

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning , and ending
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408(e) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) STEVENS-SWAN HUMANE SOCIETY OF ONEIDA COUNTY INC	D Employer identification number (Employees' trust, see instructions) 15-0551485
	Number, street, and room or suite no. If a P O box, see instructions 5664 HORATIO STREET	E Unrelated business activity code (See instructions) 812900
C Book value of all assets at end of year 1,299,743	City or town, state or province, country, and ZIP or foreign postal code UTICA NY 13502	

F Group exemption number (See instructions) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here
 ▶ **OPERATE PET MEMORIAL CEMETERY**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V

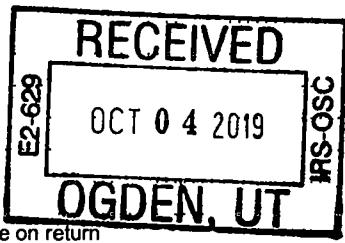
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ▶ **STEVENS-SWAN HUMANE SOCIE** Telephone number ▶ **315-738-4357**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 2,135			
b	Less returns and allowances			
	c Balance	1c 2,135		
2	Cost of goods sold (Schedule A, line 7)	2 375		
3	Gross profit. Subtract line 2 from line 1c	3 1,760		1,760
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13 1,760		1,760

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	7,309
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	7,309
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-5,549
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-5,549



SEE STATEMENT 1

SCANNED NOV 06 2019

go-15 40

Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Lines 33-38 showing unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 39-44 showing tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 45a-55 showing tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No. Lines 56-58 regarding foreign activities and tax-exempt interest.

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only: Pnnl/Type preparer's name, Preparer's signature, Date, Check if PTIN self-employed, Firm's name, Firm's EIN, Firm's address, Phone no.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **COST METHOD**

1 Inventory at beginning of year	1	9,034	6 Inventory at end of year	6	8,659
2 Purchases	2		7 Cost of goods sold. Subtract		
3 Cost of labor	3		line 6 from line 5. Enter here and		
4a Additional sec 263A costs	4a		in Part I, line 2	7	375
(attach schedule)					
b Other costs	4b		8 Do the rules of section 263A (with respect to	Yes	No
(attach schedule)			property produced or acquired for resale) apply		
5 Total. Add lines 1 through 4b	5	9,034	to the organization?		X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10
Enter here and on page 1,
Part I, line 8, column (A)

Add columns 6 and 11
Enter here and on page 1,
Part I, line 8, column (B)

Totals

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				

Enter here and on page 1,
Part I, line 9, column (A)

Enter here and on page 1,
Part I, line 9, column (B)

Totals

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I,
line 10, col (A)

Enter here and on page 1, Part I,
line 10, col (B)

Enter here and on page 1,
Part II, line 26

Totals

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 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) N/A						
(2)						
(3)						
(4)						

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

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	4. 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) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	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

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

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

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No **179**

Name(s) shown on return **STEVENS-SWAN HUMANE SOCIETY OF ONEIDA COUNTY INC**

Identifying number
15-0551485

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	48,513

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	11,082
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	11/08/18	69,300	39 yrs.	MM	S/L	222
				MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,294
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	61,111
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
VAN	08/29/13	100.00%	16,346	16,346	5.0	200DBMQ	1,294	

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L-		
		%				S/L-		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. **28** 1,294

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2018 tax year (see instructions):

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43 Amortization of costs that began before your 2018 tax year. **43**

44 Total. Add amounts in column (f). See the instructions for where to report. **44**

Form 990-T	Schedule M Charitable Contribution and Loss Calculation	2018
Description UNRELATED BUSINESS ACTIVITY		
Name STEVENS-SWAN HUMANE SOCIETY OF		Taxpayer Identification Number 15-0551485
Unincorporated Business Income Tax Code 812900	Activity OTHER PERSONAL SERVICES	

Worksheet 1 Activity Charitable Contribution Deduction			
1	Activity Income (Schedule M, Line 13, col C)	1	1,760
2	Activity Expense (does not include amount needed for Line 20)	2	7,309
3	Net Income (Line 1 minus Line 2); If less than zero, enter -0-	3	0
4	Current activity contribution limit (Multiplier used is 10 %)	4	
5	Current year contributions	5	0
6	Prior year contributions (corporations only)	6	
7	Total available contributions (Add lines 5 and 6)	7	
8	Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	8	
9	Remaining contributions (subtract line 8 from line 7)	9	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits), Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11	Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0

Worksheet 2 Activity Losses and Carryforward Amounts			
1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	0
3	Prior year losses carried over to next year	3	
4	Losses generated by current year activity	4	5,549
5	Total loss carried forward to 2019	5	5,549

Worksheet 3 Activity Charitable Contribution Carryforward					
Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount		0			0
Charitable Contribution Carryover Available To Next Year					0

Federal Statements

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
CASKET & MONUMENT PURCHASES	\$ _____
TOTAL	\$ <u> 0</u>

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T****2018**

For calendar year 2018, or tax year beginning _____, ending _____

Name **STEVENS-SWAN HUMANE SOCIETY OF ONEIDA COUNTY INC** Employer Identification Number **15-0551485**

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
20th 12/30/98					
19th 12/30/99					
18th 12/31/00					
17th 12/31/01					
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05	-68,404	4,285	64,119		64,119
12th 12/31/06	6,036				
11th 12/31/07	-11,287		11,287		11,287
10th 12/31/08	-29,213		29,213		29,213
9th 12/31/09	7,446				
8th 12/31/10	-7,366		7,366		7,366
7th 12/31/11	-8,475		8,475		8,475
6th 12/31/12	-3,030		3,030		3,030
5th 12/31/13	-7,147		7,147		7,147
4th 12/31/14	-1,803		1,803		1,803
3rd 12/31/15	1,854	-1,854			
2nd 12/31/16	1,471	-1,471			
1st 12/31/17	960	-960			
NOL carryover available to current year			132,440		
Current year	0			-1,000	
NOL carryover available to next year					132,440

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
VETERINARY SERVICES	\$ 124,015	\$ 124,015	\$	\$
PROFESSIONAL FEES	51,199	37,840	11,440	1,919
TOTAL	\$ 175,214	\$ 161,855	\$ 11,440	\$ 1,919

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER EXPENSE	\$ 1,049	\$ 1,049	\$	\$
COGS	375	375		
CONTRIBUTIONS	150		150	
TOTAL	\$ 1,574	\$ 1,424	\$ 150	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
MEMBERSHIPS	305
NY DEPT OF AG MARKETS	10,000
CONTRIBUTIONS	180,504
COLLECTION BOX INCOME	2,068
CONTRIBUTIONS THROUGH WEBSITE	32,865
DONATIONS	827
ASPCA	6,720
DONATIONS	153
BEQUESTS	12,851
MULTIPLE FUNDRAISING EVENTS	
CASH CONTRIBUTION	222,885
TELETHON & WIGGLE WAGGLE WA	
CASH CONTRIBUTION	173,581
TOTAL	<u>\$ 642,759</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	6,086
DIVIDENDS	17,355
TOTAL	<u>\$ 23,441</u>

Schedule A, Part II, Line 9(e)

Description	Amount
OPERATION OF PET CEMETERY	1,760
LESS: DEDUCTIONS	-8,309
TOTAL	<u>\$ -6,549</u>

Federal Statements

Schedule A, Part II, Line 10(e)

Description	Amount
TELETHON & WIGGLE WAGGLE WA	\$
TOTAL	\$ 0

Schedule A, Part II, Line 12 - Current year

Description	Amount
CONTRACTS	\$ 71,540
SHELTER INCOME	143,358
OTHER INCOME	325
UNREALIZED GAIN ON INVESTMENT	-145,692
MULTIPLE FUNDRAISING EVENTS	
TOTAL	\$ 69,531

15-0551485

Federal Statements

FYE: 12/31/2018

Form 990-T - Other Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
CASKET & MONUMENT PURCHASES	\$ _____
TOTAL	\$ <u>0</u>