		6	Garning and fundraising events				
	:	a	Gross income from gaming (attach Schedule G if greater than			ļ	
	9		445,000	6a			
	Revenue	Ь	Gross income from fundraising events (not including \$	of contribu	tions		
1		-	from fundraising events reported on line 1) (attach Schedule G if the	_0, 00,,,,,,,			
	· 为			6b			
	' 'J	ြင		3c			
		d	Net income or (loss) from gaming and fundraising events (add lines 6a		subtract		
	•		line 6c)			6d	
		7a	Gross sales of inventory, less returns and allowances	7a	1186		
		ь		7b	905	í i	
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	281
		8	Other revenue (describe in Schedule O)			8	
•		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	3581
8		10	Grants and similar amounts paid (list in Schedule O)			10	
~		11	Benefits paid to or for members			11	
4	Ø	12	Salaries, other compensation, and employee benefits ?			12	
64	186	13	Professional fees and other payments to independent contractors 2			13	
APR	Expenses	14	Occupancy, rent, utilities, and maintenance			14	3050
₹	A	15	Printing, publications, postage, and shipping			15	320
÷		16	Other expenses (describe in Schedule O)			16	
2		17	Total expenses. Add lines 10 through 16			17	3370
61		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	<u> </u>		18	211
9	Assets	19	Net assets or fund balances at beginning of year (from line 27, column				
5	183		end-of-year figure reported on prior year's return)			19	
32	Net A	20	Other changes in net assets or fund balances (explain in Schedule O)		1	20	
~	χž	21	Net assets or fund balances at end of year. Combine lines 18 through-20-			21	211
**	거든			Carlad Votas) 	Form 990-E	
8	<u>م</u>			COLUMN TOOK	_၂ပ္ဟု		
ς	\mathcal{I}		API	R 0.9 2018	SSO		

Net assets or fund balances at end of year. Combine lines 18 through-29 KEGINI WED APR 03 2018 OGDEN, UT

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	a II	Ralanca Shaate (car	the instructions	•				
Part		•						
		Check if the organizat	ion used Schedule	O to respond to a	ny question in this		•	
) O1				-	(A) Beginning of year	00	(B) End of year
22		n, savings, and investme				85	22 23	2
23 24		d and buildings . . . er assets (describe in Sc					24	
2 4 25		il assets					25	
26		Il liabilities (describe in			-		26	
27		assets or fund balance	•		n line 21)	85	27	2
Part		Statement of Progra						
		Check if the organizat		•		•	i	Expenses
What	is the	organization's primary e	exempt purpose?	help followers of Je	sus share His Life wi	th others		quired for section (c)(3) and 501(c)(4)
Descr	ibe th	e organization's progra	m service accompli	shments for each o	f its three largest o	rogram services.		anizations, optional
as me	easure	ed by expenses. In a c	lear and concise m	nanner, describe the	e services provided	, the number of	oth	ers.)
perso	ns ber	nefited, and other releva	nt information for ea	ach program title.				
28 .	· 							
	·	- ^	\	in all relations				_
29 ((Grants			includes foreign gra			28	a
29 .								
-								1
ī	Grants	s \$) If this amount	includes foreign gra	ints, check here .	• 🗇	29:	a
30							-	-
-								
7	Grants	~ ¢	10.11.1.	includes foreign on	inte chack hara	▶ 🗆	30	a
<u> </u>	100.00.00	S D) It this amount	includes loreign gra	into, check here .	· · · ·		
2	<u> </u>	s ភ program services (desci	ribe in Schedule O)				-	
31 (Other (Grants	program services (desci s \$	ribe in Schedule O)) If this amount	ıncludes foreign gra		· · · · · · · · · · · · · · · · · · ·	318	
31 (32)	Other (Grant: Total)	program services (desci s \$ program service exper	ribe in Schedule O)) If this amount uses (add lines 28a	ncludes foreign grathrough 31a).	nts, check here		32	2
31 (Other (Grant: Total)	program services (desci s \$ program service exper List of Officers, Director	ribe in Schedule O)) If this amount uses (add lines 28a rs, Trustees, and Ke	includes foreign gra through 31a) . Femployees (list each	unts, check here	pensated—see the in	32 nstru	ections for Part IV
31 (32)	Other (Grant: Total)	program services (desci s \$ program service exper	ribe in Schedule O)) If this amount uses (add lines 28a rs, Trustees, and Ke	Includes foreign grathrough 31a). Femployees (list each of to respond to an Include I	nnts, check here none even if not com ny question in this	pensated—see the in	32 nstru	ections for Part IV
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Page 3

	Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
		' and addition for the tray of the first and an analysis and a		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		~
?	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		V
	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		V
	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		1
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	2		
	ь 38а	Did the organization file Form 1120-POL for this year?	37b		~
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		>
		If "Yes," complete Schedule L, Part II and enter the total amount involved			
	39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	a b	Initiation fees and capital contributions included on line 9	1		
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4955 ▶ 0			
	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	1.55		
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	е	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 ▶			
	428			6-3026	<u> </u>
	ь	Located at ► 1642 SW 5th Ave, Boca Raton, FL ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	334	Yes	No
	_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	-05	~
		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).			
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		_
	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	• •	. •	- □
	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	Yes	No
	ь	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 d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		~
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		_
	Ь	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		~

				age 4
			Yes	No
Did the organization engage, directly or indirectly, in political campaign activities on behalf of	or in opposit	tion		
to candidates for public office? If "Yes," complete Schedule C, Part I		· 46	<u></u>	~
art VI Section 501(c)(3) organizations only				
All section 501(c)(3) organizations must answer questions 47-49b and 52, and c	complete the	e tables f	for lin	9 \$
50 and 51.	_			_
Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>	<u></u>	1	<u> </u>
The state of the second state of the state o	منافية مناشية		Yes	No
7 Did the organization engage in lobbying activities or have a section 501(h) election in effect year? If "Yes," complete Schedule C, Part II	-	l l		ما
				~
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule Did the organization make any transfers to an exempt non-charitable related organization?			┼──	1
b If "Yes," was the related organization a section 527 organization?				
O Complete this table for the organization's five highest compensated employees (other than of				d ke
employees) who each received more than \$100,000 of compensation from the organization. If				
	th benefits,	<u> </u>		
(a) Name and title of each employee hours per week compensation contribution	ns to employee s, and deferred	(e) Estimate other con		
	ensation	outer COII	i apor idel	iori
ne				
		-	_	
f Total number of other employees paid over \$100,000 ▶0				
1 Complete this table for the organization's five highest compensated independent contractors \$100,000 of compensation from the organization. If there is none, enter "None."	rs who each	received	more	thar
\$100,000 or compensation from the organization. If there is notice, enter 1401te.	T			
(a) Name and business address of each independent contractor (b) Type of service	(c)	Compensati	ION	
one				
	1			
	L		_	
	J	-		
d Total number of other independent contractors each receiving over \$100,000 ▶		0		
2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations			_	
completed Schedule A		.► ✓ Yes		
der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to t e, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know		nowledge and	d belief,	it ıs
	2/16/	1	_	
gn Signature of officer	2(22) 1 ate	<i>D</i>		
·	u.0			
Susan Doherty - CEO/Pres Type or print name and title				
Preparer's signature Date		PTIN		
aid This year page a station	Check self-employ	ıf		
reparer		,		
se only	irm's EIN ▶			
Firm's eddress ► P av the IRS discuss this return with the preparer shown above? See instructions	hone no.	Yes		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Open to Public Inspection

Internal Revenue Service **Employer Identification number** Name of the organization 32-0273552 Share the Life Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10) support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E) **Total**

Part		ations Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	ri)
	(Complete only if you checked to	he box on lin	ie 5, 7, or 8 of	Part I or if th	ne organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						·
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and			ł			
	membership fees received. (Do not			1		1	1
_	include any "unusual grants.")			ļ			
2	Tax revenues levied for the	1	1	1	İ	,	1
	organization's benefit and either paid to or expended on its behalf			1			1
_	-						
3	The value of services or facilities furnished by a governmental unit to the					·	
	organization without charge				/		1
4	Total. Add lines 1 through 3	 	 		 		
_	· ·			 	 		
5	The portion of total contributions by	i]	,'		
	each person (other than a		İ				1
	governmental unit or publicly supported organization) included on				V]
	line 1 that exceeds 2% of the amount		İ	/	1		
	shown on line 11, column (f)						i
6	Public support. Subtract line 5 from line 4		 	 			
	on B. Total Support	L	<u></u>	<u> </u>	<u>L</u>	L	I
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		1		(4,5515	(0, 20.0	(,, , o.a.
8	Gross income from interest, dividends,			1			
-	payments received on securities loans,			Ì	ļ		ļ
	rents, royalties and income from similar		,				
	sources						
9	Net income from unrelated business		,				
	activities, whether or not the business		1 1				
	is regularly carried on		,"				
10	Other income. Do not include gain or		//				
	loss from the sale of capital assets		/				
	(Explain in Part VI.)		/, [']				
11	Total support. Add lines 7 through 10		/				
12	Gross receipts from related activities, etc	. (s ee instructi	ions)			12	
13	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re	<u>!</u>				🕨 🗀
	on C. Computation of Public Suppor	rt Percentag	je				
14	Public support percentage for 2016 (line 6					14	<u>%</u>
15	Public support percentage from 2015 Sch	nedule A, Part	II, line 14			15	%
16a	331/3% support test—2016. If the organibox and stop here. The organization qua	ization did no	cneck the box	con line 13, at	nd line 14 is 33	11/3% or more,	
h							
	331n% support test—2015. If the organithis box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	ion		▶ 🗀
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	. Explain in
	Part VI how the organization meets the "					as a publicly	supported
	organization						▶ [
b	10%-facts-and-circumstances test-26	015. If the org	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza	ition meets th	ne "facts-and-o	circumstances	" test, check t	his box and	stop here.
	Explain in Part VI how the organization in						
18	supported organization						
				. ma inn 1/2	. OT 1/D CDAC	TOPE DAY AND	C-6363

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ir the organization rails to quality	under the te	sis listed beid	w, piease co	inpiete Part ii	·1	
	on A. Public Support		1 0 1 0 2 1 2	, , <u>, , , , , , , , , , , , , , , , , </u>	(n oc (5)	(-) 0010	40 T
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees			· ·]		
	received. (Do not include any "unusual grants.")	0	0	0	250	3300	3550
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			i		ŀ	
	furnished in any activity that is related to the				i		
	organization's tax-exempt purpose		1	1	1894	1186	3080
3	Gross receipts from activities that are not an		1				
	unrelated trade or business under section 513				1	l	
4	Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf]]		i	1	
_	· ·						
5	The value of services or facilities		1]	
	furnished by a governmental unit to the					ļ	
	organization without charge						
6	Total. Add lines 1 through 5				2144	4486	6630
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ		0	0	0
b	Amounts included on lines 2 and 3					[
	received from other than disqualified]	İ		Į	
	persons that exceed the greater of \$5,000					l	
	or 1% of the amount on line 13 for the year			<u></u>	0	0	0
C	Add lines 7a and 7b				0	0	0
8	Public support. (Subtract line 7c from						(2200)
	line 6.)						WW 90
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6				2144	4486	6630
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					ŀ	
	royalties and income from similar sources .				o	0	0
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses				i		
	acquired after June 30, 1975				o	o	0
С	Add lines 10a and 10b				0	0	0
11	Net income from unrelated business						······································
••	activities not included in line 10b, whether		1]		ļ	
	or not the business is regularly carried on				o	اه	0
12	Other income. Do not include gain or					 	
14	loss from the sale of capital assets					j	
	(Explain in Part VI.)		Į į		o	٥	0
13	Total support. (Add lines 9, 10c, 11,		 				
13	and 12.)				2144	4486	6630
14	First five years. If the Form 990 is for the	ne organizatio	n's firet secon	d third fourth			
14	organization, check this box and stop he	_					
<u> </u>	on C. Computation of Public Suppor				• • • • •		> <u>\</u>
	Public support percentage for 2016 (line 8			2 column (fl)		15	%
15	Public support percentage for 2016 (line of Public support percentage from 2015 Sci		•			16	
16 Secti	on D. Computation of Investment In				· · · · · ·	1 10 1	
	Investment income percentage for 2016 (v line 13 colum	nn (fl)	17	%
17	Investment income percentage for 2016 (Investment income percentage from 2015)			-		18	
18	331/3% support tests—2016. If the organ						
19a	17 is not more than 331/2%, check this box						
		-	-	•	-	-	
b	331/5% support tests—2015. If the organize line 18 is not more than 331/5%, check this						
20	Private foundation. If the organization di	•	-	=	•		
20.1	- Frienis (Cilicalium), II III (MCHIC/AMIM) (1	CHICK CHIECK S		. 130.01 130 0		and 366 Highli	JUNIO F I I