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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

**A** For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization  
**Employee Community Services Association**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**Electric Boat, 165 Dillabur Avenue, Quonset Point D969**

City or town, state or country, and ZIP + 4  
**North Kingstown, Rhode Island 02852**

**D** Employer identification number  
**05 0372627**

**E** Telephone number  
**401-268-2370**

**F** Group Exemption Number ►

**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ►

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

**I** Website: ►

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 4 ) ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ **198,437.45**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	198,380.36	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .
2	Program service revenue including government fees and contracts . . . . .	2		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) . . . . .
3	Membership dues and assessments . . . . .	3		20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .
4	Investment income . . . . .	4	57.09	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .
5a	Gross amount from sale of assets other than inventory . . . . .	5a			
b	Less: cost or other basis and sales expenses . . . . .	5b			
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c			
6	Gaming and fundraising events . . . . .				
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a			
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b			
c	Less: direct expenses from gaming and fundraising events . . . . .	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d			
7a	Gross sales of inventory, less returns and allowances . . . . .	7a			
b	Less: cost of goods sold . . . . .	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c			
8	Other revenue (describe in Schedule O) . . . . .	8			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	198,437.45		
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	243,998.82		
11	Benefits paid to or for members . . . . .	11			
12	Salaries, other compensation, and employee benefits . . . . .	12			
13	Professional fees and other payments to independent contractors . . . . .	13			
14	Occupancy, rent, utilities, and maintenance . . . . .	14			
15	Printing, publications, postage, and shipping . . . . .	15			
16	Other expenses (describe in Schedule O) . . . . .	16	26.20		
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	244,025.02		
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(45,587.57)		
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	124,196.63		
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	78,609.06		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

SCANNED JUN 27 2011

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35</b> 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, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b> 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 outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> 0		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b> 0	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b> 0	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0</b>		
<b>e</b> 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed <b>Rhode Island</b>		
<b>42a</b> The organization's books are in care of <b>John McDonald, D969 Finance Department</b> Telephone no. <b>401-268-2370</b> Located at <b>Electric Boat, Quonset Point Facility, North Kingstown, RI</b> ZIP + 4 <b>02852</b>		
<b>b</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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b> 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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
<b>45</b>		<input checked="" type="checkbox"/>
<b>45a</b>		<input checked="" type="checkbox"/>
<b>46</b>		<input checked="" type="checkbox"/>

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

(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 & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000

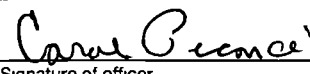
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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.

<b>Sign Here</b>		<b>5-12-11</b>
	Signature of officer	Date
	<b>Carol Picard, President</b>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

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

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

**2010**

**Open to Public  
Inspection**

Name of the organization

**EMPLOYEE COMMUNITY SERVICES ASSOCIATION**

Employer identification number

**05 0372627**

Line 10 \$243,998.82 Itemized in detail below (Grants & similar amounts paid)  
Line 16 \$ 26.20 1 \$ 6.00 ECSA Membership Refund, Ck #448, Dated 01/20/10  
2 \$20.00 Annual Filing Fee State of RI, Ck #476, Dated 05/11/10  
3 \$ 0.20 Posting Error by Bank of America in December 2010 (debit posted on 12/31/10).

## 2010 DISBURSEMENTS

2010	Transaction or Check #	Item	Disbursement	United Way	Team Member Catastrophic	Other Agencies	Misc. Charges, Fees, etc
7-Jan	442	United Way of Rhode Island	\$ 25,000.00	\$ 25,000.00			
7-Jan	443	Cornerstone Adult Center	\$ 3,000.00			\$ 3,000.00	
7-Jan	444	Operation Bear Hugs (Amer Red Cross)	\$ 1,500.00			\$ 1,500.00	
7-Jan	445	RI Good Neighbor Emergency Fund	\$ 2,500.00			\$ 2,500.00	
15-Jan	446	Amer Red Cross (Haiti Earthquake Fund)	\$ 2,000.00			\$ 2,000.00	
15-Jan	447	American Parkinson Disease Assoc	\$ 450.00			\$ 450.00	
20-Jan	448	G Pelletier (ECSA Membership Refund)	\$ 6.00				\$ 6.00
26-Jan	449	Post Road Realty (G Tardiff - E213287)	\$ 780.00		\$ 780.00		
26-Jan	450	Gerald Tardiff (E213287)	\$ 1,000.00		\$ 1,000.00		
18-Feb	451	Post Road Realty (G Tardiff - E213287)	\$ 975.00		\$ 975.00		
18-Feb	452	Amer Red Cross (Haiti Earthquake Fund)	\$ 665.00			\$ 665.00	
18-Feb	453	American Heart Assoc (Red Dress Pin)	\$ 1,585.00			\$ 1,585.00	
19-Feb	454	St Jude Children's Research Hospital	\$ 200.00			\$ 200.00	
25-Feb	455	B S Carpentier Mem Scholarship Fund	\$ 500.00			\$ 500.00	
25-Feb	456	McAuley Ministries	\$ 2,000.00			\$ 2,000.00	
25-Feb	457	NARCONON, Inc	\$ 2,000.00			\$ 2,000.00	
25-Feb	458	RI Special Olympics	\$ 1,000.00			\$ 1,000.00	
1-Mar	459	A I M C O	\$ 965.00			\$ 965.00	
9-Mar	460	American Heart Assoc	\$ 365.00			\$ 365.00	
10-Mar	461	American Cancer Society	\$ 410.00			\$ 410.00	
6-Apr	462	United Way of Rhode Island	\$ 25,000.00	\$ 25,000.00			
13-Apr	463	A.M.V.E.T.S	\$ 395.00			\$ 395.00	
23-Apr	464	United Way of RI Flood Recovery Fund	\$ 5,000.00			\$ 5,000.00	
23-Apr	465	Amer Red Cross RI Chapter (RI Flood)	\$ 5,000.00			\$ 5,000.00	
23-Apr	466	National Multiple Sclerosis Society	\$ 188.00			\$ 188.00	
23-Apr	467	YMCA (Fun Run - EB Team)	\$ 750.00			\$ 750.00	
23-Apr	468	Hydrocephalus Association	\$ 250.00			\$ 250.00	
23-Apr	469	American Lung Association	\$ 1,000.00			\$ 1,000.00	
23-Apr	470	The Providence Center (Coping w/Crisis)	\$ 5,000.00			\$ 5,000.00	
23-Apr	471	Kent Hospital Foundation (Brick)	\$ 1,000.00			\$ 1,000.00	
23-Apr	472	William Ciesielczyk (E220426)	\$ 500.00		\$ 500.00		
29-Apr	473	Scalabrini Villa	\$ 320.00			\$ 320.00	
4-May	474	Cystic Fibrosis Foundation	\$ 5,130.00			\$ 5,130.00	
11-May	475	National MS Society	\$ 738.00			\$ 738.00	
11-May	476	State of RI (fee Annual Report Filing)	\$ 20.00				\$ 20.00
25-May	477	Hole in the Wall Gang Fund, Inc	\$ 1,292.00			\$ 1,292.00	
1-Jun	478	Gemma Breast Cancer Research Fdn	\$ 250.00			\$ 250.00	
9-Jun	479	American Cancer Society	\$ 515.00			\$ 515.00	
17-Jun	480	Camp Ker-Anna	\$ 200.00			\$ 200.00	
17-Jun	481	Colon Cancer Alliance	\$ 500.00			\$ 500.00	
17-Jun	482	Dialysis Patients Assoc of Warwick	\$ 125.00			\$ 125.00	
17-Jun	483	N Kingstown Chamb of Comm Char Fdn	\$ 100.00			\$ 100.00	
17-Jun	484	P A R I	\$ 1,000.00			\$ 1,000.00	
17-Jun	485	Prov Journal Summertime Fund	\$ 2,500.00			\$ 2,500.00	
17-Jun	486	United Way of RI Summer Learning Day	\$ 500.00			\$ 500.00	
17-Jun	487	Westerly Hospital	\$ 1,000.00			\$ 1,000.00	
17-Jun	488	United Way of RI	\$ 25,000.00	\$ 25,000.00			

Name of the organization

**EMPLOYEE COMMUNITY SERVICES ASSOCIATION**

Employer identification number

**05 0372627****2010 DISBURSEMENTS**

2010	Transaction or Check #	Item	Disbursement	United Way	Team Member Catastrophic	Other Agencies	Misc. Charges, Fees, etc
22-Jun	489	National Grid (I Baez - E220749)	\$ 51 25		\$ 51 25		
22-Jun	490	Narrag Bay Comm (I Baez - E220749)	\$ 73 38		\$ 73 38		
24-Jun	491	Multiple Sclerosis Society	\$ 460 00			\$ 460 00	
28-Jun	492	American Red Cross	\$ 100 00			\$ 100 00	
15-Jul	493	ALS - Rhode Island Chapter	\$ 120 00			\$ 120 00	
2-Aug	494	The Tomorrow Fund	\$ 2,500 00			\$ 2,500 00	
10-Aug	495	Colon Cancer Alliance	\$ 1,001 00			\$ 1,001.00	
23-Aug	496	American Red Cross - RI Chapter	\$ 500 00			\$ 500 00	
9-Sep	497	Boys & Girls Club of Fall River	\$ 100 00			\$ 100 00	
16-Sep	498	David Nelson Benefit Fund	\$ 100 00			\$ 100 00	
17-Sep	499	J Athur Trudeau Memorial Center	\$ 1,500.00			\$ 1,500.00	
20-Sep	500	Disabled Veterans Association	\$ 270 00			\$ 270 00	
28-Sep	501	American Cancer Society	\$ 600 00			\$ 600 00	
30-Sep	502	United Way of RI	\$ 25,000.00	\$ 25,000 00			
1-Oct	503	Al Rossi (E212437)	\$ 700 00		\$ 700 00		
15-Oct	504	Leukemia & Lymphoma Society	\$ 230 00			\$ 230 00	
2-Nov	505	Robert Cayouette (E220166)	\$ 200 00		\$ 200 00		
16-Nov	506	Leukemia & Lymphoma Walk	\$ 505 00			\$ 505 00	
16-Nov	507	Angels on Horseback Therapeutic Riding	\$ 500 00			\$ 500 00	
16-Nov	508	Wheels & Heels Sports & Recreation	\$ 1,750 00			\$ 1,750 00	
16-Nov	509	Brain Injury Association	\$ 250 00			\$ 250 00	
16-Nov	510	Saving Sight RI	\$ 2,000.00			\$ 2,000 00	
16-Nov	511	RI Community Food Bank	\$ 3,500.00			\$ 3,500 00	
16-Nov	512	Trudeau Center (Special Olympics)	\$ 2,000 00			\$ 2,000 00	
17-Nov	513	American Cancer Society	\$ 15,194.00			\$ 15,194.00	
10-Dec	514	EB Corp (Fairwater Store)	\$ 556 19			\$ 556.19	
10-Dec	515	A Wish Come True	\$ 1,500 00			\$ 1,500 00	
10-Dec	516	Amos House	\$ 2,500 00			\$ 2,500.00	
10-Dec	517	Boys Town of RI	\$ 1,000 00			\$ 1,000 00	
10-Dec	518	Bradley Hospital	\$ 2,500 00			\$ 2,500 00	
10-Dec	519	Children's Museum	\$ 1,500 00			\$ 1,500.00	
10-Dec	520	Cornerstone Adult Day Care	\$ 3,000 00			\$ 3,000 00	
10-Dec	521	Hasbro Childrens Hospital	\$ 2,500.00			\$ 2,500 00	
10-Dec	522	Hospice Care of RI	\$ 5,000 00			\$ 5,000 00	
10-Dec	523	Johnnycake Center - Peacedale	\$ 1,500 00			\$ 1,500.00	
10-Dec	524	Johnnycake Center - Westerly	\$ 1,500 00			\$ 1,500 00	
10-Dec	525	Meal on Wheels	\$ 3,000.00			\$ 3,000 00	
10-Dec	526	Operation Holiday Cheer for the Troops	\$ 2,000.00			\$ 2,000 00	
10-Dec	527	Prov Journal Holiday Hope Fund	\$ 3,000.00			\$ 3,000 00	
10-Dec	528	RI Can Food Bank	\$ 2,500 00			\$ 2,500 00	
10-Dec	529	RI Family Shelter	\$ 2,500 00			\$ 2,500 00	
10-Dec	530	Ronald McDonald House	\$ 3,500 00			\$ 3,500 00	
10-Dec	531	St Jude Children's Hospital	\$ 2,000 00			\$ 2,000 00	
10-Dec	532	Salvation Army Kettle Fund	\$ 3,000 00			\$ 3,000 00	
10-Dec	533	So Providence Neighborhood Ministries	\$ 2,500.00			\$ 2,500 00	
10-Dec	534	St. Mary's Home for Children	\$ 2,000 00			\$ 2,000 00	
10-Dec	535	Toys for Tots	\$ 2,000 00			\$ 2,000 00	
10-Dec	536	Westerly Adult Day Care	\$ 1,500 00			\$ 1,500 00	
10-Dec	537	Women's Resource Center of Newport	\$ 2,000 00			\$ 2,000.00	
20-Dec	538	Angels on Horseback Therapeutic Riding	\$ 90.00			\$ 90.00	
31-Dec	n/a	Bank of Amer Posting Error (check #529)	\$ 0 20				\$ 0 20

<b>TOTALS</b>	<b>\$244,025.02</b>	<b>\$100,000.00</b>	<b>\$4,279.63</b>	<b>\$139,719.19</b>	<b>\$26.20</b>
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