Legislative Fiscal Bureau

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June, 2021 | Joint Committee on Finance | Paper #310

Family Caregiver Tax Credit
(General Fund Taxes -- Income and Franchise Taxes)

[LFB 2021-23 Budget Summary: Page 204, #4]

CURRENT LAW

Taxable income, the amount of income actually subject to the individual income tax, is derived by subtracting the state's sliding scale standard deduction and personal exemptions from Wisconsin adjusted gross income (AGI). The state's tax rate and bracket structure is then applied to taxable income to compute gross tax liability. Net tax liability results from subtracting any applicable nonrefundable credits from gross tax liability.

In general, nonrefundable credits must be claimed within four years of the unextended due date of the income tax return to which the claim relates. Nonresidents and part-year residents of Wisconsin are generally not eligible to claim these credits. Most credits are not allowed for a tax year covering a period of less than 12 months, except for a tax year that was closed because of the death of the taxpayer. Generally, current law provisions which apply to the individual income tax relating to the enforcement authority of the Department of Revenue (DOR), and to assessments, refunds, appeals, collection, interest, and penalties, also apply to nonrefundable credits.

BACKGROUND

The Family Caregiver Alliance (FCA), a research and policy organization that provides services to family caregivers, defines a family caregiver as "any relative, partner, friend, or neighbor who has a significant personal relationship with, and provides a broad range of assistance for, an older person or an adult with a chronic or disabling condition." According to estimates from the American Association of Retired Persons (AARP), there are 53 million family caregivers in the United States. The median age of a family caregiver is 51 years old, and approximately three out of every five caregivers are women. AARP reports that 61% of family caregivers are employed for at least some time during the year. Of those employed, 60% work full-time, while another 15% work at least 30 hours.

In February, 2019, Governor Evers signed Executive Order #11, which created the Governor's Task Force on Caregiving. The taskforce concluded its work on February 25, 2021, and commissioned a report outlining several policy recommendations. In its report, the taskforce highlighted the projected aging of the Wisconsin population, noting that between 2015 and 2040, the population aged 65 and older in Wisconsin is estimated to grow by 640,000 (or 72%). Individuals aged 65 and older comprised 15% of the Wisconsin population in 2015, but are projected to comprise 24% of the state population by 2040. Per the report, this demographic trend will contribute to a growing shortage of caregivers because more elderly people are likely to need care, and because a considerable share of current caregivers are older and will need to stop their caregiving duties as they age. AARP research finds that 34% of current caregivers belong to the "Baby Boomer" generation (born 1946 to 1964) and 7% of current caregivers were born in 1945 or earlier. Moreover, the taskforce report cautions that a continuing shortage of professional caregivers in Wisconsin (such as home health aides) heightens the burden placed on family caregivers to provide care.

DISCUSSION POINTS

1. The Governor's caregiving taskforce posited that the COVID-19 pandemic and its economic fallout would be especially harmful for family caregivers and care recipients, citing that nearly 60% of caregivers are low-wage workers. These workers were disproportionately likely to suffer job losses during the pandemic. Research from the National Alliance for Caregiving (NAC) on the economic impact of the Great Recession on caregivers returned similar findings. Particularly, 43% of caregivers experienced a reduction in pay or hours worked as a result of that economic downturn, and 15% reported losing their job outright. It could be argued that providing an income tax credit for caregiving expenses would help cushion the continuing negative economic impacts of the pandemic recession in 2021 on family caregivers.

2. FCA reports that family caregivers provided $375 billion (in 2007 dollars) of care services to individuals. Moreover, the FCA estimates that the average family caregiver foregoes almost $660,000 of income over their lifetime ($25,000 in Social Security benefits, $67,000 in other retirement benefits, and $566,000 in foregone wage earnings) to provide care for their family members, at least some of whom would otherwise need governmental support for their care. The FCA reports that 549,000 family caregivers provided more than $5.8 billion of caregiving services in Wisconsin in 2014. This dollar value represents the estimated cost of replacing services provided by family caregivers with professional services. It could be argued that, because family caregivers provide services that help reduce government spending, and simultaneously forego the receipt of certain government benefits themselves, the government has a strong incentive to provide targeted financial assistance to these caregivers.

3. In Wisconsin in particular, there is a continued shortage of professional caregiving services. The Wisconsin Survival Coalition of Disability Organizations reports that there is a growing shortfall of direct care providers in the state, and that this has put additional strain on family caregivers

to fill the resulting gaps in care. Survival Coalition finds that 95% of people with disabilities and their families who were surveyed faced difficulties securing caregiving services. Moreover, 45% of survey respondents reported being unable to secure at least seven shifts of caregiving services per month. During the public hearings held on Assembly Bill 68/Senate Bill 111, several speakers gave testimony in support of additional funding and support for family caregivers in Wisconsin.

4. To provide additional support to these family caregivers, the Committee could consider creating a nonrefundable individual income tax credit, beginning in tax year 2021, for 50% of the qualified expenses incurred by a family caregiver to benefit a qualified family member (Alternative 1a). If such a credit were implemented beginning in tax year 2021, individual income tax revenues would decline relative to current law by an estimated $121.4 million in 2021-22 and $118.0 million in 2022-23 and annually thereafter. A qualified family member would mean an individual who: (a) is 18 years of age or older during the relevant tax year; (b) requires assistance with one or more daily living activities, as certified in writing by a physician; and (c) is the claimant's family member (defined as a spouse or an individual related by blood, marriage, or adoption within the 3rd degree of kinship). The maximum credit that a claimant could claim each tax year would equal $500 ($250 for married-separate filers) per qualified family member. A similar credit (though double the maximum amount) was proposed by the Governor's Task Force on Caregiving. Per the administration, the $500 maximum credit amount was selected in order to reduce the overall cost of the credit.

Qualified expenses for purposes of the credit would mean amounts paid by a claimant in the relevant tax year for items that relate directly to the care or support of a qualified family member, including: (a) the improvement or alteration of the claimant's primary residence to enable or assist the qualified family member to be mobile, safe, or independent; (b) the purchase or lease of equipment to enable or assist the qualified family member to carry out one or more activities of daily living; and (c) the acquisition of goods or services, or support, to assist the claimant in caring for the qualified family member, including employing a home care aide or personal care attendant, adult day care, specialized transportation, legal or financial services, or assistive care technology. However, qualified expenses would not include: (1) general food, clothing, or transportation expenses; (2) ordinary household maintenance or repair expenses that are not directly related to, or necessary for, the care of the qualified family member; or (3) any amount that is paid, reimbursed, or eligible for reimbursement by insurance or other means. Individuals who incur expenses for the same qualified family member would be required to allocate their respective credit amount based on their share of the total expenses incurred on behalf of that family member. Current law provisions governing DOR enforcement and administrative authority related to tax credits, as well as procedures for claiming such credits, would also apply to the proposed caregiver credit.

5. If the Committee desires to increase the progressivity of, and reduce the cost of, the credit, the Committee could stipulate that the credit phases out for taxpayers with federal AGI between $75,000 and $85,000, or between $150,000 and $170,000 for married-joint filers (Alternative 1b). Such a phaseout could be structured so that the credit which the claimant would otherwise be eligible to receive would be reduced by the amount by which their federal AGI exceeds the threshold over the total threshold amount. For example, a married-joint filer with $160,000 of federal AGI would experience a 50% reduction in their credit amount (excess = $160,000 - $150,000 = $10,000. Total threshold amount = $170,000 - $150,000 = $20,000. Phase-out amount = $10,000 / $20,000 = 50%). A credit with such a phase-out provision was included in AB 68/SB 111, and is estimated to reduce

individual income tax revenues relative to current law by $100.4 million in 2021-22 and $102.5 million in 2022-23 and annually thereafter.

6. The fiscal estimates presented in this paper are based on data from NAC, AARP, and the Transamerica Institute (a nonprofit health coverage research organization), as well as a simulation of Wisconsin tax year 2019 individual income tax data by DOR. Based on these sources, an estimated 276,000 taxpayers would be eligible for the credit under Alternative 1a in tax year 2021, and their average credit is estimated to be $419, for a total estimated cost of $115.6 million in tax year 2021. An estimated 250,000 taxpayers would be eligible for the credit under Alternative 1b in tax year 2021, and their estimated average credit would equal $402, for a total estimated cost of $100.4 million in tax year 2021. Alternatives 1 through 4 all include an "a" and "b" option. The "a" option would provide the proposed credit to all individuals regardless of income, whereas the "b" option would phase out the credit for taxpayers with federal AGI between $75,000 and $85,000, or between $150,000 and $170,000 for married-joint filers (the same phaseout as was proposed in AB 68/SB 111).

7. Under Alternative 1b, if two siblings performed caregiving duties for their mother and each incurred $1,500 of expenses (assume $3,000 of total eligible expenses were spent caring for their mother) each would be eligible to claim half of the maximum $500 credit ($250 each). However, if one sibling has a federal AGI of $80,000 as a single filer, their $250 credit would be reduced to $125, reducing the total credit amount to $375 between the two siblings. In order to allow the other sibling to claim the remaining $125 for eligible expenses incurred, the Committee could provide that the siblings could submit to DOR an alternative credit allocation that allows them to claim (in aggregate between both siblings) the full credit amount of $500 for which they are eligible based on total qualified expenses incurred per qualified family member.

8. A general critique of phase-out provisions is that they increase the marginal effective rate of taxation paid by taxpayers with incomes inside the phase-out range. For example, a taxpayer filing married-joint with $155,000 of federal AGI and $1,000 of eligible caregiver expenses would normally be subject to a top marginal state tax rate of 6.27%. This taxpayer would receive the full $500 credit under Alternative 1a, and would continue to be subject to the 6.27% rate. However, with the phaseout included in Alternative 1b, such a taxpayer would only receive a $375 credit, and would thereby experience an increase of 2.5% in their marginal effective tax rate ($125 / $5,000 = 2.5%). In other words, the taxpayer incurs an additional $2.50 of tax for each $100 they earn over the phase-out threshold of $150,000 under Alternative 1b. As a result, a married-joint taxpayer with federal AGI of $155,000 would pay a top marginal effective tax rate of 6.27% under Alternative 1a, but would pay a top marginal rate of 8.77% under Alternative 1b (6.27% + 2.5%). On the other hand, phase-outs are useful as a mechanism for controlling the cost of tax provisions, and for increasing their progressivity. Each alternative to the proposed caregiver credit presented in this paper includes an option to retain or remove the phase-out provision that was included in AB 68/SB 111.

9. According to survey research conducted by the Transamerica Institute, the likelihood of family caregivers being employed increases with household income. For example, the survey reports that 26% of family caregivers with household income of $25,000 or less are employed, compared to 41% of caregivers with income between $25,000 and $50,000, 62% of caregivers with income between $50,000 and $100,000, and 70% of caregivers with household income of $100,000 or more. Furthermore, 21% of family caregivers with household income below $25,000 have quit their job

because of their caregiving duties, compared to 10% of family caregivers with comparatively higher incomes. This is perhaps one reason why the median hours spent performing caregiving duties per month by those with household income of $25,000 or less is approximately double the median monthly hours spent by family caregivers in any other income group. These data suggest that the negative association between caregiving and employment is especially pronounced for family caregivers with lower levels of household income. Because Alternative 1b phases out the credit at higher incomes, a greater share of tax relief would be directed to these lower-income individuals, who are more likely to be working fewer hours or to be unemployed as a result of their caregiving.

10. The same survey data from the Transamerica Institute find that an estimated 15% of all family caregivers self-report that their financial well-being is poor, and an additional 29% of caregivers report that their financial well-being is fair. Nearly half (49%) of all caregivers state that paying off some form of debt (mortgage, credit card, student loans) is a personal financial priority. Moreover, 22% of primary family caregivers indicate that their financial circumstances have worsened since assuming caregiver responsibilities. Transamerica reports that the median monthly amount of expenses incurred by family caregivers is $150 ($1,800 per year), and 75% of caregivers report that they receive no sources of financial assistance for their caregiving duties.

11. Data from a 2007 study by the NAC suggest that the average annual caregiver expenses that would be eligible for the proposed credit could be as high as $2,570 ($3,325 in 2021 dollars). If the Committee wishes to provide a credit which better accounts for the median or mean caregiver-related expenditures incurred, it could increase the maximum credit amount which may be claimed each tax year (Alternatives 2a and 2b). A maximum credit of $1,000 per qualified family member ($500 for married-separate filers) is considered under Alternative 2, which is the same amount proposed by the Governor's Task Force on Caregiving. Alternative 2a would decrease individual income tax collections relative to current law by an estimated $213.9 million in 2021-22 and $208.0 million in 2022-23 and annually thereafter. Alternative 2b would decrease individual income tax collections by an estimated $173.9 million in 2021-22 and $177.6 million in 2022-23 and annually thereafter.

12. The FCA highlights specific financial challenges which can result from being a family caregiver, such as: (a) an overall strain on household resources due to the potential loss of income for both care recipient and caregiver; (b) lack of access to employer-provided medical care which would otherwise provide a subsidy for caregiving duties; (c) a reduction in savings resulting from significant caregiver-related expenses; and (d) lower retirement contributions owing to lower levels of discretionary income. According to FCA, these effects can compound upon each other to exacerbate financial difficulties for caregivers. AARP reports that 28% of caregivers have stopped saving, and 23% of caregivers have assumed more debt, as a result of their caregiving.

13. To help offset these financial challenges, the FCA recommends that refundable tax credits be offered to family caregivers. Refundable credits are so named because if the credit amount exceeds the claimant's tax liability, the balance is refunded to the claimant. Unlike nonrefundable credits, refundable credits are available to individuals with no net income tax liability, who tend to be lower-income individuals. In tax year 2019, for example, 33% of taxpayers with Wisconsin AGI of $25,000 or less had a net tax liability. By contrast, over 99% of taxpayers with Wisconsin AGI of $100,000 or more in tax year 2019 had a net tax liability.

14. Data from the NAC confirm that lower-income individuals are more likely than higher-income individuals to experience financial constraints as a result of caregiving. Their survey research finds that, on average, individuals with the lowest incomes spent the greatest proportion of their income (over 20%) on caregiving expenses, relative to higher-income individuals. Moreover, low-income individuals were most likely (49%) to report that their financial situation deteriorated as a result of their caregiving duties. If the Committee wishes to ensure that tax relief is successfully provided to these lower-income caregivers, it could consider making the caregiver credit refundable (Alternatives 3a and 3b). Such an approach would increase the number of eligible credit recipients and, in some cases, increase the applicable credit amount that could be claimed, relative to a nonrefundable credit. Refundable credits are generally paid from a sum sufficient appropriation and recorded as GPR expenditures, rather than reductions in tax revenue. Therefore, Alternative 3a would increase state GPR expenditures relative to current law by an estimated $157.3 million in 2021-22 and $152.9 million in 2022-23 and annually thereafter, and Alternative 3b would increase GPR expenditures by an estimated $134.4 million in 2021-22 and $137.2 million in 2022-23 and annually thereafter.

15. Alternatively, the Committee may still wish to provide a nonrefundable tax credit to family caregivers, but at a lower cost to the state's general fund. There are several ways the Committee could choose to reduce the cost of the credit, such as by: (a) reducing the percentage of expenses reimbursed (compared to 50%); (b) decreasing the maximum credit amount; (c) imposing a phase-out which begins to apply at lower incomes and/or that phases out the credit over a smaller range of incomes (this would imply a higher effective marginal tax rate for individuals with incomes inside the phase-out range); or (d) some combination therein. Though the Committee could select any method it prefers to reduce the cost of the credit, this paper considers the fiscal effect of lowering the reimbursement percentage from 50% to 25% with and without an income-based phase-out (Alternatives 4a and 4b). Alternative 4a is estimated to reduce individual income tax collections relative to current law by $114.9 million in 2021-22 and $111.7 million in 2022-23 and annually thereafter, while Alternative 4b is estimated to reduce individual income tax collections by $94.5 million in 2021-22 and $96.5 million in 2022-23 and annually thereafter.

16. In certain instances, a family caregiver may be eligible to claim the proposed caregiver credit and the current law deduction for child and dependent care expenses (discussed in detail in LFB Paper #311) for the same expenditures. For example, if a caregiver hires a home health aide to help care for certain qualified family members (such as a spouse who is mentally or physically incapable of self-care) while the caregiver is at their job, these expenses would be eligible for the caregiver credit and the child and dependent care expenses deduction. In general, effective tax policy discourages providing this sort of double tax benefit on the same income (just as it attempts to avoid taxing the same income twice). If the Committee desired to provide a similar caregiver credit to those described in this paper, it may also wish to disallow claiming the proposed credit and the current law child and dependent care expense deduction for the same expenses (Alternative 5). It is estimated that such a provision would increase individual income tax revenues relative to current law by $200,000 on an annual basis. Alternative 5 can be selected in addition to any other alternative presented in this paper.

17. Of the surrounding states, Iowa allowed an individual to claim an income tax deduction in 2019 for up to $5,000 of expenses incurred to care for a disabled relative living in the individual's

home. Iowa also provided a deduction in tax year 2019 for the full amount of state supplementary assistance payments (intended for low-income and disabled residents) received by individuals who provided unskilled, in-home, health-care-related services to family members. As a matter of tax policy, some experts generally prefer tax credits over deductions to income. Deductions treat taxpayers differently depending on the taxpayer's income and tax bracket. For example, a $5,000 deduction from income for caregiver expenses would provide a tax reduction of $177 to a taxpayer whose taxable income falls entirely within the state's 3.54% tax bracket, and a $383 tax reduction to a taxpayer whose last $5,000 of income is subject to the state's 7.65% marginal tax rate. Based on the same $5,000 expense, a 6% tax credit would result in a $300 tax benefit regardless of the taxpayer's income, thereby providing more uniform treatment to taxpayers.

18. However, critics of tax credits in general may argue that they are a flawed way to provide economic support to a particular group. They might contend that a caregiver credit, like that discussed in this paper, disguises what is functionally an at-home health care subsidy program as a tax credit. In their view, this can obscure the underlying goal of providing for a care recipient's health and wellbeing by framing the policy as tax relief for caregivers. They caution that supplanting appropriated expenditures with tax reductions for similar policy goals can complicate lawmakers' and citizens' ability to make informed decisions on the policy merits of such a program. If the Committee wishes to provide economic support to caregivers to aid them in ensuring the health of their family members, they may not wish to provide a tax credit (Alternative 6). Instead, they might propose to spend a similar amount on an alternative program that is more explicitly targeted to caregivers and care recipients.

19. For example, taxpayers could submit to DOR a report of their eligible caregiver expenses, and DOR could then issue grants to these caregivers for 50% of such expenses, up to a $500 maximum grant ($250 for married-separate filers) per qualified family member. Although DOR is presented as the agency to administer the grant program under this alternative, existing taxpayer data would not assist the Department in verifying caregiver claims and the Committee could choose any agency it believes is best suited to administer the program. DOR has indicated that additional funding and staff would be necessary to carry out such a grant program.

20. If the Committee chooses to create a grant program to reimburse eligible family caregiver expenses, the grants and administrative costs to the Department could be paid from a sum sufficient GPR appropriation under DOR. The Committee could require that, prior to making a grant or incurring an expenditure from this appropriation, DOR submit to the Committee a plan for implementing the program, including associated costs and positions needed to administer the program and to review applications received under the program. After receiving the plan, the Co-chairpersons of the Committee could either: (a) direct DOR to implement the plan; or (b) convene a meeting of the Committee within 14 days after the plan is submitted to approve, or modify and approve, the plan. The Department would have to implement the plan, as approved by the Committee, and could not utilize the sum sufficient appropriation to pay for administrative costs beyond the amount authorized by the Committee.

ALTERNATIVES

Nonrefundable Caregiver Credit of up to $500

1. Provide a nonrefundable individual income tax credit beginning in tax year 2021 for 50% of the qualified expenses incurred by a family caregiver to benefit a qualified family member. Specify that qualified expenses would not include any amount that is paid, reimbursed, or eligible for reimbursement by insurance or other means. Stipulate that the maximum credit that a claimant could claim each tax year equals $500 ($250 for married-separate filers) per qualified family member. [The credit is described in greater detail under Discussion Point #4.] In addition:

a. Specify that the credit is made available to all claimants regardless of their federal AGI. Decrease individual income tax collections by an estimated $121,400,000 in 2021-22 and $118,000,000 in 2022-23 and annually thereafter.

ALT 1a	Change to Base
GPR-Tax	- $239,400,000

b. Specify that the credit phases out for married-joint taxpayers with federal AGI between $150,000 and $170,000, and for all other filers with federal AGI between $75,000 and $85,000. In a situation where multiple claimants could claim creditable expenses on behalf of the same qualified family member, and at least one (but not every) claimant is affected by the phaseout, provide that the claimants could submit to DOR a credit allocation enabling (in aggregate between all claimants) the full credit amount for which they are eligible to be claimed based on total qualified expenses incurred for a qualified family member. Estimate decreased individual income tax collections of $100,400,000 in 2021-22 and $102,500,000 in 2022-23 and annually thereafter.

ALT 1b	Change to Base
GPR-Tax	- $202,900,000

Nonrefundable Caregiver Credit of up to $1,000

2a. Adopt Alternative 1a, but stipulate that the maximum credit that a claimant could claim each tax year equals $1,000 ($500 for married-separate filers) per qualified family member. Estimate decreased individual income tax collections of $213,900,000 in 2021-22 and $208,000,000 in 2022-23 and annually thereafter.

ALT 2a	Change to Base
GPR-Tax	- $421,900,000

2b. Adopt Alternative 1b, but stipulate that the maximum credit that a claimant could claim each tax year equals $1,000 ($500 for married-separate filers) per qualified family member. Estimate decreased individual income tax collections of $173,900,000 in 2021-22 and $177,600,000 in 2022-

23 and annually thereafter.

ALT 2b	Change to Base
GPR-Tax	- $351,500,000

Refundable Caregiver Credit of up to $500

3a. Adopt Alternative 1a, but make the credit refundable. Estimate increased GPR expenditures of $157,300,000 in 2021-22 and $152,900,000 in 2022-23 and annually thereafter.

ALT 3a	Change to Base
GPR	$310,200,000

3b. Adopt Alternative 1b, but make the credit refundable. Estimate increased GPR expenditures of $134,400,000 in 2021-22 and $137,200,000 in 2022-23 and annually thereafter.

ALT 3b	Change to Base
GPR	$271,600,000

Nonrefundable Caregiver Credit of up to $500 for 25% of Expenses

4a. Adopt Alternative 1a, but specify that the credit is based on 25%, rather than 50%, of the qualified expenses incurred by a family caregiver to benefit a qualified family member. Estimate decreased individual income tax collections of $114,900,000 in 2021-22 and $111,700,000 in 2022-23 and annually thereafter.

ALT 4a	Change to Base
GPR-Tax	-$226,600,000

4b. Adopt Alternative 1b, but specify that the credit is based on 25%, rather than 50%, of the qualified expenses incurred by a family caregiver to benefit a qualified family member. Estimate decreased individual income tax collections of $94,500,000 in 2021-22 and $96,500,000 in 2022-23 and annually thereafter.

ALT 4b	Change to Base
GPR-Tax	-$191,000,000

Disallow Combining Caregiver Credit and Current Law Child Care Expense Deduction

5. Prohibit an individual from claiming the family caregiver tax credit, or a caregiver grant, and the current law child and dependent care expense deduction (or the child and dependent care credit if adopted under LFB Paper #311) for the same expenses. Estimate increased individual income tax collections relative to current law of $200,000 on an annual basis. [This alternative would only result in a fiscal effect if adopted in conjunction with another alternative in this paper.]

ALT 5	Change to Base
GPR-Tax	$400,000

Create Caregiver Grant Program

6. Take no action on creating a credit for caregiver expenses. Instead, authorize DOR to create and administer a grant program whereby family caregivers report their eligible expenses to the Department. Specify that qualified expenses would not include any costs which are eligible to be reimbursed by a third party. Require DOR to submit to the Joint Committee on Finance a plan for implementing the program, including associated costs and positions needed to administer the program and to review applications received under the program. Require the Co-chairpersons of the Committee, after receiving the plan, either to: (a) direct DOR to administer the plan; or (b) convene a meeting of the Committee within 14 days after the plan is submitted to approve, or modify and approve, the plan. Require the Department to implement the plan as approved by the Committee, and prohibit DOR from utilizing the sum sufficient appropriation to pay for administrative costs beyond the amount authorized by the Committee. Create a sum sufficient GPR appropriation to pay grants and administrative costs incurred by the Department to administer the program. Estimate increased GPR expenditures relative to current law of $100,400,000 in 2021-22 and $102,500,000 in 2022-23 and annually thereafter.

ALT 6	Change to Base
GPR	$202,900,000

7. Take no action.

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