

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2018 REPORT

(pursuant to Florida Statute 20.058)

ization (CSO) Name	Friends of Ichetucknee Springs State Park
	Website Address (if applicable):
ecifies the organizational mental Protection (Depart ents, public records requirent. Citizen support organization of Recreation (PIP) program for state	ations; use of property; audit; public records; partnerships. In requirements, operational parameters, duties of a CSO to support the ment), or individual units of the Department, use of Department irements, and authorizes public-private partnerships to enhance lands ations; use of property; audit. In summary, the statute defines a CSO, ion and Parks, and specifies the use of property. This statute authorizes parks, the program's operational parameters, CSO's operational
ecognition.	
nd bequests of money; a	To conduct programs and activities; raise funds; request and acquire, receive, hold, invest and administer, in its own name, operty, real or personal; and make expenditures to or for the direct state Park or the Florida State Park system.
orked with the park cor Day. The CSO conting	etained: During the past year, the CSO increased membership and increasionaire to sponsor Iche Inippy Dip Day, Spooky Springs and increase outreach by providing funding for projects and ed to increase outreach and promote park activities.
se funds; continue to so ach and educational fea ategies; continue to as management to build st	Next Three Fiscal Years: Support various park events; continue to chedule workdays and projects; Continue to improve the CSO atures; pursue grants; initiate a marketing committee and develop sist park management in the maintenance and improvement of the trong community partnerships; continue to work closely with the tograms designed to increase visitation during the fall and winter
	2087 SW U.S. Highwa 286) 935-2453 e.com/site/friendsofthe Citizen support organizational mental Protection (Depart ents, public records requirents. Citizen support organizational formula for state ecognition. The CSO's Mission: The CSO's Mission: The CSO's Results Obstate or value or other protects of value or o

☑ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

Friends of Ichetucknee Springs CSO Code of Ethics

FRIENDS OF ICHETUCKNEE SPRINGS STATE PARK CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Ichetucknee Springs State Park (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Ichetucknee Springs State Park board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

Friends of Ichetucknee Springs CSO Code of Ethics

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2017

Open to Public Inspection

D Employee Identification

Number 59-3480044

A For the 2017 Calendar year, or tax year beginning 2017-01-01 and ending 2017-12-31

B Check if available

E Website:

Terminated for Business

Gross receipts are normally \$50,000 or less

C Name of Organization: FRIENDS OF ICHEHUCKNEE

SPRINGS CITIZENS SUPPORT ORGANIZATION FOR 12087 SW US Hwy 27, LAKE

CITY, FL, US, 32038

F Name of Principal Officer: Irene Johannesen

6732 SW County Road 240, LAKE CITY, FL, US, 32055

F Name of Frincipal Officer. Here Contamicsen

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filling via paper. You must file your Form 990-N (e-Postcard) electronically.

WORKING COP

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

Open to Public

Inspection

OMB No. 1545-1150

Department of the Treasury

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Internal Revenue Service 20 2017, and ending A For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable: 59-3480044 Friends of Ichetucknee Springs State Park Address change Room/suite F Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Name change Initial return 386-961-9538 12087 SW U.S. Highway 27 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated F Group Exemption Amended return Number > Fort White, FL 32038 Application pending H Check ▶ ☐ if the organization is not ☐ Accrual Other (specify) ☐ Cash G Accounting Method: required to attach Schedule B I Website: ▶ (Form 990, 990-EZ, or 990-PF).) ◀ (insert no.) ☐ 4947(a)(1) or J Tax-exempt status (check only one) - 501(c)(3) 501(c) (Other Trust Association K Form of organization: Corporation 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 2,264 Contributions, gifts, grants, and similar amounts received 1 2 754 Program service revenue including government fees and contracts 2 3 Membership dues and assessments . . . 3 4 2 Investment income 5a Gross amount from sale of assets other than inventory . . . Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 74 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Revenue of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b c Less: direct expenses from gaming and fundraising events . . . 60 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . . 7a 7a 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 8 Other revenue (describe in Schedule O) 8 9 3,094 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) . . . 10 11 11 12 Salaries, other compensation, and employee benefits 12 Expenses 13 120 Professional fees and other payments to independent contractors . . . 13 Occupancy, rent, utilities, and maintenance 14 274 14 15 1,234 Printing, publications, postage, and shipping 15 16 622 16 17 2,250 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 844 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 835 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 1,679 Net assets or fund balances at end of year. Combine lines 18 through 20 21

Par	DI DI Charte (and the instructions					
	Balance Sheets (see the instructions Check if the organization used Schedu	lo O to respond to ar	y question in this	Part II		
	Check if the organization used Schedu	ie O to respond to ar	ly question in this	(A) Beginning of year	÷	(B) End of year
			-	V 4 == 5 == 7 ==	22	
22	Cash, savings, and investments		+		23	
23	Land and buildings		· · · · · +		24	
24	Other assets (describe in Schedule O)					
25	Total assets				25	
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of colun	nn (B) must agree with	line 21)		27	
Par	III Statement of Program Service Acco	mplishments (see th	e instructions for f	Part III)		-
	Check if the organization used Schedu	le O to respond to ar	ny question in this	Part III 🗌	/Dog	Expenses uired for section
Mhat	is the organization's primary exempt purpose?				501(c	c)(3) and 501(c)(4)
vviid	ribe the organization's program service accomp	lichments for each o	f its three largest n	rogram services.		nizations; optional fo
Desc	ribe the organization's program service accomp neasured by expenses. In a clear and concise	manner describe the	services provided	the number of	othe	rs.)
as m	ons benefited, and other relevant information for	each program title.				
28						
				K	28a	
	(Grants \$) If this amou	nt includes foreign gra	ints, check here .		200	
29						
	(Grants \$) If this amou	nt includes foreign gra	ints, check here .	▶ ⊔	29a	
30	1					
	(Grants \$) If this amou	nt includes foreign gra	ants, check here .	▶ □	30a	
21	Other program services (describe in Schedule C))				
31	(Grants \$) If this amou	nt includes foreign gra	ants, check here .	▶ □	31a	
32	Total program service expenses (add lines 28	a through 31a)		>	32	
-		ev Employees (list eac	n one even if not com	pensated-see the i	nstru	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and F Check if the organization used Schedu	ile O to respond to a	ny question in this	Part IV		[
	Check if the organization used concat	The second	(c) Reportable	(d) Health benefits,	1	
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and	ree (e)	Estimated amount of their compensation
	(a) Name and the	devoted to position	(if not paid, enter -0-)			out out periodical
			(II not paid, enter -o-)			
Irene	Johannesen		(ii not paid, enter -o-)			
Pres	: JOHannesen		(ii not paid, enter -o-)			
	ident	4	(ii not paid, enter -0-)			
Moni		4	(ii not paid, enter 30)			
	ident	4	(ii not paid, enter 30)			
Vice	ident ca Morrow	4	(ii not paid, enter 30)			
Vice Patri	ident ica Morrow President cia Burke	4	(ii not paid, enter 30)			
Vice Patri Secr	ident ica Morrow President cia Burke etary	4	(ii not paid, enter 30)			
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Vice Patri Secr Lori Trea Dee Boar	ident ica Morrow President cia Burke etary Lang surer Sinclair	4	(ii not paid, enter 30)			
Vice Patri Secr Lori Trea Dee Boar Loye	ident ica Morrow President cia Burke etary Lang surer Sinclair d member	4 4 4	(ii not paid, enter 30)			
Vice Patri Secr Lori Trea Dee Boar Loye	ident ica Morrow President cia Burke etary Lang surer Sinclair	4 4	(ii not paid, enter 30)			
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Vice Patri Secr Lori Trea Dee Boar Loye	ident ica Morrow President cia Burke etary Lang surer Sinclair d member	4 4 4	(ii not paid, enter 30)			
Vice Patri Secr Lori Trea Dee Boar Loye	ident ica Morrow President cia Burke etary Lang surer Sinclair d member	4 4 4	(ii not paid, enter 30)			
Vice Patri Secr Lori Trea Dee Boar Loye	ident ica Morrow President cia Burke etary Lang surer Sinclair d member	4 4 4	(ii not paid, enter 30)			
Vice Patri Secr Lori Trea Dee Boar Loye	ident ica Morrow President cia Burke etary Lang surer Sinclair d member	4 4 4	(ii not paid, enter 30)			
Vice Patri Secr Lori Trea Dee Boar Loye	ident ica Morrow President cia Burke etary Lang surer Sinclair d member	4 4 4	(ii not paid, enter 30)			

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in un	е	
N. S. Landson	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	/
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 35b		1
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 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		<u></u>
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	CONTRACTOR OF THE PERSON NAMED IN COLUMN 1	1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37b		1
b	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			MER
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return:	38a	(0) (0)	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	AND I		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	MASS		
a b	Gross receipts, included on line 9, for public use of club facilities			16
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		1
С	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			
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	DENE	1
41	List the states with which a copy of this return is filed ► The erganization's hooks are in care of ► Telephone no. ►		_	+
42a	The organization's books are in our or			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other linancial account)?	42b	DURNE	1
	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		1
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	•		P 0
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 √
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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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	_	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	Yakisa	1
b	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		1

_	-	E.	100

	+ -					Yes	NO
46	Did the organization engage, directly or	indirectly, in political of	campaign activities on	behalf of or in opposit	ion	E ETE	1
	to candidates for public office? If "Yes,"		, Part I		. 46		
Part	VI Section 501(c)(3) organization	ns only		EO and associate th	o tablac f	or lin	00
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	o∠, and complete th	e lables I	Or III)	CS
	50 and 51.			his Dank VII			
	Check if the organization used S	chedule O to respond	to any question in t	nis Part VI	• • • •	Yes	No
				- in effect during the	tov [res	NO
47	Did the organization engage in lobbyin	g activities or have a	section 501(h) election	n in effect during the	lax A7		1
	year? If "Yes," complete Schedule C, Pa	art II			47	-	V/
48	Is the organization a school as described	in section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E		-	V /
49a	Did the organization make any transfers	to an exempt non-cha	aritable related organiz	zation?	. 49a	_	V /
b	If "Yes," was the related organization a	section 527 organization	on?		. 49b		d kov
50	Complete this table for the organization	's five highest compen	sated employees (oth	er than officers, direct	ors, truste	lone '	ia key
	employees) who each received more than	an \$100,000 of compe	nsation from the orga	(d) Health benefits,	e, enter r	vone.	-
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimate other cor		
							П
							+
		•••					
	Total number of other employees paid	Nor \$100,000					
	Complete this table for the organization	over \$100,000	ensated independent	contractors who each	n received	more	e than
51	\$100,000 of compensation from the or	ganization. If there is n	one, enter "None."	00//// 40/01/01/01/01/01/01/01/01/01/01/01/01/01			
				des le) Compensat	tion	
	(a) Name and business address of each indepe	endent contractor	(b) Type of ser	vice (e	, componium		
							1
			_				
							- 1
d	Total number of other independent con	tractors each receiving	g over \$100,000			-	-
52	Did the organization complete Sche	dule A? Note: All s	ection 501(c)(3) orga	nizations must attac	h a	· [2]	NI
	completed Schedule A				.►□ Ye		
Under p	penalties of perjury, I declare that I have examined the brect, and complete. Declaration of preparer (other to	is return, including accompa han officer) is based on all in	nying schedules and statem formation of which preparer	ents, and to the best of my k has any knowledge.	nowledge an	d belief	, it is
Sign	Signature of officer			Date			
Here							
	Type or print name and title				POTES		
Paid	Print/Type preparer's name	Preparer's signature	D	ate Check			
The American				self-empl	oyed		
	Only Firm's name			Firm's EIN ▶			
	Firm's address ▶			Phone no.			
May t	the IRS discuss this return with the prepa	rer shown above? See	instructions		► ☐ Ye		No
					C 0	OO E	F 10047

Friends of ISSP Accrual Basis January Profit & Loss through December 2017

	Jan - Dec 17
Ordinary Income/Expense Income	
Contributions	2,263.55
Investments Interest-Savings, Short-term CD	1.77
Total Investments	1.77
Other Types of Income	
Aluminum Cans	74.00
Total Other Types of Income	74.00
Program Income	
Membership Dues Game of Chance	460.00 294.00
Total Program Income	754.00
Total Income	3,093.32
Expense	
Business Expenses	
Dues and Membership Fees	120.00
Total Business Expenses	120.00
Facilities and Equipment	
Park Equipment	273.53
Total Facilities and Equipment	273.53
Operations	
Books, Subscriptions, Reference	25.00
Postage, Mailing Service	54.76 291.52
Printing and Copying Supplies	863.21
Total Operations	1,234.49
Travel and Meetings	
Conference, Convention, Meeting	622.12

Total Travel and	
Meetings	
Total Expense	
Net Ordinary Income	
Net Income	

Page 1

622.12 2,250.14 843.18

843.18