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990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service lacktriangle Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	For the	2013 calend	ar year, or tax year beginning	January 1	, 2013, and ending	Dec	ember 31	, 20	13
В	Check if ap	oplicable	C Name of organization			D Empl	oyer identific	ation numbe	r
	Address cl	hange	Los ninos Incorporated				20 176	7865_	
	Name cha	-	Number and street (or P O box, if mail is not d	elivered to street address)	Room/suite	E Telep	hone number	•	
$\overline{}$	Initial retur Terminates		7545 SW Whitford Drive				503-705	-8537	
=	Amended		City or town, state or province, country, and Z	P or foreign postal code		F Grou	p Exemption	n	
_	Application		Portland, Oregon 97223			Nun	nber 🕨		
G /	Account	ling Method:	✓ Cash	v) ►		H Check I	► 🗹 if the c	organization	ıs not
	Nebsite		losninos.us			required	I to attach So	chedule B	
J T	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947	(a)(1) or 527	(Form 9	90, 990-EZ,	or 990-PF).	
		organization	✓ Corporation ☐ Trust		Other				
			7b, to line 9 to determine gross receipts. I			otal assets	_		
_			v) are \$500,000 or more, file Form 990 ins			·	\$		<u>990.00</u>
Р	art I		e, Expenses, and Changes in No		•				
			the organization used Schedule O						
	1		ons, gifts, grants, and similar amounts				1	14,9	990.00
	2	-	ervice revenue including government			• • •	2		0
	3 4		ip dues and assessments				3		0
	1 _	Investment	ount from sale of assets other than inv		50		- اضع		0
	5a b		or other basis and sales expenses .	-	5a 5b	0			
	C		ss) from sale of assets other than inve		1	U	5c		_
	6	•	nd fundraising events	antory (Subtract line Sb	nom me sa, .		30		0
•	a		ome from gaming (attach Schedu	e G if greater than					
ž		\$15,000)			6a	0			
Revenue	b		me from fundraising events (not inclu		of contributi	ons			
æ			aising events reported on line 1) (atta		1 1				
			ch gross income and contributions ex		6b	0			
	C		et expenses from gaming and fundrais	_	6c	0			
	d	line 6c)	e or (loss) from gaming and fundrais	sing events (add lines	ba and bb and s	subtract			
	7.	,	s of inventory, less returns and allowa				6d		0
	7a b		of goods sold		7a 7b	0			
	C		it or (loss) from sales of inventory (Sul			U	7c		^
	8	-	nue (describe in Schedule O)				8	-	<u>0</u>
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a				9	14 (990.00
	10		similar amounts paid (list in Schedul			13.	10		828.32
	11		aid to or for members	·		1.31	11		0
S	12	· -	ther compensation, and employee be		201	` >'	`12		0
use.	13	Profession	al fees and other payments to indepe	ndent contractors 🎨 👃	7./ 9		/13		0
Expense	14	Occupanc	y, rent, utilities, and maintenance .		/ · / . / .	, W/	14		0
Ω	15		ublications, postage, and shipping .		MA	. 9	15		242.10
	16	Other expe	enses (describe in Schedule O)				16		0
	17				2 V. M	▶	17	16,0	070.42
2	18		(deficit) for the year (Subtract line 17 f		\\. \ \ \ /. \ \ .		18	-1,(080.42
Se	19		or fund balances at beginning of ye		nn`(A))≁(must agı	ree with			
As		-	ar figure reported on prior year's retur	•			19	4	<u>451.71</u>
Net Assets	20		nges in net assets or fund balances (e				20		0
_	21	Net assets	or fund balances at end of year. Con	bine lines 18 through 2	<u> 20 </u>	▶	21	3,3	<u>371.29</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2013)

Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		(B) End of year
22	Cook sevenge and investments				22	-``
22 23	Cash, savings, and investments			4,451.71	23	3,371.29 0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			4,451.71		3.371.29
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	4,451.71	27	3,351.29
Par	t III Statement of Program Service Accom					Expenses
\A/ho	Check if the organization used Schedule					quired for section
	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4) anizations and section
as n	cribe the organization's program service accompl neasured by expenses. In a clear and concise r ons benefited, and other relevant information for e	nanner, describe th				7(a)(1) trusts, optional others)
28	Nutrition program provided 35,000+ school meals to	low income students				
		·				
	(Grants \$ 13,990.00) If this amoun				282	14,828.32.00
29	Hurricane disaster relief to families of low income si	tudents				

	(Grants \$ 1,000.00) If this amoun	t includes foreign gra	ants, check here .	▶ 🗸	298	1,000.00
30						

24		t includes foreign gra			30a	9 0
31	Other program services (describe in Schedule O) (Grants \$) If this amount	t includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)		· · · · <u>·</u>	32	
	List of Officers, Directors, Trustees, and Ke					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part IV		<u>.</u> <u>.</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		- 1	Estimated amount of other compensation
Lawı	ence A Marbut					
Dire	ctor, CEO	10				
<u>E. J</u> ç	onathan Hart					
	ctor, President	1		D	- -	
	Hart					
Direc	ctor, Secretary	1		0	\dashv	
			}	1		
					\perp	
		_				
	-	- 			-	
		+	 		+	
		-1				
				<u> </u>		
		-			4	
		 	 -	 	+	
		-				

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	₩
34	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)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		✓ ✓
36	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	36		√
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		√ ✓
39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
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	40b		√
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		: :	
е	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	40e		√
41	List the states with which a copy of this return is filed ▶ Oregon			
42a			102-44	163
b	Located at ► Zihuatanejo, Guerrero, Mexico ZIP + 4 ►	408	880	
D	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country:	420		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓	
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	•	Yes	► ✓ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	103	√
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	44b		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ ✓
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	Form 990-EZ (see instructions)	45b		1

/	
Page	4

							Yes	No
46	Did the organization engage, directly or in							
	to candidates for public office? If "Yes," of		<u>, Part I</u>	<u>· · · :</u>	<u> </u>	· 46		✓
Part '	VI Section 501(c)(3) organizations		-41 47 401	1.50				
	All section 501(c)(3) organization	s must answer que	stions 47–49b an	d 52, and	complete th	e tables t	or iine	es
	50 and 51.	hadula O ta raspond	l to only avanting in	s thin Dort	\/I			
	Check if the organization used Sci	nedule O to respond	to any question in	i this Part	<u>vi</u>	• • • •	Yes	
4-	Di Lilia anno di sa angogo in lobbimo	antimities or hove a	pootion EO1/b) aloo	tion in offo	ot during the	tov [Tes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par							,
	· ·							-
48	Is the organization a school as described in							-
49a	Did the organization make any transfers to					<u> </u>		-
b	If "Yes," was the related organization a se Complete this table for the organization's						oc an	d kov
50	employees) who each received more than							
	employees) who each received more than		Sation north the org		alth benefits,	e, enter i	10116.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contributi	ons to employee ans, and deferred appensation	(e) Estimate other con		
NONE	-							
113115								
								_
f	Total number of other employees paid ov	er \$100,000	. ▶ 0)		<u></u>		
51	Complete this table for the organization		ensated independe	nt contract	- tors who each	n received	more	thar
	\$100,000 of compensation from the orga	anızatıon. İf there is no	one, enter "None."					
	(a) Name and business address of each independ	dent contractor	(b) Type of s	envice	(c) Compensati	on	
	(a) Name and business address of each independ		(0,1)00010		,,	,		
NONE]					
		<u> </u>						
				_				
]					
			1					
					1			
			L			_		
đ	Total number of other independent contra	actors each receiving	over \$100,000 .	.▶		0		
52	Did the organization complete Schedule			ns and 494	17(a)(1)			
	nonexempt charitable trusts must attach			<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	► ✓ Yes		No
Under p	enalties of perjury, I declare that I have examined this	return, including accompan	lying schedules and state	ements, and to	the best of my k	nowledge and	belief,	ıt ıs
true, coi	rrect, and complete Declaration of preparer (other than	n officer) is based on all into	ormation of which prepare	er nas any kno				
0:	Jamerce mant	ut		l	5-9	- 14		
Sign	Signature of officer				Date			
Here	Lawrence A Marbut, CEO, Director	<u></u> .						
	Type or print name and title	-		D. 4:		- DTIN		
Paid	Print/Type preparer's name	Preparer's signature		Date	Check] if PTIN		
Prep	arer	<u></u>			self-emplo	oyed		
Use	- 1				Firm's EIN ▶			
	Firm's address ▶				Phone no	<u> </u>		
May th	ne IRS discuss this return with the prepare	r snown above? See.	Instructions			▶ 7 Yes	:	NO

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization Los Ninos, Incorporated 20 1767865 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II d Type III-Non-functionally integrated **c** Type III–Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vil) Amount of monetary (described on lines 1-9 in col (i) listed in your the organization in organization organization in col support above or IRC section governing document? col (i) of your (i) organized in the support? (see instructions)) Yes Yes No No Yes No (A) (B) (C) (D) (E) Total

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support **(b)** 2010 (c) 2011 Calendar year (or fiscal year beginning in) ▶ (a) 2009 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions. and membership fees received. (Do not include any "unusual grants.") . 15,560.01 15,260.00 8,575.82 6,856.74 14,990.00 61,242.57 2 Tax revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 15,560.01 61,242.57 8,575.82 6,856.74 15,260.00 14,990.00 The portion of total contributions by person each (other than governmental unit orpublicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 61,242.57 Section B. Total Support (e) 2013 Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (f) Total Amounts from line 4 8,575.82 15,560.01 6,856.74 15,260.00 14,990.00 61,242.57 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 n 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 0 Total support. Add lines 7 through 10 11 61,242.57 12 12 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 100 % Public support percentage from 2012 Schedule A, Part II, line 14 15 15 16a 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \square 331/3% support test -- 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2013. 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 b 10%-facts-and-circumstances test - 2012. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

Schedule A (Form 990 or 990-EZ) 2013

Part III	Support Schedu	e for Organi	zations Descril	bed ir	n Section	509(a)(2)
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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization land to quality	under the te	313 H31CG DCI	ow, please ci	ompiete Fart	II.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise			 _			
~	sold or services performed, or facilities				İ	ļ	
	furnished in any 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				Ì		
_							
4	Tax revenues levied for the]		
	organization's benefit and either paid to or expended on its behalf		1				
_	·						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	- -		ļ				
6 7a	Total. Add lines 1 through 5				-		
	received from disqualified persons .						
h	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		!				
С	Add lines 7a and 7b				-		
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	(
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
10					<u> </u>		
12	Other income. Do not include gain or loss from the sale of capital assets				l i		
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	ı's fırst, secon	d. third. fourth	or fifth tax ve	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor				····		
15	Public support percentage for 2013 (line 8					15	%
16_	Public support percentage from 2012 Sch	edule A, Part	III, line 15 .	<u></u> .		16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2013 (I	ıne 10c, colun	nn (f) divided b	y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2012	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests—2013. If the organi	zation did not	check the box	on line 14, ai	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than 331/x9%, check this box a						
b	331/3% support tests—2012. If the organiz	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	
	line 18 is not more than 33½%, check this t						
20	Private foundation. If the organization die	not check a	box on line 14,	19a, or 19b, o	check this box	and see instruc	ctions > \

Schedule A (F	Form 990 or 990-EZ) 2013	ge 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; are Part III, line 12. Also complete this part for any additional information. (See instructions).	id
		
•••	·	
•		
	-	

Los Ninos Incorporated

<u>2013</u>

	Jan	Feb	March	April	May	June	July	Aug	Sept	oct	No.	Dec		Total
Balance Forward	4,45171	71 1,72160	0 2,31948	2,931 48	1,658 76	1,142 80	1,142 72	1,129 72	2,831 72	6,487 71	4,742 61	3,081.53		4,451 71
Donations Received General fund Scholarships School Uniforms Student Supplies Teaching Materials	970	970 00 785 00	C								190 00	1,000.00		2,945.00 0 00 0 00 0.00 0 00
Teacher Fund Building Fund														0.00
• *	Total 1,325 00	00 2,035 00	0 625 00	245.00	000	200 00	000	1,715 00	5,040 00	1,110.00	190 00	2,205 00	Total	14,990 00
Donations Distributed	Jan	Feb	March	April	Мау	June	July	Aug	Sept	Oct	Nov	Dec		Total
General fund Scholarships School Uniforms Student Supplies Teaching Materials Nutrition Program	970 00	11 948 84	m -	1,504 72	502 96	487.08			1,384 01	2,781 10	1,846.45	855.77	·	1,445 28 0.00 0 00 0 00 13,383.04
Sailfest/Por Los Ninos Teacher Fund Building Fund Matching Grants												1,000 00		0 00 0 00 0.00 1,000 00
•	Total 4,042 11	11 1,424.12	0000	1,504 72	502 96	487 08	0.00	0000	1,384 01	2,781 10	1,846.45	1,855 77	Total 1	15,828 32
Operating Expenses	13	13 00 13 00	13 00	13 00	13.00	13 00	13 00	13 00		74.00	4 63	59 47		242.10
Current Balance	1,721.60	.60 2,319.48	3 2,931.48	1,658.76	1,142.80	1,142.72	1,129.72	2,831.72	6,487.71	4,742.61	3,081.53	3,371.29	Balance	3,371.29