

SCIARABBA WALKER & CO., LLP  
410 EAST UPLAND ROAD  
ITHACA, NY 14850

737 COMSTOCK AVENUE, INC.  
C/O SCIARABBA WALKER 410 E UPLAND  
ITHACA, NY 14850



**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

November 2, 2016

737 Comstock Avenue, Inc.  
c/o Sciarabba Walker 410 E Upland  
Ithaca, NY 14850

737 Comstock Avenue, Inc.:

Enclosed is the organization's 2015 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2016.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,



Carolyn Austin

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

# 2015

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

737 COMSTOCK AVENUE, INC.

15-0624585

Name and title of officer

HENRY C SUOMINEN JR  
PRESIDENT AND TREASURER

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|    |                          |                                       |  |    |                 |
|----|--------------------------|---------------------------------------|--|----|-----------------|
| 1a | Form 990 check here      | ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>495,840.</u> |
| 2a | Form 990-EZ check here   | ▶ <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990-EZ, line 9)                      | 2b | _____           |
| 3a | Form 1120-POL check here | ▶ <input type="checkbox"/>            | <b>b Total tax</b> (Form 1120-POL, line 22)                                | 3b | _____           |
| 4a | Form 990-PF check here   | ▶ <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)     | 4b | _____           |
| 5a | Form 8868 check here     | ▶ <input type="checkbox"/>            | <b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)      | 5b | _____           |

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SCIARABBA WALKER & CO., LLP to enter my PIN 24585  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

16304414850

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Carolyn Austin Date ▶ 11-3-16

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

|  |   |   |   |
|--|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>737 COMSTOCK AVENUE, INC.</b>                                   |   | <b>D</b> Employer identification number<br><b>15-0624585</b>  |
|  | Doing business as   |   | <b>E</b> Telephone number<br><b>607-272-5550</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address)                          | Room/suite  | <b>G</b> Gross receipts \$ <b>495,840.</b>  |
|  | <b>C/O SCIARABBA WALKER 410 E UPLAND</b>  |   |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>ITHACA, NY 14850</b> |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>F</b> Name and address of principal officer: <b>HENRY C. SUOMINEN JR.</b><br><b>SAME AS C ABOVE</b>   |   | <b>H(c)</b> Group exemption number  |   |
| <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>7</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   | <b>J</b> Website: <b>N/A</b>  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   | <b>L</b> Year of formation: <b>1965</b> <b>M</b> State of legal domicile: <b>NY</b> |   |

**Part I Summary**

|   |   |   |   |                             |
|---|---|---|---|-----------------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>OWNER AND PROPERTY MANAGER OF A LODGING HOUSE TO PROVIDE HOUSING AND FOOD SERVICE FOR A MEN'S</b> |   |   |                             |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |   |                             |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b> <b>12</b>                            |   |                             |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b> <b>12</b>                            |   |                             |
|   | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)   | <b>5</b> <b>1</b>                             |   |                             |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b> <b>12</b>                            |   |                             |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b> <b>0.</b>                           |   |                             |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b> <b>0.</b>   |   |   |                             |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year <b>1,250.</b>                      | Current Year <b>0.</b>                    |                             |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>421,798.</b>                               | <b>495,840.</b>                           |                             |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>0.</b>                                     | <b>0.</b>                                 |                             |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>11.</b>                                    | <b>0.</b>                                 |                             |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>423,059.</b>                               | <b>495,840.</b>                           |                             |
|   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>0.</b>                                     | <b>0.</b>                                 |                             |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>                                     | <b>0.</b>                                 |                             |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>29,763.</b>                                | <b>5,719.</b>                             |                             |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>                                     | <b>0.</b>                                 |                             |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  | <b>0.</b>                                     | <b>0.</b>                                 |                             |
| <b>Expenses</b>   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>354,601.</b>                               | <b>440,603.</b>                           |                             |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>384,364.</b>                               | <b>446,322.</b>                           |                             |
|   | <b>19</b> Revenue less expenses. Subtract line 18 from line 12  | <b>38,695.</b>                                | <b>49,518.</b>                            |                             |
|   | <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)      | Beginning of Current Year <b>796,198.</b> | End of Year <b>826,187.</b> |
|   |   | <b>21</b> Total liabilities (Part X, line 26) | <b>63,469.</b>                            | <b>43,940.</b>              |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20    |   | <b>732,729.</b>                               | <b>782,247.</b>                           |                             |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|  |   |                       |  |
|--|---|-----------------------|--|
| <b>Sign Here</b>                                 | Signature of officer                                  |                       | Date   |
|  | <b>HENRY C. SUOMINEN JR., PRESIDENT AND TREASURER</b> |                       |  |
| <b>Paid Preparer Use Only</b>                    | Print/Type preparer's name                            | Preparer's signature  | Date   |
|  | <b>CAROLYN AUSTIN</b>                                 | <i>Carolyn Austin</i> | <b>11-3-16</b>                                       |
| <b>Use Only</b>                                  | Firm's name   | Firm's EIN            | Check <input type="checkbox"/> if self-employed PTIN |
|  | <b>SCIARABBA WALKER &amp; CO., LLP</b>                | <b>16-1071694</b>     | <b>P01433679</b>                                     |
| Firm's address                                   |   | Phone no.             |  |
| <b>410 EAST UPLAND ROAD<br/>ITHACA, NY 14850</b> |   | <b>607-272-5550</b>   |  |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:  
**SEE BELOW.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**TO PROVIDE HOUSING AND FOOD SERVICES FOR A MEN'S FRATERNITY ASSOCIATION AT SYRACUSE UNIVERSITY.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶**

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  |     | X  |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   |     | X  |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....  |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | X   |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  |     | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     |    |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |     |    |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  | X   |    |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   |     |    |
| <b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |



Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SCJARABBA WALKER & CO - 607-272-5550 410 E UPLAND RD., ITHACA, NY 14850

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                           | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) HENRY C. SUOMINEN JR<br>PRESIDENT/TREASURER | 10.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) JOHN BERSANI<br>VICE PRESIDENT              | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) WILLIAM GERBIG<br>SECRETARY                 | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) JOHN TROP<br>DIRECTOR                       | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) DOUGLAS SEDGWICK<br>DIRECTOR                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) MICHAEL YATES<br>DIRECTOR                   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) WILLIAM BEACH<br>DIRECTOR                   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) STEVEN OLIVA<br>DIRECTOR                    | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) BRAD SHORT<br>DIRECTOR                      | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) CHRIS DOWD<br>DIRECTOR                     | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) EVAN MONAHAN<br>DIRECTOR                   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) KEEGAN SLATTERY<br>DIRECTOR                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

1b Sub-total 0. 0. 0.
1c Total from continuation sheets to Part VII, Section A 0. 0. 0.
1d Total (add lines 1b and 1c) 0. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 4 columns: (A) Name and business address, (B) Description of services, (C) Compensation, and a 'NONE' column. Includes a total line for question 2.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |   |   |                      | (A)           | (B)                                | (C)                        | (D)  |
|---|---|---|----------------------|---------------|------------------------------------|----------------------------|--|
|   |   |   |                      | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>     | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                      |               |                                    |                            |  |
|   | <b>b</b> Membership dues  | <b>1b</b>   |                      |               |                                    |                            |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>   |                      |               |                                    |                            |  |
|   | <b>d</b> Related organizations  | <b>1d</b>   |                      |               |                                    |                            |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>   |                      |               |                                    |                            |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>   |                      |               |                                    |                            |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   |                      |               |                                    |                            |  |
|   | <b>h Total.</b> Add lines 1a-1f   |   |                      |               |                                    |                            |  |
| <b>Program Service Revenue</b>                                    | <b>2 a</b> ROOM AND BOARD   | <b>Business Code</b>                                  | 721310               | 456,865.      | 456,865.                           |                            |  |
|   | <b>b</b> FEE INCOME   |   | 900099               | 19,500.       | 19,500.                            |                            |  |
|   | <b>c</b> DAMAGE INCOME  |   | 900099               | 19,072.       | 19,072.                            |                            |  |
|   | <b>d</b> PRIOR YEAR   |   | 900099               | 177.          | 177.                               |                            |  |
|   | <b>e</b> PURCHASE REWARDS INCOM   |   | 900099               | 139.          | 139.                               |                            |  |
|   | <b>f</b> All other program service revenue  |   | 900099               | 87.           | 87.                                |                            |  |
|   | <b>g Total.</b> Add lines 2a-2f   |   |                      | 495,840.      |                                    |                            |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |                      |               |                                    |                            |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                      |               |                                    |                            |  |
|   | <b>5</b> Royalties  |   |                      |               |                                    |                            |  |
|   | <b>6 a</b> Gross rents  | (i) Real  | (ii) Personal        |               |                                    |                            |  |
|   |   | <b>b</b> Less: rental expenses                        |                      |               |                                    |                            |  |
|   |   | <b>c</b> Rental income or (loss)                      |                      |               |                                    |                            |  |
|   |   | <b>d</b> Net rental income or (loss)                  |                      |               |                                    |                            |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |               |                                    |                            |  |
|   |   | <b>b</b> Less: cost or other basis and sales expenses |                      |               |                                    |                            |  |
|   |   | <b>c</b> Gain or (loss)                               |                      |               |                                    |                            |  |
|   |   | <b>d</b> Net gain or (loss)                           |                      |               |                                    |                            |  |
|   | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                      |               |                                    |                            |  |
|   |   | <b>b</b> Less: direct expenses                        | <b>b</b>             |               |                                    |                            |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events |                      |               |                                    |                            |  |
|   | <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>a</b>  |                      |               |                                    |                            |  |
| <b>b</b> Less: direct expenses                                    |   | <b>b</b>  |                      |               |                                    |                            |  |
| <b>c</b> Net income or (loss) from gaming activities              |   |   |                      |               |                                    |                            |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances | <b>a</b>  |   |                      |               |                                    |                            |  |
|   | <b>b</b> Less: cost of goods sold   | <b>b</b>  |                      |               |                                    |                            |  |
|   | <b>c</b> Net income or (loss) from sales of inventory   |   |                      |               |                                    |                            |  |
| <b>Miscellaneous Revenue</b>                                      |   |   | <b>Business Code</b> |               |                                    |                            |  |
| <b>11 a</b> _____   |   |   |                      |               |                                    |                            |  |
|   | <b>b</b> _____  |   |                      |               |                                    |                            |  |
|   | <b>c</b> _____  |   |                      |               |                                    |                            |  |
|   | <b>d</b> All other revenue  |   |                      |               |                                    |                            |  |
| <b>e Total.</b> Add lines 11a-11d                                 |   |   |                      |               |                                    |                            |  |
| <b>12 Total revenue.</b> See instructions.                        |   |   |                      | 495,840.      | 495,840.                           | 0.                         | 0.   |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 2,334.                |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  | 3,385.                |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 17,600.               |                                 |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  | 6,096.                |                                 |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 130,402.              |                                 |  |                             |
| 17 Travel   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 29,923.               |                                 |  |                             |
| 23 Insurance  | 9,897.                |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>BOARD PLAN COMPANY</b>   | 190,830.              |                                 |  |                             |
| b <b>DAMAGES</b>  | 17,187.               |                                 |  |                             |
| c <b>REPAIRS</b>  | 16,361.               |                                 |  |                             |
| d <b>INTERNET</b>   | 7,602.                |                                 |  |                             |
| e All other expenses <b>SEE SCH O</b>   | 14,705.               |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 446,322.              |                                 |  |                             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year  |
|---|--|--------------------------|-----------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 247,368.                 | <b>1</b>  | 235,503.            |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>  |                     |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>  |                     |
|   | <b>4</b> Accounts receivable, net .....  | 1,320.                   | <b>4</b>  | 11,684.             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>  |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>  |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>  |                     |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>  |                     |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>  |                     |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 1,164,754.    |           |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 601,649.      | 530,857.  | <b>10c</b> 563,105. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b> |                     |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b> |                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b> |                     |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b> |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 16,653.                  | <b>15</b> | 15,895.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 796,198.   | <b>16</b>                | 826,187.  |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 26,737.                  | <b>17</b> | 26,748.             |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b> |                     |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b> |                     |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b> |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b> |                     |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b> |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 16,133.                  | <b>23</b> | 7,334.              |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b> |                     |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 20,599.                  | <b>25</b> | 9,858.              |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 63,469.                  | <b>26</b> | 43,940.             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |           |                     |
|   | <b>27</b> Unrestricted net assets .....  |                          | <b>27</b> |                     |
|   | <b>28</b> Temporarily restricted net assets .....  |                          | <b>28</b> |                     |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b> |                     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>   |                          |           |                     |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   | 0.                       | <b>30</b> | 0.                  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   | 0.                       | <b>31</b> | 0.                  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   | 732,729.                 | <b>32</b> | 782,247.            |
| <b>33</b> Total net assets or fund balances .....                         | 732,729.   | <b>33</b>                | 782,247.  |                     |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 796,198.   | <b>34</b>                | 826,187.  |                     |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 495,840. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 446,322. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 49,518.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 732,729. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |          |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |          |
| <b>7</b>  | Investment expenses  | <b>7</b>  |          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 782,247. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____  |     |    |



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization 737 COMSTOCK AVENUE, INC. Employer identification number 15-0624585

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures and amounts for revenue and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value  |
|--|--------------------------------------|---------------------------------|------------------------------|-----------------|
| 1a Land  |                                      | 32,100.                         |                              | 32,100.         |
| b Buildings  |                                      | 963,113.                        | 491,150.                     | 471,963.        |
| c Leasehold improvements   |                                      |                                 |                              |                 |
| d Equipment  |                                      |                                 |                              |                 |
| e Other  |                                      | 169,541.                        | 110,499.                     | 59,042.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>563,105.</b> |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) SECURITY DEPOSITS   | 9,450.         |
| (3) PAYROLL TAX LIABILITIES   | 408.           |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 9,858.         |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|  |           |  |           |  |
|--|-----------|--|-----------|--|
| <b>1</b> Total revenue, gains, and other support per audited financial statements .....                              |           |  | <b>1</b>  |  |
| <b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |           |  |           |  |
| <b>a</b> Net unrealized gains (losses) on investments .....  | <b>2a</b> |  |           |  |
| <b>b</b> Donated services and use of facilities .....  | <b>2b</b> |  |           |  |
| <b>c</b> Recoveries of prior year grants .....   | <b>2c</b> |  |           |  |
| <b>d</b> Other (Describe in Part XIII.) .....  | <b>2d</b> |  |           |  |
| <b>e</b> Add lines <b>2a</b> through <b>2d</b> .....   |           |  | <b>2e</b> |  |
| <b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....  |           |  | <b>3</b>  |  |
| <b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |           |  |           |  |
| <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                                      | <b>4a</b> |  |           |  |
| <b>b</b> Other (Describe in Part XIII.) .....  | <b>4b</b> |  |           |  |
| <b>c</b> Add lines <b>4a</b> and <b>4b</b> .....   |           |  | <b>4c</b> |  |
| <b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 12.)</i> ..... |           |  | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |           |  |           |  |
|---|-----------|--|-----------|--|
| <b>1</b> Total expenses and losses per audited financial statements .....   |           |  | <b>1</b>  |  |
| <b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:  |           |  |           |  |
| <b>a</b> Donated services and use of facilities .....   | <b>2a</b> |  |           |  |
| <b>b</b> Prior year adjustments .....   | <b>2b</b> |  |           |  |
| <b>c</b> Other losses .....   | <b>2c</b> |  |           |  |
| <b>d</b> Other (Describe in Part XIII.) .....   | <b>2d</b> |  |           |  |
| <b>e</b> Add lines <b>2a</b> through <b>2d</b> .....  |           |  | <b>2e</b> |  |
| <b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....   |           |  | <b>3</b>  |  |
| <b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:   |           |  |           |  |
| <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                                       | <b>4a</b> |  |           |  |
| <b>b</b> Other (Describe in Part XIII.) .....   | <b>4b</b> |  |           |  |
| <b>c</b> Add lines <b>4a</b> and <b>4b</b> .....  |           |  | <b>4c</b> |  |
| <b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 18.)</i> ..... |           |  | <b>5</b>  |  |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization **737 COMSTOCK AVENUE, INC.** Employer identification number **15-0624585**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----------------------------------|---|--------------------------------|----------------|----|
|                                   |   |                                | Yes            | No |
|                                   |   |                                |                |    |
|                                   |   |                                |                |    |
|                                   |   |                                |                |    |
|                                   |   |                                |                |    |
|                                   |   |                                |                |    |
|                                   |   |                                |                |    |
|                                   |   |                                |                |    |

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

532131  
10-02-15

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| STEVEN OLIVA                  | BOARD MEMBER  | 8,346.                    | OLIVA CONST                    |   | X  |
| DOUGLAS SEDGWICK              | BOARD MEMBER  | 10,683.                   | ORGANIZATIO                    |   | X  |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STEVEN OLIVA

(D) DESCRIPTION OF TRANSACTION: OLIVA CONSTRUCTION CO PERFORMED

RENOVATIONS IN THE BASEMENT OF THE HOUSE. THE INTERESTED PERSON HAS A FINANCIAL INTEREST IN OLIVA CONSTRUCTION CO.

(A) NAME OF PERSON: DOUGLAS SEDGWICK

(D) DESCRIPTION OF TRANSACTION: ORGANIZATION PURCHASED FURNITURE FROM

SEDGWICK BUSINESS INTERIORS. THE INTERESTED PERSON HAS A FINANCIAL INTEREST IN SEDGWICK BUSINESS INTERIORS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

737 COMSTOCK AVENUE, INC.

Employer identification number

15-0624585

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FRATERNITY ASSOCIATION AT SYRACUSE UNIVERSITY.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION CONSISTS OF MEMBERS WHO APPOINT THE BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B:

SOME GOVERNANCE DECISIONS OF THE ORGANIZATION ARE RESERVED TO MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS MADE AVAILABLE ON THE WEBSITE OF THE ALUMNI ASSOCIATION AND THE  
PRESIDENT RECEIVES, REVIEWS, SIGNS AND MAILES THE RETURN. A COPY IS  
DISTRIBUTED ELECTRONICALLY TO BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY REQUIRES EACH BOARD MEMBER TO COMPLETE A  
QUESTIONNAIRE ABOUT ANY POTENTIAL CONFLICTS THAT MAY ARISE WHICH ARE MADE  
AVAILABLE AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

THE CONFLICT OF INTEREST POLICY REQUIRES EACH BOARD MEMBER TO COMPLETE A  
QUESTIONNAIRE ABOUT ANY POTENTIAL CONFLICTS THAT MAY ARISE WHICH ARE MADE  
AVAILABLE AT THE ANNUAL MEETING.

|   |  |
|---|--|
| Name of the organization<br>737 COMSTOCK AVENUE, INC. | Employer identification number<br>15-0624585 |
|---|--|

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

|  |         |
|--|---------|
| TRASH REMOVAL  | 4,573.  |
| EVENT EXPENSE  | 2,649.  |
| KITCHEN  | 2,640.  |
| BANK FEES  | 1,653.  |
| GROUNDS AND MAINTENANCE                                    | 1,275.  |
| SECURITY AND PHONE EXPENSES                                | 977.    |
| MORTGAGE INTEREST  | 598.    |
| NYS CORPORATION TAX  | 250.    |
| FEDERAL INCOME TAX   | 84.     |
| NYS INT. ASSESSMENT SURCHARGE                              | 4.      |
| DWOLLA FEE   | 2.      |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A | 14,705. |



2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description                                 | Date Acquired | Method | Life  | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
|           | OTHER                                       |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 1         | LAND (EST 10%) @ 2008                       | 07/01/08      | L      |       |      |          | 32,100.                  |            |                     |                      | 32,100.                |                                    |                         | 0.                     |                                 |
| 2         | BUILDING @ 2008 (PURCH 1965)                | 07/01/08      | SL     | 40.00 |      | 16       | 387,400.                 |            |                     |                      | 387,400.               | 387,400.                           |                         | 0.                     | 387,400.                        |
|           | * 990 PAGE 10 TOTAL OTHER                   |               |        |       |      |          | 419,500.                 |            |                     |                      | 419,500.               | 387,400.                           |                         | 0.                     | 387,400.                        |
|           | BUILDINGS                                   |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 3         | BUILDING IMPROVEMENT                        | 07/01/08      | SL     | 40.00 |      | 16       | 333,476.                 |            |                     |                      | 333,476.               | 66,696.                            |                         | 8,337.                 | 75,033.                         |
| 4         | BUILDING IMPROVEMENT                        | 07/01/09      | SL     | 40.00 |      | 16       | 82,574.                  |            |                     |                      | 82,574.                | 14,449.                            |                         | 2,064.                 | 16,513.                         |
| 5         | BUILDING IMPROVEMENT                        | 07/01/11      | SL     | 40.00 |      | 16       | 9,638.                   |            |                     |                      | 9,638.                 | 1,205.                             |                         | 241.                   | 1,446.                          |
| 6         | BUILDING IMPROVEMENT                        | 07/01/11      | SL     | 40.00 |      | 16       | 53,845.                  |            |                     |                      | 53,845.                | 5,384.                             |                         | 1,346.                 | 6,730.                          |
| 11        | BOILER                                      | 08/16/12      | SL     | 40.00 |      | 16       | 9,625.                   |            |                     |                      | 9,625.                 | 683.                               |                         | 241.                   | 924.                            |
| 13        | PANTRY EXHAUST FAN                          | 09/12/12      | SL     | 40.00 |      | 16       | 1,775.                   |            |                     |                      | 1,775.                 | 125.                               |                         | 44.                    | 169.                            |
| 14        | ALARM SYSTEM CAMERA                         | 06/09/13      | SL     | 40.00 |      | 16       | 3,952.                   |            |                     |                      | 3,952.                 | 206.                               |                         | 99.                    | 305.                            |
| 17        | IMPROVEMENTS TO RITUAL AND MECHANICAL ROOMS | 08/26/13      | SL     | 40.00 |      | 16       | 19,260.                  |            |                     |                      | 19,260.                | 883.                               |                         | 482.                   | 1,365.                          |
| 19        | FRONT BASEMENT ROOM & OFFICE CONVERSION     | 09/02/14      | SL     | 40.00 |      | 16       | 24,318.                  |            |                     |                      | 24,318.                | 507.                               |                         | 608.                   | 1,115.                          |
| 26        | CHIMNEY                                     | 01/01/16      | SL     | 40.00 |      | 16       | 12,000.                  |            |                     |                      | 12,000.                |                                    |                         | 150.                   | 150.                            |
| 27        | ELECTRICAL SYSTEM-WIP AS OF 6/30/16         | 07/01/16      | SL     | 40.00 |      | 16       | 25,250.                  |            |                     |                      | 25,250.                |                                    |                         | 0.                     |                                 |
|           | * 990 PAGE 10 TOTAL BUILDINGS               |               |        |       |      |          | 575,713.                 |            |                     |                      | 575,713.               | 90,138.                            |                         | 13,612.                | 103,750.                        |
|           | * 990 PAGE 10 TOTAL -                       |               |        |       |      |          | 995,213.                 |            |                     |                      | 995,213.               | 477,538.                           |                         | 13,612.                | 491,150.                        |

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description                              | Date Acquired | Method | Life  | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
|           | FURNITURE & FIXTURES                     |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 7         | FURNITURE AND FIXTURES                   | 07/01/08      | SL     | 10.00 |      | 16       | 98,502.                  |            |                     |                      | 98,502.                | 78,801.                            |                         | 9,850.                 | 88,651.                         |
| 8         | FURNITURE AND FIXTURES                   | 07/01/09      | SL     | 10.00 |      | 16       | 9,243.                   |            |                     |                      | 9,243.                 | 6,469.                             |                         | 924.                   | 7,393.                          |
| 9         | FURNITURE AND FIXTURES                   | 07/01/11      | SL     | 10.00 |      | 16       | 2,241.                   |            |                     |                      | 2,241.                 | 1,120.                             |                         | 224.                   | 1,344.                          |
| 10        | FURNITURE AND FIXTURES                   | 07/01/11      | SL     | 10.00 |      | 16       | 10,613.                  |            |                     |                      | 10,613.                | 4,244.                             |                         | 1,061.                 | 5,305.                          |
| 12        | DINNING ROOM FURN                        | 08/06/12      | SL     | 10.00 |      | 16       | 3,222.                   |            |                     |                      | 3,222.                 | 939.                               |                         | 322.                   | 1,261.                          |
| 15        | CARPET                                   | 06/12/13      | SL     | 10.00 |      | 16       | 5,756.                   |            |                     |                      | 5,756.                 | 1,200.                             |                         | 576.                   | 1,776.                          |
| 16        | FOOD MIXER                               | 08/02/12      | SL     | 10.00 |      | 16       | 1,498.                   |            |                     |                      | 1,498.                 | 437.                               |                         | 150.                   | 587.                            |
| 18        | CARPET                                   | 06/19/14      | SL     | 10.00 |      | 16       | 9,765.                   |            |                     |                      | 9,765.                 | 977.                               |                         | 977.                   | 1,954.                          |
| 20        | DISHWASHER                               | 06/29/15      | SL     | 10.00 |      | 16       | 3,781.                   |            |                     |                      | 3,781.                 |                                    |                         | 378.                   | 378.                            |
| 21        | FRYER                                    | 03/31/16      | SL     | 10.00 |      | 16       | 1,305.                   |            |                     |                      | 1,305.                 |                                    |                         | 33.                    | 33.                             |
| 22        | DEHUMIDIFIERS                            | 09/25/15      | SL     | 10.00 |      | 16       | 2,675.                   |            |                     |                      | 2,675.                 |                                    |                         | 201.                   | 201.                            |
| 23        | EXHAUST FAN                              | 01/13/16      | SL     | 10.00 |      | 16       | 1,533.                   |            |                     |                      | 1,533.                 |                                    |                         | 77.                    | 77.                             |
| 24        | GARBAGE DISPOSAL                         | 02/29/16      | SL     | 10.00 |      | 16       | 1,582.                   |            |                     |                      | 1,582.                 |                                    |                         | 53.                    | 53.                             |
| 25        | TABLES, CHAIRS, BEDS, SOFAS              | 08/25/15      | SL     | 10.00 |      | 16       | 17,825.                  |            |                     |                      | 17,825.                |                                    |                         | 1,485.                 | 1,485.                          |
|           | * 990 PAGE 10 TOTAL FURNITURE & FIXTURES |               |        |       |      |          | 169,541.                 |            |                     |                      | 169,541.               | 94,187.                            |                         | 16,311.                | 110,498.                        |
|           | * 990 PAGE 10 TOTAL -                    |               |        |       |      |          | 169,541.                 |            |                     |                      | 169,541.               | 94,187.                            |                         | 16,311.                | 110,498.                        |
|           | * GRAND TOTAL 990 PAGE 10 DEPR           |               |        |       |      |          | 1,164,754.               |            |                     |                      | 1,164,754.             | 571,725.                           |                         | 29,923.                | 601,648.                        |



2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - 737 COMSTOCK AVENUE, INC.

| Asset No. | Description                            | Date Acquired | Method | Life  | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
|           | OTHER                                  |               |        |       |          |                          |            |                      |                        |                          |                 |                        |
| 1         | LAND (EST 10%) @ 2008                  | 070108        | L      |       |          | 32,100.                  |            |                      | 32,100.                |                          |                 | 0.                     |
| 2         | BUILDING @ 2008 (PURCH 1965)           | 070108        | SL     | 40.00 | 16       | 387,400.                 |            |                      | 387,400.               | 387,400.                 |                 | 0.                     |
|           | * 990 PAGE 10 TOTAL OTHER              |               |        |       |          | 419,500.                 |            |                      | 419,500.               | 387,400.                 |                 | 0.                     |
|           | BUILDINGS                              |               |        |       |          |                          |            |                      |                        |                          |                 |                        |
| 3         | BUILDING IMPROVEMENT                   | 070108        | SL     | 40.00 | 16       | 333,476.                 |            |                      | 333,476.               | 66,696.                  |                 | 8,337.                 |
| 4         | BUILDING IMPROVEMENT                   | 070109        | SL     | 40.00 | 16       | 82,574.                  |            |                      | 82,574.                | 14,449.                  |                 | 2,064.                 |
| 5         | BUILDING IMPROVEMENT                   | 070111        | SL     | 40.00 | 16       | 9,638.                   |            |                      | 9,638.                 | 1,205.                   |                 | 241.                   |
| 6         | BUILDING IMPROVEMENT                   | 070111        | SL     | 40.00 | 16       | 53,845.                  |            |                      | 53,845.                | 5,384.                   |                 | 1,346.                 |
| 11        | BOILER                                 | 081612        | SL     | 40.00 | 16       | 9,625.                   |            |                      | 9,625.                 | 683.                     |                 | 241.                   |
| 13        | PANTRY EXAUST FAN                      | 091212        | SL     | 40.00 | 16       | 1,775.                   |            |                      | 1,775.                 | 125.                     |                 | 44.                    |
| 14        | ALARM SYSTEM CAMERA                    | 060913        | SL     | 40.00 | 16       | 3,952.                   |            |                      | 3,952.                 | 206.                     |                 | 99.                    |
| 17        | IMPROVEMENTS TO RITUAL AND MECHANIC    | 082613        | SL     | 40.00 | 16       | 19,260.                  |            |                      | 19,260.                | 883.                     |                 | 482.                   |
| 19        | FRONT BASEMENT ROOM & OFFICE CONVERSIO | 090214        | SL     | 40.00 | 16       | 24,318.                  |            |                      | 24,318.                | 507.                     |                 | 608.                   |
| 26        | CHIMNEY                                | 010116        | SL     | 40.00 | 16       | 12,000.                  |            |                      | 12,000.                |                          |                 | 150.                   |
| 27        | ELECTRICAL SYSTEM-WIP AS OF 6/         | 070116        | SL     | 40.00 | 16       | 25,250.                  |            |                      | 25,250.                |                          |                 | 0.                     |
|           | * 990 PAGE 10 TOTAL BUILDINGS          |               |        |       |          | 575,713.                 |            |                      | 575,713.               | 90,138.                  |                 | 13,612.                |
|           | * 990 PAGE 10 TOTAL -                  |               |        |       |          | 995,213.                 |            |                      | 995,213.               | 477,538.                 |                 | 13,612.                |

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - 737 COMSTOCK AVENUE, INC.

| Asset No. | Description                            | Date Acquired | Method | Life  | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
|           | FURNITURE & FIXTURES                   |               |        |       |          |                          |            |                      |                        |                          |                 |                        |
| 7         | FURNITURE AND FIXTURES                 | 070108        | SL     | 10.00 | 16       | 98,502.                  |            |                      | 98,502.                | 78,801.                  |                 | 9,850.                 |
| 8         | FURNITURE AND FIXTURES                 | 070109        | SL     | 10.00 | 16       | 9,243.                   |            |                      | 9,243.                 | 6,469.                   |                 | 924.                   |
| 9         | FURNITURE AND FIXTURES                 | 070111        | SL     | 10.00 | 16       | 2,241.                   |            |                      | 2,241.                 | 1,120.                   |                 | 224.                   |
| 10        | FURNITURE AND FIXTURES                 | 070111        | SL     | 10.00 | 16       | 10,613.                  |            |                      | 10,613.                | 4,244.                   |                 | 1,061.                 |
| 12        | DINNING ROOM FURN                      | 080612        | SL     | 10.00 | 16       | 3,222.                   |            |                      | 3,222.                 | 939.                     |                 | 322.                   |
| 15        | CARPET                                 | 061213        | SL     | 10.00 | 16       | 5,756.                   |            |                      | 5,756.                 | 1,200.                   |                 | 576.                   |
| 16        | FOOD MIXER                             | 080212        | SL     | 10.00 | 16       | 1,498.                   |            |                      | 1,498.                 | 437.                     |                 | 150.                   |
| 18        | CARPET                                 | 061914        | SL     | 10.00 | 16       | 9,765.                   |            |                      | 9,765.                 | 977.                     |                 | 977.                   |
| 20        | DISHWASHER                             | 062915        | SL     | 10.00 | 16       | 3,781.                   |            |                      | 3,781.                 |                          |                 | 378.                   |
| 21        | FRYER                                  | 033116        | SL     | 10.00 | 16       | 1,305.                   |            |                      | 1,305.                 |                          |                 | 33.                    |
| 22        | DEHUMIDIFIERS                          | 092515        | SL     | 10.00 | 16       | 2,675.                   |            |                      | 2,675.                 |                          |                 | 201.                   |
| 23        | EXHAUST FAN                            | 011316        | SL     | 10.00 | 16       | 1,533.                   |            |                      | 1,533.                 |                          |                 | 77.                    |
| 24        | GARBAGE DISPOSAL                       | 022916        | SL     | 10.00 | 16       | 1,582.                   |            |                      | 1,582.                 |                          |                 | 53.                    |
| 25        | TABLES, CHAIRS, BEDS, SOFAS            | 082515        | SL     | 10.00 | 16       | 17,825.                  |            |                      | 17,825.                |                          |                 | 1,485.                 |
|           | * 990 PAGE 10 TOTAL FURNITURE & FIXTUR |               |        |       |          | 169,541.                 |            |                      | 169,541.               | 94,187.                  |                 | 16,311.                |
|           | * 990 PAGE 10 TOTAL -                  |               |        |       |          | 169,541.                 |            |                      | 169,541.               | 94,187.                  |                 | 16,311.                |
|           | * GRAND TOTAL 990 PAGE 10 DEPR         |               |        |       |          | 1,164,754.               |            |                      | 1,164,754.             | 571,725.                 |                 | 29,923.                |

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - 737 COMSTOCK AVENUE, INC.

| Asset No. | Description                  | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|------------------------------|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
|           | <b>CURRENT YEAR ACTIVITY</b> |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           | BEGINNING BALANCE            |               |        |      |          | 1,102,584.               |            | 0.                   | 1,102,584.             | 571,725.                 |                 |                        |
|           | ACQUISITIONS                 |               |        |      |          | 36,920.                  |            | 0.                   | 36,920.                | 0.                       |                 |                        |
|           | DISPOSITIONS                 |               |        |      |          | 0.                       |            | 0.                   | 0.                     | 0.                       |                 |                        |
|           | ENDING BALANCE               |               |        |      |          | 1,139,504.               |            | 0.                   | 1,139,504.             | 571,725.                 |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
|           |                              |               |        |      |          |                          |            |                      |                        |                          |                 |                        |

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - 737 COMSTOCK AVENUE, INC.

| Asset No. | Description                                 | Date Acquired | Method | Life  | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|-----------|---|---------------|--------|-------|--------------------------|----------------------|------------------------|--------------------------|------------------------|
|           | OTHER                                       |               |        |       |                          |                      |                        |                          |                        |
| 1         | LAND (EST 10%) @ 2008                       | 070108        | L      |       | 32,100.                  |                      | 32,100.                |                          | 0.                     |
| 2         | BUILDING @ 2008 (PURCH 1965)                | 070108        | SL     | 40.00 | 387,400.                 |                      | 387,400.               | 387,400.                 | 0.                     |
|           | * 990 PAGE 10 TOTAL OTHER                   |               |        |       | 419,500.                 |                      | 419,500.               | 387,400.                 | 0.                     |
|           | BUILDINGS                                   |               |        |       |                          |                      |                        |                          |                        |
| 3         | BUILDING IMPROVEMENT                        | 070108        | SL     | 40.00 | 333,476.                 |                      | 333,476.               | 75,033.                  | 8,337.                 |
| 4         | BUILDING IMPROVEMENT                        | 070109        | SL     | 40.00 | 82,574.                  |                      | 82,574.                | 16,513.                  | 2,064.                 |
| 5         | BUILDING IMPROVEMENT                        | 070111        | SL     | 40.00 | 9,638.                   |                      | 9,638.                 | 1,446.                   | 241.                   |
| 6         | BUILDING IMPROVEMENT                        | 070111        | SL     | 40.00 | 53,845.                  |                      | 53,845.                | 6,730.                   | 1,346.                 |
| 11        | BOILER                                      | 081612        | SL     | 40.00 | 9,625.                   |                      | 9,625.                 | 924.                     | 241.                   |
| 13        | PANTRY EXAUST FAN                           | 091212        | SL     | 40.00 | 1,775.                   |                      | 1,775.                 | 169.                     | 44.                    |
| 14        | ALARM SYSTEM CAMERA                         | 060913        | SL     | 40.00 | 3,952.                   |                      | 3,952.                 | 305.                     | 99.                    |
|           | IMPROVEMENTS TO RITUAL AND MECHANICAL ROOMS |               |        |       |                          |                      |                        |                          |                        |
| 17        | FRONT BASEMENT ROOM & OFFICE                | 082613        | SL     | 40.00 | 19,260.                  |                      | 19,260.                | 1,365.                   | 482.                   |
| 19        | CONVERSION                                  | 090214        | SL     | 40.00 | 24,318.                  |                      | 24,318.                | 1,115.                   | 608.                   |
| 26        | CHIMNEY                                     | 010116        | SL     | 40.00 | 12,000.                  |                      | 12,000.                | 150.                     | 300.                   |
| 27        | ELECTRICAL SYSTEM-WIP AS OF 6/30/16         | 070116        | SL     | 40.00 | 25,250.                  |                      | 25,250.                |                          | 631.                   |
|           | * 990 PAGE 10 TOTAL BUILDINGS               |               |        |       | 575,713.                 |                      | 575,713.               | 103,750.                 | 14,393.                |
|           | * 990 PAGE 10 TOTAL -                       |               |        |       | 995,213.                 |                      | 995,213.               | 491,150.                 | 14,393.                |
|           | FURNITURE & FIXTURES                        |               |        |       |                          |                      |                        |                          |                        |
| 7         | FURNITURE AND FIXTURES                      | 070108        | SL     | 10.00 | 98,502.                  |                      | 98,502.                | 88,651.                  | 9,850.                 |
| 8         | FURNITURE AND FIXTURES                      | 070109        | SL     | 10.00 | 9,243.                   |                      | 9,243.                 | 7,393.                   | 924.                   |
| 9         | FURNITURE AND FIXTURES                      | 070111        | SL     | 10.00 | 2,241.                   |                      | 2,241.                 | 1,344.                   | 224.                   |
| 10        | FURNITURE AND FIXTURES                      | 070111        | SL     | 10.00 | 10,613.                  |                      | 10,613.                | 5,305.                   | 1,061.                 |
| 12        | DINNING ROOM FURN                           | 080612        | SL     | 10.00 | 3,222.                   |                      | 3,222.                 | 1,261.                   | 322.                   |
| 15        | CARPET                                      | 061213        | SL     | 10.00 | 5,756.                   |                      | 5,756.                 | 1,776.                   | 576.                   |
| 16        | FOOD MIXER                                  | 080212        | SL     | 10.00 | 1,498.                   |                      | 1,498.                 | 587.                     | 150.                   |
| 18        | CARPET                                      | 061914        | SL     | 10.00 | 9,765.                   |                      | 9,765.                 | 1,954.                   | 977.                   |
| 20        | DISHWASHER                                  | 062915        | SL     | 10.00 | 3,781.                   |                      | 3,781.                 | 378.                     | 378.                   |
| 21        | FRYER                                       | 033116        | SL     | 10.00 | 1,305.                   |                      | 1,305.                 | 33.                      | 131.                   |
| 22        | DEHUMIDIFIERS                               | 092515        | SL     | 10.00 | 2,675.                   |                      | 2,675.                 | 201.                     | 268.                   |
| 23        | EXHAUST FAN                                 | 011316        | SL     | 10.00 | 1,533.                   |                      | 1,533.                 | 77.                      | 153.                   |
| 24        | GARBAGE DISPOSAL                            | 022916        | SL     | 10.00 | 1,582.                   |                      | 1,582.                 | 53.                      | 158.                   |

