

2015

California Exempt Organization Business Income Tax Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 07/01/2015, and ending (mm/dd/yyyy) 06/30/2016

Corporation/Organization name STUDENT UNION, INC. OF SAN JOSE STATE UNIVERSITY California corporation number 1105403

Additional information. See instructions. FEIN 94-2830732

Street address (suite/room no.) ONE WASHINGTON SQUARE PMB no.

City (If the corporation has a foreign address, see instructions.) SAN JOSE State CA ZIP code 95192-0201

Foreign country name Foreign province/state/county Foreign postal code

- A First Return Filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized Enter date (mm/dd/yyyy)
- E Amended Return Yes No
- F Accounting Method Used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business RENTAL
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K Unrelated Business Activity (UBA) Code 532000
- L Is this a Hospital? Yes No If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	1	-175,853.00
	2	Mult. In 1 by the avg. apport. pctg % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	2	00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	3	-175,853.00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	4	00
	5	Unrelated business taxable income from line 3 or line 4	5	-175,853.00
	6	Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	6	00
	7	Net Operating Loss deduction. See General Information N	7	00
	8	Add line 6 and line 7	8	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	9	-175,853.00
	10	Tax 8.84 % x line 9. See General Information J	10	00
	11	a New employment credit, amount generated. a) 11 b) Amount claimed	11b	00
Total Tax	12	Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-	12	00
	13	Alternative minimum tax. See General Information O	13	00
	14	Total tax. Add line 12 and line 13	14	0.00
	Payments	15	Overpayment from a prior year allowed as a credit	15
16		2015 estimated tax payments. See instructions	16	00
17		Withholding (Form 592-B and/or 593.) See instructions	17	00
18		Amount paid with extension (form FTB 3539)	18	00
19		Total payments and credits. Add line 15 through line 18	19	00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	20	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	21	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	22	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23	00
	24	Overpayment. Subtract line 14 from line 21. See instructions	24	00
	25	Enter amount of line 24 to be applied to 2016 estimated tax	25	00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M	27	00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c	00
2 Cost of goods sold and/or operations (Schedule A, line 7)			2	00
3 Gross profit. Subtract line 2 from line 1c			3	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	00
b Net gain (loss) from Part II, Schedule D-1			4b	00
c Capital loss deduction for trusts			4c	00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5	00
6 Rental income (Schedule G)			6	-179,053.00
7 Unrelated debt-financed income (Schedule D)			7	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	00
10 Exploited exempt activity income (Schedule G)			10	00
11 Advertising income (Schedule H, Part III, Column A)			11	3,200.00
12 Other income. Attach schedule			12	00
13 Total unrelated trade or business income. Add line 3 through line 12			13	-175,853.00

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

14 Compensation of officers, directors, and trustees from Schedule I	14	00
15 Salaries and wages	15	00
16 Repairs	16	00
17 Bad debts	17	00
18 Interest	18	00
19 Taxes	19	00
20 Contributions	20	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00
b Less: depreciation claimed on Schedule A	21b	00
22 Depletion	22	00
23 a Contributions to deferred compensation plans	23a	00
b Employee benefit programs	23b	00
24 Other deductions	24	00
25 Total deductions. Add line 14 through line 24	25	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	-175,853.00
27 Excess advertising costs (Schedule H, Part III, Column B)	27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	-175,853.00
29 Specific deduction	29	1,000.00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	-175,853.00

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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.

Sign Here	Signature of officer	Title ASSOCIATE DIRECTOR	Date MAY 11 2017	Telephone 408-924-6315
	Preparer's signature		Check if self-employed <input type="checkbox"/>	PTIN P00187374
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address			FEIN 42-0714325
				Telephone 360-754-7244
	May the FTB discuss this return with the preparer shown above? See instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)	N/A	
1 Inventory at beginning of year	1	00
2 Purchases	2	00
3 Cost of labor	3	00
4 a Additional IRC Section 263A costs. Attach schedule	4a	00
b Other costs. Attach schedule	4b	00
5 Total. Add line 1 through line 4b	5	00
6 Inventory at end of year	6	00
7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00
Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Schedule B Tax Credits. Do not claim the New Employment Credit on Schedule B.

1 Enter credit name	code	1	00
2 Enter credit name	code	2	00
3 Enter credit name	code	3	00
4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Employment Credit, on line 4. Enter here and on Side 1, line 11c		4	00

Schedule K Add-On Taxes or Recapture of Tax.

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
b Method for non-dealer installment obligations	2b	00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4 Credit recapture. Credit name	4	00
5 Total. Combine the amounts on line 1 through line 4	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
STATEMENT 11		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected SEE STATEMENT 12	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property	(c) Net income includible, column 5(a) less column 5(b)

columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 **-179,053.**

Schedule D Unrelated Debt-Financed Income

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	(b) Other deductions	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	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					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss)	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					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
SPONSORSHIP	3,200.	0.				
Totals	3,200.		3,200.			

Part II Income from Periodicals Reported on a Separate Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.

Part III Column A - Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, column 4 or 7
CONSOLIDATED PERIODICAL	3,200.
Enter total here and on Side 2, Part I, line 11	3,200.

Part III Column B - Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (mm/dd/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

FORM 109 SCHEDULE C - RENTAL INCOME FROM REAL PROPERTY AND STATEMENT 11
 PERSONAL PROPERTY LEASED WITH REAL PROPERTY

1 DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	2 RENT RECEIVED	3 PCT ATTRIBUTABLE TO PERSONAL PROP
ROOM RENTAL/AV	1	18,976.	100.00%

4A DEDUCTIONS	4B INCOME	5A GROSS INCOME	5B DEDUCTIONS	5C NET INCOME
	18,976.			

1 DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	2 RENT RECEIVED	3 PCT ATTRIBUTABLE TO PERSONAL PROP
AQUATIC CENTER	2	67,759.	100.00%

4A DEDUCTIONS	4B INCOME	5A GROSS INCOME	5B DEDUCTIONS	5C NET INCOME
256,597.	-188,838.			

1 DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	2 RENT RECEIVED	3 PCT ATTRIBUTABLE TO PERSONAL PROP
SPORT CLUB	3	32,019.	100.00%

4A DEDUCTIONS	4B INCOME	5A GROSS INCOME	5B DEDUCTIONS	5C NET INCOME
184,467.	-152,448.			

1 DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	2 RENT RECEIVED	3 PCT ATTRIBUTABLE TO PERSONAL PROP
TM/ECBO	4	35,909.	100.00%

4A DEDUCTIONS	4B INCOME	5A GROSS INCOME	5B DEDUCTIONS	5C NET INCOME
122,830.	-86,921.			

1	ACTIVITY	2	3
DESCRIPTION OF PROPERTY	NUMBER	RENT RECEIVED	PCT ATTRIBUTABLE TO PERSONAL PROP
ARENA INCOME	5	656,118.	100.00%

4A	4B	5A	5B	5C
DEDUCTIONS	INCOME	GROSS INCOME	DEDUCTIONS	NET INCOME
425,940.	230,178.			
989,834.	-179,053.			

TOTALS				
TOTAL TO FORM 109, SCHEDULE C (COL 4B + COL 5C)				-179,053.

FORM 109 DEDUCTIONS DIRECTLY CONNECTED WITH RENTAL PROPERTY STATEMENT 12

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
- SUBTOTAL -	3	256,597.	256,597.
- SUBTOTAL -	4	184,467.	184,467.
- SUBTOTAL -	5	122,830.	122,830.
- SUBTOTAL -	6	425,940.	425,940.
TOTAL TO FORM 109, SCHEDULE C, LINE 4A			989,834.

**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name STATE UNIVERSITY STUDENT UNION, INC. OF SAN JOSE	California corporation number 1105403
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input type="radio"/> C Corporation <input checked="" type="radio"/> S Corporation <input checked="" type="radio"/> Exempt Organization <input type="radio"/> Limited liability company (electing to be taxed as a corporation)	FEIN 94-2830732

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	175,853.00
2 2015 disaster loss included in line 1. Enter as a positive number	2	00
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	175,853.00
4 a Enter the amount of the loss incurred by a new business included in line 3	4a	00
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b	00
c Add line 4a and line 4b	4c	00
5 General NOL. Subtract line 4c from line 3	5	175,853.00
6 Current Year NOL. Add line 2, line 4c, and line 5. See instructions	<input checked="" type="radio"/> 6	175,853.00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2013 and/or 2014, complete

Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7 2015 NOL carryback used to offset 2013 net income. Enter the amount from Part III, line 3, column (e)	<input checked="" type="radio"/> 7	00
8 2015 NOL carryback used to offset 2014 net income. Enter the amount from Part III, line 3, column (g)	<input checked="" type="radio"/> 8	00
9 2015 NOL carryover to 2016. Add line 7 and line 8, then subtract the result from line 6. See instructions.	<input checked="" type="radio"/> 9	175,853.00

Election to waive carryback

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2015 NOL under IRC Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's **irrevocable**. See instructions. Continue with Part II, NOL carryover and disaster loss carryover limitations. **Do not** complete Part III, NOL carryback.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	<input checked="" type="radio"/>	(g) Available balance	0.
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Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2014	(f) Amount used in 2015	(h) Carryover to 2016 col. (e) - col. (f)
2	<input checked="" type="radio"/>			<input checked="" type="radio"/>		<input checked="" type="radio"/>
	<input checked="" type="radio"/>		SEE STATEMENT 13			<input checked="" type="radio"/>
	<input checked="" type="radio"/>			<input checked="" type="radio"/>		<input checked="" type="radio"/>
	<input checked="" type="radio"/>			<input checked="" type="radio"/>		<input checked="" type="radio"/>

Current Year NOLs

3	Year	Type of NOL	Initial loss	Amount used	Carryover to 2016	col. (d) - col. (f) See instructions.
3	2015	DIS				
4	2015	GEN	175,853.			175,853.
	2015					
	2015					
	2015					

Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III NOL carryback

1 2013 Net income - Enter the amount from 2013 Form 100, line 23; Form 100W, line 23; Form 100S line 21; or taxable income from Form 109, line 9; (but not less than -0-)

2 2014 Net income - Enter the amount from 2014 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-)

(a) Year of Loss	(b) Code - See Instructions	(c) Type of NOL - See below*	(d) Initial loss - See Instructions	2013		2014		(i) Carryover to 2016 col. (d) - (col. (e) + col. (g))
				(e) Carryback used - See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used - See instructions	(h) After carryback col. (f) minus col. (g)	
3 2015				0				
2015								
2015								
2015								
2015								

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

Part IV 2015 NOL deduction

1 Total the amounts in Part II, line 2, column (f) 1 00

2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 00

3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 3 00

FORM 3805Q

PRIOR YEAR NOLS

STATEMENT 13

(A) YEAR	(B) CODE (D) LOSS	(C)TYPE OF NOL (E)C/O AMOUNT	(F) AMOUNT USED IN CURRENT YEAR	(G)AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR
2006		GEN			
	235,779.	235,779.	0.	0.	235,779.
2007		GEN			
	216,676.	216,676.	0.	0.	216,676.
2008		GEN			
	157,508.	157,508.	0.	0.	157,508.
2009		GEN			
	219,267.	219,267.	0.	0.	219,267.
2010		GEN			
	338,776.	338,776.	0.	0.	338,776.
2011		GEN			
	329,986.	329,986.	0.	0.	329,986.
2012		GEN			
	220,140.	220,140.	0.	0.	220,140.
2013		GEN			
	124,648.	124,648.	0.	0.	124,648.
2014		GEN			
	34,636.	34,636.	0.	0.	34,636.
TOTALS		1,877,416.	0.		1,877,416.