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Short Form Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning**

, 2011, and ending

, 20

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

ENID JOINT RECREATION TRIAD, INC.

D Employer identification number

73-1000111

E Telephone number

(580) 233-1000

F Group Exemption Number

ENID, OK 73702

G Accounting Method Cash Accrual Other (specify) ►**I Website:** ► WWW.EJRTSPORTS.COMJ Tax-exempt status (check only one) 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 197,302.

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.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 30,213.
	2 Program service revenue including government fees and contracts	2 112,707.
	3 Membership dues and assessments	3
	4 Investment income	4 459.
	5 a 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	ATCH. 1
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 53,923.
	c Less direct expenses from gaming and fundraising events	6c 42,309.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d ATCH. 2 11,614.
	7 a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 154,993.
Expenses 2011	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 86,813.
	13 Professional fees and other payments to independent contractors	13 4,335.
	14 Occupancy, rent, utilities, and maintenance	14 16,508.
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 44,633.
	17 Total expenses. Add lines 10 through 16	17 152,289.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,704.
	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)	19 141,242.
	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	21 143,946.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	ATTACHMENT 4	90,822. 22 98,828.
23	Land and buildings		50,420. 23 45,118.
24	Other assets (describe in Schedule O)		0 24 0
25	Total assets		141,242. 25 143,946.
26	Total liabilities (describe in Schedule O)		0 26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		141,242. 27 143,946.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? YOUTH SUMMER RECREATION PROGRAM

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 and section 4947(a)(1) trusts, optional for others)

28 SUMMER RECREATION PROGRAMS FOR YOUTH(Grants \$) If this amount includes foreign grants, check here ► 28a 152,289.

29

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a**32 Total program service expenses (add lines 28a through 31a) ► 32**

152,289.

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 address	(b) Title and 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
TROY ENMEIER 410 S. JACKSON ENID, OK 73701	PRESIDENT 1.00	0	0	0
RON JANZEN 2426 ROBIN RIDGE ENID, OK 73703	TREASURER 1.00	0	0	0
BILL PETERS 1920 HURON STREET ENID, OK 73703	DIRECTOR 1.00	0	0	0
L.D. RAPP 3007 BARN SWALLOW RD ENID, OK 73703	SECRETARY 1.00	0	0	0
RANDY MCCLENDON 4609 SUNSHINE CIRCLE ENID, OK 73703	DIRECTOR 1.00	0	0	0
BRIAN SKAGGS 3833 ROCKWOOD ENID, OK 73703	DIRECTOR 1.00	0	0	0
SCOTT CLEMENS 4013 SHILOH AVE ENID, OK 73703	DIRECTOR 1.00	0	0	0
MISTY MOSELEY-HELBER 3518 S LAKESHORE DR ENID, OK 73703	DIRECTOR 1.00	0	0	0
RICHARD SABIN 1602 E ELM AVE ENID, OK 73701	DIRECTOR 1.00	0	0	0
DAVID OGLETREE 4206 BUNKER HILL ST ENID, OK 73703	DIRECTOR 1.00	0	0	0
STEPHEN MILES 4002 SHILOH ENID, OK 73703	DIRECTOR 1.00	0	0	0
RANDY FLOYD 1714 QUAILWOOD DR ENID, OK 73703	DIRECTOR 1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 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	X
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	X
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	X
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	X
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	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
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 ► _____	40b	X
b Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40b	
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	X
41 List the states with which a copy of this return is filed ► OK		
42a The organization's books are in care of ► ENID JOINT RECREATION TRIAD Telephone no ► (580) 233-1000 Located at ► P.O. BOX 89 ENID, OK ZIP + 4 ► 73701		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	X
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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	X

Yes	No
	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

		Yes	No
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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	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"		

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

Date _____

Kon Janzen - Treasurer

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name <i>Gary A. Lewis</i>	Preparer's signature <i>Gary A. Lewis</i>	Date <i>5/12</i>	Check <input type="checkbox"/> if self-employed	PTIN P00365539
	Firm's name ► BKD, LLP	Firm's EIN ► 44-0160260			
	Firm's address ► 205 W. MAPLE, STE 200 ENID, OK 73701-4026	Phone no	580-237-3300		

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

Form 990-EZ (2011)

SCHEDULE G
(Form 990 or 990-EZ)

**Department of the Treasury
Internal Revenue Service**

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

ENID JOINT RECREATION TRIAD, INC.

Employer identification number

73-1000111

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Part I **Planning Activities: Complete if the organization uses Form 990-EZ filers are not required to complete this part.**

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					
Total					

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 CONCESSIONS (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	53,773.		53,773.
	2 Less Charitable contributions			
	3 Gross income (line 1 minus line 2).	53,773.		53,773.
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages	24,516.		24,516.
	8 Entertainment			
	9 Other direct expenses	17,643.		17,643.
	10 Direct expense summary Add lines 4 through 9 in column (d)			► (42,159.)
	11 Net income summary Combine line 3, column (d), and line 10			► 11,614.

Part III Gaming. Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7 Direct expense summary Add lines 2 through 5 in column (d)			► ()
	8 Net gaming income summary Combine line 1, column d, and line 7			►

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain _____

Schedule G (Form 990 or 990-EZ) 2011

11 Does the organization operate 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 operated in

13a	%
13b	%

a The organization's facility

b An outside facility

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

Name ► _____

Address ► _____

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 ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation 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 complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

ENID JOINT RECREATION TRIAD, INC.

Employer identification number

73-1000111

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	459.
TOTAL	459.

ATTACHMENT 2

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
CONCESSIONS	53,773.	42,159.	11,614.
FUND RAISERS	150.	150.	
TOTALS	53,923.	42,309.	11,614.

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	7,546.
DEPRECIATION	14,801.
ADVERTISING	1,711.
CONTRACT LABOR	50.
FEES & LICENSES	2,610.
INSURANCE	9,581.
TELEPHONE	1,195.
TROPHIES & AWARDS	4,620.
REGISTRATION FEES	2,519.
TOTAL	44,633.

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	21,886.	35,094.
SAVINGS	68,936.	63,734.

TOTALS

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

90,822. 90,826.

Schedule O (Form 990 or 990-EZ) (2010)

JSA
1E1227 1000

CPX0IF K918

23242

PAGE 12

Tax Comprehensive Depreciation

FYE: 12/31/2011

Tax Comprehensive Depreciation

FYE: 12/31/2011

Tax Comprehensive Depreciation

Asset	Property Description	Date In Service	Tax Cost	d	Tax-Meth Conv	Tax Period	Tax Credit Amount	Bonus Amt	Tax Phor Depreciation	Tax Sec 179 Exp	Tax Current Depreciation	Tax End Depr	Tax Net Book Value
Location: (Group: 3823 (continued))													
17	MICROWAVE	5/03/91	150	200DBHY	50		0	0	150	0	0	0	150
20	USED SLUSH MACHINE	3/24/98	1,500	200DBHY	70		0	0	1,500	0	0	0	1,500
22	CONCESSION EQUIPMENT	12/29/00	2,080	200DBHY	50		0	0	2,080	0	0	0	2,080
24	AIR CONDITIONER	4/30/02	566	200DBHY	50		0	0	566	0	0	0	566
25	MICROWAVE OVEN	4/30/02	160	200DBHY	50		0	0	160	0	0	0	160
27	HOT DOG MACHINE	5/07/02	287	200DBHY	50		0	0	287	0	0	0	287
32	TABLES	2/26/03	390	S/L-HY	50		0	0	390	0	0	0	390
33	SNOW CONE MACHINE	4/28/03	945	S/L-HY	50		0	0	945	0	0	0	945
35	5 CONCESSION TABLES	6/14/05	255	S/L-MO	70		0	0	203	0	37	240	15
36	FREDRICK HEATING/COOLING UNIT	6/30/05	650	S/L-MO	70		0	0	511	0	93	604	46
48	ICE MACHINE	4/20/06	3,966	S/L-MO	70		0	0	2,644	0	567	3,211	755
63	POCORN MACHINE	6/28/09	1,178	S/L-MO	50		0	0	353	0	236	589	589
68	FERRIS MOWER - BB	4/29/11	6,000	S/L-MO	50		0	0	0	0	800	0	5,200
			21,852					13,514		0	1,733	15,247	6,605
	3823												
Group: 4823													
34	FOOTBALL EQUIPMENT	11/08/04	10,188	S/L-MO	70		0	0	8,975	0	1,213	10,188	394
44	FOOTBALL UNIFORM PADS	12/15/05	3,013	S/L-MO	70		0	0	2,188	0	431	2,619	394
49	FOOTBALL FIELD MOWER	5/24/06	4,299	S/L-MO	50		0	0	2,815	0	614	3,429	870
58	AIR CONDITIONER -FB PROG	11/08/06	595	S/L-MO	50		0	0	496	0	99	595	0
62	FOOTBALL SCOREBOARDS	9/24/08	8,600	S/L-MO	50		0	0	3,870	0	1,720	5,590	3,010
66	FB FIELD SPRINKLER SYSTEM	5/22/09	6,000	S/L-MO	150		0	0	633	0	400	1,033	4,967
67	FB EQUIPMENT RACKS	5/08/10	758	200DBHY	50		0	0	455	0	121	576	182
69	FB SPRINKLER UPGRADE	8/19/11	3,500	S/L-MO	150		0	0	0	0	78	78	3,422
			36,953					0	379	0	19,432	0	4,676
	4823												
	No Location								0	379	0	110,356	0
	Grand Total									0	14,801	125,157	45,119

Banner: Tax Current Year Disposals

FYE: 12/31/2011

*** NO ASSETS MEET THIS REPORT'S PRINT CRITERIA ***
Please check the print options for this report.

Note: By default, assets that are in a Misc activity are not included in reports
To include Misc activity assets either change the report's print options or reassign the assets to another activity
For more information, see [Help|Frequently Asked Questions](#)

Assets selected:

All associations included

Asset presentation:

First Sort: Group	Subtitle YES Case sensitive NO	Subtotal YES Sort None	Page break NO
Second Sort: None	Subtitle NO Case sensitive NO	Subtotal NO Sort None	Page break NO
Third Sort: None	Subtitle NO Case sensitive NO	Subtotal NO Sort None	Page break NO