| Form 990-T  | E           | Exempt Organization Bus  | sine         | ss Income T   | ax Return  | L             | OMB No 1545-0047   |  |  |
|---|-------------|--|--------------|---|--|---------------|--|--|--|
|   |             | (and proxy tax und   |              |   | 7,000  | <i>o</i>      | 0040   |  |  |
| · · ·   | For cal     | lendar year 2019 or other tax year beginning $\   \underline{\mathtt{JUL}} \   1$ ,  | 20           | 19 , and ending JU  | N 30, 202  | <u>0</u> [    | 2019   |  |  |
| Department of the Treasury  |             | ► Go to www.irs.gov/Form990T for in  | structio     | ons and the latest inform                                     | ation.   | L             |  |  |  |
| Internal Revenue Service  |             | Do not enter SSN numbers on this form as it may  | be ma        | de public if your organiz                                     | ation is a 501(c)(3).  |               | Open to Public Inspection for 501(c)(3) Organizations Only |  |  |
| A Check box if address changed  |             | Name of organization (   | (Emp         | oyer identification number<br>loyees' trust, see<br>uctions ) |  |               |  |  |  |
| B Exempt under section  | Print       | GEORGIA SCHOOL BOARDS  | ASS          | CIATION, IN   | 1C.  | 5             | 8-1077259  |  |  |
| X 501(c)(3 <b>0)3</b>   | or          | Number, street, and room or suite no. If a P.O. box, see instructions.    E Unrelated business activity code (See instructions.) |              |   |  |               |  |  |  |
| 408(e)220(e)  | Туре        | 5120 SUGARLOAF PARKWAY   |              |   |  | <u> </u>      | ,<br>•   |  |  |
| 408A 530(a) 529(a)  | ļ           | City or town, state or province, country, and ZIP or foreign postal code  LAWRENCEVILLE, GA 30043 5418                           |              |   |  |               |  |  |  |
| C Book value of all assets at end of year   |             | F Group exemption number (See instructions )   | <b></b>      |   |  |               |  |  |  |
| 6,628,8   | 69.         | G Check organization type ► X 501(c) corp  | poration     | 501(c) trust  | 401(a)   | trust         | Other trust  |  |  |
| H Enter the number of the   | organiza    | tion's unrelated trades or businesses.   | 2            | Describe  | the only (or first) un   | related       | .,,  |  |  |
| trade or business here  | <u> AD\</u> | JERTISING  |              | If only one,  | complete Parts I-V.  | If more       | than one,  |  |  |
| describe the first in the b   | lank spa    | ce at the end of the previous sentence, complete Pa  | ırts I an    | id II, complete a Schedule                                    | M for each addition  | al trade      | or   |  |  |
| business, then complete   | Parts III   | -V   |              |   |  |               |  |  |  |
| I During the tax year, was  | the corp    | oration a subsidiary in an affiliated group or a parer   | nt-subs      | idiary controlled group?                                      | ▶ [  | Ye            | es X No  |  |  |
|   |             | tifying number of the parent corporation.  |              |   |  |               |  |  |  |
|   |             | CHARLTON CALHOUN   |              |   | one number 🕨 7   | <u> 70 – </u> |  |  |  |
| Part It Unrelated   | dirac       | de or Business Income  |              | (A) Income  | (B) Expenses   |               | (C) Net  |  |  |
| 1a Gross receipts or sale   | S           |  |              |   | <b>人在。那</b> 第2   | S             | MAN MAN STATE  |  |  |
| b Less returns and allow  |             | c Balance  | 1c           |   |  |               | C FELSE STATES   |  |  |
| 2 Cost of goods sold (S   |             |  | 2            |   |  |               | . The constitution   |  |  |
| 3 Gross profit. Subtract  |             |  | 3_           |   | FREE TO VALUE  |               |  |  |  |
| 4 a Capital gain net incom  | •           | •  | 4a           |   | THE THE LEAD OF THE PARTY OF TH |               |  |  |  |
|   |             | art II, line 17) (attach Form 4797)  | 4b           |   | CANCELL COM  |               |  |  |  |
| c Capital loss deduction  |             |  | 4c           | /   | AND THE PART IS  |               |  |  |  |
| • •   |             | ship or an S corporation (attach statement)  | 5            |   | THE PARTY AND A  | 1 1 1 1 1 1 1 |  |  |  |
| 6 Rent income (Schedu   |             | (Oshadula E)   | 6/           |   |  |               |  |  |  |
| 7 Unrelated debt-finance  |             | •  | <del> </del> |   |  |               |  |  |  |
|   |             | nd rents from a controlled organization (Schedule 6)<br>on 501(c)(7), (9), or (17) organization (Schedule 6)                     | 8 9          |   | -  | -             |  |  |  |
| <ul><li>9 Investment income of</li><li>10 Exploited exempt activities</li></ul>               |             |  | 10           |   |  |               | <del></del>  |  |  |
| 11 Advertising income (S  | •           |  | 11           | 26,200.   | . 40,1   | 63.           | -13,963.   |  |  |
| 12 Other income (See in   |             |  | 12           | 20,200.   | ESTANISH !   |               |  |  |  |
| 13 Total. Combine lines   |             |  | 13           | 26,200:   | 40,1   |               | -13,963.   |  |  |
| Part III Deductio   | ns No       | ot Taken Elsewhere See instructions for  |              | ations on deductions  |  |               |  |  |  |
| (Deductions   | must b      | pe directly connected with the unrelated busin   | ess in       | COMPECFIVEL   | a 1  |               |  |  |  |
| 14 Compensation of off  | icers, di   | rectors, and trustees (Schedule K)   | 1.           | The   | 180  | 14            |  |  |  |
| 5 Salaries and wages  |             |  | 12           | MAY 0 5 202   | 1 /80/   | 15            |  |  |  |
| Repairs and mainten   | ance        |  | F1-37        | I MAI 00 -  | inel   | 16            |  |  |  |
| Bad debts Interest (attach sche Taxes and licenses Depreciation (attach Less depreciation cla |             |  | 11           |   | TT   | 17            |  |  |  |
| Interest (attach sche   | dule) (s    | ee instructions  | 1            | OGDEN.  | الملك  | 18            |  |  |  |
| Taxes and licenses  |             | · /  | ľ            | UG  |  | 19            |  |  |  |
| Depreciation (attach  | Form 45     | 562)   |              | 20  |  | 红湖            |  |  |  |
| 23 Less depreciation cla  | aimed or    | n Schedule A and elsewhere on return   |              | 21a   |  | 21b           | · · · · · · · · · · · · · · · · · · ·                      |  |  |
| 22 Depletion  |             |  |              |   |  | 22            |  |  |  |
| 23 Contributions to defe  | erred co    | mpensation plans   |              |   |  | 23            |  |  |  |
| 24 Employee benefit pro   |             |  |              |   |  | 24            |  |  |  |
| 25 Excess exempt experience   | •           |  |              |   |  | 25            |  |  |  |
| 26 Excess readership co   | 7           | ·  |              |   |  | 26            |  |  |  |
| 27 Other deductions (at   | ,           | ·  |              |   |  | 27            |  |  |  |
| 28 Total deductions. A  |             |  |              |   |  | 28            | 0.   |  |  |
|   | ,           | ncome before net operating loss deduction. Subtrac   |              |   |  | 29            | -13,963.   |  |  |
| <i>u</i>  | erating l   | oss arising in tax years beginning on or after Janua   | ry 1, 20     | 018   |  |               | _  |  |  |
| (see instructions)  |             | Outhwest Inc. 20 ( a.m. l  |              |   |  | 30            | -13,963.   |  |  |
|   |             | ncome. Subtract line 30 from line 29   |              | **  |  | 31            |  |  |  |
| 923701 01-27-20 LHA FO  | or Paper    | work Reduction Act Notice, see instructions.   |              | $\sim$  |  |               | Form <b>990-T</b> (2019)                                   |  |  |

|        | 990-T (2010) GEORGIA SCHOOL BOARDS ASSOCIA' rt III Total Unrelated Business Taxable Income   | rion, inc.   |  | 58                                      | 3-1077259 Page 2            |
|--------|--|--|--|---|-----------------------------|
|        |  | en er businesses /ess instru   | ationa)                                  | 32                                      | 13,519.                     |
|        | •  | ·  |  | • | 13,313.                     |
| 33     | Amounts paid for disallowed fringes  |  |  | ······                                  | 0.                          |
| 34     | Charitable contributions (see instructions for limitation rules)   |  | 13,519.                                  |   |                             |
| 35     | Total unrelated business taxable income before pre-2018 NOLs and specific of   |  | 13,313.                                  |   |                             |
| 36     | Deduction for net operating loss arising in tax years beginning before Januar  | y 1, 2018 (see instructions)   |  | 36                                      | 12, 510                     |
| 37     | Total of unrelated business taxable income before specific deduction. Subtra   |  |  |   | 13,519.                     |
| 38     | Specific deduction (Generally \$1,000, but see line 38 instructions for except   |  |  | 8 38                                    | 1,000.                      |
| 39     |  | · ·  |  |   | 10 510                      |
| ·      | enter the smaller of zero or line 37   | **** ***** **** ****   |  |   | 12,519.                     |
| Part   | rt IV Tax Computation  | 4  |  | C 1 1 1                                 | 0.600                       |
| 40     |  |  |  | ] ▶ 40                                  | 2,629.                      |
| 41     |  |  |  |   |                             |
|        | Tax rate schedule or Schedule D (Form 1041)  |  |  | . [1                                    |                             |
| 42     |  |  |  | 1 1                                     |                             |
| 43     | Alternative minimum tax (trusts only)  |  | •.• •• •• ••••                           | 43                                      | \ <u>-</u>                  |
| 44     | The same of the sa |  |  | 44                                      |                             |
| 45     | Total. Add lines 42, 43, and 44 to line 40 or 41; whichever applies  | <u></u>  |  | / 45                                    | 2,629.                      |
| Part   | rt V Tax and Payments  |  |  |   | ·                           |
| 46 a   | a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 468  | a  |   |                             |
| b      | b Other credits (see instructions)   | 461  | b  |   |                             |
| C      | c General business credit. Attach Form 3800  |  | c  |   |                             |
| đ      | d Credit for prior year minimum tax (attach Form 8801 or 8827)   |  | d  |   |                             |
| e      | e Total credits Add lines 46a through 46d  |  |  | 46e                                     |                             |
| 47     | Subtract line 46e from line 45   | · · · · · · · · · · · · · · · · · · ·                                  |  | 47                                      | 2,629.                      |
| 48     | Subtract line 46e from line 45   | n 8697 🔲 Form 8866 🗍   | Other (attach sc                         | nedulo) 48                              |                             |
| 49     |  |  |  |   | 2,629.                      |
| 50     |  | mn (k) line 3  |  |   | 0.                          |
|        | a Payments: A 2018 overpayment credited to 2019  |  |  |   |                             |
|        | b 2019 estimated tax payments  |  |  |   | 1                           |
|        |  |  |  | <u> </u>                                |                             |
| 4      | c Tax deposited with Form 8868   | 510  |  | <del></del>                             |                             |
| u      | e Backup withholding (see instructions)  |  | <del></del>                              |   |                             |
|        | f Credit for small employer health insurance premiums (attach Form 8941)   |  |  |   |                             |
|        | Other credits, adjustments, and payments: Form 2439  |  |  |   | '-                          |
|        | Corm 4126  | Total 54   | _  |   | •                           |
| 50     | Form 4130 Unier  | Tulai  | #.l                                      | —— ļ                                    |                             |
| 52     | Total payments. Add lines 51a through 51g  | ······································                                 |  | 8 52                                    | 19.                         |
|        | 2011112100 1211   101111111   1011111111   1011111111  | ***************************************                                |  | 9 <del>54</del> 54                      | 2,648.                      |
| 54     |  |  |  | 55                                      | 2,040.                      |
| 55     |  |  |  | _ ·                                     |                             |
| . 56   |  |  | Refunded                                 | ▶   56                                  |                             |
|        | art VI Statements Regarding Certain Activities and C   |  |  | <del></del>                             | Т., Т.,                     |
| 57     | ,  |  |  |   | Yes No                      |
|        | over a financial account (bank, securities, or other) in a foreign country? If   |  |  |   |                             |
|        | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," e  | nter the name of the foreign   | country                                  |   |                             |
|        | here   |  |  | <u> </u>                                | X                           |
| 58     |  | t the grantor of, or transferor  | r to, a foreign trust'                   | ?                                       | X                           |
|        | If "Yes," see instructions for other forms the organization may have to file.  |  |  |   |                             |
| 59_    |  |  |  | _                                       | <u></u>                     |
| C:     | Under penalties of partiary. I declare that I have examined this return, including according correct, and complete Declaration of prepared (other than taxpayer) is based on all in  | npanying schedules and statement<br>aformation of which propurer has a | ts, and to the bost of m<br>My knowledge | y khowledge and                         | ballef, it is true,         |
| Sign   |  |  |  | May the li                              | RS discuss this return with |
| Here   | 16 1 MUUL WISSON 14-5-21   | EXECUTIVE  | DIRECTOR                                 |   | rer shown below (see        |
|        | Signature of officer Date  | Title  |  | instruction                             | 19)? X Yes No               |
|        | Print/Type preparer's name Preparer's signature  | Date   | Check                                    | lf PI                                   | IN                          |
| Paid   | 1 · · · · · · · · · · · · · · · · · · ·  |  | self- em                                 |   |                             |
|        | eparer MARY JO ALEXANDER MARY JO AL  | EXANDER 03/3   | 0/21                                     | I                                       | 00002534                    |
|        | e Only Firm's name ► MAULDIN & JENKINS; LLC  |  | Firm's                                   | EIN ► 5                                 | 8-0692043                   |
| 536    | 200 GALLERIA PKWY SE   | STE 1700   |  |   |                             |
|        | Firm's address ► ATLANTA, GA 30339-59  |  | Phone                                    | по. 770-                                | 955-8600                    |
| 923711 | 11 01-27-20  |  |  |   | Form 990-T (2019)           |

| Schedule A - Cost of Good  | s Sold. Enter           | method of inven   | ntory val   | uation N/A   |           |  |  |             |          |
|--|-------------------------|---|-------------|--|-----------|--|--|-------------|----------|
| 1 Inventory at beginning of year   | 1                       |   |             | nventory at end of yea   | ar        |  | 6  |             |          |
| 2 Purchases  | 2                       |   | 7 (         | Cost of goods sold. S  | ubtract l | ine 6  |  |             |          |
| 3 Cost of labor  | 3                       |   |             | rom line 5 Enter here  |           | i  |  |             |          |
| 4a Additional section 263A costs   |                         |   | 7 1         | ine 2  |           |  | 7_   | _           |          |
| (attach schedule)  | 4a                      |   | _ 8 [       | o the rules of section   |           | Yes I  | No   |             |          |
| b Other costs (attach schedule)  | 4b                      |   | ] ,         | property produced or   | acquired  | for resale) apply to   |  |             |          |
| 5 Total. Add lines 1 through 4b  | 5                       |   |             | he organization?   |           |  |  |             | X        |
| Schedule C - Rent Income (see instructions)  | (From Real F            | Property and  | l Perso     | onal Property L  | .ease     | d With Real Prope  | erty)  |             |          |
| 1. Description of property   |                         |   |             |  |           |  |  |             |          |
| (1)  |                         |   |             |  |           |  |  |             |          |
| (2)  | -                       |   |             |  |           |  |  |             | _        |
| (3)  |                         |   |             |  |           | <del></del>  |  |             | _        |
| (4)  |                         |   |             |  |           |  |  |             |          |
|  | 2. Rent receive         | d or accrued  |             |  |           |  |  |             |          |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%) | e than                  | of rent for p   | personal pr | al property (if the percenta<br>operty exceeds 50% or if<br>on profit or income) | ige       | 3(a) Deductions directly c<br>columns 2(a) and                                   | onnected with the inc<br>I 2(b) (attach scheduli | come in     |          |
| (1)  |                         |   |             |  |           |  |  |             |          |
| (2)  |                         |   |             |  |           |  |  |             |          |
| (3)  |                         |   |             |  |           |  |  |             | _        |
| (4)  |                         |   |             |  |           |  | -  |             | _        |
| Total  | 0.                      | Total   |             |  | 0.        |  |  |             |          |
| (c) Total income Add totals of columns here and on page 1, Part I, line 6, column                          | n (A)                   | <b>&gt;</b>   |             |  | 0.        | (b) Total deductions.<br>Enter here and on page 1,<br>Part I, line 6, column (B) | •  | (           | 0.       |
| Schedule E - Unrelated Del   | ot-Financed             | Income (see   | instruct    | ions)  | •         |  |  |             |          |
| •  |                         |   |             |  |           | 3. Deductions directly conne   |  | ө           |          |
| •  |                         |   |             | Gross income from<br>r allocable to debt-  | (2)       | to debt-finance  | (b) Other de                                     | ductions    | —        |
| 1. Description of debt-fi  | nanced property         |   |             | financed property  | (4)       | (attach schedule)  | (attach sch                                      |             |          |
| (1)  |                         |   |             |  |           |  |  |             |          |
| (2)  |                         |   |             |  |           |  |  |             | _        |
| (3)  |                         |   |             |  |           |  | -  |             |          |
| (4)  |                         |   |             |  |           |  |  |             |          |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)           | of or all<br>debt-finan | adjusted basis<br>llocable to<br>iced property<br>schedule) | 6.          | Column 4 divided<br>by column 5  |           | 7 Gross income<br>reportable (column<br>2 x column 6)                            | 8 Allocable<br>(column 6 x tot<br>3(a) and       | al of colum |          |
| (1)  |                         |   |             | %  | 1         |  |  |             | _        |
| (2)  |                         |   | 1           | %  |           |  |  |             |          |
| (3)  |                         |   |             | %  |           |  |  |             |          |
| (4)  | -                       |   |             | %  | 1         |  |  |             |          |
|  | •                       |   | <u> </u>    | ,,   |           | nter here and on page 1,<br>Part I, line 7, column (A)                           | Enter here and<br>Part I, line 7, c              |             | ,        |
| Totals   |                         |   |             | _  |           | 0.   |  |             | 0.       |
| Total dividends-received deductions  | ncluded in column       | 8   |             |  |           | <u> </u>   | <del>                                     </del> |             | 0.       |
| TOTAL GIFTGUINGS TOUCHTCU GCGGGGGGGGG  |                         |   |             |  |           |  | <u> </u>   | <u> </u>    | <u> </u> |

0.

0.

0

Form 990-T (2019)

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

ìi

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

| 1. Name of periodical       |   | 2. Gross<br>advertising<br>income                        | 3. Direct advertising costs                              | Advertising gain<br>or (loss) (col 2 minus<br>col 3) If a gain, compute<br>cols 5 through 7 | 5. Circulation income | 6. Readership costs | Excess readership<br>costs (column 6 minus<br>column 5, but not more<br>than column 4) |
|-----------------------------|---|--|--|---|-----------------------|---------------------|--|
| (1) AGENDA                  |   | 26,200.  | 40,163.  | -13,963.  |                       |                     |  |
| (2)                         |   |  |  |   |                       |                     |  |
| (3)                         |   |  |  |   |                       |                     |  |
| (4)                         | Î |  |  |   |                       |                     | -  |
| Totals from Part I          | • | 0.   | 0.   | ,   |                       | * 1 , * 3,          | 0 .  |
|                             |   | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |   |                       |                     | Enter here and<br>on page 1,<br>Part II, line 26                                       |
| Totals, Part II (lines 1-5) | ▶ | 26,200.  | 40,163.  | t   | · 4                   |                     | 0  |

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)   |          | %                                      |   |
| (2)   |          | %                                      |   |
| (3)   |          | %                                      |   |
| (4)   |          | %                                      |   |
| Total. Enter here and on page 1, Part II, line 14 |          | <b></b>                                | 0.  |

Form 990-T (2019)

## SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

OMB No. 1545-0047

1

ENTITY

Department of the Treasury Internal Revenue Service ■ 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

**Employer identification number** Name of the organization GEORGIA SCHOOL BOARDS ASSOCIATION, INC. 58-1077259 Unrelated Business Activity Code (see instructions) 531120 ▶ NON-EXEMPT AFFILIATE MGMT & SUPPORT SERVICES Describe the unrelated trade or business Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled 55,854. 69,373. 13,519. organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule) 12 69,373. 854 Total, Combine lines 3 through 12 13 55 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 20 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21 21b 22 Depletion 22 23 Contributions to deferred compensation plans 23

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

13,519.

24

25

26

27

28

29

30

instructions)

24

25

26

27

28

29

30

| 1. Name of periodical               | 2. Gross<br>advertising<br>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)                                 |                                   |                             |   |                       |                     |  |
| (4)                                 |                                   |                             |   |                       |                     |  |
| Totals (carry to Part II, line (5)) | <u> </u>                          |                             |   |                       |                     |  |

| FORM 990-T (M)  | STATEMENT 1           |                    |   |         |
|---|-----------------------|--------------------|---|---------|
| DESCRIPTION   |                       | ACTIVITY<br>NUMBER | AMOUNT  | TOTAL   |
| EQUIPMENT RENTAL BUILDING REPAIRS UTILITIES PROPERTY TAX DEPRECIATION | AND MAINTENANCE       |                    | 4,460.<br>6,595.<br>5,785.<br>4,875.<br>20,858. |         |
| INSURANCE EXPENSE   | - SUBTOTAL            | - 1                | 13,281.   | 55,854. |
| TOTAL OF FORM 990   | -T, SCHEDULE F, COLUM | N 11               |   | 55,854. |