

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** _____

B Check if applicable: <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	C Please use IRS label or print or type. See Specific Instructions. HUMANE SOCIETY OF YOUNG COUNTY INC. P.O. BOX 1342 GRAHAM, TX 76450	D Employer identification number 75-1692067
		E Telephone number
		F Group Exemption Number
		(Blank)

• 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: ▶ N/A

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

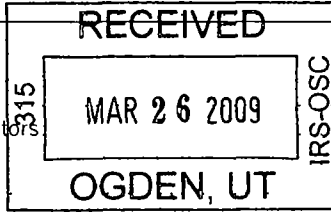
J Organization type (check only one) — 501(c) (3) (insert no) _____ 4947(a)(1) or _____ 527

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. ▶ \$ **145,189.**

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

1	Contributions, gifts, grants, and similar amounts received	1	86,473.
2	Program service revenue including government fees and contracts	2	44,063.
3	Membership dues and assessments	3	
4	Investment income	4	40.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	14,613.
6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	14,613.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	145,189.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	98,748.
13	Professional fees and other payments to independent contractors	13	950.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	92.
16	Other expenses (describe ▶ See Statement 1)	16	52,049.
17	Total expenses (add lines 10 through 16)	17	151,839.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,650.
19	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)	19	248,943.
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 through 20	21	242,293.



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)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16,896.	6,278.
23 Land and buildings	232,663.	229,003.
24 Other assets (describe ▶ See Statement 2)	873.	9,473.
25 Total assets	250,432.	244,754.
26 Total liabilities (describe ▶ See Statement 3)	1,489.	2,461.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	248,943.	242,293.

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

Form 990-EZ (2008)

SCANNED APR 09 2009

Handwritten initials: R and 21

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		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	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 ▶ 37a 0.		
37b	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
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A		
39	501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities 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.		
40b	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
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	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 ▶ <u>None</u>		

42a The books are in care of ▶ HUMANE SOCIETY OF YOUNG COUNTY Telephone no ▶ _____
 Located at ▶ 417 RODEO RD., GRAHAM, TEXAS ZIP + 4 ▶ 76450

		Yes	No
42b	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 ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A
▶ **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 5

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization(s) a section 527 organization?		

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: Kim A. Baxter Date: 3-17-09
 Type or print name and title: Kim A. Baxter

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 2/27/09
 Firm's name (or yours if self-employed), address and ZIP + 4: Montgomery & Associates, LLP
P.O. Box 2016
Graham, TX 76450
 Check if self-employed:
 Preparer's Identifying Number (See instructions): N/A
 EIN: N/A
 Phone no: (940) 549-6614

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

BAA Form 990-EZ (2008)

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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	49,844.					49,844.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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.
4 Total. Add lines 1-3	49,844.	0.	0.	0.	0.	49,844.
5 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)						0.
6 Public support. Subtract line 5 from line 4						49,844.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	49,844.	0.	0.	0.	0.	49,844.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16.					16.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						49,860.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 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. ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. 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 33-1/3 support test – 2007. 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"/>		
17a 10%-facts-and-circumstances test – 2008. 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 10%-facts-and-circumstances test – 2007. 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"/>		
18 Private foundation. 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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Client 6033

HUMANE SOCIETY OF YOUNG COUNTY INC.

75-1692067

2/26/09

11 18AM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	1,721.
BANK CHARGES		306.
Depreciation		8,471.
DUES		100.
Insurance		5,278.
MISCELLANEOUS		1,820.
Office Expenses		2,699.
REFUNDS		318.
REPAIRS & MAINTENANCE		916.
RETURNED CHECKS		455.
SUPPLIES		9,328.
UTILITIES		7,533.
VETERINARY EXPENSE		13,104.
Total	\$	<u>52,049.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 873.	\$ 9,473.
Total	<u>\$ 873.</u>	<u>\$ 9,473.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 1,489.	\$ 2,455.
ROUNDING	0.	6.
Total	<u>\$ 1,489.</u>	<u>\$ 2,461.</u>

Statement 4
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
CAROLYN SUE MACHENBERG RR 1, BOX 532 GRAHAM, TX 76450	Vice President 0	\$ 0.	\$ 0.	0.

Client 6033

HUMANE SOCIETY OF YOUNG COUNTY INC.

75-1692067

2/26/09

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Statement 4 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
VICKIE NEWELL 1732 FM 3003 GRAHAM, TX 76450	Treasurer 0	\$ 0.	\$ 0.	\$ 0.
CHARLIE GIBSON 1306 MORNINGSIDE GRAHAM, TX 76450	Vice President 0	0.	0.	0.
DON MACHENBERG RR 1, BOX 532 GRAHAM, TX 76450	ASSIST. TREAS. 0	0.	0.	0.
GAIL FULTZ P.O. BOX 330 GRAHAM, TX 76450	Director 0	0.	0.	0.
WYATT PETTUS P.O. BOX 1 GRAHAM, TX 76475	Director 0	0.	0.	0.
MARTHA BENNETT 925 AUSTIN RD GRAHAM, TX 76450	Director 0	0.	0.	0.
BOB CREIGHTON 1504 OAK FOREST DR. GRAHAM, TX 76450	Director 0	0.	0.	0.
ALYCE MARIE BRADSHAW 1000 WOODLAWN DR. GRAHAM, TX 76450	Secretary 0	0.	0.	0.
CAREY PETTUS 108 HEATHER LANE GRAHAM, TX 76450	President 0	0.	0.	0.
JERRY TAYLOR P.O. BOX 1394 GRAHAM, TX 76450	Director 0	0.	0.	0.
JUDITH WITTE 2700 OLD BUNGER RD GRAHAM, TX 76450	Director 0	0.	0.	0.
RICHARD ROSSER 4913 WYNNE LN. GRAHAM, TX 76450	Director 0	0.	0.	0.

Client 6033

HUMANE SOCIETY OF YOUNG COUNTY INC.

75-1692067

2/26/09

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Statement 4 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
WENDY GRUBBS 403 JUDGES RD. NEWCASTLE, TX 76372	Director 0	\$ 0.	\$ 0.	\$ 0.
CHUCK ROWAN P.O. BOX 330 GRAHAM, TX 76460	Director 0	0.	0.	0.
BETTY STAPLES RR 1, BOX 447 GRAHAM, TX 76450	Director 0	0.	0.	0.
MARY ANDREWS 1317 ROANOKE DR. GRAHAM, TX 76450	Director 0	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

Statement 5
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

Client 6033

HUMANE SOCIETY OF YOUNG COUNTY INC.

75-1692067

2/26/09

11 18AM

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 Reductio.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
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Form 990/990-PF

Buildings

2	BUILDING	10/31/01		110,520							110,520	17,595	S/L MM	39	02564	2,834
5	BUILDING	2/28/02		146,437							146,437	22,065	S/L MM	39	02564	3,755
6	SIGN	1/07/03		447							447	347	200DB HY	7	08920	40
7	BUILDING IMPROVEMENTS	3/22/04		546							546	53	S/L MM	39	02564	14
11	BUILDING IMPROVEMENTS	2/13/08		3,043							3,043		S/L MM	39	02247	68

Total Buildings

				260,993	0	0	0	0	0	0	260,993	40,060				6,711
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Machinery and Equipment

1	COPIER	12/01/00		425							425	425	200DB MQ	7		0
3	3 CABINETS	11/02/02		325							325	273	200DB MQ	7	08730	28
4	EQUIPMENT	12/31/02		447							447	374	200DB MQ	7	08730	39
8	FLY MISTER	4/12/04		1,312							1,312	901	200DB HY	7	08930	117
9	PRESSURE PUMP	9/25/06		250							250	97	200DB HY	7	17490	44
10	DRYER	9/27/06		300							300	116	200DB HY	7	17490	52
12	EQUIPMENT	2/26/08		2,791							2,791		200DB HY	7	14290	399
13	EQUIPMENT	3/25/08		286							286		200DB HY	7	14290	41
14	EQUIPMENT	5/02/08		1,198							1,198		200DB HY	7	14290	171
15	EQUIPMENT	6/30/08		1,213							1,213		200DB HY	7	14290	173
16	EQUIPMENT	7/09/08		300							300		200DB HY	7	14290	43
17	EQUIPMENT	8/05/08		1,000							1,000		200DB HY	7	14290	143
18	EQUIPMENT	9/26/08		2,973							2,973		200DB HY	7	14290	425
19	EQUIPMENT	11/24/08		500							500		200DB HY	7	14290	71
20	EQUIPMENT	12/04/08		100							100		200DB HY	7	14290	14

Client 6033

HUMANE SOCIETY OF YOUNG COUNTY INC.

75-1692067

2/26/09

11 18AM

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.
	Total Machinery and Equipment			13,420		0	0	0	0	0	13,420	2,186				1,760
	Total Depreciation			<u>274,413</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>274,413</u>	<u>42,246</u>				<u>8,471</u>
	Grand Total Depreciation			<u>274,413</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>274,413</u>	<u>42,246</u>				<u>8,471</u>