

AMENDED RETURN

Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 09/01/18, and ending 08/31/19

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section

☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year

1,516,734

Name of organization () Check box if name changed and see instructions)

Print Dream Tree Project

Number, street, and room or suite no. If a P.O. box, see instructions

128 La Posta

City or town, state or province, country, and ZIP or foreign postal code

Taos NM 87571

D Employer identification number
(Employees' trust, see instructions)

85-0462470

E Unrelated business activity code
(See instructions)

445200 111000

F Group exemption number (See instructions)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses 2 Describe the only (or first) unrelated trade or business here

If only one, complete

Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete

Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

Yes ☐ No ☒

If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of Dreamtree Project

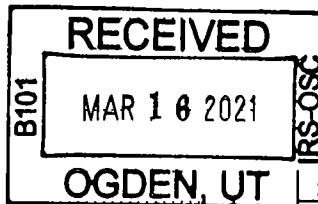
Telephone number 575-758-9595

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 96			
b Less returns and allowances			
c Balance 1c	96		
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit Subtract line 2 from line 1c	96		96
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4b			
c Capital loss deduction for trusts			
4c			
5 Income (loss) from partnership and S corporation (attach statement)			
5			
6 Rent income (Schedule C)			
6			
7 Unrelated debt-financed income (Schedule E)			
7			
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
9			
10 Exploited exempt activity income (Schedule I)			
10			
11 Advertising income (Schedule J)			
11			
12 Other income (See instructions, attach schedule)			
12			
13 Total. Combine lines 3 through 12	96		96

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	30,054
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	0
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	30,054
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-29,958
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	-29,958



DAA For Paperwork Reduction Act Notice, see instructions.

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att sch)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments. A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	Ollie D. Waters	Ollie D. Waters		02/23/21		P00072561
	Firm's name	Firm's EIN				
	Moye Waters & Associates, LLC	20-5855985				
	Firm's address	Phone no				
	3311 Candelaria NE Suite J	505-260-0616				
	Albuquerque, NM 87107-1952					

Form 990-T (2018) **Dream Tree Project****85-0462470**Page **3****Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ► **Cost Method**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2	2,875	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	2,875
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	2,875			X

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

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Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	

Totals**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26		

Totals**Schedule J – Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form **990-T** (2018)

SCHEDULE M
(Form 990-T)**Unrelated Business Taxable Income for**
Unrelated Trade or Business

OMB No 1545-0687

2018Department of the Treasury
Internal Revenue Service
Name of the organizationFor calendar year 2018 or other tax year beginning **09/01/18**, and ending **08/31/19**Go to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only**Dream Tree Project**

Employer identification number

85-0462470Unrelated business activity code (see instructions) ▶ **445200**Describe the unrelated trade or business ▶ **Ziggy's LLC**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	79,864			
b Less returns and allowances		1c 79,864		
2 Cost of goods sold (Schedule A line 7)		2 2,875		
3 Gross profit Subtract line 2 from line 1c		3 76,989		76,989
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnership and S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions, attach schedule) See Stmt 1		12 951		951
13 Total. Combine lines 3 through 12		13 77,940		77,940

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	43,537
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	3,521
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (reported on Form 4562)	21	51,000
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 51,000
23 Depletion	23	
24 Contributions to deferred compensation plans	24	963
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) See Statement 2	28	50,835
29 Total deductions. Add lines 14 through 28	29	149,856
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-71,916
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	-71,916

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T	Business Income Schedules Worksheet Description Ziggy's LLC	2018
Name Dream Tree Project		Taxpayer Identification Number 85-0462470
Unincorporated Business Income Tax Code 445200 Activity Specialty food stores		

Schedule A – Cost of Goods Sold.

1	Inventory at beginning of year	1		5	Inventory at end of year	5	
2	Purchases and Other Costs	2	2,875	6	Cost of goods sold. Subtract Line 5 from	6	2,875
3	Sec 263A Costs	3		Line 4, show the amount here and on Line 2 of Sch M or 990T			
4	Total. Add lines 1 through 3	4	2,875				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property	2a	Income 10% to 50%	2b	Income over 50%	3	Expense
(1)							
(2)							
(3)	Total of Schedule C items for this activity. Enter Col 2 on Line 6A and Col 3 on Line 6B						

Schedule E – Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property	2	Gross Income/Expense amounts	3	Debt Ratio	4	Gross income reportable (column 2 x Ratio)	5	Allocable deductions (column 3 x Ratio)
(1)			income		%				
			expense						
(2)			income		%				
			expense						
(3)	Total of Schedule E items for this activity. Enter Col 4 on Line 7A and Col 5 on Line 7B								

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1	Name of Controlled Organization	2	EIN	3	Exempt/Nonexempt Controlled Organization	4	Income	5	Expenses
(1)									
(2)									
(3)	Total of Schedule F items for this activity (combining Exempt and NonExempt). Enter Col 4 on Line 8A and Col 5 on Line 8B								

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1	Description of property	2	Income	3	Deductions	4	Set-Asides	5	Deduction & Set-Aside Total
(1)									
(2)									
(3)	Total for Schedule G activities- use on line 9 column (A) and (B)								

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description	2	Gross Income	3	Related Expense	4	Net Income	5	Non-UBIT income	6	Non-UBIT expense	7	Excess expense
(1)													
(2)													
	Totals for Schedule I - use on line 10 col (A) and (B)												

Schedule J – Advertising Income (see instructions)**Consolidated Basis (Part I)**

1	Name of periodical	2	Gross Adv Income	3	Direct costs	4	Advertising gain or (loss). If a gain, compute next 3 columns	5	Circulation income	6	Readership costs	7	Excess readership costs (col 6 - col 5) but not more than col 4
(1)													
(2)													
(3)													
	Totals (for Part I)												

Separate Basis (Part II)

(1)					
(2)					
Totals from Part I	▶				
Totals, Part II (lines 1-5)	▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		Enter here and on page 1, Part II, line 27

Form 990-T	Schedule M Charitable Contribution and Loss Calculation Description DreamTree Farms	2018
Name Dream Tree Project		Taxpayer Identification Number 85-0462470
Unincorporated Business Income Tax Code 111000 Activity Crop production		

Worksheet 1 Activity Charitable Contribution Deduction

1	Activity Income (Schedule M, Line 13, col C)	1	96
2	Activity Expense (does not include amount needed for Line 20)	2	30,054
3	Net Income (Line 1 minus Line 2), If less than zero, enter -0-	3	0
4	Current activity contribution limit (Multiplier used is 10 %)	4	
5	Current year contributions	5	0
6	Prior year contributions (corporations only)	6	
7	Total available contributions (Add lines 5 and 6)	7	
8	Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)	8	
9	Remaining contributions (subtract line 8 from line 7)	9	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits). Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11	Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0

Worksheet 2 Activity Losses and Carryforward Amounts

1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	0
3	Prior year losses carried over to next year	3	
4	Losses generated by current year activity	4	29,958
5	Total loss carried forward to 2019	5	29,958

Worksheet 3 Activity Charitable Contribution Carryforward

Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 08/31/14					
4th 08/31/15					
3rd 08/31/16					
2nd 08/31/17					
1st 08/31/18					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount					0
Charitable Contribution Carryover Available To Next Year					0

Form 990-T	Schedule M Charitable Contribution and Loss Calculation Description Ziggy's LLC	2018
Name Dream Tree Project		Taxpayer Identification Number 85-0462470
Unincorporated Business Income Tax Code 445200 Activity Specialty food stores		

Worksheet 1 Activity Charitable Contribution Deduction

1	Activity Income (Schedule M, Line 13, col C)	1	77,940
2	Activity Expense (does not include amount needed for Line 20)	2	149,856
3	Net Income (Line 1 minus Line 2), if less than zero, enter -0-	3	0
4	Current activity contribution limit (Multiplier used is 10 %)	4	
5	Current year contributions	5	0
6	Prior year contributions (corporations only)	6	
7	Total available contributions (Add lines 5 and 6)	7	
8	Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)	8	
9	Remaining contributions (subtract line 8 from line 7)	9	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits). Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11	Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0

Worksheet 2 Activity Losses and Carryforward Amounts

1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	0
3	Prior year losses carried over to next year	3	
4	Losses generated by current year activity	4	71,916
5	Total loss carried forward to 2019	5	71,916

Worksheet 3 Activity Charitable Contribution Carryforward

		Prior Year			Current Year	Next Year
Prior Tax Years		Contributions	Used	Carryover	Amount Used	Carryover
5th	08/31/14					
4th	08/31/15					
3rd	08/31/16					
2nd	08/31/17					
1st	08/31/18					
Charitable Contribution Carryover To Current Year				0		
Current Year Amount		0				0
Charitable Contribution Carryover Available To Next Year						0

Federal Statements

Ziggy's LLC

Statement 1 - Form 990-T, Schedule M, Line 12 - Other Income

Description	Amount
Ziggy's Frozen Yogurt	\$ 951
Total	<u>\$ 951</u>

Ziggy's LLC

Statement 2 - Form 990-T, Schedule M, Line 28 - Other Deductions

Description	Amount
Advertising	\$ 2,583
Amortization	292
Occupancy	12,470
Office	5,811
Insurance	1,679
Other Professional Fees	28,000
Total	<u>\$ 50,835</u>