_	
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_	_

	EXTENDED TO M					3			
Form 990-T	Exempt Organization Bus	sine	ss Income T	ax Returi	<u> </u>	OMB No 1545-0687			
	(and proxy tax und	er se	ction 6033(e))	1 5	~ \	00.40			
.	For calendar year 2016 or other tax year beginning $JUL~1$,	20	16 , and ending JU	N 30, 201	<u> </u>	2016			
Department of the Treasury	▶ Information about Form 990-T and its instruc	Information about Form 990-T and its instructions is available at www.irs.gov/form990t.							
Internal Revenue Service	Do not enter SSN numbers on this form as it may			ation is a 501(c)(3	<u> </u>	501(c)(3) Organizations Only			
A Check box if	Name of organization (Check box if name c	hanged	and see instructions.)		(Empl	yer identification number oyees' trust, see			
address changed					1	ctions)			
B Exempt under section	Print BOONE AND CROCKETT CLU					3-6400091			
X 501(c)(3)	Number, street, and room or suite no. If a P.O. box	x, see II	istructions.			ited business activity codes istructions)			
408(e) 220(e)	250 STATION DRIVE				4				
408A530(a)	City or town, state or province, country, and ZIP o	r foreig	n postal code		- 1 1	100 515100			
529(a)	MISSOULA, MT 59801				511	<u>190 515100</u>			
at end of year	F Group exemption number (See instructions.) G Check organization type X 501(c) corporation	_	7504(4) 40004	101(2)		Otherstown			
			501(c) trust STATEMENT 1	401(a) trust		Other trust			
	n's primary unrelated business activity. S the corporation a subsidiary in an affiliated group or a parei				Ye	s X No			
	and identifying number of the parent corporation.	111-2002	iolary controlled group?		L 16	S LALINU			
	THE ORGANIZATION		Telenho	one number > 4	106-	542-1888			
	d Trade or Business Income		(A) Income	(B) Expense		(C) Net			
1a Gross receipts or sale		Γ		<u>`</u>					
b Less returns and allow		10							
2 Cost of goods sold (S		2							
3 Gross profit. Subtract	•	3							
4a Capital gain net incon		4a							
	4797, Part II, line 17) (attach Form 4797)	4b							
c Capital loss deduction	n for trusts	4c							
5 Income (loss) from p	artnerships and S corporations (attach statement)	5							
6 Rent income (Schedu	ile C)	6							
7 Unrelated debt-finance	ed income (Schedule E)	7	43,491.	29,4	100.	14,091.			
8 Interest, annuities, ro	yalties, and rents from controlled organizations (Sch. F)	8							
9 Investment income or	f a section 501(c)(7), (9), or (17) organization (Schedule G)	9							
	vity income (Schedule I)	10	139,530.	100,9		38,559.			
11 Advertising income (S		11	92,910.	62,1	171.	30,739.			
	structions; attach schedule)	12	075 001		- 40	02 200			
13 Total. Combine lines Part II Deductio		13	275,931.	192,5	142.	83,389.			
	ons Not Taken Elsewhere (See instructions for contributions, deductions must be directly connected.			s income)					
					144				
14 Compensation of off15 Salaries and wages	ficers, directors, and trustees (Schedule K)				14				
16 Repairs and mainter	nance				16				
17 🗸 Bad debts			and statement of the st		17				
18 Anterest (attach sche	edule)		المالان	AED ()	18				
19 Taxes and licenses	•		8	100	19				
20 Charitable contributi	ons (See instructions for limitation rules)		a i mal B.	2016	20				
21 🖒 Depreciation (attach	Form 4562)		21-	<u> </u>					
22 Less depreciation cl	aimed on Schedule A and elsewhere on return		4223 VER	1, U	22b				
23 Depletion					23				
24 Contributions to defe	erred compensation plans				24				
25Employee benefit pri	ograms				25				
26 Excess exempt expe					26				
27 Excess readership c					27_	25,976.			
28 Other deductions (al					28	05.056			
	dd lines 14 through 28				29_	<u>25,976.</u>			
	taxable income before net operating loss deduction. Subtract	ct line 2	9 from line 13		30	57,413.			
• •	eduction (limited to the amount on line 30)		- 00		31	E7 412			
	taxable income before specific deduction. Subtract line 31 fi		30		32	57,413.			
	Generally \$1,000, but see line 33 instructions for exceptions	-	than line 20 sets the	ollar of zone =-	33_	1,000.			
34 Unrelated business line 32	taxable income Subtract line 33 from line 32. If line 33 is	greater	man mie 32, enter the Sfr	iaiiti ui Zeiu Ol	34	56,413.			
	or Panerwork Reduction Act Notice see instructions				1 04	Form 990-T (2016)			

Form 990-1	(2016) BOONE AND CROCKETT CLUB		13-64	<u>400091 </u>		Page .
Part I	Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here See instructions an	ıd.				
9	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order]]		
a	f. I is a line of the second o	a <i>j</i> .	1	1 1		
	• • • • • • • • • • • • • • • • • • • •		-			
D	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		{			
	(2) Additional 3% tax (not more than \$100,000)		_ لـ			
	Income tax on the amount on line 34	-	, ,	► 35c	9,	103.
36	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount	on line 34	from:	1 1		
	Tax rate schedule or Schedule D (Form 1041)		▶	▶ 36		
37	Proxy tax. See instructions			▶ 37		
38	Alternative minimum tax			38		
39	Tax on Non-Compliant Facility Income. See instructions			39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	9,1	103.
Part I						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a				
	Other credits (see instructions)	416				
	General business credit, Attach Form 3800	41c		-		
		410		-		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	4:0		,,		
	Total credits. Add lines 41a through 41d	•		41e		102
42	Subtract line 41e from line 40	—		42	9,1	103.
43	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 88	66	Other (attach schedule	· -		
44	Total tax. Add lines 42 and 43	ı ı	•	44	9,1	103.
45 a	Payments: A 2015 overpayment credited to 2016	45a				
b	2016 estimated tax payments	45b	15,287	7.1		
c	Tax deposited with Form 8868	45c		_		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d				
е	Backup withholding (see instructions)	45e				
f	Credit for small employer health insurance premiums (Attach Form 8941)	451				
	Other credits and payments: Form 2439			7		
•	Form 4136 Other Total	450				
46	Total payments. Add lines 45a through 45g	التنتيا		46	15,2	287.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	•	•	47		59.
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			48		<u> </u>
49	Overpayment, If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	-		49	6 1	125.
		125	Refunded >	50		0.
50 Part V				1 30		<u> </u>
					- T	T
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature		<u></u>		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	•				1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	toreign coi	untry			1
	here >				_	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansteror to	o, a foreign trust?			X
	If YES, see instructions for other forms the organization may have to file,					1
53	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 💲					<u> </u>
	Under penalties of persury, flector that I have examined this return, including accompanying schedules and econect, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepar	statements, a	and to the best of my k	nowledge and beli	el, it is true,	
Sign	confect, and compliate decipation of preparer ratios than axpayer) is cased on an anormation in which prepare	er nas any s	awiedge.	May the IRS disc		with
Here	11/3c/17 TREASUR	ER		the preparer show		
	Signature of Oate Title			instructions)7		No
	Print/Type preparer's name Preparer's signature Dai	te	Check	if PTIN		
		30/17	self- employe			
Paid	DREW DIEVED CDA 4 1/4" 1'	االحا	Seu- Surbioy	1	77776)
Prepa		TENTO 1	DG 5 5		372762	
Use O	nly Firm's name ► JUNKERMIER, CLARK, CAMPANELLA, STEV	ENS .	PC Firm's EIN	81-(34877	15
	P.O. BOX 16237					
	Fum's address ► MISSOULA, MT 59808		Phone no.	406-549	<u>) - 4148</u>	3

Schedule A - Cost of Goods	Sold. Enter method of invento	ory valuation N/A				- , .,	
1 Inventory at beginning of year	1	6 Inventory at end of year	r		6		
2 Purchases	2	7 Cost of goods sold. Su	btract li	ne 6			
3 Cost of labor	3	from line 5. Enter here a	and in P	art I,			
4a Additional section 263A costs		line 2			7_		
(attach schedule)	4a	8 Do the rules of section :	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b	property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5	the organization?					X
Schedule C - Rent Income (From Real Property and	Personal Property I	Lease	ed With Real Pro	perty	<i>'</i>)	_
(see instructions)		_ 					
1 Description of property							
(1)							
(2)				······			
(3)							
(4)							
	2. Rent received or accrued			3(a) Deductions directly	connect	tod with the income	
(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	than of rent for per	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ige	columns 2(a) an			
(1)							
(2)							
(3)							
(4)							
Total	0 . Total		0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		_	0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed Income (see in	nstructions)					
		2. Gross income from		3 Deductions directly cont to debt-finance	nected v	vith or allocable erty	
1. Description of debt-fin	anced property	or allocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
			S'.	PATEMENT 2	1.00	ATEMENT	3
(1) OFFICE SPACE_		86,532.		12,531	•\	45,9	64.
(2)					 		
(3)					—		
(4)					 -		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4	5 Average adjusted basis of or allocable to debt-financed property STATEMENT 5	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(c	8 Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1) 228,659.	454,941.	50.26%		43,491		29,4	00.
(2)		%					
(3)		%			1		
(4)		%					
				nter here and on page 1, lart I, line 7, column (A)		nter here and on pag Part I, line 7, column	
Totals		>	<u> </u>	43,491		29,4	00.
Total dividends-received deductions inc	cluded in column 8						0.
						Form 990-T	(2016)

Form 990-T (2016) BOONE Schedule F - Interest,	AND C	ROCKE	TT CL	UB d Pont	s From Co	ntroll	od Organi	ration	13-64	000	91	Pag	је
ochedule i - interest, i	Aimaide	s, moya	ities, an		Controlled Or			Latioi	is (see ins	structic	1115)		
Name of controlled organizat	cion	2 Em. Identifi num	cation	3 Net un	related income e instructions)	4. Tot	al of specified ments made	includ	t of column 4 ed in the cont ation's gross	trolling	6. C	Deductions directly nected with income in column 5	
(1)								 					
(2)								†					
(3)								1					_
(4)													_
Nonexempt Controlled Organiz	zations	<u></u>			<u> </u>			<u> </u>					_
7. Taxable Income		nrelated incon ee instruction:		9. Total	of specified paym made	ents	10. Part of colu in the controll gross		nization's			ons directly connecting in column 10	ted
(1)													
(2)													
(3)						_					-		
(4)													_
7.7							Add colur Enter here and line 8,		e 1, Part I,	l	here ar	umns 6 and 11 nd on page 1, Part i , column (B)	ι,
Totals						▶			0.			,	ο.
Schedule G - Investme	nt Inco	me of a	Section	501(c)	(7) (9) or (17) Or	rganization	<u> </u>					<u>~ '</u>
(see instr			00011011	001(0)	(.,, (0,, 0. (, 0.	garnzation	•					
1. Desc	ription of inco	me			2. Amount of i	ncome	3. Deduction directly connection (attach scheduler)	ected 4 Set-asides		et-asides and set-aside		5 Total deduction and set-asides (col 3 plus col 4	3
(1)						[
(2)													
(3)													
(4)													
					Enter here and o Part I, line 9, coli				·			ter here and on pag rt I, line 9, column (
Totals				>	ļ	0.							0.
Schedule I - Exploited	•	Activity	Income	e, Othe	r Than Ad	vertisi	ng Income	9					
Description of exploited activity	unrelated	e from	3. Exp directly co with pro- of unre- business STMT	onnected duction elated	4. Net incomi from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inconfrom activity is not unrelabusiness inco	that ted	attribut	penses able to mn 5		7 Excess exemp expenses (column 6 minus column 5 but not more than column 4)	n S,
(1) E-NEWSLETTER					L								
(2) ADVERTISING	40	,100.	39	,540.		560.							
(3) WEBSITE													
(4) ADVERTISING	99	,430.	61	,431.	37,9	999.							
	page 1 line 10,		Enter here page 1, line 10,	Part I,								Enter here and on page 1, Part II, line 26	
Totals -	139	,530.	<u> 100</u>	<u>,971.</u>	·						i_		<u>0</u> .
Schedule J - Advertisi													
Part I Income From I	Periodic	als Rep	orted or	n a Cor	nsolidated	Basis							
1 Name of periodical		2 Gross advertising income		Direct rtising costs	4. Advertis or (loss) (co col 3) If a ga- cols 5 thr	l 2 minus in, compul			6 Read		CO	Excess readership ests (column 6 minu lumn 5, but not mor than column 4)	JS
(1)												-	
(2)											_]		
(3)]		
(4)					7						7		

Totals (carry to Part II, line (5))

Form 990-T (2016) BOONE AND CROCKETT CLUB

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) FAIR CHASE	92,910.	62,171.	30,739.	262,218.	288,194.	25,976.
(2)				•		
(3)						
(4)		· · · · · · · · · · · · · · · · · · ·				
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	92,910.	62,171.				25,976.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
otal Enter here and on page 1, Part II, line 14		>	

Form 990-T (2016)

Form 4626 Department of the Treasury

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

Name								Employer identification number
	BOONE AND CROCKETT CLUB							13-6400091
	Note: See the instructions to find out if the corporation is a small corporation exempt							
	from the alternative minimum tax (AMT) under section 55(e).					l		
	, ,							
1	Taxable income or (loss) before net operating loss deduction					1	1	56,413.
2	Adjustments and preferences;					Ì		
a							2a	
b	Amortization of certified pollution control facilities					Ī	2b	
C	Amortization of mining exploration and development costs					ļ	2c	
d						Ì	2d	
е						Ī	2e	
f	Long-term contracts			•		Ī	2f	
a				·			2g	
h						Ì	2h	
i	Tax shelter farm activities (personal service corporations only)				•	Ī	2i	
í	Passive activities (closely held corporations and personal service corporations only)						2j	
k					-	ſ	2k	
ı	Depletion					1	21	
π	Tax-exempt interest income from specified private activity bonds					Į	2m	
n	Intangible drilling costs					Ī	2n	
0	Other adjustments and preferences			-		Ī	20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20					Ì	3	56,413.
4	Adjusted current earnings (ACE) adjustment:					Ī	-	,
а	ACE from line 10 of the ACE worksheet in the instructions	4a			56,4	13.		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a							
	negative amount. See instructions	4b				0.		
C	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c						
	Enter the excess, if any, of the corporation's total increases in AMTI from prior							
	year ACE adjustments over its total reductions in AMTI from prior year ACE					ĺ		
	adjustments. See instructions. Note: You must enter an amount on line 4d							
	(even if line 4b is positive)	4d						
е	ACE adjustment.							
	If line 4b is zero or more, enter the amount from line 4c)				Ì		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	>					4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	J					5	56,413.
6	Alternative tax net operating loss deduction. See instructions					ſ	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residu	al			ſ		
	interest in a REMIC, see instructions				_		7	56,413.
8	Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on I	ine 8c)				-		
а	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled							
	group, see instructions). If zero or less, enter -0-	8a				0.		
b	Multiply line 8a by 25% (0.25)	86				0.		
C	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a control	led						
	group, see instructions). If zero or less, enter -0-						8c_	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-						9	16,413.
10	Multiply line 9 by 20% (0.20)					[10	3,283.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions					[11	
12	Tentative minimum tax. Subtract line 11 from line 10					[12	3,283.
13	Regular tax liability before applying all credits except the foreign tax credit					[13	9,103.
14	Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0 Enter here	e and o	n					
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	n	_				14	0.
ιWΑ	For Paperwork Reduction Act Notice, see separate instructions							Form 4626 (2016)

Adjusted Current Earnings (ACE) Worksheet

	ACE Worksheet Instructions.		
Description of AMTI Fator the amount from the 2 of Form 1000			E6 413
Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	56,413.
AAAT degreeation adjustment:	ا م ا		•
a AMT depreciation	2a		
b ACE depreciation:			
(1) Post-1993 property 2b(1)			
(2) Post-1989, pre-1994 property 2b(2)		} }	
(3) Pre-1990 MACRS property (2b(3))			
(4) Pre-1990 original ACRS property 2b(4)			
(5) Property described in sections		1 1	
168(f)(1) through (4) 2b(5)			
(6) Other property 2b(6)			
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
Inclusion in ACE of items included in earnings and profits (E&P):		ìì	
a Tax-exempt interest income	3a		
b Death benefits from life insurance contracts	3b		
c All other distributions from life insurance contracts (including surre	enders) 3c		
d Inside buildup of undistributed income in life insurance contracts	3d		
e Other Items (see Regulations sections 1.56(g)-1(c)(6)(III) through ((ix)		
for a partial list)	3e	[]	
f Total increase to ACE from inclusion in ACE of items included in E8		3f	
Disallowance of items not deductible from E&P:			
a Certain dividends received	4a	ļ ļ	
b Dividends paid on certain preferred stock of public utilities that are deductible	 		
affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat	` 1 1		
c Dividends paid to an ESOP that are deductible under section 404(k	'		
d Nonpatronage dividends that are paid and deductible under section	·		
1382(c)	4d		
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for			
partial list)	4e		
f Total increase to ACE because of disallowance of items not deducti		46	
	Die Ironi Lar. Aud lines 4a tillough 4e	4f	
Other adjustments based on rules for figuring E&P: a Intangible drilling costs	6-	} }	
<u> </u>	5a		
b Circulation expenditures	5b		
c Organizational expenditures	5c		
d LIFO inventory adjustments	5d		
e Installment sales			
f Total other E&P adjustments. Combine lines 5a through 5e		5f	
Disallowance of loss on exchange of debt pools		6	
' Acquisition expenses of life insurance companies for qualified foreign	gn contracts	7	
Depletion		8	
Basis adjustments in determining gain or loss from sale or exchang	ge of pre-1994 property	9	
Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f thro	ugh 9. Enter the result here and on line 4a of	1 1	
Form 4626		10	56,413.

FORM 99Q-T DESCRIPTION OF ORGANIZ. BUSINESS	ATION'S PRIMARY ACTIVITY	Y UNRELATED	STATEMENT	1
PRODUCTION OF TELEVISION PROGRAMMING	AND ADVERTISI	NG SALES IN M	AGAZINE	
TO FORM 990-T, PAGE 1				
FORM 990-T SCHEDULE E - DEPRE	CIATION DEDUCT	ION	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTA	L - 1	12,531.	12,5	31.
TOTAL OF FORM 990-T, SCHEDULE E, COLU	MN 3(A)		12,5	31.
FORM 990-T SCHEDULE E - OT	HER DEDUCTIONS		STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
REPAIRS & MAINT, TAXES, INSURANCE - SUBTOTA	L - 1	45,964.	45,9	64.
TOTAL OF FORM 990-T, SCHEDULE E, COLU	MN 3(B)		45,9	64.
FORM 990-T AVERAGE ACQUISIT ALLOCABLE TO DEBT-		RTY	STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	-
AVERAGE ACQUISITION DEBT - SUBTOTA	L - 1	228,659.	228,6	59.
TOTAL OF FORM 990-T, SCHEDULE E, COLU	MN 4		228,6	59.

FORM 99Q-T	STATEMENT	5			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED BASI	S - SUBTOTAL -		454,941.	454,94	11.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	5		454,94	11.

FORM 99Q-T SCHEDULE I - EXPENSES DIRECTION OF UNRELATED	STATEMENT 6		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
EMAIL, COMMISIONS, STAFF TIME, ETC. - SUBTOTAL - WEB SITE MAINTENANCE, COMMISSIONS, STAFF	1	39,540.	39,540.
TIME, ETC SUBTOTAL -	2	61,431.	61,431.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN	3		100,971.