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	Form 990 Department of the Treas Internal Revenue Service	The organization may have to use a copy of this return to satisfy	Code (except black lung 2000 state reporting requirements. Open to Public Inspection
	A For the 2005	alendar year, or tax year beginning , 2005, and	
	B Check if applicable Address change Name change initial return Final return	Please use IRS label or hype. See PO BOX 1762 Specific Instruc- tions. PomPANO BEACH FL 33061-17	(954) 522-2417 F Accounting method: Cash PAccount
	Amended return		H and I are not applicable to section 527 organizations.
		trusts must attach a completed Schedule A (Form 990 or 990-EZ). 4 Chalf @ bellsouth, net e (check only one) \blacktriangleright $501(c)$ (7) \triangleleft (insert no) \Box 4947(a)(1) or \Box 527	 H(a) Is this a group return for affiliates? Yes Yes H(b) If "Yes," enter number of affiliates ►
	organization need	if the organiz: tion's gross receipts are normally not more than \$25,000 The not file a return with the IRS; but if the organization chooses to file a return, be	organization covered by a group ruling? Yes No
	sure to file a com	Nete return. Some states require a complete return.	I Group Exemption Number ►
	L Gross receipts:	Add lines 6b, 8b, 9b, and 10b to line 12 ►	M Check Cit the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).
		nue, Expenses, and Changes in Net Assets or Fund Balan	
SCANNED MAR 1.4 2000	a Direct b Indirect c Govern d Total (a 2 Program 3 Member 4 Interes 5 Divider 6a Gross b Less: 7 6 Gain ou d Net gain 9 Special a Gross c C Gain ou d Net gain 9 Special a Gross c Net inc	tal income or (loss) and tract line 6b from line 6a)	3 <u>45,820</u> 4 5 6c 7 3) Other 8d k here ▶□ 9c
	b Less: c c Gross p 11 Other 1 12 Total r 13 Progra 14 Manag 15 Fundra 16 Payme	auto of goods sold 10b rofit or (loss) from sales of inventory (attach schedule) (subtract line 10b fr evenue (from Part VII, line 103) evenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) n services (from line 44, column (B)) ement and general (from line 44, column (C)) sing (from line 44, column (D)) ts to affiliates (attach schedule) xpenses (add lines 16 and 44, column (A))	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
	18 Excess 19 Net as 20 Other	or (deficit) for the year (subtract line 17 from line 12). Sets or fund balances at beginning of year (from line 73, column (A) shanges in net assets or fund balances (attach explanation) ///// ets or fund balances at end of year (combine lines 18, 19, and 20)	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

Pa	t II Statement of All organizations m Functional Expenses organizations and s	ust com section 4	plete column (A). Col 947(a)(1) nonexempt	lumns (B), (C), and (I charitable trusts bu	D) are required for sec t optional for others. (tion 501(c)(3) and (4) See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Totai	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ noncash \$) If this amount includes foreign grants, check here ► □	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25 26	Compensation of officers, directors, etc Other salaries and wages	25 26				
27	Pension plan contributions	27	-	·		
28	Other employee benefits	28				
29	Payroll taxes	29		<u> </u>		
3 0	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	30938	30,182	756	
34	Telephone	34				
35	Postage and shipping	35	425	425	<u> </u>	
36	Occupancy	36	4,786	4,786		
37	Equipment rental and maintenance	37	36,770	36,770	ļ	
38	Printing and publications	38	107	107	<u> </u>	
39	Travei	39	107	101		
40	Conferences, conventions, and meetings	40 41	2,521		2521	
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	-42		<u> </u>		
43 a	Other expenses not covered above (itemize): MISCELLANEOUS	43a	6,473	2601	3,872	F
h	LOSS ON SALL OF ASSET	43b	15,000		15,000	
c	INSURANCE	43c	21,339		21,339	
		43d				
	•	43e				
f		43f				
a		43g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines				10 00	

44

118359

Form 990 (2005)

43.488

74,871

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Form 990 (2005)

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Pa	Tall Statement of Program Service Accomplishments (See the instructions.)	
par on pro	m 990 is available for public inspection and, for some people, serves as the primary or sole source of infi ticular organization. How the public perceives an organization in such cases may be determined by the infor its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, t grams and accomplishments.	mation presented
All of c	at is the organization's primary exempt purpose? <i>FLYING CLUR</i> organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
а	45 MEMBLES IN THE FLY, NG CLUB - EACH MEMBER IS AN EQUITY SHAREHOLDER	
L	(Grants and allocations \$) If this amount includes foreign grants, check here ► □	
D		
с	(Grants and allocations \$) If this amount includes foreign grants, check here ► □	
ď	(Grants and allocations \$) If this amount includes foreign grants, check here ►	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► □ Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	

Form 990 (2005)

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Form 990 (2005)

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Pa	art IV	Balance Sheets (See the instructions	.)			
1	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing		11.602	45	7,881
	46	Savings and temporary cash investments .			46	.,,=
					1975 -	
	47a	Accounts receivable	47a			
	Ь	Less: allowance for doubtful accounts	47b	75	47c	-0-
	-				23	
	48a	Pledges receivable	48a			
	3	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, truste				
		(attach schedule)			50	
	519	Other notes and loans receivable (attach				
2	Jia	schedule)	51a			
Assets	_	Less: allowance for doubtful accounts	51b		51c	
As	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54		► Cost FMV		54	
		Investmentssecurities (attach schedule) .				
	558	investments-land, buildings, and	55a			
		equipment: basis	55a			
	b	Less: accumulated depreciation (attach	55b		55c	
		schedule)	555		56	······································
	56	Investments-other (attach schedule)	57a 3 AIRPLANES		00	
	1	Land, buildings, and equipment: basis	Sia SPIRE CA	•		
	b	Less: accumulated depreciation (attach	57b —	216,850	57c	306,417
		schedule)	·		58	
	58	Other assets (describe ►)			
	59	Total assets (must equal line 74). Add lines	45 through 58	228527	59	314298
				220301	60	3,875
	60	Accounts payable and accrued expenses .		· · · · · · · · · · · · · · · · · · ·	61	5,675
	61	Grants payable			62	
<i>/</i> ^	62	Deferred revenue ,			02	
lies	63	Loans from officers, directors, trustees, and	d key employees (attach			
ΞĘ	ł		· · · · · · · · · · ·	1 	63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)	CRYSTAL 4	HRE DAUK	64a	00.101
-		Mortgages and other notes payable (attach	schedule)	ON MICCRAF	040	90126
	65	Other liabilities (describe >)	······	65	
		Total Kabilitian Add Kana 60 Abrough 65				94.001
	66	Total liabilities. Add lines 60 through 65 .	<u>····</u>	· · · · · · · · · · · · · · · · · · ·	66	14,007
	Orga	inizations that follow SFAS 117, check here	and complete lines			
ŝ		67 through 69 and lines 73 and 74.				
ő	67	Unrestricted			67	
alai	68	Temporarily restricted			68	
Fund Balances	69	Permanently restricted	· · · · · · · · ·		69	
P	Orga	inizations that do not follow SFAS 117, check	there land			
		complete lines 70 through 74.			5.55 mil	
2	70	Capital stock, trust principal, or current fund			70	55000
Net Assets	71	Paid-in or capital surplus, or land, building, a		52500	71	55000
SSC	72	Retained earnings, endowment, accumulate		176027	72	165,297
ťΑ	73	Total net assets or fund balances (add line	es 67 through 69 or lines			
Š		70 through 72;		2.66-	1.00	920 197
_		column (A) must equal line 19; column (B) n		228,527	73	
	74	Total liabilities and net assets/fund balance	es. Add lines 66 and 73.	228, 527	74	314,248

Form 990 (2005)

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Form	990	(2005)	

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Pa	irt IV-A	Reconciliation of Revenue per instructions.)	Audited Financial Staten	ents With Rev	enue per Return	(See the
а	Total reve	enue, gains, and other support per	audited financial statements		а	
b		included on line a but not on Part				
1		alized gains on investments		b1		
2		services and use of facilities		b2		
3		es of prior year grants		b3		
4		ecify):				
				_b4		
		b1 through b4				
C					C	
d		included on Part I, line 12, but not		ا مد ا		
1		nt expenses not included on Part I,		d1		
2		ecify):		d2		
		d1 and d2	••••••		d	
e	Total rev	enue (Part I, line 12). Add lines c a	nd d		> e	
Pa	rt IV-B	Reconciliation of Expenses pe				n
а		enses and losses per audited finan				
b		included on line a but not on Part			の他	
1	Donated :	services and use of facilities		<u>b1</u>	S & S	
2		adjustments reported on Part I, lir				
3		ported on Part I, line 20		_b3		
4	Other (sp	ecıfy):				
		had Alexandre La			b	
-	-	b1 through b4			· · · c	
с 4					· · · F	
d		included on Part I, line 17, but not		d1	1	
2		nt expenses not included on Part I, ecify):				
2	other (sp		•••••••••••••••••••••••••••••••••••••••	d2		
е		1.4 1.10				
-	rt V-A	Current Officers, Directors, Trus or key employee at any time during th	tees, and Key Employees	(List each persoi	n who was an officer	, director, tru
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense ac and other allow
4	AURESC	E MELLGREJ				
		1. OLEAN BLUD # 32	PRESIDCET MR	-0 -	-0-	-0-
	-T. LA.	DUCRDALL, PL 33308				
Dr	AVID W	ATKINS				
3	240 L	AKESHORE DR	V. PRESIDENT IH	R -0 -	-0 -	-0-
7	EERF.	ELD BEACH FL 334	¥2			
J	FFRLY	MORRIS		• <u> </u>		0
	1971 r	W 29th Are Ro.	SECRETALLY (HR	-0-	-0.	
í	Joca R	ATON FL 33431				
3	JOH- F	FARVELL	•••••			
_10	051 5	E 744 AVE C BLACH, FL 33060	MANJTELANSLE 2 HZ.	-0-	_0-	-0.
f	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	C BLACH, FL 33060				
C	HRISTOP	HER D. CHALFAST	····· 7	ð -	_0_	_0-
	<u>608 S</u>	N Et TERRALL NOTROALL, FL 33315	TRASURCE 3H25			
	FT. LA	USTROALE, FL 33315	- 			

Form **990** (2005)

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Form 990 (2005)	F	age 6
Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	5b	
 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? 7 Note. Related organizations include section 509(a)(3) supporting organizations. 	5c	
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
d Does the organization have a written conflict of interest policy?	5d	~

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Exp account ar allowar	nd other
	₩					
Pa	rt VI Other Information (See the instruction	ns.)			Ye	s No
76	Did the organization engage in any activity not p description of each activity	reviously reported to	the IRS? If "Yes	" attach a detailed	76	/
77	Were any changes made in the organizing or gov		t not reported to	the IRS?	77	
	If "Yes," attach a conformed copy of the changes	-			6	1949
78a	Did the organization have unrelated business gro		or more during t	he year covered by	Ser. 4 Car	
	this return?				78a	
b	If "Yes," has it filed a tax return on Form 990-T f	or this year?			78b	N/A

7 9	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach	70
	a statement	19
80a	is the organization related (other than by association with a statewide or nationwide organization) through	
	common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt	6° 239

	continuor membership, governing bodies, indices, oncers, etc., to any other exempt of nonexempt
	organization?
ь	If "Yes," enter the name of the organization
	and check whether it is a exempt or anonexempt
1a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a
	Did the organization file Form 1120-POL for this year?

80a

81b

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Form	990 (2005)		F	age 7
Pa	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	**	~
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.)			1./
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a 83b		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? Did the organization solicit any contributions or gifts that were not tax deductible?	84a		~
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	i Serie		
-	gifts were not tax deductible?	84b		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		NA
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		NO CARDA
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year. Dues, assessments, and similar amounts from members		$+\infty$	
	Dues, assessments, and similar amounts from members		4.4	
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	a or an		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		NIA
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	6	te tera	-
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ►			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		~
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		-0-	-
d 90a	Enter: Amount of tax on line 89c, above, reimbursed by the organization		-07	
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		-0 -	
91a	The books are in care of \blacktriangleright CHRISTIPHER CHALFANT Telephone no. \blacktriangleright (954). Located at \blacktriangleright 608 Sw 8 th TERRALL, FT LAJDEROHLA FL ZIP + 4 \triangleright 33315	522	-24	7.
Ь	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)?	91b	Yes	No
	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country	91c	I	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		

Form **990** (2005)

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orm 990 Part V		ativitian (Soo th	o instructions			
_			siness income			(5)
dicate	Enter gross amounts unless otherwise ed:	(A) Business code	(B) Amount	(C)	(D)	(E) Related or exempt function
	Program service revenue:		Amount	Exclusion code	Amount	income
a	FLYING TIME CHARGED					61,760.5
b	TO MEMBERS					
C .						
d.	h					
e						
f	Medicare/Medicaid payments					
	Fees and contracts from government agencie	s	. <u></u>			
4	Membership dues and assessments					45,820.
	Interest on savings and temporary cash investment	ts				
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:		Page 1			
	debt-financed property					
	not debt-financed property		_			
	Net rental income or (loss) from personal property	,				1
	Other investment income ,				····	
	Gain or (loss) from sales of assets other than inventor	~				
	Net income or (loss) from special events .	,				
	Gross profit or (loss) from sales of inventory		······································			
	Other revenue: a				•	
b.					· ····································	······
C.		-		1		·····
	· · · · · · · · · · · · · · · · · · ·		, <u>,</u>	1		
d.					···	
е.		1447 • • 784				107500
	Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)				<u> </u>	101,000
						107 580
- ite:/	une 105 plus line 1d. Part I, should equal the	amount on line 1	 2 Part I	• • • • •		107,580
te: [Line 105 plus line 1d, Part I, should equal the	e amount on line 1	2, Part I.			107,580
ine N	Line 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities to the Activities to the Activity for which income	e amount on line 1 complishment on the is reported in colu	2, Part I. f Exempt Purp ımn (E) of Part V	ooses (See th	e instructions.)	accomplishment
ote: / art V ine N ▼	Line 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities Explain how each activity for which incomo of the organization's exempt purposes (of	e amount on line 1 complishment on the is reported in colu- ther than by providin	2, Part I. f Exempt Purp Imn (E) of Part V g funds for such	Doses (See th Il contributed in purposes).	e instructions.)	
te: / art V ine N ▼	Line 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities Io. Explain how each activity for which incomo of the organization's exempt purposes (of the organization's exempt purposes) 2 THE FLYIJL TIME CHARL	e amount on line 1 complishment of ne is reported in colu- her than by providin ce 70 me	2, Part I. f Exempt Purp Imn (E) of Part V g funds for such	Doses (See the second s	e instructions.) mportantly to the	Coren
te: / art V ine N V	Line 105 plus line 1d, Part I, should equal the Relationship of Activities to the Ac III Relationship of Activities to the Ac Explain how each activity for which incom of the organization's exempt purposes (of <i>CHE FLYIJL TIME CHARL</i> <i>THE FLYIJL TIME CHARL</i>	e amount on line 1 complishment of the is reported in colu- her than by providin the than by providin the than by providin the than by providin the than by providing the	2, Part I. f Exempt Purp (mn (E) of Part V g funds for such masks The A	Doses (See the second s	e instructions.) mportantly to the	Coren
te: / art V ine N	Line 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities Io. Explain how each activity for which incomo of the organization's exempt purposes (of the organization's exempt purposes) Image: The Ferrical Charge Charge	e amount on line 1 complishment of the is reported in colu- her than by providin the than by providin the than by providin the than by providin the than by providing the	2, Part I. f Exempt Purp (mn (E) of Part V g funds for such masks The A	Doses (See the second s	e instructions.) mportantly to the	Coren
te: / art V ine N 73 4 94	Line 105 plus line 1d, Part I, should equal the Relationship of Activities to the Ac III Relationship of Activities to the Ac Explain how each activity for which incom- of the organization's exempt purposes (of <i>THE FLY, J & TIME CHARC</i> <i>THE FLY, J & TIME CHARC</i> <i>THE VR2, ABLE COST OF</i> <i>HHE MEMBER DUES</i>	e amount on line 1 complishment on ne is reported in colu- her than by providin to To ME COPERATION	2, Part I. f Exempt Purp Imm (E) of Part V g funds for such masks THE A THE FIRE	Doses (See the Il contributed in purposes). IS INTE IRCRAFT COSTS	ne instructions.) mportantly to the	Coren
te: <i>L</i> art V ine N ▼ '3 <i>4</i> 94 art 1	Line 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities to the Activity for which incomo f the organization's exempt purposes (of THE FL1, J 4 TIME CHARCE THE MEMBER DUES THE MEMBER DUES X Information Regarding Taxable Sub (A)	e amount on line 1 complishment of her is reported in colu her than by providin is o To ME o PECATION COICE isidiaries and Dis (B)	2, Part I. f Exempt Purp imn (E) of Part V g funds for such moses Trie A Trie First regarded Enti	ties (See the	e instructions.) mportantly to the us (s 70 - Aus instructions.)	Corta
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