

**James Y. Lee & Co. A.C.
2855 Michelle Ste 200
Irvine, CA 92606-1011
714-669-1400**

February 15, 2017

CONFIDENTIAL

KEUN SOOK YOO
16955 KEMERTON PLACE
HACIENDA HTS, CA 91745

Dear KEUN SOOK:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)
California Resident Income Tax Return (Form 540)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your 2016 Form 1040 shows a total overpayment of \$51, of which \$1 has been applied to your estimated tax penalty and \$50 will be credited to your estimated tax liability for the coming year.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

James Y. Lee & Co. A.C.
2855 Michelle Ste 200
Irvine, CA 92606-1011

***Important:* Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.**

Retain a copy of the signed and dated Form 8879 for your records.

California Filing Instructions

No check is required. Authorization for the California Franchise Tax Board to debit your BANK OF HOPE checking account for the amount of \$27 on February 24, 2017 has been designated in the electronic return. Please keep this filing instruction as a reminder of the amount to be

withdrawn from your account.

Sign and date Form CA 8879, California e-file Signature Authorization for Individuals. Return it as soon as possible to:

James Y. Lee & Co. A.C.
2855 Michelle Ste 200
Irvine, CA 92606-1011

Your return is being filed electronically. Do not mail Form 540.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 (www.irs.gov/pub/irs-pdf/p4524.pdf) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

James Y. Lee & Co. A.C.

| | | | | | |
|--|------|--|------|--|--|
| Form | 1040 | Department of the Treasury—Internal Revenue Service (99) | 2016 | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space. |
| For the year Jan. 1–Dec. 31, 2016, or other tax year beginning | | | | 2016, ending | 20 |
| See separate instructions. | | | | | |
| Your first name and initial KEUN SOOK | | Last name YOO | | Your social security number 602-31-3906 | |
| If a joint return, spouse's first name and initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 16955 KEMERTON PLACE | | | | Apt. no. | P Make sure the SSN(s) above and on line 6c are correct. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). HACIENDA HTS CA 91745 | | | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |
| Filing Status | | | | | |
| 1 <input checked="" type="checkbox"/> Single | | | | | |
| 2 <input type="checkbox"/> Married filing jointly (even if only one had income) | | | | | |
| 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. u | | | | | |
| 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. u | | | | | |
| 5 <input type="checkbox"/> Qualifying widow(er) with dependent child | | | | | |
| Check only one box. | | | | | |
| Exemptions | | | | | |
| 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a | | | | | |
| b <input type="checkbox"/> Spouse | | | | | |
| c Dependents: | | | | | |
| (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input type="checkbox"/> If child under age 17 qual. for child tax credit (see instr.) | | | | | |
| If more than four dependents, see instructions and check here u <input type="checkbox"/> | | | | | |
| d Total number of exemptions claimed 1 | | | | | |
| Income | | | | | |
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 | | | | | |
| 8a Taxable interest. Attach Schedule B if required 8a | | | | | |
| b Tax-exempt interest. Do not include on line 8a 8b | | | | | |
| 9a Ordinary dividends. Attach Schedule B if required 9a | | | | | |
| b Qualified dividends 9b | | | | | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes 10 | | | | | |
| 11 Alimony received 11 | | | | | |
| 12 Business income or (loss). Attach Schedule C or C-EZ 12 16,145 | | | | | |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here u <input type="checkbox"/> 13 | | | | | |
| 14 Other gains or (losses). Attach Form 4797 14 | | | | | |
| 15a IRA distributions 15a b Taxable amount 15b | | | | | |
| 16a Pensions and annuities 16a b Taxable amount 16b | | | | | |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 | | | | | |
| 18 Farm income or (loss). Attach Schedule F 18 | | | | | |
| 19 Unemployment compensation 19 | | | | | |
| 20a Social security benefits 20a b Taxable amount 20b | | | | | |
| 21 Other income. List type and amount 21 | | | | | |
| 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income u 22 16,145 | | | | | |
| Adjusted Gross Income | | | | | |
| 23 Educator expenses 23 | | | | | |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 | | | | | |
| 25 Health savings account deduction. Attach Form 8889 25 | | | | | |
| 26 Moving expenses. Attach Form 3903 26 | | | | | |
| 27 Deductible part of self-employment tax. Attach Schedule SE 27 1,141 | | | | | |
| 28 Self-employed SEP, SIMPLE, and qualified plans 28 | | | | | |
| 29 Self-employed health insurance deduction 29 | | | | | |
| 30 Penalty on early withdrawal of savings 30 | | | | | |
| 31a Alimony paid b Recipient's SSN u 31a | | | | | |
| 32 IRA deduction 32 | | | | | |
| 33 Student loan interest deduction 33 | | | | | |
| 34 Tuition and fees. Attach Form 8917 34 | | | | | |
| 35 Domestic production activities deduction. Attach Form 8903 35 | | | | | |
| 36 Add lines 23 through 35 36 1,141 | | | | | |
| 37 Subtract line 36 from line 22. This is your adjusted gross income u 37 15,004 | | | | | |
| For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. | | | | | |
| Form 1040 (2016) | | | | | |

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,300

| | | | |
|-----|--|-----|--------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 15,004 |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked u | 39a | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here u | 39b | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 6,300 |
| 41 | Subtract line 40 from line 38 | 41 | 8,704 |
| 42 | Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions | 42 | 4,050 |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 4,654 |
| 44 | Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 468 |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| 47 | Add lines 44, 45, and 46 | 47 | 468 |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| 50 | Education credits from Form 8863, line 19 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | |
| 55 | Add lines 48 through 54. These are your total credits | 55 | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 468 |

Other Taxes

| | | | |
|-----|--|-----|-------|
| 57 | Self-employment tax. Attach Schedule SE | 57 | 2,281 |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes from Schedule H | 60a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| 61 | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 61 | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | |
| 63 | Add lines 56 through 62. This is your total tax | 63 | 2,749 |

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|-----|---|-----|-------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | |
| 65 | 2016 estimated tax payments and amount applied from 2015 return | 65 | 2,800 |
| 66a | Earned income credit (EIC) | 66a | |
| b | Nontaxable combat pay election 66b | 66b | |
| 67 | Additional child tax credit. Attach Schedule 8812 | 67 | |
| 68 | American opportunity credit from Form 8863, line 8 | 68 | |
| 69 | Net premium tax credit. Attach Form 8962 | 69 | |
| 70 | Amount paid with request for extension to file | 70 | |
| 71 | Excess social security and tier 1 RRTA tax withheld | 71 | |
| 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | |
| 73 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | |
| 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 2,800 |

Refund

| | | | |
|-----|---|-----|--|
| 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 51 |
| 76a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here u | 76a | |
| u b | Routing number | u c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| u d | Account number | | |
| 77 | Amount of line 75 you want applied to your 2017 estimated tax | 77 | 50 |

| | | | | |
|----------------|----|--|----|---|
| Amount You Owe | 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | |
| | 79 | Estimated tax penalty (see instructions) | 79 | 1 |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name **u JAMES Y LEE** Personal identification number (PIN) **u 84000**

Phone no. **u 714-669-1400**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature **SELF-EMPLOYED** Date **02/15/17** Your occupation **SELF-EMPLOYED**

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Daytime phone number **714-669-1400**

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Print/Type preparer's name **James Y. Lee** Preparer's signature **02/15/17** Check ☐ if self-employed PTIN **P00286392**

Preparer Use Only Firm's name **u James Y. Lee & Co. A.C.** Firm's EIN **u 20-3987295**

Firm's address **u 2855 Michelle Ste 200 Irvine CA 92606-1011** Phone no. **714-669-1400**

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2016

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

u Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
u Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

KEUN SOOK YOO

Social security number (SSN)

602-31-3906

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

SNACK SHOP

u 722513

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

BAKERY NOSH

E Business address (including suite or room no.) **u 110 E 9TH STREET STE B203**

City, town or post office, state, and ZIP code

LOS ANGELES

CA 90079

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) **u**

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2016, check here

u

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)

☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099?

☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on

Form W-2 and the "Statutory employee" box on that form was checked **u** ☐

1 47,710

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 47,710

4 Cost of goods sold (from line 42)

4 12,589

5 **Gross profit.** Subtract line 4 from line 3

5 35,121

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 **Gross income.** Add lines 5 and 6 **u**

7 35,121

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising

8

18 Office expense (see instructions)

18 118

9 Car and truck expenses (see instructions)

9 456

19 Pension and profit-sharing plans

19

10 Commissions and fees

10

20 Rent or lease (see instructions):

20a

11 Contract labor (see instructions)

11

a Vehicles, machinery, and equipment

20a

12 Depletion

12

b Other business property

20b 11,948

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

13 257

21 Repairs and maintenance

21

14 Employee benefit programs (other than on line 19)

14

22 Supplies (not included in Part III)

22 997

15 Insurance (other than health)

15 826

23 Taxes and licenses

23

16 Interest:

16a

24 Travel, meals, and entertainment:

24a

a Mortgage (paid to banks, etc.)

16a

a Travel

24a

b Other

16b

b Deductible meals and entertainment (see instructions)

24b

17 Legal and professional services

17 230

25 Utilities

25

26 Wages (less employment credits)

26

27a Other expenses (from line 48)

27a 4,144

b Reserved for future use

27b

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a **u**

28 18,976

29 Tentative profit or (loss). Subtract line 28 from line 7

29 16,145

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____

and (b) the part of your home used for business: _____. Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

30

31 **Net profit or (loss).** Subtract line 30 from line 29.

• If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**.

(If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

31 16,145

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

| | |
|-----------------|--|
| Part III | Cost of Goods Sold (see instructions) |
|-----------------|--|

33 Method(s) used to value closing inventory: **a** ☒ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☒ No

| | | | |
|-----------|---|-----------|---------------|
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | 900 |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | 12,699 |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 | Materials and supplies | 38 | |
| 39 | Other costs | 39 | |
| 40 | Add lines 35 through 39 | 40 | 13,599 |
| 41 | Inventory at end of year | 41 | 1,010 |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | 12,589 |

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) **u** **11/09/07**

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business 844 **b Commuting (see instructions)** **c Other** 14,816

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

| | |
|---------------|--|
| Part V | Other Expenses. List below business expenses not included on lines 8-26 or line 30. |
|---------------|--|

| | |
|-----------|-----|
| Telephone | 544 |
|-----------|-----|

| | |
|--------------|-------|
| Amortization | 3,600 |
|--------------|-------|

| | | | |
|----|---|----|-------|
| 48 | Total other expenses. Enter here and on line 27a | 48 | 4,144 |
|----|---|----|-------|

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)
KEUN SOOK YOO

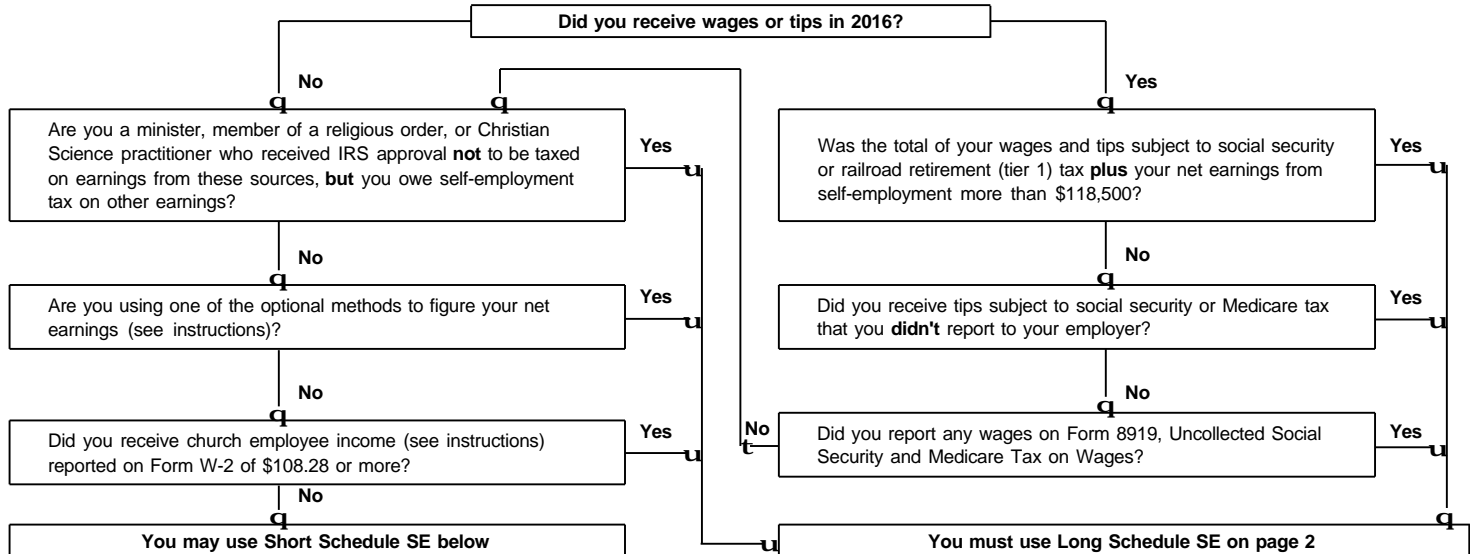
Social security number of person
with **self-employment** income **u**

602-31-3906

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A — Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

| | | |
|--|-------------|---------------|
| 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A | 1a | |
| b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z | 1b (|) |
| 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report | 2 | 16,145 |
| 3 Combine lines 1a, 1b, and 2 | 3 | 16,145 |
| 4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b u | 4 | 14,910 |
| 5 Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55 | 5 | 2,281 |
| 6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 | 6 | 1,141 |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2016

Federal Asset Report

SNACK SHOP

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per Conv Meth | Prior | Current |
|---|-------------------------|--------------------|---------------|----------|------------|-------|-------------------|---------------|---------------|--------------|
| <u>Prior MACRS:</u> | | | | | | | | | | |
| 2 | MACHINE & EQUIPMENT | 11/09/07 | 1,083 | | | | 1,083 | 7 MQ200DB | 1,083 | 0 |
| 3 | LEASEHOLD IMPROVEMENT | 11/09/07 | 10,000 | | | | 10,000 | 39 MM S/L | 2,083 | 257 |
| | | | <u>11,083</u> | | | | <u>11,083</u> | | <u>3,166</u> | <u>257</u> |
| <u>Listed Property:</u> | | | | | | | | | | |
| 1 | AUTOMOBILE | 11/09/07 | 0 | 5.39 | | | 0 | 0 HY | 0 | 0 |
| | | | <u>0</u> | | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| <u>Amortization:</u> | | | | | | | | | | |
| 4 | GOODWILL | 11/09/07 | 50,000 | | | | 50,000 | 15 MO Amort | 27,222 | 3,334 |
| 5 | COVENANT NOT TO COMPETE | 11/09/07 | 4,000 | | | | 4,000 | 15 MO Amort | 2,178 | 266 |
| | | | <u>54,000</u> | | | | <u>54,000</u> | | <u>29,400</u> | <u>3,600</u> |
| Grand Totals | | | 65,083 | | | | 65,083 | | 32,566 | 3,857 |
| Less: Dispositions and Transfers | | | 0 | | | | 0 | | 0 | 0 |
| Less: Start-up/Org Expense | | | <u>0</u> | | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| Net Grand Totals | | | <u>65,083</u> | | | | <u>65,083</u> | | <u>32,566</u> | <u>3,857</u> |