

**Short Form  
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)

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_, **2008,** and ending \_\_\_\_\_,

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Please use IRS label or print or type. See Specific Instructions.</p> <p><b>ELLEN MEADOWS PROSTHETIC HAND FOUNDATION</b>  <b>c/o DAVID S. HORN</b>  <b>1101 SISKIYOU BOULEVARD</b>  <b>ASHLAND, OR 97520-2238</b></p>	<p><b>D</b> Employer identification number 20-4569013</p> <p><b>E</b> Telephone number 541-601-0116</p> <p><b>F</b> Group Exemption Number .....</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ www.ln-4.org

**J Organization type** (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 188,858.

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

	<b>1</b> Contributions, gifts, grants, and similar amounts received .....	<b>1</b>	183,459.
	<b>2</b> Program service revenue including government fees and contracts .....	<b>2</b>	
	<b>3</b> Membership dues and assessments .....	<b>3</b>	
	<b>4</b> Investment income .....	<b>4</b>	5,399.
REVENUE	<b>5a</b> Gross amount from sale of assets other than inventory .....	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch) .....	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here .....		<input type="checkbox"/>
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) .....	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses .....	<b>6b</b>	
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) .....	<b>6c</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances .....	<b>7a</b>	
	<b>b</b> Less: cost of goods sold .....	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	<b>7c</b>	
	<b>8</b> Other revenue (describe ▶ _____) .....	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) .....	<b>9</b>	188,858.
EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule) .....	<b>10</b>	1,152.
	<b>11</b> Benefits paid to or for members .....	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits .....	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors .....	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance .....	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping .....	<b>15</b>	1,616.
	<b>16</b> Other expenses (describe ▶ <u>See Statement 2</u> ) .....	<b>16</b>	185,233.
	<b>17 Total expenses</b> (add lines 10 through 16) .....	<b>17</b>	188,001.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>18</b>	857.
ASSETS	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	<b>19</b>	275,339.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) .....	<b>20</b>	-26,592.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 .....	<b>21</b>	249,604.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)					
<b>22</b> Cash, savings, and investments .....		<b>(A)</b> Beginning of year	<b>(B)</b> End of year		
<b>23</b> Land and buildings .....		192,588.	23	199,526.	
<b>24</b> Other assets (describe ▶ <u>See Statement 4</u> ) .....		82,751.	<b>24</b>	50,078.	
<b>25 Total assets</b> .....		275,339.	<b>25</b>	249,604.	
<b>26 Total liabilities</b> (describe ▶ _____) .....		0.	<b>26</b>	0.	
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....		275,339.	<b>27</b>	249,604.	

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.**



**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. <b>38b</b> N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. <b>39a</b> N/A		
b	Gross receipts, included on line 9, for public use of club facilities. <b>39b</b> N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and (4) organizations. 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,' complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ OR		

42a The books are in care of ▶ David S. Horn Telephone no. ▶ 541-601-0116  
 Located at ▶ 1101 Siskiyou Boulevard, Ashland, OR ZIP + 4 ▶ 97520-2238

		Yes	No
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)?		X
	If 'Yes,' enter the name of the foreign country: . . . ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If 'Yes,' enter the name of the foreign country: . . . ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 7

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<b>47</b>	X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....	<b>49a</b>	X
<b>b</b> If 'Yes,' was the related organization(s) a section 527 organization?.....	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000..... ▶				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000..... ▶		

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.

**Sign Here**

Signature of officer: David S. Horn Date: \_\_\_\_\_  
 Type or print name and title: Treasurer

**Paid Preparer's Use Only**

Preparer's signature: Non-Paid Preparer Date: \_\_\_\_\_  
 Check if self-employed:  Preparer's Identifying Number (See instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions.....  Yes  No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)			105,095.	256,385.		361,480.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-3.	0.	0.	105,095.	256,385.	0.	361,480.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						23,310.
<b>6 Public support.</b> Subtract line 5 from line 4.						338,170.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4.	0.	0.	105,095.	256,385.	0.	361,480.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10.						361,480.
<b>12</b> Gross receipts from related activities, etc. (see instructions).					<b>12</b>	0.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	<b>14</b>	%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	<b>15</b>	%
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons. . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶



ELLEN MEADOWS PROSTHETIC HAND FOUNDATION  
c/o DAVID S. HORN

Client 14861

20-4569013

10/27/09

06:15PM

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name:	The Rotary Foundation	
Donee's Address:	1560 Sherman Ave.	
	Evanston, IL 60201	
Relationship of Donee:	None	
Cash Amount Given:		\$ 1,152.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Board meeting expense.....	\$ 104.
Computer expenses.....	754.
Credit card fees.....	218.
Depreciation.....	33,208.
Insurance.....	893.
Investment management.....	1,435.
License and fees.....	169.
Office expense.....	144.
Project field expense.....	600.
Promotion.....	2,086.
Prosthetic hands purchased.....	145,290.
Small assembly tools.....	332.
Total	<u>\$ 185,233.</u>

**Statement 3**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

The Rotary FDN DAF Unrealized Loss.....	\$ -26,592.
Total	<u>\$ -26,592.</u>

**Statement 4**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment.....	\$ 82,751.	\$ 50,078.
Total	<u>\$ 82,751.</u>	<u>\$ 50,078.</u>

**Statement 5  
Form 990-EZ, Part III  
Organization's Primary Exempt Purpose**

The provision of simple but functional prosthetic hands, the LN-4 or LN-4A, to every person who needs and physically qualifies for it, at no cost, and to be able to replace it when needed.

**Statement 6  
Form 990-EZ, Part III, Line 28  
Statement of Program Service Accomplishments**

By the end of 2008, nearly 2,000 hands have been distributed in over 20 countries. Approximately 1,400 individuals have been fitted with an LN-4 Hand. Each recipient has been trained in the use of the hand with life-changing stories and testimonials continuing to come in on a regular basis. On site providers (prosthetists, volunteers and members of Rotary Clubs) continue to be the primary source of locating recipients and establishing a lasting presence and distribution location for many of the recipients. In addition, initial designs have been completed for three new products to the project which will provide devices for larger recipients, recipients with shorter below elbow residual limbs and even those with above elbow residual limbs. These items have only been distributed to a small number of recipients and so the organization is in the process of gaining feedback and understanding the need. An overall estimate of need has been determined based on extrapolating from U S and world wide data which suggests approximately 100,000 individuals world wide are candidates for the initial LN-4 Hand. A total of 4,000 LN-4 Hands have been produced at this time and volunteers have assembled over 3,000 of those to date.

**Statement 7  
Form 990-EZ, Part VI  
Regarding Transfers Associated with Personal Benefit Contracts**

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

10/27/09

06:15PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 990/990-PF										
Machinery and Equipment										
1	DVD Duplicator	1/23/07		1,388			486	200DB MQ	5	361
2	Molds for plastic parts	11/26/07		86,157			4,308	200DB MQ	5	32,740
3	Mold addition	4/30/08		535				200DB HY	5	107
Total Machinery and Equipment				88,080		0	4,794			33,208
Total Depreciation				88,080		0	4,794			33,208
Grand Total Depreciation				88,080		0	4,794			33,208

12/31/08

**2008 Federal Book Depreciation Schedule**  
**ELLEN MEADOWS PROSTHETIC HAND FOUNDATION**  
**c/o DAVID S. HORN**

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Client 14861

20-4569013

10/27/09

06:15PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Machinery and Equipment																
1	DVD Duplicator	1/23/07		1,388							1,388	486	200DB MQ	5	.26000	361
2	Molds for plastic parts	11/26/07		86,157							86,157	4,308	200DB MQ	5	.38000	32,740
3	Mold addition	4/30/08		535							535		200DB HY	5	.20000	107
Total Machinery and Equipment				88,080		0	0	0	0	0	88,080	4,794				33,208
Total Depreciation				<u>88,080</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>88,080</u>	<u>4,794</u>				<u>33,208</u>
Grand Total Depreciation				<u>88,080</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>88,080</u>	<u>4,794</u>				<u>33,208</u>