

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning, 2004, and ending, 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: EASTERN CATAWBA COOPERATIVE; D Employer identification number: 56-0946753; E Telephone number: (828) 465-1702; F Accounting method: Cash

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

- H(a) Is this a group return for affiliates? Yes No; H(b) If "Yes," enter number of affiliates; H(c) Are all affiliates included?; H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website

J Organization type (check only one): 501(c)(3)

K Check here: if the organization's gross receipts are normally not more than \$25,000

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 345,819

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with 21 rows and columns for revenue, expenses, and net assets. Includes sub-rows for direct/indirect public support, program service revenue, membership dues, interest on savings, dividends, gross rents, net rental income, other investment income, gross amount from sales of assets, net gain or loss, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning/end of year.

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SCANNED JUN 20 2005

**Part I Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule) . . . . .	23	93,558	93,558		
24	Benefits paid to or for members (attach schedule) . . . . .	24				
25	Compensation of officers, directors, etc . . . . .	25				
26	Other salaries and wages . . . . .	26	99,661	65,716	33,945	
27	Pension plan contributions . . . . .	27				
28	Other employee benefits . . . . .	28				
29	Payroll taxes . . . . .	29	7,796	5,199	2,597	
30	Professional fundraising fees . . . . .	30	25,463		25,463	
31	Accounting fees . . . . .	31	3,830	3,830		
32	Legal fees . . . . .	32				
33	Supplies . . . . .	33				
34	Telephone . . . . .	34	1,708	1,708		
35	Postage and shipping . . . . .	35	754	754		
36	Occupancy . . . . .	36				
37	Equipment rental and maintenance . . . . .	37	1,185	1,185		
38	Printing and publications . . . . .	38				
39	Travel . . . . .	39	1,200	1,200		
40	Conferences, conventions, and meetings . . . . .	40	6	6		
41	Interest . . . . .	41				
42	Depreciation, depletion, etc (attach schedule) . . . . .	42				
43	Other expenses not covered above (itemize) a OTHER	43a	17,191	17,191		
b		43b				
c		43c				
d		43d				
e		43e				
44	<b>Total functional expenses</b> (add lines 22 through 43) <b>Organizations</b> completing columns (B)-(D), carry these totals to lines 13-15 . . . . .	44	252,352	190,347	36,542	25,463

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . . . .  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part II Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <b>AID THE NEEDY</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a SERVICE CENTER, FOOD DISTRIBUTION, CLOTHING  (Grants and allocations \$ 17,547 )	103,109
b CRISIS ASSISTANCE, UTILITY PAYMENTS, RENT ASSISTANCE MEDICINE, BLOOD PRESSURE CHECKS, LEGAL AID AND ADULT BASIC EDUCATION  (Grants and allocations \$ 14,123 )	87,238
c	
d	
e Other program services (attach schedule) (Grants and allocations \$ _____ )	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	190,347

**Part IV Balance Sheets** (See page 25 of the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
45	Cash - non-interest-bearing	128,061	45	111,876
46	Savings and temporary cash investments	24,591	46	120,357
47 a	Accounts receivable		47a	
b	Less allowance for doubtful accounts		47b	47c
48 a	Pledges receivable		48a	
b	Less allowance for doubtful accounts		48b	48c
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
A	51 a Other notes and loans receivable (attach schedule)		51a	
s	b Less allowance for doubtful accounts		51b	51c
s	52 Inventories for sale or use		52	
e	53 Prepaid expenses and deferred charges		53	
t	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
s	55 a Investments - land, buildings, and equipment basis	20,607	55a	
	b Less accumulated depreciation (attach schedule)	9,233	55b	55c 20,607
	56 Investments - other (attach schedule)		56	
	57 a Land, buildings, and equipment basis		57a	
	b Less accumulated depreciation (attach schedule)		57b	57c
	58 Other assets (describe <b>NC COMMUNITY FOUNDATION</b> )	7,681	58	8,802
	59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	169,566	59	261,642
L	60 Accounts payable and accrued expenses	2,258	60	2,699
i	61 Grants payable		61	
a	62 Deferred revenue		62	
b	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
i	64 a Tax-exempt bond liabilities (attach schedule)		64a	
t	b Mortgages and other notes payable (attach schedule)		64b	
i	65 Other liabilities (describe)		65	
e	66 <b>Total liabilities</b> (add lines 60 through 65)	2,258	66	2,699
s	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
N	67 Unrestricted	103,131	67	29,988
F	68 Temporarily restricted	64,178	68	228,955
e	69 Permanently restricted		69	
d	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
A	70 Capital stock, trust principal, or current funds		70	
s	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
B	72 Retained earnings, endowment, accumulated income, or other funds		72	
s	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	167,309	73	258,943
a	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	169,567	74	261,642

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part III Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	
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 organization? . . . . .	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures See line 81 instructions . . . . .	81a	
b	Did the organization file Form 1120-POL for this year? . . . . .	81b	X
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	X
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) . . . . .	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . 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	85b	
c	Dues, assessments, and similar amounts from members . . . . .	85c	
d	Section 162(e) lobbying and political expenditures . . . . .	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	
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	
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	
87	501(c)(12) orgs Enter: a Gross income from members or shareholders . . . . .	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	87b	
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	X
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/>		
90a	List the states with which a copy of this return is filed <input type="checkbox"/>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) . . . . .	90b	7
91	The books are in care of <input type="checkbox"/> <u>SHERRILL ACCT SERVICE</u> Telephone no <input type="checkbox"/> <u>828-464-4818</u> Located at <input type="checkbox"/> <u>19-B EAST A ST NEWTON NC</u> ZIP + 4 <input type="checkbox"/> <u>28658-0492</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/>	92	

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					2,335
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					3,000
101 Net income or (loss) from special events . . . . .					7,804
102 Gross profit or (loss) from sales of inventory . . . . .					20,450
103 Other revenue a _____					
b <b>GAIN ON LONG TERM INVEST</b>					106
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .					33,695
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					33,695

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
95	ALL INCOME IN 95 103-B, 100, 101, 102 WAS USED IN THE PURPOSES OF
103B	THE ORGANIZATION TO AID IN FOOD, CLOTHING, MEDICAL, AND HOUSING
100-	EXPENSE EMERGENCIES AS OUTLINED BY THE MEMBER CHURCHES OF THE
102	ORGANIZATION

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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 officer) is based on all information of which preparer has any knowledge.

Please Sign Here: *Tommy E. Beanton* Signature of officer Date: 5/5/05  
**Tommy E. Beanton - Executive Director**

Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
05-03-2005		P00057517
NG SERVICE	EIN	56-2116483



**Part III** Statements About Activities (See page 2 of the instructions)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property? . . . . .	2a	X
b	Lending of money or other extension of credit? . . . . .	2b	X
c	Furnishing of goods, services, or facilities? . . . . .	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
e	Transfer of any part of its income or assets? . . . . .	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	3a	X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii). (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **00B**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions )

Part IVA Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

Table for lines 26a-f: Organizations described on lines 10 or 11. Includes sub-rows for 26a (Enter 2% of amount in column (e), line 24), 26b (Prepare a list for your records to show the name of and amount contributed by each person), 26c (Total support for section 509(a)(1) test), 26d (Add Amounts from column (e) for lines 18, 19, 22), 26e (Public support (line 26c minus line 26d total)), 26f (Public support percentage (line 26e (numerator) divided by line 26c (denominator))).

Table for lines 27a-h: Organizations described on line 12. Includes sub-rows for 27a (For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person"), 27b (For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000), 27c (Add Amounts from column (e) for lines 15, 16, 17, 20, 21), 27d (Add Line 27a total and line 27b total), 27e (Public support (line 27c total minus line 27d total)), 27f (Total support for section 509(a)(2) test Enter amount from line 23, column (e)), 27g (Public support percentage (line 27e (numerator) divided by line 27f (denominator))), 27h (Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

M 4-6

Name as shown on Return

EASTERN CATAWBA COOPERATIVE

Employer identification number

56-0946753

## DIRECT SUPPORT 1A

## DESCRIPTION

## AMOUNT

TOTAL: 310,291

## LINE 23 SPECIFIC ASSISTANCE

## DESCRIPTION

## AMOUNT

FOOD FOR THE NEEDY.....	32,708
UTILITIES AND RENT FOR THE NEEDY.....	18,428
PHARMACY ASSISTANCE.....	4,891
HEATING AND COOLING ASSISTANCE THROUGH DUKE POWER GRANT..	19,179
ABE TRAINING FOR THE UN-EDUCATED.....	12
HOUSING ASSISTANCE THROUGH FFTC.....	973
FEMA ASSITANCE FOR FOOD FOR THE NEEDY.....	17,367
TOTAL:	93,558

## PROFESSIONAL FUND RAISING FEES AND EXPENSES

## DESCRIPTION

## AMOUNT

CAPITAL CAMPAIGN POSTAGE.....	598
CAPITAL CAMPAIGN OFFICE EXPENSE.....	687
CAPITAL CAMPAIGN ADVERTISING.....	5,208
CAPITAL CAMPAIGN CONSULTANT FEES.....	18,800
CAPITAL CAMPAIGN EVENT EXPENSES.....	170
TOTAL:	25,463

Name as shown on Return

EASTERN CATAWBA COOPERATIVE

Employer identification number

56-0946753

## OTHER EXPENSE 43A

DESCRIPTION	AMOUNT
CROP WALK EXPENSE.....	35
GENERAL INSURANCE.....	4,796
OFFICE SUPPLIES.....	1,973
UTILITIES.....	3,749
BUILDING MAINTENANCE.....	2,012
DUES AND SUBSCRIPTIONS.....	952
EQUIPMENT REPAIRS.....	478
VOLUNTEER EXPENSES.....	272
LICENSES AND TAXES.....	1,161
BANK SERVICE CHARGES.....	121
INTERNET EXPENSE.....	871
AUTO EXPENSES FOR DELIVERY VEHICLES.....	771
TOTAL:	<u>17,191</u>