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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545-1150

2016

- 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.

Open to Public
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A For the 2016 calendar year, or tax year beginning 4/01 , 2016, and ending 3/31 , 2017	
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	
C THE VALLEY OF THE SUN CHAPTER OF THE CONSTRUCTION FINANCIAL MGMT ASSOCIATION PO BOX 4130 SCOTTSDALE, AZ 85261	
D Employer identification number 86-0556988	
E Telephone number 602-892-4074	
F Group Exemption Number ► 9139	
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► _____	
I Website: ► WWW.CFMA.ORG/VALLEYOFTHESUN	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 155,981.	
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 <input checked="" type="checkbox"/>	
REVENUE EXPENSES ASSETS	1 Contributions, gifts, grants, and similar amounts received
	2 Program service revenue including government fees and contracts
	3 Membership dues and assessments
	4 Investment income
	5a Gross amount from sale of assets other than inventory
	5b Less: cost or other basis and sales expenses
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
	6 Gaming and fundraising events
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)
	6b 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)
	6c Less: direct expenses from gaming and fundraising events
	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
	7a Gross sales of inventory, less returns and allowances
	7b Less: cost of goods sold
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
	8 Other revenue (describe in Schedule O)
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.
	10 Grants and similar amounts paid (list in Schedule O)
	11 Benefits paid to or for members
	12 Salaries, other compensation, and employee benefits
13 Professional fees and other payments to independent contractors	
14 Occupancy, rent, utilities, and maintenance	
15 Printing, publications, postage, and shipping	
16 Other expenses (describe in Schedule O)	
17 Total expenses. Add lines 10 through 16	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	
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)	
20 Other changes in net assets or fund balances (explain in Schedule O)	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

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 I

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	98,117.	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	SEE SCHEDULE O	
25	Total assets	36,642.	24
26	Total liabilities (describe in Schedule O)	SEE SCHEDULE O	134,759.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,772.	26
		84,987.	27
			79,497.

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 II

X

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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.

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Benefited, and other relevant information for each program item.	
28 SEE SCHEDULE O	
(Grants \$ -----) If this amount includes foreign grants, check here	► <input type="checkbox"/> 28 a
29 SEE SCHEDULE O	
(Grants \$ -----) If this amount includes foreign grants, check here	► <input type="checkbox"/> 29 a
30 SEMINARS - DURING THE YEAR, THE ORGANIZATION SPONSORED VARIOUS CONSTRUCTION INDUSTRY SPECIFIC AND CCIFP EXAM REVIEW COURSES.	
(Grants \$ -----) If this amount includes foreign grants, check here	► <input type="checkbox"/> 30 a
31 Other program services (describe in Schedule O)	
(Grants \$ -----) If this amount includes foreign grants, check here	► <input type="checkbox"/> 31 a
32 Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/> 32

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.

X

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
35 a 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)?	35 a	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	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	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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a 0.	37 b	X
b Did the organization file Form 1120-POL for this year?	38 a	
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 b	N/A
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	39 a	N/A
39 Section 501(c)(7) organizations. Enter:	39 b	N/A
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: N/A section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	40 b	
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		
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.		
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	40 e	X
41 List the states with which a copy of this return is filed ► AZ		

	Yes	No
42 a The organization's books are in care of ► RAYLEEN F COLLETTI, CPA Located at ► 4110 N SCOTTSDALE RD, SUITE 200 SCOTTSDALE AZ	Telephone no. ► 480-946-0751 ZIP + 4 ► 85251	
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: ►	42 b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42 c	X
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: ►		

	Yes	No
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 N/A N/A		
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	44 a	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	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	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	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)	45 a	X
	45 b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		Y

Part VI | **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes', complete Schedule C, Part II.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a 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 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.'

	Yes	No
47		
48		
49 a		
49 b		

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

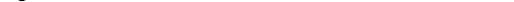
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

► Yes No

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

  7/10/2017

Here Paid Preparer Use Only	► KARL KORTMAN Type or print name and title		TREASURER		
	Print/Type preparer's name RAYLEEN F. COLLETTI, CPA	Preparer's signature <i>Rayleen F. Colletti CPA</i>	Date 6/26/17	Check <input type="checkbox"/> if self-employed	PTIN P00018254
	Firm's name ► HUNTER HAGAN & COMPANY, LTD.		Firm's EIN ► 86-0528831		
	Firm's address ► 4110 N SCOTTSDALE RD STE 200 SCOTTSDALE, AZ 85251-3635		Phone no (480) 946-0751		

May the IRS discuss this return with the preparer shown above? See instructions.

► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2016

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Name of the organization

THE VALLEY OF THE SUN CHAPTER OF THE
CONSTRUCTION FINANCIAL MGMT ASSOCIATION

Employer identification number
86-0556988

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a 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 10 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 column (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' on 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.

REVENUE		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	27,540.			27,540.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	27,540.			27,540.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	11,362.			11,362.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,594.			2,594.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				13,956.
	11 Net income summary. Subtract line 10 from line 3, column (d)				13,584.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	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. Subtract line 7 from line 1, column (d)				

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

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

Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If 'Yes,' explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public
Inspection**

Name of the organization	THE VALLEY OF THE SUN CHAPTER OF THE CONSTRUCTION FINANCIAL MGMT ASSOCIATION	Employer identification number	86-0556988
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**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$ 410.
BANK CHARGES/MERCHANT FEES	351.
CONSTRUCTION EXEC OF YEAR EXP.	49,090.
EDUCATIONAL CONFERENCE/EVENTS	828.
GIFTS	594.
LUNCH/DINNER MEETING	34,557.
MEETINGS	1,505.
MISCELLANEOUS	3,886.
OFFICE EXPENSES	559.
SPECIAL EVENT EXPENSES	11,442.
TOTAL	\$ 103,222.

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

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	\$ 1,489.	\$ 2,108.
PREPAID EXPENSES AND DEFERRED CHARGES	35,153.	23,038.
TOTAL	\$ 36,642.	\$ 25,146.

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

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 4,165.	\$ 0.
DEFERRED REVENUE	45,607.	33,251.
TOTAL	\$ 49,772.	\$ 33,251.

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

THE VALLEY OF THE SUN CHAPTER OF THE CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION
IS A BROAD BASED ORGANIZATION OF PROFESSIONALS COMMITTED TO SERVING THE
CONSTRUCTION INDUSTRY. ITS MISSION IS TO UNITE INDIVIDUALS HAVING FINANCIAL
RESPONSIBILITIES IN THE CONSTRUCTION INDUSTRY, AND TO PROVIDE A FORUM THROUGH
WHICH THE ASSOCIATION'S MEMBERS CAN MEET TO EXCHANGE IDEAS. THE ASSOCIATION WORKS
TO DEVELOP AND COORDINATE EDUCATION PROGRAMS DEDICATED TO THE PURPOSE OF IMPROVING
THE PROFESSIONAL STANDARDS OF CONSTRUCTION FINANCIAL MANAGERS, AND TO ENHANCE THE
ROLE AND PROMOTE THE IMAGE OF THE CONSTRUCTION FINANCIAL MANAGER.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LUNCH/DINNER MEETINGS - MEMBERSHIP MEETINGS FEATURE SPEAKERS WHO REPORT ON ISSUES

Name of the organization	THE VALLEY OF THE SUN CHAPTER OF THE CONSTRUCTION FINANCIAL MGMT ASSOCIATION	Employer identification number
		86-0556988

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OF INTEREST TO THE CONSTRUCTION INDUSTRY AND MEMBERS ARE GIVEN AN OPPORTUNITY TO DISCUSS THESE ISSUES WITH BOTH GUEST SPEAKERS AND FELLOW MEMBERS.

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONSTRUCTION EXECUTIVE OF THE YEAR - THE ANNUAL BANQUET HONORS THE CHIEF EXECUTIVE OF A LOCAL CONSTRUCTION FIRM AND RECOGNIZES THE EFFORTS OF A CHAPTER MEMBER WHO HAS WORKED ON BEHALF OF THE CHAPTER AND ITS MISSION.

**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.
JARED ASAY SECRETARY	1	\$ 0.	\$ 0.	\$ 0.
RYAN EVANS PAST PRESIDENT	1	0.	0.	0.
KARL KORTMAN DIRECTOR	1	0.	0.	0.
JOHN SCHNULO DIRECTOR	1	0.	0.	0.
LISA SULLIVAN DIRECTOR	1	0.	0.	0.
STEPHAN KING DIRECTOR	1	0.	0.	0.
LYNNE PACE PRESIDENT	5	0.	0.	0.
ERIC PACH DIRECTOR	1	0.	0.	0.
TERRY RUBENALT DIRECTOR	1	0.	0.	0.
ELISE THORPE DIRECTOR	1	0.	0.	0.

Name of the organization	THE VALLEY OF THE SUN CHAPTER OF THE CONSTRUCTION FINANCIAL MGMT ASSOCIATION	Employer identification number
		86-0556988

FORM 990-EZ, PART IV (CONTINUED)
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.
CHRISTINE KETTELKAMP DIRECTOR	1	\$ 0.	\$ 0.	\$ 0.
TAYLOR BROCKBANK DIRECTOR	1	0.	0.	0.
MICHELLE WALKER VICE PRESIDENT	2	0.	0.	0.
JENNIFER HOPPER TREASURER	3	0.	0.	0.
DIANE BUJNOVKSY DIRECTOR	1	0.	0.	0.
ROBYN BRIMHALL DIRECTOR	1	0.	0.	0.
KRISTIN CALLE DIRECTOR	1	0.	0.	0.
MATT MEAKER DIRECTOR	1	0.	0.	0.
RANDY BRAMMER DIRECTOR	1	0.	0.	0.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.