FINANCIAL MANGEMENT ASSESSMENT

This assessment should be completed, signed and certified by the Applicant's Financial Officer.

	YES	NO
1. Have you previously done business with DOE?	☒	☐
2. Have you previously done business with any other Federal Agency?	☒	☐
If so, please identify: US Dept of Housing and Urban Development; US Dept of Justice; US Dept of Transportation; US Dept of Homeland Security		
3. Can the Applicant's Financial Officer or Independent Auditor certify that the Applicant has a financial management system sufficient to meet the requirements of 10 CFR 600.220? If yes, please skip to question #10 and sign/certify below.	☒	☐
4. Does your accounting system have the ability to track costs on a reimbursable basis?	☐	☐
5. Does your system allow for accurate, current and complete financial reporting, and record keeping as well as the maintaining of adequate source documentation?	☐	☐
6. Does your system allow for effective internal controls and accountability?	☐	☐
7. Does your system allow for effective and efficient cash management procedures?	☐	☐
8. Does your system prohibit subaward at any tier to any party which is debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs?	☐	☐
9. The expenditure of $500,000 or more of Federal funds in a fiscal year requires an organization to have an audit performed in accordance with OMB Circular A-133. Has your organization had such an audit performed?	☒	☐
10. If yes, please provide the most recent report or a copy of the SF-SAC forms filed with the Federal Audit Clearinghouse. If no, proceed to the next statement and certify by checking the YES block.		
I understand the audit requirements and will comply with the provisions of OMB Circular A-133.	☐	☐

Lori Lee, Accounting Manager, 651-266-8822 — 6/16/09

PRINTED NAME, TITLE AND PHONE NUMBER OF INDIVIDUAL COMPLETING FORM — DATE

By signing this form, the above individual certifies that the responses provided to this survey are accurate as of the date.

If "NO" has been selected for any of the statements above, please provide further explanation on page 2.

INTERNET REPORT ID: 286110 VERSION: 1 | F 8/19/2008 OMB No. 0348-0057

FORM **SF-SAC** (5-2004)

U.S. DEPT. OF COMM. – Econ. and Stat. Admin. – U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
OFFICE OF MANAGEMENT AND BUDGET

Data Collection Form for Reporting on AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS for Fiscal Year Ending Dates in 2004, 2005, or 2006

Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

RETURN TO Federal Audit Clearinghouse
1201 E. 10th Street
Jeffersonville, IN 47132

PART I GENERAL INFORMATION *(To be completed by auditee, except for Items 4 and 7)*

1. Fiscal period ending date for this submission
Month 12 / Day 31 / Year 2007
Fiscal Period End Dates Must Be In 2004, 2005, or 2006

2. Type of Circular A-133 audit
1 [X] Single audit 2 [ ] Program-specific audit

3. Audit period covered
1 [X] Annual 2 [ ] Biennial 3 [ ] Other – [ ] Months

4. FEDERAL GOVERNMENT USE ONLY Date received by Federal cleannghouse

5. Auditee Identification Numbers

a. Primary Employer Identification Number (EIN)
41 – 6055521

b. Are multiple EINs covered in this report? 1 [ ] Yes 2 [X] No

c. If Part I, Item 5b = "Yes," complete Part I, Item 5c on the continuation sheet on Page 4.

d. Data Universal Numbering System (DUNS) Number
16 – 257 – 3344

e. Are multiple DUNS covered in this report? 1 [ ] Yes 2 [X] No

f. If Part I, Item 5e = "Yes," complete Part I, Item 5f on the continuation sheet on Page 4.

6. AUDITEE INFORMATION

a. Auditee name
CITY OF SAINT PAUL, MINNESOTA

b. Auditee address *(Number and street)*
700 CITY HALL; 15 WEST KELLOGG BOULEVARD

City
SAINT PAUL

State MN ZIP + 4 Code 55102 – 1621

c. Auditee contact
Name
LORI LEE

Title
ACCOUNTANT V

d. Auditee contact telephone
(651) 266 – 8822

e. Auditee contact FAX
(651) 266 – 8840

f. Auditee contact E-mail
LORI.LEE@CI.STPAUL.MN.US

g. AUDITEE CERTIFICATION STATEMENT – This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in **Parts I, II,** and **III** of this data collection form is accurate and complete. I declare that the foregoing is true and correct.

Signature of certifying official [signature] Date Month 08 / Day 20 / Year 2008

Printed Name of certifying official
Margaret Kelly

Printed Title of certifying official
Director, Office of Financial Services

7. AUDITOR INFORMATION *(To be completed by auditor)*

a. Auditor name
OFFICE OF THE STATE AUDITOR

b. Auditor address *(Number and street)*
SUITE 500; 525 PARK STREET

City
SAINT PAUL

State MN ZIP + 4 Code 55103 – 2139

c. Auditor contact
Name
REBECCA OTTO

Title
STATE AUDITOR

d. Auditor contact telephone
(651) 296 – 2551

e. Auditor contact FAX
(651) 296 – 5905

f. Auditor contact E-mail
STATE.AUDITOR@STATE.MN.US

g. AUDITOR STATEMENT – The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 7, 8, and 9a-9f, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and **is not a substitute** for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in **Parts II** and **III** of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.

Signature of auditor Date Month / Day / Year

PART II FINANCIAL STATEMENTS *(To be completed by auditor)*

1. Type of audit report
   Mark either: 1 [X] Unqualified opinion **OR**
   any combination of: 2 [ ] Qualified opinion 3 [ ] Adverse opinion 4 [ ] Disclaimer of opinion

2. Is a "going concern" explanatory paragraph included in the audit report? 1 [ ] Yes 2 [X] No

3. Is a reportable condition disclosed? 1 [X] Yes 2 [ ] No – *SKIP to Item 5*

4. Is any reportable condition reported as a material weakness? 1 [X] Yes 2 [ ] No

5. Is a material noncompliance disclosed? 1 [ ] Yes 2 [X] No

PART III FEDERAL PROGRAMS *(To be completed by auditor)*

1. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending $500,000 or more in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA Audit Guide, Chapter 12) 1 [X] Yes 2 [ ] No

2. What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 §___ .520(b)) $ 535,546

3. Did the auditee qualify as a low-risk auditee? (§___ .530) 1 [X] Yes 2 [ ] No

4. Is a reportable condition disclosed for any major program? (§ ___ .510(a)(1)) 1 [X] Yes 2 [ ] No –*SKIP to Item 6*

5. Is any reportable condition reported as a material weakness? (§ ___ .510(a)(1)) 1 [ ] Yes 2 [X] No

6. Are any known questioned costs reported? (§ ___ .510(a)(3) or (4)) 1 [ ] Yes 2 [X] No

7. Were Prior Audit Findings related to **direct** funding shown in the Summary Schedule of Prior Audit Findings? (§___.315(b)) 1 [ ] Yes 2 [X] No

8. Indicate which **Federal** agency(ies) have current year audit findings related to **direct** funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to **direct** funding. *(Mark (X) all that apply or None)*

- 98 [ ] U.S. Agency for International Development
- 10 [ ] Agriculture
- 23 [ ] Appalachian Regional Commission
- 11 [ ] Commerce
- 94 [ ] Corporation for National and Community Service
- 12 [ ] Defense
- 84 [ ] Education
- 81 [ ] Energy
- 66 [ ] Environmental Protection Agency
- 83 [ ] Federal Emergency Management Agency
- 39 [ ] General Services Administration
- 93 [ ] Health and Human Services
- 97 [ ] Homeland Security
- 14 [ ] Housing and Urban Development
- 03 [ ] Institute of Museum and Library Services
- 15 [ ] Interior
- 16 [ ] Justice
- 17 [ ] Labor
- 09 [ ] Legal Services Corporation
- 43 [ ] National Aeronautics and Space Administration
- 89 [ ] National Archives and Records Administration
- 05 [ ] National Endowment for the Arts
- 06 [ ] National Endowment for the Humanities
- 47 [ ] National Science Foundation
- 07 [ ] Office of National Drug Control Policy
- 59 [ ] Small Business Administration
- 96 [ ] Social Security Administration
- 19 [ ] U.S. Department of State
- 20 [ ] Transportation
- 21 [ ] Treasury
- 82 [ ] United States Information Agency
- 64 [ ] Veterans Affairs
- 00 [X] **None**
- [ ] Other – *Specify:*

Each agency identified is required to receive a copy of the reporting package.

In addition, one copy each of the reporting package is required for:

- the Federal Audit Clearinghouse archives . . . . . [X]
- and, if not marked above, the Federal cognizant agency . . . . . [ ]

Count total number of boxes marked above and submit this number of reporting packages 1

FORM SF-SAC (5-2004)

PART III FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR / 10. AUDIT FINDINGS

CFDA Number: Federal Agency Prefix[1] (a)	CFDA Number: Extension[2] (b)	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program: Major program (g)	Major program: If yes, type of audit report[3] (h)	Type(s) of compliance requirement(s)[4] (a)	Audit finding reference number(s)[5] (b)
1 1	.300	1 ☐ Yes 2 ☒ No	INVESTMENTS FOR PUBLIC WORKS AND ECONOMIC DEVELOPMENT FACILITIES	$ 301,193 .00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
1 4	.218	1 ☐ Yes 2 ☒ No	COMMUNITY DEVELOPMENT BLOCK GRANTS/ENTITLEMENT GRANTS	$ 10,741,311 .00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
1 4	.231	1 ☐ Yes 2 ☒ No	EMERGENCY SHELTER GRANTS PROGRAM	$ 241,166 .00	1 ☒ Yes 2 ☐ No	1 ☒ Yes 2 ☐ No	U	O	N/A
1 4	.246	1 ☐ Yes 2 ☒ No	COMMUNITY DEVELPOMENT BLOCK GRANTS/BROWNFIELDS ECON. DEV. (BEDI; SEC. 108)	$ 419,321 .00	1 ☒ Yes 2 ☐ No	1 ☒ Yes 2 ☐ No	U	O	N/A
1 5	.921	1 ☐ Yes 2 ☒ No	RIVERS,TRAILS AND CONSERVATION ASSISTANCE	$ 97,000 .00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
1 6	.320	1 ☐ Yes 2 ☒ No	SERVICES FOR TRAFFICKING VICTIMS	$ 163,567 .00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
1 6	.523	1 ☐ Yes 2 ☒ No	JUVENILE ACCOUNTABILITY BLOCK GRANTS	$ 9,515 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
1 6	.541	1 ☐ Yes 2 ☒ No	PART E. - DEVELOPING, TESTING AND DEMO. PROMISING NEW PROG.	$ 7,500 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
1 6	.543	1 ☐ Yes 2 ☒ No	MISSING CHILDRENS ASSISTANCE - INTERNET CRIMES AGAINST CHILDREN	$ 305,418 .00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
1 6	.548	1 ☐ Yes 2 ☒ No	TITLE V - DELINQUENCY PREVENTION PROGRAM	$ 60,000 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
TOTAL FEDERAL AWARDS EXPENDED →				$ 17,851,536 .00					

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS

[1] See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

[2] Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. *(See Instructions)*

[3] If major program is marked "Yes," enter only one letter (**U** = Unqualified opinion, **Q** = Qualified opinion, **A** = Adverse opinion, **D** = Disclaimer of opinion) corresponding to the type of audit report in the adjacent box. If major program is marked "No," leave the type of audit report box blank.

[4] Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under §___ .510(a)) reported for each Federal program.

A. Activities allowed or unallowed
B. Allowable costs/cost principles
C. Cash management
D. Davis – Bacon Act
E. Eligibility
F. Equipment and real property management
G. Matching, level of effort, earmarking
H. Period of availability of Federal funds
I. Procurement and suspension and debarment
J. Program income
K. Real property acquisition and relocation assistance
L. Reporting
M. Subrecipient monitoring
N. Special tests and provisions
O. None
P. Other

[5] N/A for NONE

FORM SF-SAC (5-2004)

PART III FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR — **10.** AUDIT FINDINGS

CFDA Number: Federal Agency Prefix[1] (a)	CFDA Number: Extension[2] (b)	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program: Major program (g)	Major program: If yes, type of audit report[3] (h)	Type(s) of compliance requirement(s)[4] (a)	Audit finding reference number(s)[5] (b)
16	.579	1 ☐ Yes 2 ☒ No	EDWARD BYRNE MEMORIAL FORMULA GRANT PROGRAM - HEALING INITIATIVE	$ 65,919.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
16	.590	1 ☐ Yes 2 ☒ No	GRANTS TO ENCOURAGE ARREST POLICIES AND ENFORCEMENT OF PROTECTION ORDERS	$ 168,891.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
16	.710	1 ☐ Yes 2 ☒ No	PUBLIC SAFETY PARTNERSHIP AND COMMUNITY POLICING GRANT	$ 116,288.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
16	.737	1 ☐ Yes 2 ☒ No	GANG RESISTANCE EDUCATION AND TRAINING (GREAT) PROGRAM	$ 6,158.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
16	.738	1 ☐ Yes 2 ☒ No	EDWARD BYRNE MEMORIAL JUSTICE ASSISTACE GRANT PROGRAM - JUSTICE ASSIST.	$ 249,348.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
16	.738	1 ☐ Yes 2 ☒ No	EDWARD BYRNE MEMORIAL JUSTICE ASSISTACE GRANT PROGRAM - NARCOTICS CONTROL	$ 104,227.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
16	.744	1 ☐ Yes 2 ☒ No	ANTI-GANG INITIATIVE	$ 11,845.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
20	.205	1 ☐ Yes 2 ☒ No	HIGHWAY PLANNING AND CONSTRUCTION	$ 1,824,894.00	1 ☐ Yes 2 ☒ No	1 ☒ Yes 2 ☐ No	U	D	07-3
20	.500	1 ☐ Yes 2 ☒ No	FEDERAL TRANSIT - CAPITAL INVESTMENT GRANTS	$ 145,223.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
20	.600	1 ☐ Yes 2 ☒ No	STATE AND COMMUNITY HIGHWAY SAFETY	$ 20,377.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
TOTAL FEDERAL AWARDS EXPENDED →				$ 17,851,536.00					

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS

[1] See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

[2] Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. *(See Instructions)*

[3] If major program is marked "Yes," enter only one letter (**U** = Unqualified opinion, **Q** = Qualified opinion, **A** = Adverse opinion, **D** = Disclaimer of opinion) corresponding to the type of audit report in the adjacent box. If major program is marked "No," leave the type of audit report box blank.

[4] Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under §____ .510(a)) reported for each Federal program.

- A. Activities allowed or unallowed
- B. Allowable costs/cost principles
- C. Cash management
- D. Davis – Bacon Act
- E. Eligibility
- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds
- I. Procurement and suspension and debarment
- J. Program income
- K. Real property acquisition and relocation assistance
- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions
- O. None
- P. Other

[5] N/A for NONE

FORM SF-SAC (5-2004)

PART III FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

CFDA Number: Federal Agency Prefix[1] (a)	CFDA Number: Extension[2] (b)	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program: Major program (g)	Major program: If yes, type of audit report[3] (h)	**10.** AUDIT FINDINGS: Type(s) of compliance requirement(s)[4] (a)	Audit finding reference number(s)[5] (b)
2 0	.601	1 ☐ Yes 2 ☒ No	ALCOHOL, TRAFFIC SAFETY, AND DRUNK DRIVING PREVENTION INCENTIVE GRANTS	$ 52,119 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
3 0	.002	1 ☐ Yes 2 ☒ No	EMPLOYMENT DISCRIMINATION - STATE AND LOCAL FAIR EMPLOYMENT PRACTICES	$ 51,089 .00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
4 5	.310	1 ☐ Yes 2 ☒ No	GRANTS TO STATES	$ 2,745 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
4 5	.313	1 ☐ Yes 2 ☒ No	LAURA BUSH 21ST CENTURY LIBRARIAN PROGRAM	$ 65,439 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
9 4	.013	1 ☐ Yes 2 ☒ No	VOLUNTEERS IN SERVICE TO AMERICA (VISTA)	$ 218,556 .00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
9 7	.008	1 ☐ Yes 2 ☒ No	URBAN AREAS SECURITY INITIATIVE	$ 388,032 .00	1 ☐ Yes 2 ☒ No	1 ☒ Yes 2 ☐ No	U	O	N/A
9 7	.067	1 ☐ Yes 2 ☒ No	HOMELAND SECURITY GRANT PROGRAM	$ 1,849,047 .00	1 ☐ Yes 2 ☒ No	1 ☒ Yes 2 ☐ No	U	O	N/A
9 7	.078	1 ☐ Yes 2 ☒ No	BUFFER ZONE PROTECTION PROGRAM	$ 165,348 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
	.	1 ☐ Yes 2 ☐ No		$ .00	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No			
	.	1 ☐ Yes 2 ☐ No		$ .00	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No			

TOTAL FEDERAL AWARDS EXPENDED → $ 17,851,536 .00

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS

[1] See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

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[4] Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under §___ .510(a)) reported for each Federal program.

- A. Activities allowed or unallowed
- B. Allowable costs/cost principles
- C. Cash management
- D. Davis – Bacon Act
- E. Eligibility
- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds
- I. Procurement and suspension and debarment
- J. Program income
- K. Real property acquisition and relocation assistance
- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions
- O. None
- P. Other

[5] N/A for NONE

PART I **Item 5 Continuation Sheet**

c. List the multiple Employer Identification Numbers (EINs) covered in this report.

1	N/A	21	–	41	–
2	–	22	–	42	–
3	–	23	–	43	–
4	–	24	–	44	–
5	–	25	–	45	–
6	–	26	–	46	–
7	–	27	–	47	–
8	–	28	–	48	–
9	–	29	–	49	–
10	–	30	–	50	–
11	–	31	–	51	–
12	–	32	–	52	–
13	–	33	–	53	–
14	–	34	–	54	–
15	–	35	–	55	–
16	–	36	–	56	–
17	–	37	–	57	–
18	–	38	–	58	–
19	–	39	–	59	–
20	–	40	–	60	–

f. List the multiple DUNS covered in the report.

1	N/A –	21	– –
2	– –	22	– –
3	– –	23	– –
4	– –	24	– –
5	– –	25	– –
6	– –	26	– –
7	– –	27	– –
8	– –	28	– –
9	– –	29	– –
10	– –	30	– –
11	– –	31	– –
12	– –	32	– –
13	– –	33	– –
14	– –	34	– –
15	– –	35	– –
16	– –	36	– –
17	– –	37	– –
18	– –	38	– –
19	– –	39	– –
20	– –	40	– –

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS.