

**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" to 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 in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 in 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" to 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" to 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		69,000.		69,000.
b Buildings		2,604,317.	1,105,763.	1,498,554.
c Leasehold improvements				
d Equipment		27,788.	23,876.	3,912.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,571,466.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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) <b>PAYROLL TAXES PAYABLE</b>	<b>25,502.</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>25,502.</b>

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

**INSTITUTE FOR HUMAN RESOURCES AND  
SERVICES, INC**

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	<b>7,573,188.</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>0.</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>7,573,188.</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>0.</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	<b>7,573,188.</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	<b>7,579,884.</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>0.</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>7,579,884.</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>0.</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	<b>7,579,884.</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.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC**

Employer identification number  
**23-1955577**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>								
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>								
If "Yes" to line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>								
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>								
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2014

**INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) ROBERT J. KOTSULL EXECUTIVE DIRECTOR/ BOARD SEC/TREAS	158,947.	0.	0.	11,126.	12,474.	182,547.	0.
(ii)							
(i)							
(ii)							
(i)							
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**SCHEDULE O**  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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).

Name of the organization	<b>INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC</b>	Employer identification number	<b>23-1955577</b>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESIDENTIAL HOUSING FOR INDIVIDUALS WITH DEVELOPMENT DISABILITIES IN LUZERNE COUNTY. THE ORGANIZATION ALSO PROVIDES A FOSTER CARE PROGRAM WITH VARIOUS COUNTIES IN PENNSYLVANIA AND AN ADOPTION PROGRAM WITH DIAKON LUTHERAN SOCIAL MINISTRIES.

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

FORM 990 IS REVIEWED BY COMPARISON TO THE AUDITED FINANCIAL STATEMENTS.

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

BACKGROUNDS OF ALL PERSONNEL ARE CHECKED FOR INDEPENDENCE, INVESTMENTS, CONTRACTS, ETC. THESE ARE REVIEWED BEFORE BEING APPROVED.

FORM 990, PART VI, SECTION B, LINE 15:

REVIEW OF AVAILABLE RESOURCES AND ALLOWABLE SALARIES IS COMPLETED AND APPROVED BY THE BOARD

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

ALL DOCUMENTS ARE READILY AVAILABLE AT THE HOME OFFICE BY REQUEST.

2014 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
	BUILDINGS														
1	FORTY FORT	12/01/86	SL	25.00		16	40,000.				40,000.	40,000.	0.	0.	40,000.
2	DALLAS	12/01/90	SL	27.50		MM16	87,911.				87,911.	75,259.	3,197.	3,197.	78,456.
3	LYNDWOOD	07/01/96	SL	27.50		MM16	84,309.				84,309.	55,058.	3,066.	3,066.	58,124.
4	OAK	05/01/97	SL	27.50		MM16	61,900.				61,900.	38,542.	2,251.	2,251.	40,793.
5	AUSTIN	11/01/97	SL	27.50		MM16	74,857.				74,857.	45,253.	2,722.	2,722.	47,975.
6	BRESLAU	06/01/98	SL	27.50		MM16	87,303.				87,303.	50,930.	3,175.	3,175.	54,105.
7	PARK	12/01/98	SL	27.50		MM16	92,184.				92,184.	52,095.	3,352.	3,352.	55,447.
8	STANTON	05/01/00	SL	27.50		MM16	100,700.				100,700.	51,724.	3,662.	3,662.	55,386.
9	STANTON	07/01/00	SL	27.50		MM16	21,970.				21,970.	11,154.	799.	799.	11,953.
10	MATSON	11/01/00	SL	27.50		MM16	111,031.				111,031.	54,603.	4,037.	4,037.	58,640.
11	HILLSIDE	04/01/01	SL	27.50		MM16	129,828.				129,828.	62,357.	4,721.	4,721.	67,078.
12	DAWES	05/01/01	SL	27.50		MM16	99,828.				99,828.	48,051.	3,630.	3,630.	51,681.
13	SUGAR NOTCH	10/31/01	SL	27.50		MM16	111,197.				111,197.	51,389.	4,043.	4,043.	55,432.
14	WARSAW STREET	01/29/02	SL	27.50		MM16	132,093.				132,093.	59,839.	4,803.	4,803.	64,642.
15	COOK STREET	09/23/02	SL	27.50		MM16	94,980.				94,980.	40,728.	3,454.	3,454.	44,182.
16	GOODWIN AVE	02/03/03	SL	27.50		MM16	111,177.				111,177.	45,989.	4,043.	4,043.	50,032.
17	PLAINS	03/31/03	SL	27.50		MM16	117,448.				117,448.	48,227.	4,271.	4,271.	52,498.



2014 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
18	NEW ALEXANDER	07/07/04	SL	27.50		MM16	67,400.				67,400.	24,438.		2,451.	26,889.
19	NEW ALEXANDER	07/01/05	SL	27.50		MM16	21,101.				21,101.	6,871.		767.	7,638.
20	CAREY AVE	10/16/06	SL	27.50		MM16	125,269.				125,269.	35,112.		4,555.	39,667.
21	ST. MARY'S ROAD	06/21/07	SL	27.50		MM16	148,048.				148,048.	37,912.		5,384.	43,296.
22	BOLAND AVENUE	04/25/08	SL	27.50		MM16	158,952.				158,952.	35,884.		5,780.	41,664.
23	BURKE STREET	06/16/08	SL	27.50		MM16	140,346.				140,346.	30,832.		5,103.	35,935.
26	ROOF- COOK ST	08/22/11	SL	27.50		MM16	10,548.				10,548.	1,104.		384.	1,488.
28	BASEMENT- BOLAND	02/27/12	SL	27.50		MM16	10,309.				10,309.	891.		375.	1,266.
30	PLYMOUTH	05/29/12	SL	27.50		MM16	99,247.				99,247.	7,665.		3,609.	11,274.
53	DALLAS BATHROOM IMPROVEMENTS	06/30/13	SL	27.50		MM16	13,993.				13,993.	530.		509.	1,039.
55	BRESLAU FURNACE	01/01/14	SL	27.50		MM16	7,725.				7,725.	164.		281.	445.
56	SUGAR NOTCH- RAMP	05/16/14	SL	27.50		MM16	9,970.				9,970.	30.		363.	393.
57	DAWES- WINDOWS	06/10/14	SL	27.50		MM16	5,165.				5,165.	16.		188.	204.
58	STANTON- FLOORING	04/02/14	SL	27.50		MM16	10,741.				10,741.	98.		390.	488.
59	HILLSIDE- NEW ROOM	03/22/14	SL	27.50		MM16	33,325.				33,325.	303.		1,212.	1,515.
60	N. WASHINGTON	08/06/14	SL	27.50		16	175,962.				175,962.			5,865.	5,865.
62	BRESLAU DECK	07/14/14	SL	27.50		16	7,500.				7,500.			273.	273.
	* 990 PAGE 10 TOTAL BUILDINGS						2,604,317.				2,604,317.	1,013,048.		92,715.	1,105,763.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2014 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
	MACHINERY & EQUIPMENT														
25	OFFICE EQUIPMENT	07/01/10	200DB	5.00		HY17	10,900.				10,900.	9,017.		1,883.	10,900.
54	ARCHIVE EMAIL UNIT	04/15/13	200DB	5.00		MQ17	5,400.				5,400.	2,808.		1,037.	3,845.
	* 990 PAGE 10 TOTAL						16,300.				16,300.	11,825.		2,920.	14,745.
	MACHINERY & EQUIPMENT														
	TRANSPORTATION EQUIPMENT														
27	(D)WHEELCHAIR VAN	12/01/11	200DB	5.00		HY17	5,000.				5,000.	3,650.		279.	
29	VAN	04/18/12	200DB	5.00		HY17	11,488.				11,488.	7,559.		1,572.	9,131.
	* 990 PAGE 10 TOTAL						16,488.				16,488.	11,209.		1,851.	9,131.
	TRANSPORTATION EQUIPMENT														
	LAND														
31	DALLAS LAND	12/01/90	L	27.50	MM		3,000.				3,000.			0.	
32	LYNDWOOD LAND	07/01/96	L	27.50	MM		3,000.				3,000.			0.	
33	OAK LAND	05/01/97	L	27.50	MM		3,000.				3,000.			0.	
34	AUSTIN LAND	11/01/97	L	27.50	MM		3,000.				3,000.			0.	
35	BRESLAU LAND	06/01/98	L	27.50	MM		3,000.				3,000.			0.	
36	PARK LAND	12/01/98	L	27.50	MM		3,000.				3,000.			0.	
37	STANTON LAND	05/01/00	L	27.50	MM		3,000.				3,000.			0.	
38	MATSON LAND	11/01/00	L	27.50	MM		3,000.				3,000.			0.	
39	HILLSIDE LAND	04/01/01	L	27.50	MM		3,000.				3,000.			0.	

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2014 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
40	DAWES LAND	05/01/01	L	27.50	MM		3,000.				3,000.			0.	
41	SUGAR NOTCH LAND	10/31/01	L	27.50	MM		3,000.				3,000.			0.	
42	WARSAW ST LAND	01/29/02	L	27.50	MM		3,000.				3,000.			0.	
43	COOK STREET LAND	09/23/02	L	27.50	MM		3,000.				3,000.			0.	
44	GOODWIN AVE LAND	02/03/03	L	27.50	MM		3,000.				3,000.			0.	
45	PLAINS LAND	03/31/03	L	27.50	MM		3,000.				3,000.			0.	
46	NEW ALEXANDER LAND	07/07/04	L	27.50	MM		3,000.				3,000.			0.	
47	CAREY AVE LAND	10/16/06	L	27.50	MM		3,000.				3,000.			0.	
48	ST. MARY'S ROAD LAND	06/21/07	L	27.50	MM		3,000.				3,000.			0.	
49	BOLAND AVENUE LAND	04/25/08	L	27.50	MM		3,000.				3,000.			0.	
50	BURKE STREET LAND	06/16/08	L	27.50	MM		3,000.				3,000.			0.	
51	PLYMOUTH LAND	05/29/12	L	27.50	MM		3,000.				3,000.			0.	
52	FORTY FORT LAND	12/01/86	L	27.50	MM		3,000.				3,000.			0.	
61	N. WASHINGTON	08/06/14	L				69,000.				69,000.	0.		0.	
	* 990 PAGE 10 TOTAL LAND						2,706,105.				2,706,105.	2,036,082.		97,486.	1,129,639.
	* GRAND TOTAL 990 PAGE 10 DEPR														