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Short Form Return of Organization Exempt From Income Tax

2013

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990-EZ header section including: A For the 2013 calendar year, or tax year beginning JAN 1, 2014 and ending OCT 31, 2014; B Check if applicable; C Name of organization SENECA CAYUGA PROPERTIES INC; D Employer identification number 23-7307946; E Telephone number 315-539-5067; F Group Exemption Number; G Accounting Method: Accrual; H Check if the organization is not required to attach Schedule B; I Website: N/A; J Tax-exempt status: 501(c)(3); K Form of organization: Corporation; L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total (line 9) is 0. Expenses total (line 17) is 0. Net Assets total (line 21) is 0. Includes a 'RECEIVED' stamp dated NOV 18 2014.

SCANNED DEC 15 2014

Handwritten marks: '14' and a symbol resembling a lowercase 'p'.

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 Sch. 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	33		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)	34		X
35a 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)?	35a		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	35b	N/A	
c 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	35c		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	36	X	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0.</u>	37a		
b Did the organization file Form 1120-POL for this year?	37b		X
38a 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?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>			
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	40b		X
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 ▶ <u>0.</u>			
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0.</u>			
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	40e		X
41 List the states with which a copy of this return is filed ▶ NY			
42a The organization's books are in care of ▶ MARIA HASTINGS Telephone no. ▶ 315-539-5067 Located at ▶ 1083 WATERLOO-GENEVA ROAD, WATERLOO, NY ZIP + 4 ▶ 13165-1202			
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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>N/A</u>	43	N/A	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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	44b		X
c Did the organization receive any payments for indoor tanning services during the year?	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	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b 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)	45b		

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 Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns for questions 47, 48, 49a, and 49b. Answers: 47 No (X), 48 No (X), 49a No (X), 49b No.

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 with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (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." NONE

Table with 3 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 (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: Rose Palmieri, Date: 11-5-14, Type or print name and title: Rose Palmieri, President

Paid Preparer Use Only: Print/Type preparer's name: M. ELIZABETH MCMANUS, Preparer's signature: Mary Elizabeth McManus, Date: 10/31/14, Check self-employed: No, PTIN: P00117768, Firm's name: BONADIO & CO., LLP, Firm's address: 171 SULLY'S TRAIL, SUITE 201, PITTSFORD, NY 14534, Firm's EIN: 16-1131146, Phone no.: 585-381-1000

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization SENECA CAYUGA PROPERTIES INC	Employer identification number 23-7307946
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
SENECA CAYUGA COUNTY	16-1124314	7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		0.
Total	1								0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12
Also complete this part for any additional information. (See instructions)

SCHEDULE A - EXPLANATION OF SHORT YEAR

SENECA CAYUGA PROPERTIES, INC. WAS DISSOLVED EFFECTIVE

OCTOBER 31, 2014. THEREFORE THE FINAL RETURN IS FILED ON 2013 FORMS,

SINCE THE 2014 FORMS ARE NOT AVAILABLE.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013

Open to Public Inspection

Name of the organization

SENECA CAYUGA PROPERTIES INC

Employer identification number
23-7307946

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	NO ASSETS TO DISTRIBUTE. SEE PART III FOR FURTHER EXPLANATION.		0.				

	Yes	No
2a		X
2b		X
2c		X
2d		X

- 2** Did or will any officer, director, trustee, or key employee of the organization.
- a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule N (Form 990 or 990-EZ) (2013)

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e.
Also complete this part to provide any additional information

SCHEDULE N, LINE 1 - TOTAL DISSOLUTION

ON SEPTEMBER 5, 2012, THE BOARD OF DIRECTORS OF SENECA CAYUGA PROPERTIES INC ADOPTED A PLAN OF DISSOLUTION (ATTACHMENT I). SENECA CAYUGA PROPERTIES INC FILED A CERTIFICATE OF DISSOLUTION WITH NEW YORK STATE DIVISION OF CORPORATIONS (ATTACHMENT II).

ON FEBRUARY 19, 2014, SENECA CAYUGA PROPERTIES INC RECEIVED APPROVAL OF DISSOLUTION FROM THE STATE OF NEW YORK OFFICE OF THE ATTORNEY GENERAL (ATTACHMENT III). THIS APPROVAL IS CONDITIONED UPON THE FILING OF FORMS WITH THE NYS BUREAU OF CHARITIES FROM 2008 THROUGH CURRENT DATE.

THERE WERE NO ASSETS TO DISTRIBUTE AND THERE WERE NO LIABILITIES AS OF THE DATE OF DISSOLUTION.

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.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

SENECA CAYUGA PROPERTIES INC

Employer identification number

23-7307946

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - HOLDING REAL ESTATE FOR

SENECA CAYUGA ARC

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

PLAN OF DISSOLUTION

OF

SENECA CAYUGA PROPERTIES, INC.

The Board of Directors, duly convened a special meeting on the 5th day of September, 2012, to consider the advisability of voluntarily dissolving this Corporation and to effect a distribution of its assets and it being the unanimous opinion of the Board that it is advisable and in the best interests of the Corporation to effect such a dissolution, and the Board having adopted by unanimous vote a plan for a voluntary dissolution of this Corporation and the distribution of its assets, does hereby recommend to the members that this Corporation be dissolved and its assets distribution according to the following plan:

ARTICLE I

PROCEDURE OF DISSOLUTION

- A. The Corporation has no assets to distribute.
- B. Upon resolution of the Board of Directors adopting this plan of dissolution, the Board must submit it to a vote of the members for approval. A two-thirds vote as provided in N-PCL, §613(c) is required for approval.
- C. Within ten (10) days after the adoption of this plan by the Board of Directors (and approved by the affirmative vote of two-thirds of the votes cast at a meeting of members, said votes so cast being at least equal to the requisite quorum) a certified copy of such plan shall be filed with the Attorney General of the State of New York pursuant to New York State Not-for-Profit Corporation Law, Section 1001(b).
- D. The approval of the dissolution of the corporation shall be obtained from the State Tax Commission.

CERTIFICATION

STATE OF NEW YORK)
COUNTY OF Cayuga ss:

I, **MaryPat Harris**, Secretary of Seneca Cayuga Properties, Inc. hereby certify that a special meeting of the Board of Directors of the Corporation was held on September 5, 2012 at Auburn, New York and the within resolution was duly submitted and passed by a two-thirds vote of the Directors.

DATED: 9-5-2012

Mary Pat Harris
Name: **MaryPat Harris**
Title: **Secretary**

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue Albany, NY 12231
www.dos.ny.us

CERTIFICATE OF DISSOLUTION OF

SENECA CAYUGA PROPERTIES, INC.

(Insert Name of Corporation)

Under Section 1003 of the Not-for-Profit Corporation Law

FIRST: The name of the corporation is:

SENECA CAYUGA PROPERTIES, INC.

If the name of the corporation has been changed, the name under which it was formed is:

The Cayuga County School for the Retarded, Inc.

SECOND: The certificate of incorporation was filed with the Department of State on:

September 28, 1960

THIRD: The name and address of each officer and director of the corporation is:

President:	Rose Palmieri, 1790 East River Road, Waterloo, New York 13165
Vice President:	John E. Becker, II, 76 Cayuga Street, Seneca Falls, New York 13148
Secretary:	MaryPat Harris, 1310 Starboard Way, Skaneateles, New York 13152
Treasurer:	Thomas Ackerley, 48 Havens Avenue, Auburn, New York 13021

FOURTH: At the time of dissolution, the corporation is a Type C corporation.
(A,B,C or D)

FIFTH: At the time of authorization of the corporation's Plan of Dissolution and Distribution of Assets as provided in Not-for-Profit Corporation Law §1002, the corporation holds:

(Check the appropriate statement)

- Assets which are legally required to be used for a particular purpose.
- No assets which are legally required to be used for a particular purpose.

SIXTH: The corporation elects to dissolve.

SEVENTH: The dissolution was authorized by:

(Check the appropriate statement)

- A vote of a majority of the board of directors. The corporation has no members.
- The majority vote of the board of directors, followed by two-thirds vote of the members.

EIGHTH: *(Check the appropriate statement)*

- The Plan of Dissolution and Distribution of Assets has been approved by a Justice of the Supreme Court. A copy of the Court's order is attached hereto.
- A copy of the plan of dissolution which contains the statement prescribed by paragraph (b) of section 1001 of the Not-for-Profit Corporation Law has been duly filed with the Attorney General.
- The corporation is a Type A corporation and has no assets at the time of dissolution legally required to be used for a particular purpose.

x Rose Palmieri
(Signature)

Rose Palmieri
(Print or Type Name of Signer)

President
(Print or Type Title of Signer)

**CERTIFICATE OF DISSOLUTION
OF**

SENECA CAYUGA PROPERTIES, INC.

(Insert Name of Corporation)

Under Section 1003 of the Not-for-Profit Corporation Law

Filer's Name: **Boyle & Anderson, P.C., Charles H. Lynch, Jr., Esq. of Counsel**

Address: **110 Genesee Street, Suite 300**

City, State and Zip Code: **Auburn, New York 13021**

NOTES:

1. The name of the corporation and its date of incorporation must be exactly as they appear on the records of the Department of State. This information should be verified on the Department of State's website at www.dos.ny.gov.
2. This certificate must be signed by an officer, director or duly authorized person.
3. Attach the consent of the NYS Department of Taxation and Finance.
4. Attach the consent of the New York City Department of Finance, if required.
5. Consent of the Attorney General is required for all Type B, C and D corporations and Type A corporations that holds assets at the time of dissolution legally required to be used for a particular purpose.
6. Attach any other consent or approval required by law.
7. The fee for filing this certificate is \$30, made payable to the Department of State.

For DOS Use Only

**Minutes of the Joint Meeting of the
Board of Directors and Members of
Seneca Cayuga Properties, Inc.
September 5, 2012**

Present: Rose Palmieri, President; MaryPat Harris, Secretary; and Thomas Ackerley, Treasurer

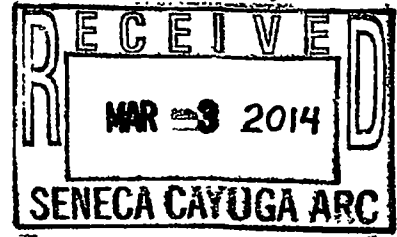
Excused: John E. Becker, II, Vice President

At a joint meeting of the Board of Directors and members of Seneca Cayuga Properties, Inc., a motion was made, it was seconded and

VOTED: to approve the Plan of Dissolution for Seneca Cayuga Properties, Inc., as presented.

Respectfully submitted,

Donna VanAllan
Executive Assistant



BOYLE & ANDERSON, P.C.

ATTORNEYS AT LAW

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ROBERT E. BARRY
ROBERT E. BERGAN *
CHARLES H. LYNCH, JR. **
JOHN P. MCLANE

BENJAMIN S. BERGAN

CHRISTINE A. PATTI, OLA
(CERTIFIED LEGAL ASSISTANT)

* ALSO ADMITTED IN MA
** ALSO ADMITTED IN FL

EDWARD T. BOYLE
(1901 - 1975)
HERBERT T. ANDERSON
(1908 - 2005)
RICHARD A. GLEASON
(RET. 2001)
P. ALEX LIPSKI
(RET. 1997)
ROSS M. TISCI
(RET. 2005)
JOHN P. DOYLE, JR.
(RET. 2012)

February 28, 2014

Seneca Cayuga ARC
1083 Waterloo Geneva Road
Waterloo, New York 13165

ATTENTION: Donna Peterson, Executive Assistant

RE: Seneca Cayuga Properties, Inc. ~ Dissolution

Dear Donna:

Enclosed herewith please find a letter I received from Christopher Wiles, Assistant Attorney General, with reference to the above. Please note that he has approved the Certificate of Dissolution on the condition that CHAR500's be filed with the Bureau of Charities from 2008 through the current year (I presume 2014). Once these filings have been completed, kindly forward the filing receipt from the Department of State.

Meanwhile, if you have any questions, please feel free to contact me.

Very truly yours,

CHARLES H. LYNCH, JR.

CHL:kas
Enclosure



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
Attorney General

REGIONAL OFFICE DIVISION
SYRACUSE REGIONAL OFFICE

February 19, 2014

Charles H. Lynch, Jr., Esq.
Boyle & Anderson, P.C.
110 Genesee Street, Suite 300
Auburn, New York 13021-3655

Re: Seneca Cayuga Properties, Inc. - Dissolution

Dear Charlie:

Pursuant to our recent telephone conversation, I am returning to you your original Certificate of Dissolution regarding the above-captioned matter with my approval stamped thereon. This approval is conditioned upon our agreement that your client will file the necessary forms with the Bureau of Charities from 2008 through the current year. I would ask you to hold this approval in escrow until these filings have been made and thereafter send me a copy of the filing receipt received from the Department of State.

Very truly yours,

A handwritten signature in black ink that reads "Chris Wiles".

CHRISTOPHER WILES
Assistant Attorney General

CW/sb
Enclosure

