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Form 990-T

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

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

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

Department of the Treasury Internal Revenue Service

Section A: Name of organization (State Services Organization, Inc.), address (444 North Capitol Street, NW, No. 237, Washington, DC 20001-1594), and Employer identification number (52-2223432).

Section B: Exempt under section 501(c)(3). Section C: Book value of all assets at end of year (24,277,430). Section D: Group exemption number and organization type (501(c) corporation).

Section E: Enter the number of the organization's unrelated trades or businesses (1) and describe the only (or first) unrelated trade or business here (See Statement 1).

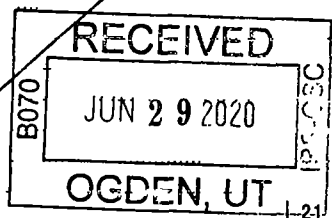
Section F: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No).

Section G: The books are in care of (Audrey Williams) Telephone number (202) 624-5490

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing total income of 287,526.

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)

Table with 2 columns: Deductions (lines 14-32) and Amount. Total deductions of 28,841 (line 21) and total unrelated business taxable income of -9,345 (line 32).



See Statement 2

SCANNED JUL 15 2021

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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Line number and Amount. Rows include 33 (Total of unrelated business taxable income), 34 (Amounts paid for disallowed fringes), 35 (Deduction for net operating loss), 36 (Total of unrelated business taxable income before specific deduction), 37 (Specific deduction), and 38 (Unrelated business taxable income).

Part IV Tax Computation

Table with 2 columns: Line number and Amount. Rows include 39 (Organizations Taxable as Corporations), 40 (Trusts Taxable at Trust Rates), 41 (Proxy tax), 42 (Alternative minimum tax), 43 (Tax on Noncompliant Facility Income), and 44 (Total).

Part V Tax and Payments

Table with 2 columns: Line number and Amount. Rows include 45a-d (Credits), 46 (Subtract line 45e), 47 (Other taxes), 48 (Total tax), 49 (2018 net 965 tax liability), 50a-f (Payments), 51 (Total payments), 52 (Estimated tax penalty), 53 (Tax due), 54 (Overpayment), and 55 (Enter the amount of line 54).

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Rows include 56 (Interest in foreign country), 57 (Distribution from foreign trust), and 58 (Tax-exempt interest received).

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. Signature of officer: Audrey Williams, Date: 5/15/20, Title: Interim Executive Director.

Paid Preparer Use Only: Print/Type preparer's name: Lori A. Collingsworth, Preparer's signature: Lori A. Collingsworth, Date: 05/15/20, Check self-employed: [ ], PTIN: P00639819, Firm's name: Rogers & Company PLLC, Firm's EIN: 58-2676261, Firm's address: 8300 Boone Boulevard, Suite 600, Vienna, VA 22182, Phone no.: (703) 893-0300.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

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

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

(see instructions)

1. Description of property

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

| 2. Rent received or accrued   |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (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) |   |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

**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)   |   |  |   |   |
| (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) 0. | Enter here and on page 1, Part I, line 7, column (B) 0.             |
| Total dividends-received deductions included in column 8  |   |  | ►   | 0.  |

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

| 4. 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)                                |                                   |   |                                     |   |  |
| (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)               |   |                                     |  |   |
| <b>Totals</b>     |   |                                     | Add columns 5 and 10<br>Enter here and on page 1, Part I,<br>line 8, column (A)      | Add columns 6 and 11<br>Enter here and on page 1, Part I,<br>line 8, column (B) |

**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)                      |                     |   |                                 |   |
| (2)                      |                     |   |                                 |   |
| (3)                      |                     |   |                                 |   |
| (4)                      |                     |   |                                 |   |
| <b>Totals</b>            |                     | Enter here and on page 1,<br>Part I, line 9, column (A) |                                 | Enter here and on page 1,<br>Part I, line 9, column (B) |

**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)                                  |   |   |   |   |                                      |   |
| (2)                                  |   |   |   |   |                                      |   |
| (3)                                  |   |   |   |   |                                      |   |
| (4)                                  |   |   |   |   |                                      |   |
| <b>Totals</b>                        |   | 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                                      |

**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)  |                             |                             |   |                       |                     |  |
| (2)  |                             |                             |   |                       |                     |  |
| (3)  |                             |                             |   |                       |                     |  |
| (4)  |                             |                             |   |                       |                     |  |
| <b>Totals (carry to Part II, line (5))</b> |                             | 0.                          | 0.  |                       |                     | 0.   |

**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)                                |                             |                             |   |                       |                     |  |
| (2)                                |                             |                             |   |                       |                     |  |
| (3)                                |                             |                             |   |                       |                     |  |
| (4)                                |                             |                             |   |                       |                     |  |
| <b>Totals from Part I</b>          | <b>0.</b>                   | <b>0.</b>                   |   |                       |                     | <b>0.</b>  |
| <b>Totals, Part II (lines 1-5)</b> | <b>0.</b>                   | <b>0.</b>                   |   |                       |                     | <b>0.</b>  |

**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) <b>Stephen L. Roberts</b>                            | <b>Executive Director</b> | <b>1.85%</b>                           | <b>7,635.</b>                                      |
| (2)  |                           | %                                      |  |
| (3)  |                           | %                                      |  |
| (4)  |                           | %                                      |  |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |                           |  | <b>7,635.</b>                                      |

**Depreciation and Amortization**  
(Including Information on Listed Property) 990-T

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

|   |  |   |
|---|--|---|
| Name(s) shown on return<br><b>State Services Organization, Inc.</b> | Business or activity to which this form relates<br><b>UBI-Admin Services</b> | Identifying number<br><b>52-2223432</b> |
|---|--|---|

**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                            |                  |
| 2 Total cost of section 179 property placed in service (see instructions)  | 2                            |                  |
| 3 Threshold cost of section 179 property before reduction in limitation  | 3                            |                  |
| 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                                      | 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)**

|   |    |                |
|---|----|----------------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |                |
| 15 Property subject to section 168(f)(1) election   | 15 |                |
| 16 Other depreciation (including ACRS)  | 16 | <b>28,841.</b> |

**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 |  |
| 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 <input type="checkbox"/> | 18 |  |

**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 | /                                    |  | 39 yrs              | MM             | S/L        |                            |
|                                | /                                    |  |                     | 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 |                |
| 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 instr | 22 | <b>28,841.</b> |
| 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 |                |

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                               |   |                            |  |                        |                          |                               |                                 |  | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|--|---|--|
| (a)<br>Type of property<br>(list vehicles first)   | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |  |   |  |
| 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 |                               |   |                            |  |                        |                          | 25                            |                                 |  |   |  |
| 26 Property used more than 50% in a qualified business use   |                               |   |                            |  |                        |                          |                               |                                 |  |   |  |
|  |                               |   |                            |  |                        |                          |                               |                                 |  |   |  |
|  |                               |   |                            |  |                        |                          |                               |                                 |  |   |  |
| 27 Property used 50% or less in a qualified business use   |                               |   |                            |  |                        |                          |                               |                                 |  |   |  |
|  |                               |   |                            |  |                        |                          |                               |                                 |  |   |  |
|  |                               |   |                            |  |                        |                          |                               |                                 |  |   |  |
|  |                               |   |                            |  |                        |                          |                               |                                 |  |   |  |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   |                               |   |                            |  |                        |                          | 28                            |                                 |  |   |  |
| 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)<br>Vehicle |    | (b)<br>Vehicle |    | (c)<br>Vehicle |    | (d)<br>Vehicle |    | (e)<br>Vehicle |    | (f)<br>Vehicle |    |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| 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<br>Add lines 30 through 32                          |                |    |                |    |                |    |                |    |                |    |                |    |
| 34 Was the vehicle available for personal use during off-duty hours?                      | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No |
| 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.

|  |     |    |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?   | Yes | No |
| 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. | Yes | No |
| 39 Do you treat all use of vehicles by employees as personal use?  | Yes | No |
| 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?  | Yes | No |
| 41 Do you meet the requirements concerning qualified automobile demonstration use?   | Yes | No |

**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)<br>Description of costs   | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2018 tax year                |                                 |                           |                     |  |                                   |
|   |                                 |                           |                     |  |                                   |
| 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 Description of Organization's Primary Unrelated Business Activity Statement 1

Non-qualified administrative services

To Form 990-T, Page 1

Form 990-T Other Deductions Statement 2

| Description                          | Amount   |
|--------------------------------------|----------|
| Supplies                             | 1,126.   |
| Telephone                            | 28.      |
| Occupancy                            | 69,199.  |
| Printing And Publications            | 984.     |
| Travel                               | 178.     |
| Consultants                          | 807.     |
| Management Fees                      | 3,670.   |
| Miscellaneous                        | 8,279.   |
| M&A Allocation                       | 7,088.   |
| Departmental Expense Allocation      | 12,674.  |
| Outside Services For Resale          | 14,203.  |
| Telephone Services For Resale        | 8,055.   |
| Parking Services For Resale          | 23,780.  |
| Postage And Delivery For Resale      | 14,001.  |
| Special Order Supplies For Resale    | 4,560.   |
| Catering For Resale                  | 1,425.   |
| Total to Form 990-T, Page 1, line 28 | 170,057. |

Form 990-T Net Operating Loss Deduction Statement 3

| Tax Year                          | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/13                          | 20,048.        | 0.                      | 20,048.        | 20,048.             |
| 06/30/14                          | 24,562.        | 0.                      | 24,562.        | 24,562.             |
| 06/30/15                          | 6,752.         | 0.                      | 6,752.         | 6,752.              |
| 06/30/16                          | 40,909.        | 0.                      | 40,909.        | 40,909.             |
| 06/30/17                          | 52,835.        | 0.                      | 52,835.        | 52,835.             |
| 06/30/18                          | 12,856.        | 0.                      | 12,856.        | 12,856.             |
| NOL Carryover Available This Year |                |                         | 157,962.       | 157,962.            |