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)

not enter social security numbers on this form as it may be made public.

1804

2017

OMB No 1545-1150

Open to Rublic

Department of the Treasury

Inte	rnal Rev	venue Service		Onnosone Ioi Ilis	ductions and the latest informa			Inspection			
A			lar year, or tax year beginning	7/01	, 2017, and ending	6/30	9	2018			
B_		Check if applicable Address change						lentification number			
<u> </u>	•		PER KEYS ROTARY CLU	B, INC.			59-1630364				
	Initial	return P	D BOX 1514 VERNIER, FL 33070			E	E Telephone number				
	Final ret	turn/terminated TA		(305)	451-3464						
	Ameno	ded return				6) (F	Group Ex	emption			
		ation pending				104 L	Number	<u> </u>			
G		ounting Method		er (specify) 🕨 _		H Check ►	X If the	organization is not			
١.			RKEYSROTARY.ORG					Schedule B Z, or 990-PF)			
<u> </u>		xempt status (chec		11(c) (4) ⊲ (ınse		(FOIII 99					
K		of organization	X Corporation Trust		<u> </u>						
L	Add asse	lines 5b, 6c, a ts (Part II, coli	nd 7b to line 9 to determine gro mn (B) below) are \$500,000 or	oss receipts: If gro r more, file Form	oss receipts are \$200,000 or 990 instead of Form 990-F7	more, or if to	tal ►\$	64,383.			
P			Expenses, and Changes			the instru	<u>'</u>				
Link			organization used Schedule O			, the motor	CHOITS II	X X			
	1		gifts, grants, and similar amo		<u> </u>		1				
,	2	Program serv	ce revenue including governm	ent fees and conf	racts		2				
	3	Membership	lues and assessments				3	61,805.			
	4	Investment in	come				4				
1	5 a	Gross amour	from sale of assets other than	ı inventory	5 a						
	b	Less cost or	other basis and sales expense	s	5 b						
	C	Gain or (loss) fr	m sale of assets other than inventory (Subtract line 5b from	ine 5a)		5 c				
_	6 Gaming and fundraising events										
R E V	a Gross income from gaming (attach Schedule G if greater than \$15,000)										
ENU	b Gross income from fundraising events (not including \$ of contributions										
Ŭ		of such gross	ng events reported on line 1) (attach Schedule	G if the sum		i de la composición della comp				
		of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events 6 c									
	"	t Net Income of 6b and subtra	(loss) from gaming and fundr ct line 6c)	aising events (ad	d lines ba and		6 d				
	7 a	Gross sales	f inventory, less returns and al	lowances	7a						
	b	Less cost of	goods sold		7 b						
	c	Gross profit	r (loss) from sales of inventory	(Subtract line 7b			7 c				
	8	Other revenu	(describe in Schedule O)		SEE SCHED	ULE O	8	2,578.			
	9	Total revenu	. Add lines 1, 2, 3, 4, 5c, 6d, 7	c, and 8	RECEIL	/FD	▶ 9	64,383.			
	10		milar amounts paid (list in Sch	edule O)			10				
	11	•	to or for members		[8] IAN 9 9	380	11				
Σ	12		r compensation, and employee		5 JAN 22	2019	12				
EXPENSES	13		ees and other payments to ind	ependent contrac		——]≝	13				
Š	14		ent, utilities, and maintenance		OGDEN,	UT 1	14	 			
S	15		cations, postage, and shipping	J	SEE SCHED	IIF O	15	127.			
	16 17	•	es (describe in Schedule O) es. Add lines 10 through 16		, DEL SCHED		16 ► 17	62,968.			
_	18		ficit) for the year (Subtract line	17 from line 9)			18	63,095.			
Ą			-	·			<u> </u>	1,288.			
A NS E T T	19	Net assets or figure reports	fund balances at beginning of don prior year's return)	year (from line 2)	/, column (A)) (must agree w	uth end-of-ye	ar 19	12 014			
T T S	20		s in net assets or fund balance	s (explain in Sch	edule O)		20	13,914.			
,	21		fund balances at end of year				► 21	15,202.			
BA			eduction Act Notice, see the s				1 1	Form 990-EZ (2017)			

Form	990-EZ (2017) UPPER KEYS ROTA	RY CLUB, INC.		59	-163	30364 Page 2
Par	Balance Sheets (see the inst	ructions for Part II)	estion in this Part II			X
	Onesk with or gamestion about out	date o to respond to diff qu	CSCOTT IT CHIST CITCH	(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments		<u> </u>	21,875		18,328.
23	Land and buildings	CEE COURDINA			23	
24	Other assets (describe in Schedule O)	SEE SCHEDULI	- [980	. 24	1,505.
25	Total assets	CEE COUEDIN		22,855	25	19,833.
26	Total liabilities (describe in Schedule O)			8,941	. 26	4,631.
	Net assets or fund balances (line 27 of			13,914	. 27	15,202.
Par	till Statement of Program Service Ac	complishments (see the inst	tructions for Part III)			Expenses
1475 - 4	Check if the organization used Sc	hedule O to respond to any o	question in this Part I	<u> X</u>	1 (ved	uired for section 501
Wnat	is the organization's primary exempt purpose? SEI	E SCHEDULE O	to three leveret aver) and 501(c)(4) nizations, optional
mea	ribe the organization's program service a sured by expenses. In a clear and concisi	e manner, describe the servi	ces provided, the nur	nber of persons		thers)
bene	fited, and other relevant information for e	each program title				
28	RECOGNITION OF PUBLIC SER		<u> AND_ORGANIZAT</u> I	<u> </u>		
	THROUGH LUNCHEON MEETINGS	5 <u>.</u> 				
	700077		,,,			
-00	(Grants \$) If th	is amount includes foreign g	rants, cneck nere		28 a	61,006.
29					_	
					-	
	(Grants \$) If th					
30	(Grants \$	is amount includes foreign g	rants, cneck nere		29 a	
30						
			- -		4	
	(Grants \$) If th	is amount includes foreign g	rants shock hara		20.0	
21	Other program services (describe in Sch	<u> </u>	rants, check here		30 a	
JI	, 5	is amount includes foreign g	rants check here	▶ □	31 a	
32	Total program service expenses (add li		rants, check here		32	61,006.
	tilV■ List of Officers, Directors,		Inves (list each one e	ven if not compensated —		unetructions for Part IV
[I.al	Check if the organization used Sc	hedule O to respond to any of	question in this Part I	V	see me	X
	(a) Name and title	(b) Average hours per	(c) Reportable compensati	on (d) Health benefit	ts, lovee	(e) Estimated amount of
	(a) Warne and the	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and de compensation		other compensation
CEE	SCHEDULE_Q					
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BAA		TEEA0812L ()8/22/17		•	Form 990-EZ (2017)

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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?		Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	24		
a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions). 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities.	34		X
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
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	35 b		
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	35 c		
36 Did the organization undergo a liquidation, dissolution, termination, or significant	330		<u>X</u>
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
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?	37 b		<u> X</u>
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	—-	X
b If 'Yes,' complete Schedule L, Part II and enter the total			
amount involved 38 b N/A 39 Section 501(c)(7) organizations Enter		ļ	
a Initiation fees and capital contributions included on line 9			
b Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A			l
section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
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	<u> </u>		
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		Х
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 ▶ 0.			\neg
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization □ 0.			
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	<u> </u>		
	40 e		<u>X</u>
41 List the states with which a copy of this return is filed NONE	40 e		<u>x</u>
	40 e		<u> </u>
41 List the states with which a copy of this return is filed NONE 42 a The organization's			<u> </u>
41 List the states with which a copy of this return is filed ► NONE 42 a The organization's books are in care of ► JILL MIRANDA BAKER Telephone no ► 305-30)52_	<u>x</u>
42 a The organization's books are in care of ► JILL MIRANDA BAKER Located at ► P.O. BOX 1124 ISLAMORADA FL ZIP + 4 ► 33036	04-00		
41 List the states with which a copy of this return is filed ► NONE 42 a The organization's books are in care of ► JILL MIRANDA BAKER Telephone no ► 305-30	04-00)52 Yes	No
42 a The organization's books are in care of DILL MIRANDA BAKER Located at P.O. BOX 1124 ISLAMORADA FL DATE And the organization's books are in care of DILL MIRANDA BAKER Located at P.O. BOX 1124 ISLAMORADA FL DATE And the organization have an interest in or a signature or other authority over a	04-00		
42 a The organization's books are in care of ▶ JILL MIRANDA BAKER Located at ▶ P.O. BOX 1124 ISLAMORADA FL 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)?	04-00		No
42 a The organization's books are in care of ▶ JILL MIRANDA BAKER Located at ▶ P.O. BOX 1124 ISLAMORADA FL 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)?	04-00		No
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42 a The organization's books are in care of	04-00 42b	Yes	No X
42 a The organization's books are in care of ► JILL MIRANDA BAKER Telephone no ► 305-3(Located at ► P.O. BOX 1124 ISLAMORADA FL ZIP+4 ► 33036 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 United States? 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	04-00 42b	Yes	No X X X
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42 a The organization's books are in care of JILL MIRANDA BAKER Located at P.O. BOX 1124 ISLAMORADA FL 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 United States? 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 44 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	42 b 42 c	Yes	No X N/A No X X
42 a The organization's books are in care of ► JILL MIRANDA BAKER Located at ► P.O. BOX 1124 TSLAMORADA FL 2/P + 4 ► 33036 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 filling 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 United States? If 'Yes,' enter the name of the foreign country ► 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds 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?	42 b 42 c	Yes	No X N/A N/A No X
42 a The organization's books are in care of > JILL MIRANDA BAKER Located at > P.O. BOX 1124 ISLAMORADA FL 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 United States? 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 44 a 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 'Yes,' provide an explanation in Schedule O	42 b 42 c	Yes	No X N/A No X X
42 a The organization's books are in care of ► JILL MIRANDA BAKER Telephone no ► 305-34 Located at ► P.O. BOX 1124 ISLAMORADA FL 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 filling 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 United States? If 'Yes,' enter the name of the foreign country ► 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a 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 'Yo,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42 b 42 c 44 a 44 b 44 c	Yes	No X N/A No X X
42 a The organization's books are in care of > JILL MIRANDA BAKER Located at > P.O. BOX 1124 ISLAMORADA FL 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 United States? 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 44 a 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 'Yes,' provide an explanation in Schedule O	42 b 42 c 44 a 44 b 44 c 44 d	Yes	No X N/A No X X X X

Form	990' F7	(2017)	HDDFD	VEVC	עסגיי∩ס	CTIID	TNC
COLL	330-EZ	(2017)	UPPER	VEID	ROTARY	CTOD,	INC.

59-1630364

Page 4

46 Did t	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I	gn activities or	behalf of or i	in opposition to	46	res	NO X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51		uestions 47	49b and 52	2, and complete	the table	es	
	Check if the organization used Schedul	e O to respond to any	question in this	Part VI				
	he organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h)	election in effe	ct during the ta	ax year? If 'Yes,'	47	Yes	No
	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' compl	ete Schedule	E	48		
49 a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization a section 527 organization?								
50 Com	plete this table for the organization a section plete this table for the organization's five high loyees) who each received more than \$100,0	nest compensated emplo	yees (other than the organizatio	n officers, direc	tors, trustees and kone, enter 'None'	49 b		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable cor (Forms W-2/109	mpensation con	(d) Health benefits, tributions to employee efit plans, and deferred compensation	(e) Estimate other com		
				:			-	
51 Com	I number of other employees paid over \$1 plete this table for the organization's five high pensation from the organization. If there is	nest compensated indepe	endent contracto	ors who each re	eceived more than \$	100,000 of		
	(a) Name and business address of each independent of			(b) Type of serv	rice	(c) Comp	ensation	n
					-			
					-			
								
52 Did t	I number of other independent contractors the organization complete Schedule A? No pleted Schedule A			s must attach	a	► ∏ _{Yes}	Г	
Under penalti	es of perjury. I declare that I have examined this return and complete. Declaration of preparer tother than office	including accompanying sche	dules and statemen	ts, and to the best	of my knowledge and be			
	Il Mina de	2	, , , , , , , , , , , , , , , , , , , ,			1019		
Sign Here	Signature of officer JILL MIRANDA BAKER Type or print name and title		_	_	SIDENT	·		
	Print/Type preparer's name	Preparer's signature	1 n B Da	te		TIN		
Paid	SUSAN STEIN	SUSAN STEIN	ttu.	11/27/18	Check L if self employed P	0027133	3	
Preparer	Firm's name ► KEYS ACCOUNTING Firm's address ► 99411 OVERSEAS		INC		Firm's FIN	65_0045	770	
Use Only	Firm's address > 99411 OVERSEAS KEY LARGO, FL 3				Phone no 305	<u>65-0045</u> -451-34		
May the IE					 	[::]		
may the n	RS discuss this return with the preparer sh	iown above? See instru	uctions			► X Yes		No

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number UPPER KEYS ROTARY CLUB, INC. 59-1630364

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

GUEST MEALS		\$ 1,408.
INSTALLATION DINNER		1,125.
MERCHANDISE SALES		45.
	TOTAL	\$ 2,578.

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

ADVERTISING AND PROMOTION AWARDS, PINS & ENGRAVING CONFERENCE REGISTRATION/TRAVEL DUES & SUBSCRIPTIONS GIFTS & BEREAVEMENT FUND INSTALLATION DINNER FOOD & BEV LICENSES & PERMITS LUNCHEON & MEETING COSTS	\$	743. 170. 1,958. 200. 112. 2,867. 61. 45,820.
LUNCHEON & MEETING COSTS PAY PAL FEES ROTARY DUES SUPPLIES	TOTAL \$	45,820. 284. 10,079. 674. 62,968.

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

		BEGINNI	NG_	 ENDING
ACCOUNTS RECEIVABLE			80.	\$ 1,505.
	TOTAL	\$ 9	80.	\$ 1,505.

FORM 990-EZ, PART II, LINE 26 **TOTAL LIABILITIES**

	<u>.</u>	BEGINN	<u> VING</u>	 ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPE	NSES	\$ 8,	,941.	\$ 4,631.
	TOTAL	\$ 8,	,941.	\$ 4,631.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTING CIVIC SERVICE

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Name of the organization

UPPER KEYS ROTARY CLUB, INC.

Employer identification number

59-1630364

FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
PETER IHRIG DIRECTOR	3	\$ 0.	\$ 0.	\$ 0.
BETTE BROWN DIRECTOR	3	0.	0.	0.
DON HORTON DIRECTOR	3	0.	0.	0.
FRANK DERFLER PAST PRESIDENT	3	0.	0.	0.
JILL MIRANDA BAKER PRESIDENT	3	0.	0.	0.
JUDITH COOLEY TREASURER	3	0.	0.	0.
CHRIS TRENTINE DIRECTOR	3	0.	0.	0.
NICOLE KRAUS DIRECTOR	3	0.	0.	0.
KATE BANICK DIRECTOR	3	0.	0.	0.
JOHN GALLANT SGT-AT-ARMS	3	0.	0.	0.
JOE ROTH III SECRETARY	3	0.	0.	0.
LESLI WOJTECKI DIRECTOR	3	0.	0.	0.
TERRY ABEL PRESIDENT ELECT	3	0.	0.	0.
ROB STOBER DIRECTOR	3	0.	0.	0.
MARY WILLIAMS DIRECTOR	3	0.	0.	0.
TRICIA HYNES DIRECTOR	5	0.	0.	0.
	TOTAL	\$ 0.	<u>\$ 0.</u>	\$ 0.