

American Dental Academy 212 S Atlantic Blvd Suite # 103 & 106 East Los Angeles, Ca 9002 (323) 622-6688

2019 Annual Report

Section # 1 Annual Report Institutions

1. Report for year: 2019

2. Institution Name: American Dental Academy

3. Institution Code: 90323853

4. Street Address (Physical Location): 212 S. Atlantic Blvd., # 103

5. City: Los Angeles6. State: California7. Zip Code: 90022

8. Number of Branch Location: <u>0</u>9. Number of Satellite Location: **0**

- 10. Is this institution current with all assessment to the student Tuition Recovery Fund?: Yes
- 11. Is this Institution current on Annual Fees? Yes
- 12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institution approval, not programmatic approval: **No**
- 13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/ programmatic accreditor, list the accreditation: **No**
- 14. Has any accreditation agency taken any formal disciplinary action against this institution? No
- 15. Does your institution participate in federal financial aid program under Title IV of the Federal Higher Education Act? : **No**
- 16. Does your institution participate in Veteran's financial aid education program? : No
- 17. Does your institution participate in the Cal Grant program? : No
- 18. Is your institution on the California Eligible Training Provider List (ETPL)?: No
- 19. Is your institution receiving funds from the work Investment Act (WIA) program?: Yes
- 20. Does your institution participate in, or offer any additional financial program: No

- 21. If you institution reports a Cohort Default Rate to the Us Department of Education, enter the most recent three year cohort default rate report to the U.S. Department Education for this institution: **No**
- 22. The percentage of students who in 2019 received federal student loans to help pay their cost of education at the school was: **0**
- 23. Number of Doctorate Degree Offered: 0
- 24. Number of Students enrolled in Doctorate level Programs at this Institution: 0
- 25. Number of Bachelor Degree Offered: 0
- 26. Number of students enrolled in Doctorate Degree Offered: **0**
- 27. Number of students enrolled in Bachelor level program at this institution: **0**
- 28. Number of Associate Degree Offered: **0**
- 29. Number of students enrolled in Associate Degree Offered: 0
- 30. Number of Diploma or Certificate Program Offered: 7
- 31. Numbers of students enroll in Diploma or Certificate program at this Institution: _42___
- 32. Institutions maintaining an internet web page are required to post on their web side the most recent annual report submitted to the Bureau, Catalog, and school Performance Fact sheet (CEC 94913)

Links

Institution's Website: www.la-ada.com

School Performance Fact Sheet: http://la-ada.com/index.php?p=518775

2017 Catalog: http://la-ada.com/index.php?p=437420

Annual Report: http://la-ada.com/fileupload/2017_Annual_Report.pdf



American Dental Academy 212 S Atlantic Blvd Suite # 103 & 106 East Los Angeles, Ca 9002 (323) 622-6688

Annual Report for 2019 - Dental Assistant

Section # 2

1. Report for Year: 2019

2. Institution Name: American Dental Academy

3. Institution Code: 90323853

Information for each Educational Program Offered at the institution

- 4. Degree/Program Title: Certificate/ Dental Assistant
- 5. If Other Doctorate, Other Master ,Other Bachelor, Other Associate or Other was Chosen, Please Specify:
- 6. Name of Program: Dental Assistant
- 7. Number of Degree or Diplomas awarded: 1
- 8. Total Charges for this Program (report whole dollars only): \$4,460.00
- 9. The percentage of enrolled students in 2019 receiving federal students loans to pay for this program: **0**
- 10. The percentage of graduates in 2019 who took out federal student loans to pay for this program: **0**
- 11. Number of students who began the program: 20
- 12. Students Available for Graduation: 19
- 13. On time Graduates: <u>19</u>14. Completion Rate: <u>95%</u>

PLACEMENT

- 15. Graduate Available for Employment: 18
- 16. Graduates Employed in the field: 12
- 17. Placement Rate: 72%
- 18. Graduates employed in the field 20 to 29 hours per week: **0**

- 19. Graduates Employed in the field for at least 30 hours per week: 12
- 20. Indicate the number of graduates employed: 12
- 21. Single position in field: 12
- 22. Concurrent aggregated position in the field (2 or more position at the same time): 0
- 23. Freelance/self-employed: 0
- 24. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: $\underline{\mathbf{0}}$

- 25. Does this education program lead to an occupation that requires State Licensing? : No
- 26. If yes, Please provide the information below (for each of the last two years):
- 27. Name of Exam:
- 28. Number of graduates taking the state exam:
- 29. Number who passed the state Exam:
- 30. Passage Rate:
- 31. Is this data from the state licensing agency that administered the exam?:

- 32. If there response to # 29 was no, provide a description of the process used for attempting to cant Students:
- 33. Name of the State licensing entity that licenses this field:
- 34. Name of sate Exam:
- 35. Number of Graduates taking State Exam:
- 36. Number who failed the state Exam:
- 37. Passage Rate:
- 38. Is this data from the licensing agency that administered the exam?:
- 39. If the response to # 37 was no, provide a description of the process used for attempting to contact students:
- 40. Do graduates have the option or requirement for more than one type of licensing state exam?
- 41. Name of Option/ Requirement:
- 42. Graduates available for Employment: 18
- 43. Graduates Employed in the field: 12
- 44. Graduates Employed in the field Reported receiving the following Salary or Wage:

\$ 0-5,000:

\$5001-\$10,000:

\$10,001-\$15,000:

\$20,001-30,000<u>: 6</u>

\$25,001-\$30,000:

\$30,001-\$35,000:<u>6</u>

\$35,001-\$40,000:

\$40,001-\$45,000:

\$45,001-\$50,000:

\$50,001 -\$55,000:

\$55,001-\$60,000:

\$60,001-\$65,000:

\$65,001-\$70,000:

\$70,001-\$75,000:

\$75,001-\$80,000:

\$80,001-\$85,000:

\$85,001-\$90,000:

705,00± 750,000.

\$90,001-\$95,000:

\$95,001-\$100,000:



Annual Report for 2019 – Dental Laboratory Technician

1. Report for Year: 2019

2. Institution Name: American Dental Academy

3. Institution Code: 90323853

Information for each Educational Program Offered at the institution

- 4. Degree/Program Title: Certificate/ Dental Laboratory Technician
- 5. If Other Doctorate, Other Master ,Other Bachelor, Other Associate or Other was Chosen, Please Specify:
- 6. Name of Program: Dental Assistant
- 7. Number of Degree or Diplomas awarded: **0**
- 8. Total Charges for this Program (report whole dollars only): **\$ 5,975.00**
- 9. The percentage of enrolled students in 2019 receiving federal students loans to pay for this program: $\underline{\mathbf{0}}$
- 10. The percentage of graduates in 2019 who took out federal student loans to pay for this program: $\underline{\mathbf{0}}$
- 11. Number of students who began the program: **0**
- 12. Students Available for Graduation: 0
- 13. On time Graduates: **0**
- 14. Completion Rate: 0

PLACEMENT

- 15. Graduate Available for Employment: 0
- 16. Graduates Employed in the field: 0
- 17. Placement Rate: 0
- 18. Graduates employed in the field 20 to 29 hours per week: **0**
- 19. Graduates Employed in the field for at least 30 hours per week: **0**
- 20. Indicate the number of graduates employed: **0**
- 21. Single position in field: 0

- 22. Concurrent aggregated position in the field (2 or more position at the same time): 0
- 23. Freelance/self-employed: **0**
- 24. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: $\underline{\mathbf{0}}$

- 25. Does this education program lead to an occupation that requires State Licensing? : No
- 26. If yes, Please provide the information below (for each of the last two years):
- 27. Name of Exam:
- 28. Number of graduates taking the state exam:
- 29. Number who passed the state Exam:
- 30. Passage Rate:
- 31. Is this data from the state licensing agency that administered the exam?:

- 32. If there response to # 29 was no, provide a description of the process used for attempting to cant Students:
- 33. Name of the State licensing entity that licenses this field:
- 34. Name of sate Exam:
- 35. Number of Graduates taking State Exam:
- 36. Number who failed the state Exam:
- 37. Passage Rate:
- 38. Is this data from the licensing agency that administered the exam?:
- 39. If the response to # 37 was no, provide a description of the process used for attempting to contact students:
- 40. Do graduates have the option or requirement for more than one type of licensing state exam?
- 41. Name of Option/ Requirement:
- 42. Graduates available for Employment: **0**
- 43. Graduates Employed in the field: 0
- 44. Graduates Employed in the field Reported receiving the following Salary or Wage:

\$ 0-5,000:

\$5001-\$10,000:

\$10,001-\$15,000:

\$20,001-30,000:

\$25,001-\$30,000:

\$30,001-\$35,000:

\$35,001-\$40,000:

\$40,001-\$45,000:

\$45,001-\$50,000:

\$50,001 -\$55,000:

\$55,001-\$60,000:

\$60,001-\$65,000:

\$65,001-\$70,000:

\$70,001-\$75,000:

\$75,001-\$80,000:

\$80,001-\$85,000:

\$85,001-\$90,000:

\$90,001-\$95,000:

\$95,001-\$100,000:



Annual Report for 2019 – Dental Administration Program

1. Report for Year: 2019

2. Institution Name: American Dental Academy

3. Institution Code: 90323853

Information for each Educational Program Offered at the institution

- 4. Degree/Program Title: Certificate/ Dental Administration Program
- 5. If Other Doctorate, Other Master ,Other Bachelor, Other Associate or Other was Chosen, Please Specify:
- 6. Name of Program: Dental Assistant
- 7. Number of Degree or Diplomas awarded: **0**
- 8. Total Charges for this Program (report whole dollars only): \$3,600.00
- 9. The percentage of enrolled students in 2019 receiving federal students loans to pay for this program: $\underline{\mathbf{0}}$
- 10. The percentage of graduates in 2019 who took out federal student loans to pay for this program: $\underline{\mathbf{0}}$
- 11. Number of students who began the program: **0**
- 12. Students Available for Graduation: 0
- 13. On time Graduates: **0**
- 14. Completion Rate: 0

PLACEMENT

- 15. Graduate Available for Employment: 0
- 16. Graduates Employed in the field: 0
- 17. Placement Rate: 0
- 18. Graduates employed in the field 20 to 29 hours per week: **0**
- 19. Graduates Employed in the field for at least 30 hours per week: **0**
- 20. Indicate the number of graduates employed: **0**
- 21. Single position in field: 0

- 22. Concurrent aggregated position in the field (2 or more position at the same time): 0
- 23. Freelance/self-employed: **0**
- 24. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: $\underline{\mathbf{0}}$

- 25. Does this education program lead to an occupation that requires State Licensing? : No
- 26. If yes, Please provide the information below (for each of the last two years):
- 27. Name of Exam:
- 28. Number of graduates taking the state exam:
- 29. Number who passed the state Exam:
- 30. Passage Rate:
- 31. Is this data from the state licensing agency that administered the exam?:

- 32. If there response to # 29 was no, provide a description of the process used for attempting to cant Students:
- 33. Name of the State licensing entity that licenses this field:
- 34. Name of sate Exam:
- 35. Number of Graduates taking State Exam:
- 36. Number who failed the state Exam:
- 37. Passage Rate:
- 38. Is this data from the licensing agency that administered the exam?:
- 39. If the response to # 37 was no, provide a description of the process used for attempting to contact students:
- 40. Do graduates have the option or requirement for more than one type of licensing state exam?
- 41. Name of Option/ Requirement:
- 42. Graduates available for Employment: **0**
- 43. Graduates Employed in the field: 0
- 44. Graduates Employed in the field Reported receiving the following Salary or Wage:

\$ 0-5,000:

\$5001-\$10,000:

\$10,001-\$15,000:

\$20,001-30,000:

\$25,001-\$30,000:

\$30,001-\$35,000:

\$35,001-\$40,000:

\$40,001-\$45,000:

\$45,001-\$50,000:

\$50,001 -\$55,000:

\$55,001-\$60,000:

\$60,001-\$65,000:

\$65,001-\$70,000:

\$70,001-\$75,000:

\$75,001-\$80,000:

\$80,001-\$85,000:

\$85,001-\$90,000:

\$90,001-\$95,000:

\$95,001-\$100,000:



Annual Report for 2019 - Coronal Polish Certificate

1. Report for Year: 2019

2. Institution Name: American Dental Academy

3. Institution Code: 90323853

Information for each Educational Program Offered at the institution

- 4. Degree/Program Title: Certificate/ Coronal Polish Certificate
- 5. If Other Doctorate, Other Master ,Other Bachelor, Other Associate or Other was Chosen, Please Specify:
- 6. Name of Program: Dental Assistant
- 7. Number of Degree or Diplomas awarded: **0**
- 8. Total Charges for this Program (report whole dollars only): \$480.00
- 9. The percentage of enrolled students in 2019 receiving federal students loans to pay for this program: $\underline{\mathbf{0}}$
- 10. The percentage of graduates in 2019 who took out federal student loans to pay for this program: **0**
- 11. Number of students who began the program: 9
- 12. Students Available for Graduation: 9
- 13. On time Graduates: 9
- 14. Completion Rate: 100 %

PLACEMENT

- 15. Graduate Available for Employment: 9
- 16. Graduates Employed in the field: 9
- 17. Placement Rate: 100%
- 18. Graduates employed in the field 20 to 29 hours per week:
- 19. Graduates Employed in the field for at least 30 hours per week: 9
- 20. Indicate the number of graduates employed: 9
- 21. Single position in field: 9

- 22. Concurrent aggregated position in the field (2 or more position at the same time): 0
- 23. Freelance/self-employed: **0**
- 24. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: $\underline{\mathbf{0}}$

- 25. Does this education program lead to an occupation that requires State Licensing? : No
- 26. If yes, Please provide the information below (for each of the last two years):
- 27. Name of Exam:
- 28. Number of graduates taking the state exam:
- 29. Number who passed the state Exam:
- 30. Passage Rate:
- 31. Is this data from the state licensing agency that administered the exam?:

- 32. If there response to # 29 was no, provide a description of the process used for attempting to cant Students:
- 33. Name of the State licensing entity that licenses this field:
- 34. Name of sate Exam:
- 35. Number of Graduates taking State Exam:
- 36. Number who failed the state Exam:
- 37. Passage Rate:
- 38. Is this data from the licensing agency that administered the exam?:
- 39. If the response to # 37 was no, provide a description of the process used for attempting to contact students:
- 40. Do graduates have the option or requirement for more than one type of licensing state exam?
- 41. Name of Option/ Requirement:
- 42. Graduates available for Employment: 9
- 43. Graduates Employed in the field: 9
- 44. Graduates Employed in the field Reported receiving the following Salary or Wage:

\$ 0-5,000:

\$5001-\$10,000:

\$10,001-\$15,000:

\$20,001-30,000:

\$25,001-\$30,000:

\$30,001-\$35,000:9

\$35,001-\$40,000:

\$40,001-\$45,000:

\$45,001-\$50,000:

\$50,001 -\$55,000:

\$55,001-\$60,000:

\$60,001-\$65,000:

\$65,001-\$70,000:

\$70,001-\$75,000:

\$75,001-\$80,000:

\$80,001-\$85,000:

\$85,001-\$90,000:

\$90,001-\$95,000:

\$95,001-\$100,000:



Annual Report for 2019 - Dental Radiation Safety Certificate

1. Report for Year: 2019

2. Institution Name: American Dental Academy

3. Institution Code: 90323853

Information for each Educational Program Offered at the institution

- 4. Degree/Program Title: Certificate/ Dental Radiation Safety Certificate
- 5. If Other Doctorate, Other Master ,Other Bachelor, Other Associate or Other was Chosen, Please Specify:
- 6. Name of Program: Dental Assistant
- 7. Number of Degree or Diplomas awarded: **0**
- 8. Total Charges for this Program (report whole dollars only): \$695.00
- 9. The percentage of enrolled students in 2019 receiving federal students loans to pay for this program: $\underline{\mathbf{0}}$
- 10. The percentage of graduates in 2019 who took out federal student loans to pay for this program: **0**
- 11. Number of students who began the program: 24
- 12. Students Available for Graduation: 24
- 13. On time Graduates: <u>24</u>14. Completion Rate: <u>100 %</u>

PLACEMENT

15. Graduate Available for Employment: 24

16. Graduates Employed in the field: 17

17. Placement Rate: 71%

- 18. Graduates employed in the field 20 to 29 hours per week: **0**
- 19. Graduates Employed in the field for at least 30 hours per week: 17
- 20. Indicate the number of graduates employed: 17
- 21. Single position in field: 17

- 22. Concurrent aggregated position in the field (2 or more position at the same time): 0
- 23. Freelance/self-employed: **0**
- 24. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: $\underline{\mathbf{0}}$

- 25. Does this education program lead to an occupation that requires State Licensing? : No
- 26. If yes, Please provide the information below (for each of the last two years):
- 27. Name of Exam:
- 28. Number of graduates taking the state exam:
- 29. Number who passed the state Exam:
- 30. Passage Rate:
- 31. Is this data from the state licensing agency that administered the exam?:

- 32. If there response to # 29 was no, provide a description of the process used for attempting to cant Students:
- 33. Name of the State licensing entity that licenses this field:
- 34. Name of sate Exam:
- 35. Number of Graduates taking State Exam:
- 36. Number who failed the state Exam:
- 37. Passage Rate:
- 38. Is this data from the licensing agency that administered the exam?:
- 39. If the response to # 37 was no, provide a description of the process used for attempting to contact students:
- 40. Do graduates have the option or requirement for more than one type of licensing state exam?
- 41. Name of Option/ Requirement:
- 42. Graduates available for Employment: 24
- 43. Graduates Employed in the field: 17
- 44. Graduates Employed in the field Reported receiving the following Salary or Wage:

\$ 0- 5,000:

\$5001-\$10,000:

\$10,001-\$15,000:

\$20,001-30,000:

\$25,001-\$30,000:

\$30,001-\$35,000:17

\$35,001-\$40,000:

\$40,001-\$45,000:

\$45,001-\$50,000:

\$50,001 -\$55,000:

\$55,001-\$60,000:

\$60,001-\$65,000:

\$65,001-\$70,000:

\$70,001-\$75,000:

\$75,001-\$80,000:

\$80,001-\$85,000:

\$85,001-\$90,000:

\$90,001-\$95,000:

\$95,001-\$100,000:



Annual Report for 2019 - Infection Control Course

1. Report for Year: 2019

2. Institution Name: American Dental Academy

3. Institution Code: 90323853

Information for each Educational Program Offered at the institution

4. Degree/Program Title: Certificate/ Infection Control Course

- 5. If Other Doctorate, Other Master ,Other Bachelor, Other Associate or Other was Chosen, Please Specify:
- 6. Name of Program: Dental Assistant
- 7. Number of Degree or Diplomas awarded: **0**
- 8. Total Charges for this Program (report whole dollars only): \$250.00
- 9. The percentage of enrolled students in 2019 receiving federal students loans to pay for this program: **0**
- 10. The percentage of graduates in 2019 who took out federal student loans to pay for this program: **0**
- 11. Number of students who began the program: 16
- 12. Students Available for Graduation: 16
- 13. On time Graduates: <u>16</u>14. Completion Rate: <u>100 %</u>

PLACEMENT

15. Graduate Available for Employment: 16

16. Graduates Employed in the field: 16

17. Placement Rate: 100%

18. Graduates employed in the field 20 to 29 hours per week: **0**

19. Graduates Employed in the field for at least 30 hours per week: 16

20. Indicate the number of graduates employed: 16

21. Single position in field: 16

- 22. Concurrent aggregated position in the field (2 or more position at the same time): 0
- 23. Freelance/self-employed: **0**
- 24. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: $\underline{\mathbf{0}}$

- 25. Does this education program lead to an occupation that requires State Licensing? : No
- 26. If yes, Please provide the information below (for each of the last two years):
- 27. Name of Exam:
- 28. Number of graduates taking the state exam:
- 29. Number who passed the state Exam:
- 30. Passage Rate:
- 31. Is this data from the state licensing agency that administered the exam?:

- 32. If there response to # 29 was no, provide a description of the process used for attempting to cant Students:
- 33. Name of the State licensing entity that licenses this field:
- 34. Name of sate Exam:
- 35. Number of Graduates taking State Exam:
- 36. Number who failed the state Exam:
- 37. Passage Rate:
- 38. Is this data from the licensing agency that administered the exam?
- 39. If the response to # 37 was no, provide a description of the process used for attempting to contact students:
- 40. Do graduates have the option or requirement for more than one type of licensing state exam?
- 41. Name of Option/ Requirement:
- 42. Graduates available for Employment: 16
- 43. Graduates Employed in the field: 16
- 44. Graduates Employed in the field Reported receiving the following Salary or Wage:

\$ 0- 5,000:

\$5001-\$10,000:

\$10,001-\$15,000:

\$20,001-30,000:

\$25,001-\$30,000:

\$30,001-\$35,000:

\$35,001-\$40,000:16

\$40,001-\$45,000:

\$45,001-\$50,000:

\$50,001 -\$55,000:

\$55,001-\$60,000:

\$60,001-\$65,000:

\$65,001-\$70,000:

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\$70,001-\$75,000:

\$75,001-\$80,000:

\$80,001-\$85,000:

\$85,001-\$90,000:

\$90,001-\$95,000:

\$95,001-\$100,000:



Annual Report for 2019 – Pit and Fissure Sealant Course

1. Report for Year: 2019

2. Institution Name: American Dental Academy

3. Institution Code: 90323853

Information for each Educational Program Offered at the institution

4. Degree/Program Title: Certificate/ Pit and Fissure Sealant Course

- 5. If Other Doctorate, Other Master ,Other Bachelor, Other Associate or Other was Chosen, Please Specify:
- 6. Name of Program: Dental Assistant
- 7. Number of Degree or Diplomas awarded: **0**
- 8. Total Charges for this Program (report whole dollars only): \$350.00
- 9. The percentage of enrolled students in 2019 receiving federal students loans to pay for this program: **0**
- 10. The percentage of graduates in 2019 who took out federal student loans to pay for this program: $\underline{\mathbf{0}}$
- 11. Number of students who began the program: 10
- 12. Students Available for Graduation: 10
- 13. On time Graduates: <u>10</u>14. Completion Rate: <u>100 %</u>

PLACEMENT

15. Graduate Available for Employment: 10

16. Graduates Employed in the field: 10

17. Placement Rate: 100%

18. Graduates employed in the field 20 to 29 hours per week: **0**

19. Graduates Employed in the field for at least 30 hours per week: **10**

20. Indicate the number of graduates employed: 10

21. Single position in field: 10

- 22. Concurrent aggregated position in the field (2 or more position at the same time): 0
- 23. Freelance/self-employed: **0**
- 24. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: $\underline{\mathbf{0}}$

- 25. Does this education program lead to an occupation that requires State Licensing? : No
- 26. If yes, Please provide the information below (for each of the last two years):
- 27. Name of Exam:
- 28. Number of graduates taking the state exam:
- 29. Number who passed the state Exam:
- 30. Passage Rate:
- 31. Is this data from the state licensing agency that administered the exam?:

- 32. If there response to # 29 was no, provide a description of the process used for attempting to cant Students:
- 33. Name of the State licensing entity that licenses this field:
- 34. Name of sate Exam:
- 35. Number of Graduates taking State Exam:
- 36. Number who failed the state Exam:
- 37. Passage Rate:
- 38. Is this data from the licensing agency that administered the exam?
- 39. If the response to # 37 was no, provide a description of the process used for attempting to contact students:
- 40. Do graduates have the option or requirement for more than one type of licensing state exam?
- 41. Name of Option/ Requirement:
- 42. Graduates available for Employment: 10
- 43. Graduates Employed in the field : **10**
- 44. Graduates Employed in the field Reported receiving the following Salary or Wage:

\$ 0- 5,000:

\$5001-\$10,000:

\$10,001-\$15,000:

\$20,001-30,000:

\$25,001-\$30,000:

\$30,001-\$35,000: 10

\$35,001-\$40,000:

\$40,001-\$45,000:

\$45,001-\$50,000:

\$50,001 -\$55,000:

\$55,001-\$60,000:

\$60,001-\$65,000:

\$65,001-\$70,000:

\$70,001-\$75,000:

\$75,001-\$80,000:

\$80,001-\$85,000:

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\$85,001-\$90,000:

\$90,001-\$95,000:

\$95,001-\$100,000: