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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
CONLON MULVANEY POST INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
6317 MARSHALL ROAD

City or town, state or province, country, and ZIP or foreign postal code
CONESUS, NY 14435

D Employer identification number
26-4106406

E Telephone number
(585) 346-3114

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(19) ◀(insert no) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association 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 ▶ \$ 137,954

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

| Revenue | | Expenses | | Net Assets | |
|-----------|--|-----------|---|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 10 | Grants and similar amounts paid (list in Schedule O) | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 11 | Benefits paid to or for members | 19 | 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) |
| 3 | Membership dues and assessments | 12 | Salaries, other compensation, and employee benefits | 20 | Other changes in net assets or fund balances (explain in Schedule O) |
| 4 | Investment income | 13 | Professional fees and other payments to independent contractors | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 14 | Occupancy, rent, utilities, and maintenance | | |
| 5b | Less cost or other basis and sales expenses | 15 | Printing, publications, postage, and shipping | | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 16 | Other expenses (describe in Schedule O) | | |
| 6 | Gaming and fundraising events | 17 | Total expenses. Add lines 10 through 16 | | |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | |
| 6b | 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) | | | | |
| 6c | Less direct expenses from gaming and fundraising events | | | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | |
| 7b | Less cost of goods sold | | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | |

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 | 7,053 | 22 4,865 |
| 23 Land and buildings | 26,713 | 23 25,373 |
| 24 Other assets (describe in Schedule O) | 7,552 | 24 5,628 |
| 25 Total assets | 41,318 | 25 35,866 |
| 26 Total liabilities (describe in Schedule O). | 0 | 26 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 41,318 | 27 35,866 |

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

What is the organization's primary exempt purpose?
 TO OPERATE SOCIAL CLUB FOR AMERICAN LEGION POST #1779 MEMBERS AND TO PROVIDE FUNDS TO MAINTAIN AND REPAIR THE POST'S BUILDING AND GROUNDS ALSO, TO PROVIDE CHARTIABLE CONTRIBUTIONS TO LOCAL COMMUNITY ORGANIZATIOIS AND TO MAKE AVAILABLE SPACE FOR LOCAL COMMUNITY ORGANIZATIONS TO MEET

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

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table

| | | |
|--|---|------------|
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 |

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 |
|-----------------------------|--|--|---|--|
| ALVA PRATT | 0 50 | 0 | 0 | 0 |
| DIRECTOR | | | | |
| DAN APPEL | 0 50 | 0 | 0 | 0 |
| ADJUTANT/DIRECTOR | | | | |
| STEVE ROGERS | 0 50 | 0 | 0 | 0 |
| DIRECTOR | | | | |
| DAVE ROGERS | 0 50 | 0 | 0 | 0 |
| DIRECTOR | | | | |
| STEPHEN MARTUCIO | 5 00 | 0 | 0 | 0 |
| 2ND VICE COMMANDER/FINANCE | | | | |
| DANIEL WALKLEY | 7 00 | 0 | 0 | 0 |
| 1ST VICE COMMANDER/DIRECTOR | | | | |
| NORMAN G SPARKS | 0 50 | 0 | 0 | 0 |
| COMMANDER | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 | | No |
| 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) | | No |
| 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)? | | No |
| 35b | 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 | | No |
| 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 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0 | | |
| 37b | Did the organization file Form 1120-POL for this year? | | |
| 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? | | No |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | |
| 39 | Section 501(c)(7) organizations Enter | | |
| 39a | Initiation fees and capital contributions included on line 9 | | |
| 39b | Gross receipts, included on line 9, for public use of club facilities | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____ | | |
| 40b | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | |
| 40c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| 40d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| 40e | 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 | | No |

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ STEPHEN MARTUCIO Telephone no ▶ (585) 346-3114
 Located at ▶ 6317 MARSHALL ROAD CONESUS, NY ZIP + 4 ▶ 14435

| | | Yes | No |
|------------|--|-----|----|
| 42b | 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 ▶ _____ | | No |
| 42c | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 ▶ _____ | | No |

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** _____

| | | Yes | No |
|------------|--|-----|----|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | No |
| 44b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | No |
| 44c | Did the organization receive any payments for indoor tanning services during the year? | | No |
| 44d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| 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) | | |

| | | |
|--|------------|-----------|
| | Yes | No |
| 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 | 46 | No |

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

| | | |
|--|------------|-----------|
| | Yes | No |
| 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 | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

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 "

| (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 |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 "

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 must attach a completed Schedule A ▶ Yes 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 | 2017-05-11 Date |
| STEPHEN MARTUCIO FINANCE OFFICER Type or print name and title | |

| | | | | | |
|---|---|----------------------|-------------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name DAVID R DEWAR CPA | Preparer's signature | Date 2017-05-11 | Check <input type="checkbox"/> if self-employed | PTIN P00426692 |
| Firm's name ▶ PROVIDENZA & WRIGHT | | | Firm's EIN ▶ 81-2528312 | | |
| Firm's address ▶ 121 SULLYS TRAIL SUITE 12 PITTSFORD, NY 14534 | | | Phone no (585) 385-1790 | | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:
Software Version:
EIN: 26-4106406
Name: CONLON MULVANEY POST INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|---|
| 28 OPERATION OF SOCIAL CLUB BAR AND MAINTENANCE OF BUILDING (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | 28a | 0 |

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: CONLON MULVANEY POST INC

EIN: 26-4106406

Declaration: 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.

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CONLON MULVANEY POST INC

Employer identification number
26-4106406

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|---|--------------|--------------|------------------|--|
| | | (event type) | (event type) | (total number) | Total events (add col (a) through col (c)) |
| Direct Expenses | 1 Gross receipts | | | | |
| | 2 Less Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|--|--|---|--|---|--|
| | | 1 Gross revenue | | | 69,030 |
| Direct Expenses | 2 Cash prizes | | 56,293 | | 56,293 |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | 2,848 | | 2,848 |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | 59,141 |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | | 9,889 |

9 Enter the state(s) in which the organization conducts gaming activities NY

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|-----------|
| a | The organization's facility | 13a | 100 000 % |
| b | An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ STEPHEN MARTUCIO

Address ▶ 6317 MARSHALL ROAD
CONESUS, NY 14435

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party
- Name ▶ _____
- Address ▶ _____

- 16** Gaming manager information
- Name ▶ STEPHEN MARTUCIO
- Gaming manager compensation ▶ \$ _____
- Description of services provided ▶ MAINTAINS RECORDS AND PREPARES NEW YORK STATE QUARTERLY BELL JAR REPORTS
- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CONLON MULVANEY POST INC

Employer identification number

26-4106406

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY | INCOME GROSS RECEIPTS 68,924 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 25,642 GROSS PROFIT 43,282 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 25,642 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 25,642 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990-EZ, PART I, LINE 14 | DESCRIPTION DEPRECIATION AMOUNT 3,264 DESCRIPTION OTHER EXPENSES AMOUNT 14,200 TOTAL TO FORM 990-EZ, LINE 14 17,464 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION TAXES AMOUNT 7,948 DESCRIPTION MISCELLANEOUS AMOUNT 5 DESCRIPTION INSURANCE AMOUNT 5,114 DESCRIPTION SUPPLIES AMOUNT 1,679 DESCRIPTION PAYROLL FEES AMOUNT 1,593 DESCRIPTION DONATIONS AMOUNT 720 TOTAL TO FORM 990-EZ, LINE 16 17,059 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS | DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 7,552 END OF YEAR AMOUNT 5,628 |