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# Short Form Return of Organization Exempt From Income Tax

## 2013

**Open to Public Inspection**

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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

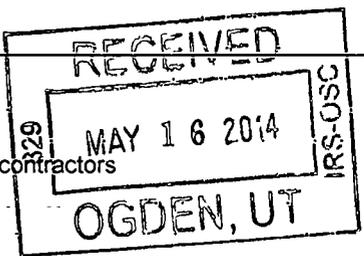
<b>A</b>	For the 2013 calendar year, or tax year beginning _____, and ending _____		
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LEGA SICILIANA SOCIAL CLUB INC</b>		<b>D</b> Employer identification number <b>06-1003974</b>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>(203) 596-1918</b>
	<b>96 OAKWOOD AVENUE</b>		
	City or town State ZIP code		
	<b>WATERBURY CT 06708</b>		
Foreign country name Foreign province/state/county Foreign postal code			<b>F</b> Group Exemption Number ▶

<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>I</b> Website: ▶ _____	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 7 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____	

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **69,680**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	350
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	60,786
	<b>3</b> Membership dues and assessments	<b>3</b>	8,490
	<b>4</b> Investment income	<b>4</b>	54
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
	<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0
	<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	69,680
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	850
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	64,339
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	65,189
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	4,491
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	142,504
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	146,995



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14 P

**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	56,794	66,311
23 Land and buildings	93,569	87,546
24 Other assets (describe in Schedule O)		
25 <b>Total assets</b>	150,363	153,857
26 <b>Total liabilities</b> (describe in Schedule O)	7,859	6,862
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	142,504	146,995

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? SICILIAN HERITAGE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Presented scholarships to local residents for college and recognized an individual as Sicilian of the year who best exemplifies the qualities of volunteerism and community service for Sicilians and others (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 <b>Total program service expenses.</b> (add lines 28a through 31a) <input type="checkbox"/>	32 0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated – see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RICHARD LANZA PRESIDENT	Hr/WK 10 00			
VINCENT LEONE VICE PRESIDENT	Hr/WK 00			
GEORGE BERARDI SECRETARY	Hr/WK 00			
LEE CAMMILETTI TREASURER	Hr/WK 00			
HENERY AURIGEMMA SGT AT ARMS	Hr/WK 00			
PAUL BASCETTA SR BOARD OF DIRECTORS	Hr/WK 00			
JOSEPH RIGGI JR BOARD OF DIRECTORS	Hr/WK 00			
CESAREO VALENTI BOARD OF DIRECTORS	Hr/WK 00			
VINCENT VALENTI BOARD OF DIRECTORS	Hr/WK 00			
ANTHONY VITARELLI BOARD OF DIRECTORS	Hr/WK 00			
FRANCIS VUOLO BOARD OF DIRECTORS	Hr/WK 00			
MICHAEL SANTORO BOARD OF DIRECTORS	Hr/WK 00			

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <input type="text"/>		
42 a	The organization's books are in care of <input type="text" value="RICHARD LANZA"/> Telephone no <input type="text" value="(203) 596-1918"/> Located at <input type="text" value="96 OAKWOOD AVE"/> City <input type="text" value="WATERBURY"/> ST <input type="text" value="CT"/> ZIP + 4 <input type="text" value="06708"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="text"/>		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b			X
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X
44d			X
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45b			X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns for question 46. Answer: No (X)

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with Yes/No columns for question 47. Answer: No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

Table with Yes/No columns for question 48. Answer: No

49 a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns for question 49a. Answer: Yes (X)

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns for question 49b. Answer: Yes (X)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table for question 50 with columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. All entries are 'None'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table for question 51 with columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'None'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No (X) No

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.

Sign Here: Signature of officer (Richard Lanza Sr), Date (5/7/14), Type or print name and title (Richard Lanza Sr, President)

Paid Preparer Use Only: Pnnt/Type preparer's name (Michael Linsalato III CPA), Preparer's signature (Michael Linsalato III CPA), Date (5/7/2014), Check self-employed (X), PTIN (P01228370), Firm's name (Michael Linsalato III CPA and Company LLC), Firm's EIN (61-1475890), Firm's address (724 Wolcott Road Suite 2, Wolcott, CT 06716), Phone no (203) 879-2228

May the IRS discuss this return with the preparer shown above? See instructions

Yes No (X) No

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2013**

**Open to Public  
Inspection**

Employer identification number

06-1003974

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 943

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies 17,077

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation 6,023

Form 990-EZ, Part I, Line 16, Other Expenses: DUES & SUBSCRIPTIONS 35

Form 990-EZ, Part I, Line 16, Other Expenses: SECURITY ALARM 204

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE SUPPLIES & EXPENSE 275

Form 990-EZ, Part I, Line 16, Other Expenses: RUBBISH REMOVAL 1,225

Form 990-EZ, Part I, Line 16, Other Expenses: INSPECTION FEE 79

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE 4,462

Form 990-EZ, Part I, Line 16, Other Expenses: TAXES & LICENSES 13,928

Form 990-EZ, Part I, Line 16, Other Expenses: POSTAGE 998

Form 990-EZ, Part I, Line 16, Other Expenses: CONTRIBUTIONS 200

Form 990-EZ, Part I, Line 16, Other Expenses: SCHOLARSHIPS 1,800

Form 990-EZ, Part I, Line 16, Other Expenses: TELEPHONE 673

Form 990-EZ, Part I, Line 16, Other Expenses: UTILITIES 8,063

Form 990-EZ, Part I, Line 16, Other Expenses: REPAIRS & MAINTENANCE 2,090

Form 990-EZ, Part I, Line 16, Other Expenses: HEATING OIL 3,925

Form 990-EZ, Part I, Line 16, Other Expenses: WATER & SEWER 1,359

Form 990-EZ, Part I, Line 16, Other Expenses: PRVILLION RENTAL 500

Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING 480

Form 990-EZ, Part II, Line 26, Liabilities: MEMBER LOANS PAYABLE Beginning of year 7,859

End of year 6,862

Name of the organization

Employer identification number

LEGA SICILIANĂ SOCIAL CLUB INC

06-1003974

Area with horizontal dashed lines for supplemental information.

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.      ▶ Attach to your tax return.

Name(s) shown on return <b>LEGA SICILIANA SOCIAL CLUB INC</b>	Business or activity to which this form relates <b>990EZ</b>	Identifying number <b>06-1003974</b>
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### Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	<b>4</b>	0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	<b>5</b>	0
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		0
9 Tentative deduction Enter the smaller of line 5 or line 8		0
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		0
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12		0

Note: Do not use Part II or Part III below for listed property Instead, use Part V

### Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
15 Property subject to section 168(f)(1) election	<b>15</b>	
16 Other depreciation (including ACRS)	<b>16</b>	

### Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

#### Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2013	<b>17</b>	6,023
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

#### Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

#### Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

### Part IV Summary (See instructions.)

21 Listed property Enter amount from line 28	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	<b>22</b>	6,023
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

**Assets by Classification - 990EZ**

LEGA SICILIANA SOCIAL CLUB INC 06-1003974

12/31/2013

Item No	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum Deprec., 179, Bonus	2013 Deprec	2013 Accum Deprec
<b>7-yr General purpose tools, machinery, and equipment</b>																
	EQUIPMENT	1/2/1997	F-10	100.00%	1,237	0	0	0	0	1,237	7	200DB	HY	1,237	0	1,237
	TAPE RECORDER	1/2/1997	F-10	100.00%	115	0	0	0	0	115	7	200DB	HY	115	0	115
	VCR	1/2/1997	F-10	100.00%	663	0	0	0	0	663	7	200DB	HY	663	0	663
	MEATSLICER	1/2/1997	F-10	100.00%	600	0	0	0	0	600	7	200DB	HY	600	0	600
	COMM GAS RANGE	7/31/1997	F-10	100.00%	800	0	0	0	0	800	7	200DB	HY	800	0	800
	EQUIPMENT - TASTE OF ITAL	7/31/1997	F-10	100.00%	600	0	0	0	0	600	7	200DB	HY	600	0	600
	Total: 7-yr Genl purp tools, mach, equip															
					4,015	0	0	0	0	4,015				4,015	0	4,015
<b>15-yr Land Improvements</b>																
	DRIVEWAY	9/26/2011	R-2	100.00%	22,000	0	0	0	0	22,000	15	150DB	HY	3,190	1,881	5,071
	Total: 15-yr Land improvements															
					22,000	0	0	0	0	22,000				3,190	1,881	5,071
<b>39-yr Nonresidential land and commercial real estate</b>																
	BUILDING	3/31/1994	R-5	100.00%	5,100	0	0	0	0	5,100	39	SL/GDS	MM	2,563	131	2,694
	BLD IMPROVEMENTS	3/3/1997	R-5	100.00%	10,649	0	0	0	0	10,649	39	SL/GDS	MM	5,354	273	5,627
	HEATING & AIR CONDITIONII	3/3/1997	R-5	100.00%	20,418	0	0	0	0	20,418	39	SL/GDS	MM	9,989	524	10,513
	LUMBER	3/3/1997	R-5	100.00%	1,663	0	0	0	0	1,663	39	SL/GDS	MM	814	43	857
	ELECTRICAL	3/3/1997	R-5	100.00%	1,957	0	0	0	0	1,957	39	SL/GDS	MM	952	50	1,002
	EQUIPMENT	7/31/1997	R-5	100.00%	112,363	0	0	0	0	112,363	39	SL/GDS	MM	52,890	2,881	55,771
	CARPENTRY	1/2/1998	R-5	100.00%	9,358	0	0	0	0	9,358	39	SL/GDS	MM	4,429	240	4,669
	Total: 39-yr Nonresidential real estate															
					161,508	0	0	0	0	161,508				76,991	4,142	81,133
<b>Amortization - 461 - Points</b>																
	CLOSING COST	12/31/1994	Z-13	100.00%	2,550	0	0	0	0	2,550	0	SL	FM	2,550	0	2,550
	CLOSING COST	3/3/1997	Z-13	100.00%	7,772	0	0	0	0	7,772	0	SL	FM	7,772	0	7,772
	Total Amort - 461 - Points															
					10,322	0	0	0	0	10,322				10,322	0	10,322
	SubTotals				197,845	0	0	0	0	197,845				94,518	6,023	100,541
	Less Disposed Assets				( 0 )	0	0	0	0	( 0 )				( 0 )	0	0
	Ending Totals				197,845	0	0	0	0	197,845				94,518	6,023	100,541

