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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)

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

A For the 2007 calendar year, or tax year beginning 1/22/08, and ending 6/30/08

B Check if applicable

 Address change Name change Initial return Termination Amended return Application pending

C Name of organization

SC EMERGENCY MEDICAL SERVICES
ASSOCIATION

D Employer identification number

26-1648298

E Telephone number

843-200-7016

F Accounting method.

 Cash Accrual Other (specify)

See Specific Instructions

Number and street (or P O box if mail is not delivered to street address)

P O BOX 378

Room/suite

City or town, state or country, and ZIP + 4

LEXINGTON

SC 29071-0378

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

G Website: ▲ NONE

J Organization type

(check only one) ► 501(c) (6) ▲ (insert no) 4947(a)(1) or 527K Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 101,676

H and I are not applicable to section 527 organizations

 Yes No

H(a) Is this a group return for affiliates?

 Yes No

H(b) If "Yes," enter number of affiliates ►

 Yes No

H(c) Are all affiliates included? (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling?

 Yes No

I Group Exemption Number ►

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1a		SEE STATEMENT 1
	a Contributions to donor advised funds	1b		
	b Direct public support (not included on line 1a)	1c		
	c Indirect public support (not included on line 1a)	1d	1,657	
	d Government contributions (grants) (not included on line 1a)			
	e Total (add lines 1a through 1d) (cash \$ 1,657 noncash \$)	1e	1,657	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3	93,606	
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less rental expenses	6b		
c Net rental income or (loss) Subtract line 6b from line 6a				
7 Other investment income (describe ►)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8d	
b Less cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8c			
9 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>				
a Gross revenue (not including \$ of contributions reported on line 1b)	9a	6,413		
b Less direct expenses other than fundraising expenses	9b	3,025		
c Net income or (loss) from special events Subtract line 9b from line 9a	9c	3,388		
10a Gross sales of inventory, less returns and allowances	10a		10c	
b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a				
11 Other revenue (from Part VII, line 103)	11		12	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	98,651		
Expenses	13 Program services (from line 44, column (B))	13		
	14 Management and general (from line 44, column (C))	14		
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17	79,806	
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18	18,845	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	18,845	

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Part II 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 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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a			
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40	3,000		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)	43a	76,806		
a SEE STATEMENT 2	43b			
b	43c			
c	43d			
d	43e			
e	43f			
f	43g			
g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	79,806	0	0

 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 III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose?

► SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

a CONDUCT MONTHLY ASSOCIATION MEETINGS TO SHARE AND DISSEMINATE INFORMATION, RECEIVE INPUT AND INFORMATION AND INTERACT WITH EMS AND OTHER MEDICAL SERVICE PROVIDERS AND PUBLIC SAFETY AGENCIES.

(Grants and allocations \$)

If this amount includes foreign grants, check here ►

b

(Grants and allocations \$)

If this amount includes foreign grants, check here ►

c

(Grants and allocations \$)

If this amount includes foreign grants, check here ►

d

(Grants and allocations \$)

If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$)

If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 0

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Assets	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			
	45 Cash—non-interest-bearing		45	18,845
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54a Investments—publicly-traded securities			54a
	b Investments—other securities (attach schedule)			54b
	55a Investments—land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments—other (attach schedule)			56
	57a Land, buildings, and equipment basis	57a		
	b Less accumulated depreciation (attach schedule)	57b		57c
	58 Other assets, including program-related investments (describe ►)			58
	59 Total assets (must equal line 74) Add lines 45 through 58)	0	59 18,845
Liabilities	60 Accounts payable and accrued expenses			60
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)			64b
	65 Other liabilities (describe ►))		65
	66 Total liabilities. Add lines 60 through 65		0	66 0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted			67 18,845
	68 Temporarily restricted			68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		0	73 18,845
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		0	74 18,845

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

N/A

a Total revenue, gains, and other support per audited financial statements
 b Amounts included on line a but not on Part I, line 12
 1 Net unrealized gains on investments
 2 Donated services and use of facilities
 3 Recoveries of prior year grants
 4 Other (specify)

b1	
b2	
b3	
b4	

b

c

c Subtract line b from line a
 d Amounts included on Part I, line 12, but not on line a:
 1 Investment expenses not included on Part I, line 6b
 2 Other (specify)

d1	
d2	

d

e

Add lines b1 through b4
 e Total revenue (Part I, line 12) Add lines c and d ►

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

N/A

a Total expenses and losses per audited financial statements
 b Amounts included on line a but not Part I, line 17
 1 Donated services and use of facilities
 2 Prior year adjustments reported on Part I, line 20
 3 Losses reported on Part I, line 20
 4 Other (specify)

b1	
b2	
b3	
b4	

b

c

c Subtract line b from line a
 d Amounts included on Part I, line 17, but not on line a:
 1 Investment expenses not included on Part I, line 6b
 2 Other (specify)

d1	
d2	

d

e

Add lines d1 and d2
 e Total expenses (Part I, line 17) Add lines c and d ►

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CHRIS COTHRAN 3201 LEAPHART RD	WEST COLUMBIA SC 29169	SECRETARY 3	0	0
CLIFF PARKER 6038 CHISOLM ROAD	JOHNS ISLAND SC 29455	TREASURER 4	0	0
MICHAEL D BURGIN PO BOX 1981	GEORGETOWN SC 29442	BOARD MEMBER 2	0	0
SCOTT LESIAK PO BOX 6	ANDERSON SC 29622	PRESIDENT 10	0	0
DEREK R KINNEY 109 PRINCESS COURT	GREENWOOD SC 29646	BOARD MEMBER 2	0	0
STEVE MCDADE PO BOX 1010	ABBEVILLE SC 29620	BOARD MEMBER 2	0	0
CHARLES STEWART 1314 WEST DARLINGTON STREET	FLORENCE SC 29501	BOARD MEMBER 2	0	0
LANNY BERNARD PO BOX 1809	LANCASTER SC 29721	BOARD MEMBER 2	0	0

Part VI Other Information (continued)

	Yes	No
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	
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	
85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
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		
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	
88a 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	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	89b	
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		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter Amount of tax on line 89c, above, reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a List the states with which a copy of this return is filed ► NONE	90b	0
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		
91a The books are in care of ► WENDY LEE P.O. BOX 378 Located at ► LEXINGTON, SC	Telephone no	843-200-7016
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	ZIP + 4	29071-0378
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
91b	Yes	No

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

 91c X

If "Yes," enter the name of the foreign country ►

92 · Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

► 92

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

Note: Enter gross amounts unless otherwise indicated

93 Program service revenue

a _____

b _____

c _____

d _____

e _____

f Medicare/Medicaid payments

g Fees and contracts from government agencies

	Unrelated business income		(D) Excluded by section 512, 513, or 514 Amount	(E) Related or exempt function income
	(A) Business code	(B) 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				93,606
95 Interest on savings and temporary cash investments				
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				
101 Net income or (loss) from special events				3,388
102 Gross profit or (loss) from sales of inventory				
103 Other revenue a				
b				
c				
d				
e				
104 Subtotal (add columns (B), (D), and (E))		0	0	96,994
105 Total (add line 104, columns (B), (D), and (E))				96,994

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)
94	ENABLING AND ENHANCING COMMUNICATION AND INFORMATION SHARING PROCESSES BETWEEN AGENCIES AND PROVIDERS AND POLITICAL BODIES THEREBY IMPROVING AWARENESS AND SERVICE DELIVERY.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

 Yes X No

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

Form 990 (2007)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please 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 officer) is based on all information of which preparer has any knowledge		
	Signature of officer <i>Wendy R. Lee</i>	Date <i>07-27-10</i>	
	Type or print name and title <i>WENDY R. LEE S.C. EMS Association - TREASURER</i>		
Paid Preparer's Use Only	Preparer's signature <i>Donald J. L.</i>	Date <i>7/19/10</i>	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See Gen Instr X) <i>P00736576</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>CLINE BRANDT KOCHENOWER & CO., P.A. 1225 W FLOYD BAKER BLVD GAFFNEY, SC 29341</i>	EIN <i>57-0846159</i>	Phone no <i>864-489-7121</i>

Form 990 (2007)

Form 990	Special Events Schedule	2007
For calendar year 2007, or tax year beginning <u>1/22/08</u> , and ending <u>6/30/08</u>		

Name	Employer Identification Number
SC EMERGENCY MEDICAL SERVICES ASSOCIATION	26-1648298

	(A)	(B)	(C)	Others	Total
Gross receipts	6,413	0	0	0	6,413
Less contributions	0	0	0	0	0
Gross revenue	6,413	0	0	0	6,413
Less direct expenses	3,025	0	0	0	3,025
Net income (loss)	3,388	0	0	0	3,388

Description (A) GOLF TOURNAMENT

(B) _____

(C) _____

Others

Federal Statements**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
	\$ 93,606
TOTAL	\$ <u>93,606</u>

Federal Statements**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$ 74,286	\$	\$	\$
LEGISLATIVE LAISON	1,017			
INSURANCE	5			
BANK CHARGES	975			
MEMBERSHIP FEES	400			
WEBSITE	123			
OFFICE SUPPLIES				
TOTAL	\$ 76,806	\$ 0	\$ 0	\$ 0

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**Description**

FOR THE PURPOSE OF INSURING THAT EMERGENCY MEDICAL SERVICES AGENCIES AND PROFESSIONALS ARE WELL INFORMED OF LAWS, REGULATIONS, POLICIES AND UPCOMING CHANGES IN THE DELIVERY AND OPERATION OF EMERGENCY MEDICAL SERVICES, TO FOCUS EFFORTS TO IMPROVE STATE REGULATIONS GOVERNING DELIVERY OF SERVICES, OPERATION OF LICENSED SERVICE PROVIDERS, PUBLIC AWARENESS OF ACCESS TO CARE, WORKING CONDITIONS AND BENEFITS, TO INCREASE THE STANDARD OF PATIENT CARE, TO PROVIDE UNIFORMITY IN THAT DELIVERY AND ACCESS TO CARE, AND ADVANCE SERVICE PROVIDER'S KNOWLEDGE, ACCESS TO INFORMATION AND COMMUNICATIONS OF THE INDUSTRY NEEDS TO POLITICAL BODIES.

Federal Statements

Form 990, Part I, Line 1d - Government Contributions

Description	Cash	Noncash	Total
TOTAL	\$ 1,657	\$ 0	\$ 1,657