

**United States Bankruptcy Court**  
**Southern District of New York**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle):  
**3114 E. TREMONT AVE. CORP.**

Name of Joint Debtor (Spouse) (Last, First, Middle):

All Other Names used by the Debtor in the last 8 years  
 (include married, maiden, and trade names):

All Other Names used by the Joint Debtor in the last 8 years  
 (include married, maiden, and trade names):

Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN  
 (if more than one, state all): **51-0507465**

Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN  
 (if more than one, state all):

Street Address of Debtor (No. and Street, City, and State):  
**3114 EAST TREMONT AVENUE  
 BRONX NEW YORK**

Street Address of Joint Debtor (No. and Street, City, and State):

**ZIP CODE 10461**

**ZIP CODE**

County of Residence or of the Principal Place of Business:  
**BRONX**

County of Residence or of the Principal Place of Business:

Mailing Address of Debtor (if different from street address):

Mailing Address of Joint Debtor (if different from street address):

**ZIP CODE**

**ZIP CODE**

Location of Principal Assets of Business Debtor (if different from street address above):

**3114 EAST TREMONT AVENUE BRONX NY**

**ZIP CODE 10461**

**Type of Debtor**  
 (Form of Organization)  
 (Check one box.)

- ☐ Individual (includes Joint Debtors)  
*See Exhibit D on page 2 of this form.*  
☒ Corporation (includes LLC and LLP)  
☐ Partnership  
☐ Other (If debtor is not one of the above entities,  
 check this box and state type of entity below.)

**Nature of Business**  
 (Check one box.)

- ☐ Health Care Business  
☐ Single Asset Real Estate as defined in  
 11 U.S.C. § 101(51B)  
☐ Railroad  
☐ Stockbroker  
☐ Commodity Broker  
☐ Clearing Bank  
☐ Other

**Tax-Exempt Entity**  
 (Check box, if applicable.)

- ☐ Debtor is a tax-exempt organization  
 under Title 26 of the United States  
 Code (the Internal Revenue Code).

**Chapter of Bankruptcy Code Under Which  
 the Petition is Filed (Check one box.)**

- ☐ Chapter 7  
☒ Chapter 9  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13  
☐ Chapter 15 Petition for  
 Recognition of a Foreign  
 Main Proceeding  
☐ Chapter 15 Petition for  
 Recognition of a Foreign  
 Nonmain Proceeding

**Nature of Debts**  
 (Check one box.)

- ☐ Debts are primarily consumer  
 debts, defined in 11 U.S.C.  
 § 101(8) as "incurred by an  
 individual primarily for a  
 personal, family, or house-  
 hold purpose."  
☒ Debts are primarily  
 business debts.

**Filing Fee (Check one box.)**

- ☒ Full Filing Fee attached.  
☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach  
 signed application for the court's consideration certifying that the debtor is  
 unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  
☐ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must  
 attach signed application for the court's consideration. See Official Form 3B.

**Chapter 11 Debtors**

- Check one box:**  
☒ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).  
☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

**Check if:**

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to  
 insiders or affiliates) are less than \$2,190,000.

**Check all applicable boxes:**

- ☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes  
 of creditors, in accordance with 11 U.S.C. § 1126(b).

**Statistical/Administrative Information**

- ☒ Debtor estimates that funds will be available for distribution to unsecured creditors.  
☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for  
 distribution to unsecured creditors.

**Estimated Number of Creditors**

☒ 1-49    ☐ 50-99    ☐ 100-199    ☐ 200-999    ☐ 1,000-  
 5,000    ☐ 5,001-  
 10,000    ☐ 10,001-  
 25,000    ☐ 25,001-  
 50,000    ☐ 50,001-  
 100,000    ☐ Over  
 100,000

**Estimated Assets**

☐ \$0 to \$50,000    ☐ \$50,001 to \$100,000    ☒ \$100,001 to \$500,000    ☐ \$500,001 to \$1 million  
☐ \$1,000,001 to \$10 million    ☐ \$10,000,001 to \$50 million    ☐ \$50,000,001 to \$100 million  
☐ \$100,000,001 to \$500 million    ☐ \$500,000,001 to \$1 billion    ☐ More than \$1 billion

**Estimated Liabilities**

☐ \$0 to \$50,000    ☐ \$50,001 to \$100,000    ☒ \$100,001 to \$500,000    ☐ \$500,001 to \$1 million  
☐ \$1,000,001 to \$10 million    ☐ \$10,000,001 to \$50 million    ☐ \$50,000,001 to \$100 million  
☐ \$100,000,001 to \$500 million    ☐ \$500,000,001 to \$1 billion    ☐ More than \$1 billion

**THIS SPACE IS FOR  
 COURT USE ONLY**

FILED  
 NOV-12  
 A  
 3:35  
 2008

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): <b>3114 E. TREMONT AVE. CORP.</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)</b>			
Location Where Filed:	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)</b>			
Name of Debtor:	Case Number:	Date Filed:	
District: <b>Southern District of New York</b>	Relationship:	Judge:	
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).  X _____ Signature of Attorney for Debtor(s) (Date)	
<b>Exhibit C</b>  Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
<b>Exhibit D</b>  (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align: right; margin-right: 100px;">         _____          (Name of landlord that obtained judgment)       </div> <div style="text-align: right; margin-right: 100px;">         _____          (Address of landlord)       </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition**

(This page must be completed and filed in every case.)

Name of Debtor(s):

3114 E. TREMONT AVE. CORP.

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

Date

**Signature of Attorney\***

X

Signature of Attorney for Debtor(s)

Printed Name of Attorney for Debtor(s)

Firm Name

Address

Telephone Number

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

# United States Bankruptcy Court

In re 3114 E. TREMONT AVE. CORP.  
Debtor

Case No. \_\_\_\_\_

Chapter \_\_\_\_\_

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	yes	21	\$ 500,000		
B - Personal Property	yes	3	\$ 3000		
C - Property Claimed as Exempt	NO				
D - Creditors Holding Secured Claims	yes	2		\$ 358,000 -	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	yes	3		\$ 0	
F - Creditors Holding Unsecured Nonpriority Claims	yes	2		\$ 0	
G - Executory Contracts and Unexpired Leases	yes	1		0	
H - Codebtors	yes	1		0	
I - Current Income of Individual Debtor(s)	NO				\$
J - Current Expenditures of Individual Debtors(s)	NO				\$
TOTAL			\$ 503,000.00	\$ 358,000 -	

In re 3114 E. TREMONT AVE. CORP.

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
3114 E. TREMONT AVE BX, NY	FEE SIMPLE-OWNER		500,000.00	350,000.00

Total ▶

500,000.00

(Report also on Summary of Schedules.)

In re 3114 E. TREMONT AVE. CORP.  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives.		HUDSON VALLEY BANK 3120 E. TREMONT AVE BX NY 10461		3000.00
3. Security deposits with public util- ities, telephone companies, land- lords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photo- graphic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			

In re 3114 E. TREMONT AVE. CORP.  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

In re 3114 E. TREMONT AVE. CORP.

Debtor

Case No. \_\_\_\_\_  
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<div style="text-align: right;">continuation sheets attached    Total ▶</div>				\$

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)



In re 3114 E. TREMONT AVE. CORP.  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.			12/2004 MORTGAGE				350,000.00	
FAIRWAY FUND I LLC 10 W 33 ST, SUITE 210 NY, NY 10001			VALUE \$ 575,000.00					
ACCOUNT NO.			WATER/SEWER CHARGES				8,000.00	
NYC WATER BOARD 1932 ARTHUR AVE BRONX NY 10457			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
Subtotal ▶ (Total of this page)							\$ 358,000	\$ 0
Total ▶ (Use only on last page)							\$ 358,000	\$ 0

continuation sheets  
attached(Report also on Summary of  
Schedules.)(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

In re 3114 E. TREMONT AVE. CORP.  
DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
Sheet no. _____ of _____ continuation sheets attached to Schedule of Creditors Holding Secured Claims							Subtotal (s) ▶ (Total(s) of this page)	\$ \$
							Total(s) ▶ (Use only on last page)	\$ <u>358000</u> <del>\$ 358000</del> (Report also on Summary of Schedules.)

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re 3114 E. TREMONT AVE. CORP,  
DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

In re 3114 E. TREMONT AVE. CORP,  
Debtor

Case No. \_\_\_\_\_  
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

\_\_\_\_ continuation sheets attached

In re 3114 E. TREMONT AVE. CORP,  
DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Account No.									
Account No.									
Account No.									
Sheet no. _____ of _____ continuation sheets attached to Schedule of Creditors Holding Priority Claims							Subtotals▶ (Totals of this page)	\$	\$
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)							Total▶	\$	
							Totals▶ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)		\$ 0

In re 3114 E. TREMONT AVE. CORP.,  
DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Subtotal▶							\$ 0
Total▶							\$ 0

\_\_\_\_ continuation sheets attached

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re 3114 E. TREMONT AVE. CORP.  
DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Sheet no. _____ of _____ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 0
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ \$ 0

In re 3114 E. TREMONT AVE. CORP. ,  
DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
KATHLEEN BRADSHAW , ESQ. 3114 E.TREMONT AVE BRONX NY 10461	COMMERICAL LEASE



Case No. \_\_\_\_\_  
(if known)

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

In re 3114 E. Tremont Ave Corp  
DebtorCase No. \_\_\_\_\_  
(if known)**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Debtor

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition PreparerSocial Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the Corporation [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 12 sheets (Total shown on summary page plus 1) and that they are true and correct to the best of my knowledge, information, and belief.

Date 07/20/07Signature: Kathleen Bradshaw  
[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

# UNITED STATES BANKRUPTCY COURT

Southern District of New York

In re: 3114 E. TREMONT AVE. CORP.  
Debtor

Case No. \_\_\_\_\_  
(if known)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

## 2. Income other than from employment or operation of business

None  
☐

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

## 3. Payments to creditors

*Complete a. or b., as appropriate, and c.*

None  
☐

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF  
PAYMENTS

AMOUNT  
PAID

AMOUNT  
STILL OWING

None  
☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF  
PAYMENTS/  
TRANSFERS

AMOUNT  
PAID OR  
VALUE OF  
TRANSFERS

AMOUNT  
STILL  
OWING

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Greenpoint v 3114 E Tremont Corp	Foreclosure	Bx Co Sup Ct	pending

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	--------------------	---

#### 5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	---

## 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF ASSIGNEE

DATE OF  
ASSIGNMENT

TERMS OF  
ASSIGNMENT  
OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CUSTODIAN

NAME AND LOCATION  
OF COURT  
CASE TITLE & NUMBER

DATE OF  
ORDER

DESCRIPTION  
AND VALUE  
OF PROPERTY

## 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF PERSON  
OR ORGANIZATION

RELATIONSHIP  
TO DEBTOR,  
IF ANY

DATE  
OF GIFT

DESCRIPTION  
AND VALUE  
OF GIFT

## 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION  
AND VALUE OF  
PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF  
LOSS WAS COVERED IN WHOLE OR IN PART  
BY INSURANCE, GIVE PARTICULARS

DATE  
OF LOSS

### 9. Payments related to debt counseling or bankruptcy

None  
☒

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS  
OF PAYEE

DATE OF PAYMENT,  
NAME OF PAYER IF  
OTHER THAN DEBTOR

AMOUNT OF MONEY OR  
DESCRIPTION AND  
VALUE OF PROPERTY

### 10. Other transfers

None  
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,  
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY  
TRANSFERRED AND  
VALUE RECEIVED

None  
☒

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER  
DEVICE

DATE(S) OF  
TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION  
AND VALUE OF PROPERTY OR DEBTOR'S  
INTEREST IN PROPERTY

### 11. Closed financial accounts

None  
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR  
DIGITS OF ACCOUNT NUMBER,  
AND AMOUNT OF FINAL BALANCE

AMOUNT AND  
DATE OF SALE  
OR CLOSING

**12. Safe deposit boxes**

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	-------------------	---------------------

**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

**15. Prior address of debtor**

None



If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------



**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	--------------------------

**18. Nature, location and name of business**

None



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing

executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.*

*If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.*

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	-------------------------------

None  
☒

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

#### 19. Books, records and financial statements

None  
☒

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Robert Goldman 88 Howard Ave Eastchester NY 10709	thru 12/31/08

None  
☒

b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

None  
☐

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME  
Kathleen Bradshaw

ADDRESS  
3114 E Tremont Ave  
Brooklyn NY 10611

None  
☒

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

## 20. Inventories

None  
☒

a. List the dates of the last two inventories taken of your property; the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT  
OF INVENTORY  
(Specify cost, market or other  
basis)

None  
☒

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES  
OF CUSTODIAN  
OF INVENTORY RECORDS

## 21. Current Partners, Officers, Directors and Shareholders

None  
☒

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None  
☐

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

Kathleen Bradshaw  
3114 E Tremont Ave  
Brooklyn NY 10611

Pres

100%

**22 . Former partners, officers, directors and shareholders**None  
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

None  
☒

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

**23 . Withdrawals from a partnership or distributions by a corporation**None  
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	-----------------------------------	--

**24. Tax Consolidation Group.**None  
☒

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER-IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

**25. Pension Funds.**None  
☒

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER-IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

\* \* \* \* \*

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	_____	Signature of Debtor	_____
Date	_____	Signature of Joint Debtor (if any)	_____

*[If completed on behalf of a partnership or corporation]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date	10/30/09	Signature	_____
		Print Name and Title	_____

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

\_\_\_\_ continuation sheets attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

#### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

\_\_\_\_\_  
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document.*

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

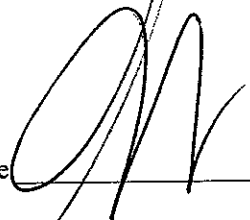
If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, [the president *or* other officer *or* an authorized agent of the corporation] [*or* a member *or* an authorized agent of the partnership] named as the debtor in this case, declare under penalty of perjury that I have read the foregoing [list *or* schedule *or* amendment *or* other document (describe)] and that it is true and correct to the best of my information and belief.

Date 10/20/07

Signature 

Pres  
(Print Name and Title)

# 3114 E. Tremont Ave Corp. BALANCE SHEET

Form 1120 (2008) 3114 E. TREMONT AVE. CORP. 51-0502465

Page 5

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash .....				
2a	Trade notes and accounts receivable .....				
b	Less allowance for bad debts .....				
3	Inventories .....				
4	U.S. government obligations .....				
5	Tax-exempt securities (see instructions) ....				
6	Other current assets (attach schedule) . . . SEE . ST . 2		320.		502.
7	Loans to shareholders .....		50,606.		33,694.
8	Mortgage and real estate loans .....				
9	Other investments (attach schedule) .....				
10a	Buildings and other depreciable assets .....	210,894.		210,894.	
b	Less accumulated depreciation .....	26,187.	184,707.	32,990.	177,904.
11a	Depletable assets .....				
b	Less accumulated depletion .....				
12	Land (net of any amortization) .....		134,000.		134,000.
13a	Intangible assets (amortizable only) .....				
b	Less accumulated amortization .....				
14	Other assets (attach schedule) .....				
15	Total assets .....		369,633.		346,100.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable .....				
17	Mortgages, notes, bonds payable in less than 1 year ....				
18	Other current liabilities (attach sch) . . . SEE . ST . 3.		27,100.		3,567.
19	Loans from shareholders .....				
20	Mortgages, notes, bonds payable in 1 year or more ....		337,908.		337,908.
21	Other liabilities (attach schedule) . . . SEE . ST . 4.		4,425.		4,425.
22	Capital stock: a Preferred stock .....				
b	Common stock .....	200.	200.	200.	200.
23	Additional paid-in capital .....				
24	Retained earnings — Approp (att sch) .....				
25	Retained earnings — Unappropriated .....				
26	Adjmnt to shareholders' equity (att sch) .....				
27	Less cost of treasury stock .....				
28	Total liabilities and shareholders' equity .....		369,633.		346,100.

## Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more— see instructions

1	Net income (loss) per books .....	0.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books .....			Tax-exempt interest \$	
3	Excess of capital losses over capital gains ..				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation .....	\$	a	Depreciation . . \$	
b	Charitable contributions . \$		b	Charitable contribns \$	
c	Travel & entertainment . \$				
6	Add lines 1 through 5 .....	0.	9	Add lines 7 and 8 .....	0.
			10	Income (page 1, line 28) — line 6 less line 9 . . .	0.

## Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year .....		5	Distributions .....	a Cash ...
2	Net income (loss) per books .....		b	Stock .....	c Property ..
3	Other increases (itemize):		6	Other decreases (itemize):	
4	Add lines 1, 2, and 3 .....	0.	7	Add lines 5 and 6 .....	
			8	Balance at end of year (line 4 less line 7) .....	0.

# 3114 E. Tremont Ave Corp. BALANCE SHEET

Form 1120 (2008) 3114 E. TREMONT AVE. CORP. 51-0502465

Page 5

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash .....				
2a	Trade notes and accounts receivable .....				
b	Less allowance for bad debts .....				
3	Inventories .....				
4	U.S. government obligations .....				
5	Tax-exempt securities (see instructions) .....				
6	Other current assets (attach schedule) ... SEE ST. 2		320.		502.
7	Loans to shareholders .....		50,606.		33,694.
8	Mortgage and real estate loans .....				
9	Other investments (attach schedule) .....				
10a	Buildings and other depreciable assets .....	210,894.		210,894.	
b	Less accumulated depreciation .....	26,187.	184,707.	32,990.	177,904.
11a	Depletable assets .....				
b	Less accumulated depletion .....				
12	Land (net of any amortization) .....		134,000.		134,000.
13a	Intangible assets (amortizable only) .....				
b	Less accumulated amortization .....				
14	Other assets (attach schedule) .....				
15	<b>Total assets .....</b>		<b>369,633.</b>		<b>346,100.</b>
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable .....				
17	Mortgages, notes, bonds payable in less than 1 year .....				
18	Other current liabilities (attach sch) ... SEE ST. 3.		27,100.		3,567.
19	Loans from shareholders .....				
20	Mortgages, notes, bonds payable in 1 year or more .....		337,908.		337,908.
21	Other liabilities (attach schedule) ... SEE ST. 4.		4,425.		4,425.
22	Capital stock: a Preferred stock .....				
b	Common stock .....	200.	200.	200.	200.
23	Additional paid-in capital .....				
24	Retained earnings — Approp (att sch) .....				
25	Retained earnings — Unappropriated .....				
26	Adjmnt to shareholders' equity (att sch) .....				
27	Less cost of treasury stock .....				
28	<b>Total liabilities and shareholders' equity .....</b>		<b>369,633.</b>		<b>346,100.</b>

## Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more— see instructions

1	Net income (loss) per books .....	0.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books .....			Tax-exempt interest \$ .....	
3	Excess of capital losses over capital gains .....				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation .....	\$ .....		a Depreciation .....	\$ .....
b	Charitable contributions .....	\$ .....		b Charitable contribns .....	\$ .....
c	Travel & entertainment .....	\$ .....			
6	Add lines 1 through 5 .....	0.	9	Add lines 7 and 8 .....	0.
			10	Income (page 1, line 28) — line 6 less line 9 .....	0.

## Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year .....		5	Distributions .....	a Cash ...
2	Net income (loss) per books .....			b Stock .....	c Property ..
3	Other increases (itemize):		6	Other decreases (itemize):	
			7	Add lines 5 and 6 .....	
4	Add lines 1, 2, and 3 .....	0.	8	Balance at end of year (line 4 less line 7) .....	0.



United States Bankruptcy Court  
Southern District of New York

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In re: 3114 E.Tremont Ave. Corp.

---

State of New York

County of Bronx

Kathleen R. Bradshaw being duly sworn deposes and says:

1. I am the President of 3114 E. Tremont Ave. Corp.
2. The debtors business is real estate holding and management.
3. The debtor's tenants were behind on their rent and due to the downturn in economic conditions in real estate the debtor had fallen behind in making its payments at this time.
4. There are no unsecured claims.
5. The largest secured claims are as follows:

Fairway Fund I LLC 10 W. 33 St. Suite 210 New York New York 10001  
Current holder of first mortgage with principal balance of \$350,000.00 and approximately \$65,000.00 in interest arrears, this is a lien on the real property Which is valued at \$500,000.00, the about of interest owed may be disputed.

New York City Water Board  
1932 Arthur Avenue Bronx New York 10457  
Currently approximately \$8000.00 due in water charges/sewer rents for the premises at 3114 E. Tremont Avenue Bronx New York.,  
This is a lien on the real property which is valued at \$500,000.00 , the claim in not disputed.

6. The summary of the debtors assets are \$503,000.00

Market value of real property \$500,000.00

Checking account balance      \$3000.00

The summary of the debtors liabilities are \$358,000.00

Mortgage balance                      \$350,000.00

Water charges                              \$ 8,000.00

7. There are one class of stock which is common stock-no par value - which are not publicly traded .
8. There is no property of the debtors in possession or custody of any party or entity.
9. The debtors does owns the premises at 3114 E. Tremont Avenue Bronx New York and operates its business from this location as well.
10. The debtors substantial assets is located at 3114 E. Tremont Avenue Bronx New York , it is real property. This is where the books and records of the corporation are held. There are no assets held by debtor outside of the United States.
11. There is currently a foreclosure action pending against the debtor in Bronx County Supreme Court in the matter of Greenpoint Mortgage v. 3114 E. Tremont Ave. Corp. , the foreclosure sale is scheduled for 11/2/09.
12. Kathleen R. Bradshaw is the sole officer of the corporation , she has full responsibility for the operation of the all assets of the business of the debtor.
13. The debtors intends to continue to operate its business.
14. There is no payroll for the debtor for the 30 day period following the filing of the Chapter 11 petition.

15. There will be no payment for services for the 30 day period following the filing of the Chapter 11 petition to officers, stockholders or directors.
16. There will be no payment to a financial or business consultant .
17. The schedule for the 30 day period following the filing of the Chapter 11 Petition is annexed hereto as Exhibit A.

Sworn to before me this 30 day of October 2009


  
\_\_\_\_\_  
Cynthia Torres  
Notary Public State of New York  
No 01TO641647  
Qualified in Bronx County  
Commission Expires August 15 2010

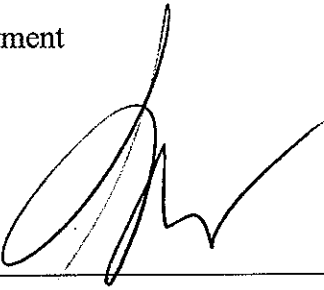
Exhibit A

Schedule of Estimated Receipts and Disbursements  
30 Days following filing of Chapter 11 Petition

Cash Receipts from Rent  
\$5500.00

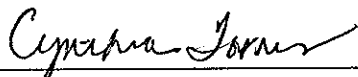
Estimated Disbursements  
\$350.00 gas -utilities  
\$5000.00 mortgage payment

Net cash gain \$200.00



---

Sworn to before me this 30 day of October 2009

  
\_\_\_\_\_  
Cynthia Torres  
Notary Public State of New York  
No 01TO641647  
Qualified in Bronx County  
Commission Expires August 15 2010

3114 E. Tremont Ave. Corp.  
Board of Directors Resolution

WHEREAS, this organization is a New York corporation which is seeking to file a Chapter 11 Petition in Bankruptcy Court in the Southern District of New York

NOW, THEREFORE, BE IT RESOLVED THAT

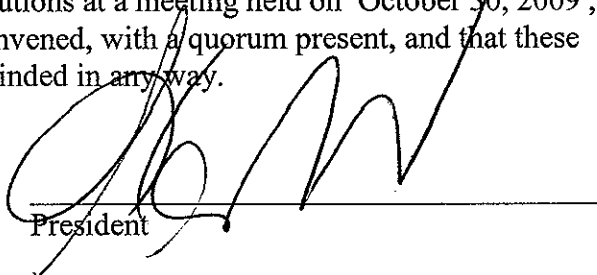
- A. The person officially holding the position of President in this organization are hereby empowered collectively and individually to represent this organization for the purpose of preparing, executing and filing a Petition in United States Bankruptcy Court for the Southern District of New York for Chapter 11. The officials of this organization designated above are specially authorized:
- (1) to complete all forms, procedures and documents which may be required by United States Bankruptcy Court in the Southern District in connection with any petition, schedules, documents, payments, fees, under this resolution;
  - (2) to obligate this organization in to the requirements of the United States Bankruptcy Court as the designated officials believes in necessary and required.
  - (3) to exercise such authority of this organization as may be necessary or convenient to accomplish the purpose of this resolution;

BE IT FURTHER RESOLVED THAT

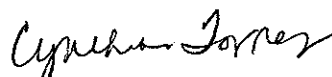
all prior acts by the officials of this organization to accomplish the purposes of these resolutions are hereby approved, and that the provisions of these resolutions shall remain in full force and effect until a certified copy of any duly adopted resolution amending or rescinding these resolutions is received .

CERTIFICATION

The undersigned, as President of this organization, hereby certifies that the Board of Directors duly adopted the foregoing resolutions at a meeting held on October 30, 2009, which was properly called, noticed and convened, with a quorum present, and that these resolutions have not been amended or rescinded in any way.

  
\_\_\_\_\_  
President

Sworn to before me this 30 day of October 2009

  
\_\_\_\_\_  
Cynthia Torres  
Notary Public State of New York  
No 01TO641647  
Qualified in Bronx County  
Commission Expires August 15 2010

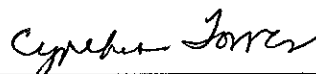
Monthly Cash Flow Statement  
Schedule of Estimated Receipts and Disbursements  
30 Days following filing of Chapter 11 Petition

Cash Receipts from Rent  
\$5500.00

Estimated Disbursements  
\$350.00 gas -utilities  
\$5000.00 mortgage payment

Net cash gain \$200.00

Sworn to before me this 30 day of October 2009

  
\_\_\_\_\_  
Cynthia Torres  
Notary Public State of New York  
No 01TO641647  
Qualified in Bronx County  
Commission Expires August 15 2010

United States Bankruptcy Court  
Southern District of New York

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In re: 3114 E.Tremont Ave. Corp.

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Statement of Operations

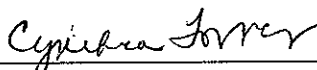
State of New York

County of Bronx

Kathleen R. Bradshaw being duly sworn deposes and says:

1. I am the President of 3114 E. Tremont Ave. Corp.
2. The debtors business is real estate holding and management.

Sworn to before me this 30 day of October 2009

  
\_\_\_\_\_  
Cynthia Torres  
Notary Public State of New York  
No 01TO641647  
Qualified in Bronx County  
Commission Expires August 15 2010



<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Signature of officer		Date			
<b>Paid Preparer's Use Only</b>	Signature of officer		Date		Title	
	Signature of officer		Date		Title	
	Signature of officer		Date		Title	
	Signature of officer		Date		Title	
<b>Paid Preparer's Use Only</b>	Preparer's signature		Date		Preparer's SSN or PTIN	
	Preparer's signature		Date		Preparer's SSN or PTIN	
	Preparer's signature		Date		Preparer's SSN or PTIN	
	Preparer's signature		Date		Preparer's SSN or PTIN	
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP code		Check if self-employed <input type="checkbox"/>		EIN	
	Firm's name (or yours if self-employed), address, and ZIP code		Check if self-employed <input type="checkbox"/>		EIN	
	Firm's name (or yours if self-employed), address, and ZIP code		Check if self-employed <input type="checkbox"/>		EIN	
	Firm's name (or yours if self-employed), address, and ZIP code		Check if self-employed <input type="checkbox"/>		EIN	
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP code		Check if self-employed <input type="checkbox"/>		Phone no.	
	Firm's name (or yours if self-employed), address, and ZIP code		Check if self-employed <input type="checkbox"/>		Phone no.	
	Firm's name (or yours if self-employed), address, and ZIP code		Check if self-employed <input type="checkbox"/>		Phone no.	
	Firm's name (or yours if self-employed), address, and ZIP code		Check if self-employed <input type="checkbox"/>		Phone no.	

**Schedule A Cost of Goods Sold** (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

**9a** Check all methods used for valuing closing inventory:

- (i) ☐ Cost  
(ii) ☐ Lower of cost or market  
(iii) ☐ Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods ☐c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ☐d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO **9d** e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☐ Nof Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation ☐ Yes ☐ No**Schedule C Dividends and Special Deductions** (see instructions)

	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)	70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)	80	
3	Dividends on debt-financed stock of domestic and foreign corporations	SEE INSTR.	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities	42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities	48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs	70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs	80	
8	Dividends from wholly owned foreign subsidiaries	100	
9	<b>Total.</b> Add lines 1 through 8. See instructions for limitation		
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958	100	
11	Dividends from affiliated group members	100	
12	Dividends from certain FSCs	100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12		
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)		
15	Foreign dividend gross-up		
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3		
17	Other dividends		
18	Deduction for dividends paid on certain preferred stock of public utilities		
19	<b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4		
20	<b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b		

**Schedule E Compensation of Officers** (see instructions for page 1, line 12)**Note:** Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
2	Total compensation of officers					
3	Compensation of officers claimed on Schedule A and elsewhere on return					
4	Subtract line 3 from line 2. Enter the result here and on page 1, line 12					

**Schedule J Tax Computation** (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2 0.
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4 0.
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	<b>Total credits.</b> Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9	Other taxes. <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 Check if from: <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (att schedule)	9	
10	<b>Total tax.</b> Add lines 7 through 9. Enter here and on page 1, line 31	10	0.

**Schedule K Other Information** (see instructions)

1	Check accounting method a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 531110		
b	Business activity ▶ REAL ESTATE		
c	Product or service ▶ SERVICE		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), or trust own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote?		X
For rules of constructive ownership, see instructions. If 'Yes,' complete (i) through (v).			

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

b Did any individual or estate own, directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote?

X	
---	--

For rules of constructive ownership, see instructions. If 'Yes,' complete (i) through (iv)

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
KATHLEEN BRADSHAW	076-62-9407	UNITED STATES	100.00%

**Schedule K** Continued**5** At the end of the tax year, did the corporation:

Yes	No
	X

**a** Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on **Form 851**, Affiliations Schedule? For rules of constructive ownership see instructions.

If 'Yes,' complete (i) through (iv)

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

**b** Own directly 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership see instructions.

If 'Yes,' complete (i) through (iv)

Yes	No
	X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

**6** During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)If 'Yes,' file **Form 5452**, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary

Yes	No
	X

**7** At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of **(a)** the total voting power of all classes of the corporation's stock entitled to vote or **(b)** the total value of all classes of the corporation's stock?

For rules of attribution see section 318. If 'Yes,' enter:

**(i)** Percentage owned ▶ \_\_\_\_\_ and **(ii)** Owner's country ▶ \_\_\_\_\_**(c)** The corporation may have to file **Form 5472**, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ \_\_\_\_\_

Yes	No
	X

**8** Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.**9** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ \_\_\_\_\_ NONE**10** Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 1**11** If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ▶ ☐

If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

**12** Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a) ▶ \$ \_\_\_\_\_ NONE**13** Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? . . . . .

If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value property distributions (other than cash) made during the tax year. ▶ \$ \_\_\_\_\_

Yes	No
	X

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash .....				
2a	Trade notes and accounts receivable .....				
b	Less allowance for bad debts .....				
3	Inventories .....				
4	U.S. government obligations .....				
5	Tax-exempt securities (see instructions) ....				
6	Other current assets (attach schedule) ... SEE ST. 2		320.		502.
7	Loans to shareholders .....		50,606.		33,694.
8	Mortgage and real estate loans .....				
9	Other investments (attach schedule) .....				
10a	Buildings and other depreciable assets .....	210,894.		210,894.	
b	Less accumulated depreciation .....	26,187.	184,707.	32,990.	177,904.
11a	Depletable assets .....				
b	Less accumulated depletion .....				
12	Land (net of any amortization) .....		134,000.		134,000.
13a	Intangible assets (amortizable only) .....				
b	Less accumulated amortization .....				
14	Other assets (attach schedule) .....				
15	Total assets .....		369,633.		346,100.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable .....				
17	Mortgages, notes, bonds payable in less than 1 year. ....				
18	Other current liabilities (attach sch) ... SEE ST. 3.		27,100.		3,567.
19	Loans from shareholders .....				
20	Mortgages, notes, bonds payable in 1 year or more. ....		337,908.		337,908.
21	Other liabilities (attach schedule) ... SEE ST. 4.		4,425.		4,425.
22	Capital stock: a Preferred stock .....				
b	Common stock .....	200.	200.	200.	200.
23	Additional paid-in capital .....				
24	Retained earnings — Approp (att sch) .....				
25	Retained earnings — Unappropriated .....				
26	Adjmnt to shareholders' equity (att sch) .....				
27	Less cost of treasury stock .....				
28	Total liabilities and shareholders' equity .....		369,633.		346,100.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more— see instructions

1	Net income (loss) per books .....	0.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books .....			Tax-exempt interest \$ .....	
3	Excess of capital losses over capital gains ..				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation .....	\$ .....		a Depreciation .....	\$ .....
b	Charitable contributions .....	\$ .....		b Charitable contribns \$ .....	
c	Travel & entertainment .....	\$ .....			
6	Add lines 1 through 5 .....	0.	9	Add lines 7 and 8 .....	0.
			10	Income (page 1, line 28) — line 6 less line 9 .....	0.

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year .....		5	Distributions .....	a Cash ...
2	Net income (loss) per books .....			b Stock .....	c Property ..
3	Other increases (itemize):		6	Other decreases (itemize):	
4	Add lines 1, 2, and 3 .....	0.	7	Add lines 5 and 6 .....	
			8	Balance at end of year (line 4 less line 7) .....	0.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

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

OMB No. 1545-0172

**2008**Attachment  
Sequence No. **67**

Name(s) shown on return

3114 E. TREMONT AVE. CORP.

Identifying number

51-0502465

Business or activity to which this form relates

FORM 1120 - 2 APTS/ 1 COMMERCIAL

**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 the instructions for a higher limit for certain businesses . . . . .	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 . . . . .	13	

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) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	6,803.

**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 2008 . . . . .	17	
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 checked="" type="checkbox"/> <input type="checkbox"/>		

**Section B — Assets Placed in Service During 2008 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
19a 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 . . . . .			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C — Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a 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 . . . . .	21	
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 . . . . .	22	6,803.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

3114 E. TREMONT AVE. CORP.

51-0502465

**STATEMENT 1**  
**FORM 1120, LINE 26**  
**OTHER DEDUCTIONS**

INSURANCE.....	\$	1,827.
OTHER DEDUCTIONS - 2 APTS/ 1 COMMERCIAL.....		600.
UTILITIES.....		3,567.
<b>TOTAL</b>	<b>\$</b>	<b><u>5,994.</u></b>

**STATEMENT 2**  
**FORM 1120, SCHEDULE L, LINE 6**  
**OTHER CURRENT ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID INSURANCE.....	\$ 320.	\$ 502.
<b>TOTAL</b>	<b>\$ <u>320.</u></b>	<b>\$ <u>502.</u></b>

**STATEMENT 3**  
**FORM 1120, SCHEDULE L, LINE 18**  
**OTHER CURRENT LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCRUED MORTGAGE INTEREST.....	\$ 17,723.	\$ 0.
ACCRUED REAL ESTATE TAXES.....	1,515.	0.
ACCRUED UTILITIES.....	0.	3,567.
CASH SHORTAGE.....	6,913.	0.
ESCROW SHORTAGE.....	949.	0.
<b>TOTAL</b>	<b>\$ <u>27,100.</u></b>	<b>\$ <u>3,567.</u></b>

**STATEMENT 4**  
**FORM 1120, SCHEDULE L, LINE 21**  
**OTHER LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
SECURITY DEPOSITS.....	\$ 4,425.	\$ 4,425.
<b>TOTAL</b>	<b>\$ <u>4,425.</u></b>	<b>\$ <u>4,425.</u></b>

2008

CT-3

| Staple forms here |

New York State Department of Taxation and Finance

## General Business Corporation

## Franchise Tax Return

## Tax Law — Article 9-A

All filers must enter tax period:

Final return ☐Amended return ☐beginning ☐

01-01-08

ending ☐

12-31-08

(see the instructions)

Employer identification number

File number

Business telephone number

51-0502465

9A

718-931-4400

COPY

If you have any subsidiaries incorporated outside NYS, mark an **X** in the box.If you claim an overpayment, mark an **X** in the box.

Legal name of corporation

3114 E. TREMONT AVE. CORP.

Trade name/DBA

Mailing name (if different from legal name above)

c/o

State or country of incorporation

Date rec'd (for Tax Department use only)

NEW YORK

Number and street or PO box

3114 EAST TREMONT AVENUE

Date of incorporation

02-17-04

City

BRONX

State ZIP code

NY 10461

Foreign corporations: date began business in NYS

NAICS business code no. (from federal return)

531110

If address above is new, mark an **X** in the boxIf your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by fax, or by phone. See *Need help?* in the instructions.

Audit (for Tax Department use only)

Principal business activity REAL ESTATE

See Form CT-3/4-I, *Instructions for Forms CT-4, CT-3, and CT-3-ATT*, before completing this return.

## Metropolitan transportation business tax (MTA surcharge)

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? If Yes, you must file Form CT-3M/4M. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. (mark an **X** in the appropriate box).

Yes ☒ No ☐

Payment enclosed

A. Pay amount shown on line 93. Make payable to: **New York State Corporation Tax**

Attach your payment here. Detach all check stubs. (See instructions for details.)

A.

25.

B. Federal return filed (you must mark an **X** in one): Attach a complete copy of your federal return.

Form 1120

• ☒

Form 1120-H

Form 1120-REIT or Form 1120-RIC

☐

Consolidated basis

•

Form 1120S

Other:

•

C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an **X** in the box and attach Form CT-60-QSSS.D. Have you underreported your tax due on past returns? To correct this without penalty, visit us at [www.nystax.gov](http://www.nystax.gov)E. Did the entity have an interest in real property located in New York State during the last 3 years? (mark an **X** in the appropriate box)

Yes •

No • ☒F. Has there been a transfer or acquisition of controlling interest in the entity during the last 3 years? (mark an **X** in the appropriate box)

Yes •

No • ☒

NYCA0112L 11/05/08

(continued)

41901081032



**Computation of entire net income (ENI) base** (see instructions)

1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions	• 1.	0.
2	Interest on fed, state, municipal, and other obligations not incl on line 1 (see instrs)	• 2.	
3	Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock	• 3.	
4a	Interest deductions directly attributable to subsidiary capital	• 4a.	0.
4b	Noninterest deductions directly attributable to subsidiary capital	• 4b.	0.
5a	Interest deductions indirectly attributable to subsidiary capital	• 5a.	0.
5b	Noninterest dedns indirectly attributable to subsidiary capital	• 5b.	0.
6	NY State & other state & local taxes ded on fed rtn (see instrs)	• 6.	
7	Federal depreciation from Form CT-399, if applicable (see instructions)	• 7.	
8	Other additions (see instructions)		
	• IRC Section 199 deduction:	• 8.	
9	Add lines 1 through 8	• 9.	
10	Income from subsidiary capital (from Form CT-3-ATT, line 26)	• 10.	
11	Fifty percent of dividends from nonsubsidiary corporations (see instrs)	• 11.	
12	Foreign dividends gross-up not included on lines 10 and 11	• 12.	
13	New York net operating loss deduction (NOLD) (attach federal and New York State computations)	• 13.	
14	Allowable NYS depreciation from Form CT-399, if applicable (see instrs)	• 14.	
15	Other subtractions (att list; see instrs)	• 15.	
16	Total subtractions (add lines 10 through 15)	• 16.	
17	ENI (subtract line 16 from line 9; show loss with a minus (-) sign; enter here and on line 42)	• 17.	
18	Investment income before allocation (from Form CT-3-ATT, line 22, but not more than line 17 above)	• 18.	0.
19	Business income before allocation (subtract line 18 from line 17)	• 19.	
20	Allocated investment income (multiply line 18 by % from Form CT-3-ATT, ln 5)	• 20.	
21	Allocated business income (multiply line 19 by % from line 119, 121, or 141)	• 21.	0.
22	Total allocated income (add lines 20 and 21)	• 22.	
23	Optional depreciation adjustments (attach Form CT-324; enter here and on line 69)	• 23.	
24	ENI base (line 22 plus or minus line 23)	• 24.	
25	ENI base tax (multiply line 24 by the appropriate rate from the Tax rates schedule on Form CT-3/4-I; enter here and on line 72)	• 25.	0.

**Computation of capital base** (enter whole dollars for lines 26 through 31; see instructions)

	A Beginning of year	B End of year	C Average value
26 Total assets from federal return	369,633.	346,100.	357,867.
27 Real property and marketable securities included on line 26			
28 Subtract line 27 from line 26	369,633.	346,100.	357,867.
29 Real property and marketable securities at fair market value			
30 Adjusted total assets (add lines 28 and 29)	369,633.	346,100.	357,867.
31 Total liabilities	369,433.	345,900.	357,667.
32 Total capital (subtract line 31, column C, from line 30, column C)			200.
33 Subsidiary capital (from Form CT-3-ATT, line 28; if none, enter 0)			0.
34 Business and investment capital (subtract line 33 from line 32)			200.
35 Investment capital (from Form CT-3-ATT, line 7, column E; if none, enter 0)			0.
36 Business capital (subtract line 35 from line 34)			200.
37 Allocated investment capital (multiply line 35 by % from Form CT-3-ATT, ln 5)			
38 Allocated business capital (multiply line 36 by 100.0000 % from ln 119, 121, or 141)			200.
39 Capital base (add lines 37 and 38)			200.
40 Capital base tax (see instructions)			
41 Issuer's allocation percentage (see instructions)	100.0000 %		

**Computation of minimum taxable income (MTI) base**

42 ENI from line 17..... 42. 0.

**Adjustments (see instructions)**

43 Depreciation of tangible property placed in service after 1986(see instructions) ..... • 43. 0.  
 44 Amortization of mining exploration and development costs paid or incurred after 1986. .... • 44. 0.  
 45 Amortization of circulation expenditures paid or incurred after 1986 (personal holding companies only) ..... • 45. 0.  
 46 Basis adjustments in determining gain or loss from sale or exchange of property ..... • 46. 0.  
 47 Long term contracts entered into after February 28, 1986..... • 47. 0.  
 48 Installment sales of certain property..... • 48. 0.  
 49 Merchant marine capital construction funds ..... • 49. 0.  
 50 Passive activity loss (closely held and personal service corporations only)..... • 50. 0.  
 51 Add lines 42 through 50 ..... 51. 0.

**Tax preference items(see instructions)**

52 Depletion ..... • 52. 0.  
 53 Appreciated property charitable deduction ..... • 53. 0.  
 54 Intangible drilling costs..... • 54. 0.  
 55 Add lines 51 through 54 ..... 55. 0.  
 56 New York NOLD from line 13..... • 56. 0.  
 57 Add lines 55 and 56..... • 57. 0.  
 58 Alternative net operating loss deduction (ANOLD) (see instructions)..... • 58. 0.  
 59 MTI (subtract line 58 from line 57)..... • 59. 0.  
 60 Investment income before apportioned NOLD(add line 18 and Form CT-3-ATT, line 21) ... 60. 0.  
 61 Investment income not included in ENI but included in MTI ..... • 61. 0.  
 62 Investment income before apportioned ANOLD(add lines 60 and 61)..... • 62. 0.  
 63 Apportioned New York ANOLD (see instructions)..... • 63. 0.  
 64 Alternative investment income before allocation(subtract line 63 from line 62)..... 64. 0.  
 65 Alternative business income before allocation(subtract line 64 from line 59)..... • 65. 0.  
  
 66 Allocated alternative business income (multiply line 65 by % from ln 119, 121, or 161) . • 66. 0.  
 67 Allocated alternative investment income (multiply line 64 by % from Form CT-3-ATT, ln 5) • 67. 0.  
  
 68 Allocated MTI (add lines 66 and 67)..... 68. 0.  
 69 Optional depreciation adjustments from line 23 ..... 69. 0.  
 70 MTI base (line 68 plus or minus line 69)..... • 70. 0.  
 71 Tax on MTI base (multiply line 70 by 1.5% (.015))..... • 71. 0.

**Computation of tax**

72 Tax on ENI base from line 25..... • 72.  
 73 Tax on capital base from line 40 (see instructions)  
 New small business: First year • Second year • 73.

You must enter an amount on line 74a below; if none, enter 0.

74a New York receipts (see instructions)..... • 74a. 0.  
 74b Fixed dollar minimum tax (see instructions)..... • 74b. 25.  
 75 Amount from line 71, 72, 73, or 74b, whichever is largest (see instructions for exception) • 75. 25.  
 76 Subsidiary capital base from Form CT-3-ATT, line 31..... • 76.  
 77 Subsidiary capital base tax from Form CT-3-ATT, line 32..... • 77.  
 78 Tax due before credits (add lines 75 and 77)..... • 78. 25.  
 79 Tax credits (from line 100a; attach appropriate form for each credit claimed)..... • 79.  
 80 Balance (subtract line 79 from line 78; if line 79 is more than line 78, enter 0)..... • 80. 25.  
 81 Amount from line 71 or 74b, whichever is larger..... • 81. 25.  
 82 Tax due (see instructions)..... ■ 82. 25.

**First installment of estimated tax for next period:**

83a If you filed a request for extension, enter amount from Form CT-5, line 2..... • 83a.  
 83b If you did not file Form CT-5 and line 82 is over \$1,000 (see instructions)..... ■ 83b.  
 84 Add line 82 and line 83a or 83b..... 84. 25.  
 85 Total prepayments from line 106..... • 85.  
 86 Balance (subtract line 85 from line 84; if line 85 is more than line 84, enter 0)..... 86. 25.  
 87 Estimated tax penalty (see instructions;  
 mark an X in the box if Form CT-222 is attached)..... • 87. 0.  
 88 Interest on late payment (see instructions)..... • 88.  
 89 Late filing and late payment penalties (see instructions)..... • 89.  
 90 Balance (add lines 86 through 89)..... 90. 25.

**Voluntary gifts/contributions (see instructions)**

91a Amount for Return a Gift to Wildlife..... ■ 91a.  
 91b Amount for Breast Cancer Research and Education Fund..... ■ 91b.  
 91c Amount for Prostate Cancer Research, Detection, and Education Fund..... ■ 91c.  
 91d Amount for National 9/11 Memorial..... ■ 91d.  
 92 Total (add lines 84, 87, 88, 89, and 91a through 91d)..... 92. 25.  
 93 Balance due (if line 85 is less than line 92, subtract line 85 from line 92 and enter here.  
 This is the amount due; enter the payment amount on line A on page 1)..... ■ 93. 25.  
 94 Overpayment (if line 85 is more than line 92, subtract line 92 from line 85. This  
 is your overpayment; enter here and see instructions)..... 94.  
 95 Amount of overpayment to be credited to next period..... ■ 95.  
 96 Balance of overpayment (subtract line 95 from line 94)..... • 96.  
 97 Amount of overpayment to be credited to Form CT-3M/4M..... • 97.  
 98 Refund of overpayment (subtract line 97 from line 96)..... ■ 98.  
 99a Refund of unused tax credits (see instructions and attach appropriate forms)..... ■ 99a.  
 99b Tax credits to be credited as an overpayment to next year's return (see instructions and  
 attach appropriate forms)..... ■ 99b.

**Summary of credits claimed on line 79 against current year's franchise tax** (see instructions for lines 79, 99a, 99b, 100a, and 100b)

Form CT-38, line 28..... •	Form CT-246..... •	Form CT-611..... •
Form CT-40..... •	Form CT-248..... •	Form CT-612..... •
Form CT-41..... •	Form CT-249..... •	Form CT-613..... •
Form CT-43..... •	Form CT-250..... •	Form CT-631..... •
Form CT-44..... •	Form CT-259..... •	Servicing mortgages credit... •
Form CT-46..... •	Form CT-601..... •	Form DTF-619..... •
Form CT-47..... •	Form CT-601.1..... •	Form DTF-621..... •
Form CT-238.... •	Form CT-602..... •	Form DTF-622..... •
Form CT-239.... •	Form CT-603..... •	Form DTF-624..... •
Form CT-241.... •	Form CT-604..... •	Form DTF-630..... •
Form CT-242.... •	Form CT-605..... •	Other credits..... •
Form CT-243.... •	Form CT-606..... •	

If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an **X** in the box..... •

**100a** Total tax credits claimed above (enter here and on line 79; attach form or statement for each tax credit claimed). • **100a.**

**100b** Total tax credits above that are refund eligible (see instructions)..... • **100b.**

**Composition of prepayments on line 85** (see instructions)

	Date paid	Amount
<b>101</b> Mandatory first installment.....	<b>101.</b>	
<b>102a</b> Second installment from Form CT-400.....	<b>102a.</b>	
<b>102b</b> Third installment from Form CT-400.....	<b>102b.</b>	
<b>102c</b> Fourth installment from Form CT-400.....	<b>102c.</b>	
<b>103</b> Payment with extension request from Form CT-5, line 5.....	<b>103.</b>	
<b>104</b> Overpayment credited from prior years..... Period.....	<b>104.</b>	
<b>105</b> Overpayment credited from Form CT-3M/4M..... Period.....	<b>105.</b>	
<b>106</b> Total prepayments (add lines 101 through 105; enter here and on line 85).....	<b>106.</b>	

**107** If you are a member of an affiliated federal group, enter primary corporation name and EIN:

• Name • EIN

If you are more than 50% owned by another corporation, enter parent corporation name and EIN:

• Name • EIN

3114 E. TREMONT AVE. CORP.

51-0502465

**Interest paid to shareholders**

**108** Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? (mark an **X** in the appropriate box) If Yes, complete the following and line 109 (attach additional sheets if necessary) ... **108.** Yes ☐ No ☒ **X**

Shareholder's name

SSN or EIN

Interest paid to shareholder

Total indebtedness to shareholder described above

Total interest paid

•

•

**109** Is there written evidence of the indebtedness? (mark an **X** in the appropriate box) ... **109.** Yes ☐ No ☐

**110** Interest deducted in computing FTI on line 1 of this form ... **110.** 25,000.

**111** If the Internal Revenue Service (IRS) has completed an audit of any of your returns within the last five years, list years ... **111.**

**Schedule A, Part 1 — Computation of business allocation percentage for aviation corporations**

	<b>A</b> New York State	<b>B</b> Everywhere
<b>112 a</b> Revenue aircraft arrivals and departures ... <b>112a.</b>	•	
<b>112 b</b> Adjustment per Tax Law section 210.3(a)(7)(A) ... <b>112b.</b>	.60	
<b>112 c</b> Adjusted NYS revenue aircraft arrivals and departures (multiply line 112a, column A, by line 112b) ... <b>112c.</b>		
<b>113</b> New York State percentage (divide line 112c by line 112a, column B) ... <b>113.</b>		%
<b>114 a</b> Revenue tons handled ... <b>114a.</b>	•	
<b>114 b</b> Adjustment per Tax Law section 210.3(a)(7)(A) ... <b>114b.</b>	.60	
<b>114 c</b> Adjusted NYS revenue tons handled (multiply line 114a, column A, by line 114b) ... <b>114c.</b>		
<b>115</b> New York State percentage (divide line 114c by line 114a, column B) ... <b>115.</b>		%
<b>116 a</b> Originating revenue ... <b>116a.</b>	•	
<b>116 b</b> Adjustment per Tax Law section 210.3(a)(7)(A) ... <b>116b.</b>	.60	
<b>116 c</b> Adjusted NYS originating revenue (multiply line 116a, column A, by line 116b) ... <b>116c.</b>		
<b>117</b> New York State percentage (divide line 116c by line 116a, column B) ... <b>117.</b>		%
<b>118</b> Total (add lines 113, 115, and 117) ... <b>118.</b>		%
<b>119</b> New York business allocation percentage (divide line 118 by three; use to compute lines 21, 38, and 66, and Form CT-38, line 6) ... <b>119.</b>		%

3114 E. TREMONT AVE. CORP.

51-0502465

**Schedule A, Part 2 – Computation of business allocation percentage for trucking and railroad corporations**

	<b>A</b> New York State	<b>B</b> Everywhere	
120 Revenue miles .....	•		120.
121 New York State business allocation percentage (divide line 120, column A, by line 120, column B; use to compute lines 21, 38, and 66, and Form CT-38, line 6) .....			121. %

**Schedule A, Part 3 – Computation of business allocation percentage** (see instructions)Did you make an election to use fair market value in your property factor? (mark an **X** in the appropriate box) ..... Yes • No • **X**If this is your first tax year, are you making the election to use fair market value in your property factor? (mark an **X** in the appropriate box) ..... Yes • No •Mark an **X** in the box if you are an air freight forwarder acting as principal or like indirect air carrier, or a qualified foreign air carrier (see instructions) .....If you are **not** an air freight forwarder acting as principal or like indirect air carrier, or a qualified foreign air carrier, complete only lines 129 through 136 and enter on line 141 the receipts factor computed on line 136. The receipts factor is the business allocation percentage.

Average value of property (see instructions)	<b>A</b> New York State	<b>B</b> Everywhere	
122 Real estate owned .....	•		122.
123 Real estate rented .....	•		123.
124 Inventories owned .....	•		124.
125 Tangible personal property owned .....	•		125.
126 Tangible personal property rented .....	•		126.
127 Total (add lines 122 through 126) .....	•		127.
128 New York State property factor (divide line 127, column A, by line 127, column B) .....			128. %

**Receipts in the regular course of business from:**

129 Sales of tangible personal property allocated to New York State .....	•		129.
130 All sales of tangible personal property .....	•		130.
131 Services performed .....	•		131.
132 Rentals of property .....	•		132.
133 Royalties .....	•		133.
134 Other business receipts .....	•		134.
135 Total (add lines 129 through 134) .....	•		135.
136 New York State receipts factor (divide line 135, column A, by line 135, column B) .....			136. %
137 New York State additional receipts factor (see instructions) .....			137. %

**Payroll**

138 Wages and other compensation of employees, except general executive officers .....	•		138.
139 New York State payroll factor (divide line 138, column A, by line 138, column B) .....			139. %
140 Total New York State weighted factors (add lines 128, 136, 137, and 139) .....			140. %
141 New York State business allocation percentage (see instructions) .....			141. 100.0000 %

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**Schedule A, Part 4 – Computation of alternative business allocation percentage for MTI base** (see instrs)

If you are **not** an air freight forwarder acting as principal or like indirect air carrier, or a qualified foreign air carrier, complete only lines 149 through 156 and enter on line 161 the receipts factor computed on line 156. The receipts factor is the alternative business allocation percentage.

**Average value of property**(see instructions)

A – New York State

B – Everywhere

142	Real estate owned.....	142.		
143	Real estate rented.....	143.		
144	Inventories owned.....	144.		
145	Tangible personal property owned.....	145.		
146	Tangible personal property rented.....	146.		
147	Total (add lines 142 through 146).....	• 147.	•	
148	New York State property factor (divide line 147, column A, by line 147, column B).....	• 148.		%

**Receipts in the regular course of business from:**

149	Sales of tangible personal property allocated to New York State.....	149.		
150	All sales of tangible personal property.....	150.		
151	Services performed.....	151.		
152	Rentals of property.....	152.		
153	Royalties.....	153.		
154	Other business receipts.....	154.		
155	Total (add lines 149 through 154).....	• 155.	•	
156	New York State receipts factor (divide line 155, column A, by line 155, column B).....	• 156.		%
157	New York State additional receipts factor(see instructions).....	157.		%

**Payroll**

158	Wages and other compensation of employees, except general executive officers.....	• 158.	•	
159	New York State payroll factor (divide line 158, column A, by line 158, column B).....	• 159.		%
160	Total New York State factors (add lines 148, 156, 157, and 159).....	160.		%
161	Alternative business allocation percentage(see instructions).....	• 161.		%

162	Are you claiming small business taxpayer status for lower ENI tax rates?(see Small business taxpayer definition on Form CT-3/4-I; mark an <b>X</b> in the appropriate box).....	162. Yes •	<b>X</b>	No •	
163	If you marked Yes on line 162, enter total capital contributions (see worksheet in instrs).....	• 163.			200.

164	Are you claiming qualified New York manufacturer status for lower capital base tax limitation? (see instructions; mark an <b>X</b> in the appropriate box).....	164. Yes •		No	<b>X</b>
165	Are you claiming qualified New York manufacturer status for lower ENI tax rates? (see instructions; mark an <b>X</b> in the appropriate box).....	165. Yes •		No	<b>X</b>

**Corporations organized outside New York State** Complete the following for capital stock issued and outstanding.

Number of par shares	Value	Number of no-par shares	Value
	\$		\$

Third-party Yes **X** Nodesignee  
(see instrs)

Designee's name (print)

ROB GOLDMAN CPA MBA

Designee's phone number 914-793-2722

PIN 91479

Designee's e-mail address

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.**Authorized person**

Signature of authorized person

Official title **PRESIDENT**

E-mail address of authorized person

Date

**Paid preparer use only**

Firm's name (or yours if self-employed)

ROB GOLDMAN CPA MBA PLLC

ID number **13-4180553**

Signature of individual preparing this return

Address

82 HOWARD AVE

City

EASTCHESTER

State **NY** ZIP code **10709-2728** Date

E-mail address of individual preparing this return

See instructions for where to file.

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NYCA017&amp;L 11/05/08

2008

CT-3M/4M

Staple forms here

New York State Department of Taxation and Finance

General Business Corporation  
MTA Surcharge Return

Tax Law — Article 9-A, Section 209-B

All filers must enter tax period:

Amended return

beginning 01-01-08 ending 12-31-08

Employer identification number

File number

Business telephone number

51-0502465

9A

718-931-4400

If you claim an  
overpayment, mark  
an X in the box

Legal name of corporation

3114 E. TREMONT AVE. CORP.

Mailing name (if different from legal name)

c/o

Number and street/PO box

3114 EAST TREMONT AVENUE

City

BRONX

State ZIP code

NY 10461

State or country of incorporation

Date received (for Tax Dept use only)

NEW YORK

Date of incorporation

02-17-04

Foreign corporations: date began  
business in NYS

If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by fax, or by phone. See *Need help?* in the instructions.

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD) you must file this form. If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-3, CT-3-A, or CT-4. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.

A Pay amount shown on line 12. Make check payable to: **New York State Corporation Tax**

Payment enclosed

Attach your payment here. Detach all check stubs. (See instructions for details.)

A.

4.

Computation of MTA surcharge

1 Net New York State franchise tax (see Form CT-3M/4M-I, Instructions for Form CT-3M/4M) SEE STM 1	1.	25.
2 MCTD allocation percentage from line 35, line 43, or line 45	2.	100.0000 %
3 Allocated franchise tax (multiply line 1 by line 2)	3.	25.
4 MTA surcharge (multiply line 3 by 17% (.17))	4.	4.

First installment of estimated tax for next period:

5a If you filed a request for extension, enter amount from Form CT-5, line 7, or CT-5.3, line 10	5a.	
b If you did not file Form CT-5 or CT-5.3, see instructions	5b.	
6 Add lines 4 and line 5a or 5b	6.	4.
7 Total prepayments from line 52	7.	
8 Balance (if line 7 is less than line 6, subtract line 7 from line 6)	8.	4.
9 Estimated tax penalty (see instrs; mark an X in the box if Form CT-222 is attached)	9.	0.
10 Interest on late payment (see instructions for Form CT-3, CT-3-A, or CT-4)	10.	
11 Late filing and late payment penalties (see instructions for Form CT-3, CT-3-A, or CT-4)	11.	
12 Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above)	12.	4.
13 Overpayment (if line 6 is less than line 7, subtract line 6 from line 7; enter here and see instructions)	13.	
14 Amount of overpayment to be credited to New York State franchise tax	14.	
15 Amount of overpayment to be credited to MTA surcharge for next period	15.	
16 Amount of overpayment to be refunded	16.	

Schedule A — Computation of MCTD allocation percentage

Schedule A, Part 1 — MCTD allocation (see instructions)

A  
MCTD

B  
New York State

Average value of property (see instructions)

17 Real estate owned	17.
18 Real estate rented	18.
19 Inventories owned	19.
20 Tangible personal property owned	20.
21 Tangible personal property rented	21.
22 Total (add lines 17 through 21)	22.

23 MCTD property factor (divide line 22, column A, by line 22, column B)

23.

%

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(continued)

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Receipts in the regular course of business from:

24	Sales of tangible personal property allocated to the MCTD.....	24.	
25	Sales of tangible personal property allocated to New York State.....	25.	
26	Services performed.....	26.	
27	Rentals of property.....	27.	
28	Royalties.....	28.	
29	Other business receipts.....	29.	
30	Total (add lines 24 through 29).....	30.	•
31	MCTD receipts factor (divide line 30, column A, by line 30, column B).....	31.	• %
32	Payroll – Wages and other compensation of employees except general executive officers.....	32.	•
33	MCTD payroll factor (divide line 32, column A, by line 32, column B).....	33.	• %
34	Total MCTD factors (add lines 23, 31, and 33).....	34.	• %
35	MCTD allocation percentage (divide line 34 by three or by the number of factors; enter here and on line 2).....	35.	• %

Schedule A, Part 2 – Computation of MCTD allocation for aviation corporations (see instructions)

A	B
MCTD	New York State

36	Revenue aircraft arrivals and departures.....	36.	•
37	MCTD percentage (divide line 36, column A, by line 36, column B).....	37.	• %
38	Revenue tons handled.....	38.	•
39	MCTD percentage (divide line 38, column A, by line 38, column B).....	39.	• %
40	Originating revenue.....	40.	•
41	MCTD percentage (divide line 40, column A, by line 40, column B).....	41.	• %
42	Total (add lines 37, 39, and 41).....	42.	• %
43	MCTD allocation percentage (divide line 42 by three; enter here and on line 2).....	43.	• %

Schedule A, Part 3 – Computation of MCTD allocation for trucking and railroad corporations (see instructions)

A	B
MCTD	New York State

44	Revenue miles.....	44.	•
45	MCTD allocation percentage (divide line 44, column A, by line 44, column B; enter here and on line 2).....	45.	• %

Composition of prepayments claimed on line 7 (see instructions)

Date paid	Amount
-----------	--------

46	Mandatory first installment.....	46.	
47a	Second installment from Form CT-400.....	47a.	
47b	Third installment from Form CT-400.....	47b.	
47c	Fourth installment from Form CT-400.....	47c.	
48	Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13.....	48.	
49	Overpayment credited from prior years.....	49.	
50	Add lines 46 through 49.....	50.	■
51	Overpayment credited from Form CT-.....	51.	■
52	Total prepayments (add lines 50 and 51; enter here and on line 7).....	52.	

Third-party Yes ☒ No

designee  
(see instrs)

Designee's name

ROB GOLDMAN CPA MBA

Designee's phone number 914-793-2722

Designee's e-mail address

PIN 91479

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person

Signature of authorized person

Official title PRESIDENT

E-mail address of authorized person

Date

Paid preparer use only

Firm's name (or yours if self-employed)

ROB GOLDMAN CPA MBA PLLC

ID number ■ 13-4180553

Signature of individual preparing this return

Address

82 HOWARD AVE

City

EASTCHESTER

State NY ZIP code 10709-272

Date

E-mail address of individual preparing this return

See instructions for where to file.

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43902081032

2008

FORM CT-3M/4M STATEMENTS

PAGE 1

3114 E. TREMONT AVE. CORP.

51-0502465

STATEMENT 1  
FORM CT-3M/4M, PAGE 1, LINE 1  
NET NEW YORK STATE FRANCHISE TAX - FIXED DOLLAR TAX WORKSHEET

A. TAX FROM CT-3, LINE 82.....	25.
B. NET NYS FRANCHISE TAX.....	<u>\$ 25.</u>

NYC  
FinanceNYC  
3L

For CALENDAR YEAR 2008 or FISCAL YEAR beginning \_\_\_\_\_ 2008 and ending \_\_\_\_\_

Check box if you are filing  
a 52-53-week taxable year☐ Amended  
return☐ Final return  
Check box if the corporation has ceased operations.☐ Special short period return  
(See Instructions)☐ Check box if a pro-forma federal return is attached☐ Check box if you claim any 9/11/01-related federal tax benefits (see inst.)☐ Check box to request consent to use an alternative allocation method (see instructions)

Name 3114 E. TREMONT AVE. CORP.		EMPLOYER IDENTIFICATION NUMBER 51-0502465
Address (number and street) 3114 EAST TREMONT AVENUE		
City BRONX, NY	State NY	ZIP Code 10461
Business Telephone Number 718-931-4400	Date business began in NYC 02-17-04	
		BUSINESS CODE NUMBER AS PER FEDERAL RETURN 531110

## SCHEDULE A Computation of Tax — BEGIN WITH SCH B ON PAGE 2. COMPLETE ALL OTHER SCHS. TRANSFER APPLICABLE AMOUNTS TO SCH A.

<b>A Payment</b>	Pay amount shown on line 21 — Make check payable to: NYC Department of Finance	Payment Enclosed	300
1 Allocated net income (from Schedule B, line 27).....	1. x .0885.	1.	
2a Allocated capital (from Schedule E, line 14).....	2a. x .0015.	2a.	
2b Total allocated capital— Cooperative Housing Corps.....	2b. x .0004.	2b.	
2c Cooperatives — enter: <input checked="" type="checkbox"/> BORO <input type="checkbox"/> BLOCK <input type="checkbox"/> LOT			
3 Alternative tax (see instructions) (see page 6 for worksheet).....	3.		
4 Minimum tax — No reduction is permitted for a period of less than 12 months.....	4.	300	00
5 Allocated subsidiary capital (see instructions).....	5. x .00075.	5.	
6 Tax (line 1, 2a, 2b, 3 or 4, whichever is largest, PLUS line 5).....	6.	300	
7 UBT Paid Credit (attach Form NYC-9.7).....	7.		
8a REAP Credit (attach Form NYC-9.5).....	8a.		
8b LMREAP Credit (attach Form NYC-9.8).....	8b.		
9a Real Estate Tax Escalation and Employment Opportunity Relocation Cost or Industrial Business Zone Credits (att Form NYC-9.6)...	9a.		
9b NYC Film Production Credit (attach Form NYC-9.9).....	9b.		
10 Net tax after credits (line 6 less total of lines 7, 8a, 8b, 9a and 9b).....	10.	300	
11 First installment of estimated tax for period following that covered by this return:			
(a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT.....	11a.		
(b) If application for extension has not been filed and line 10 exceeds \$1,000, enter 25% of line 10...	11b.		
12 Sales tax addback per Administrative Code Section 11-604.12(c) and 11-604.17a(c) (see instructions).....	12.		
13 Total of lines 10, 11a, 11b and 12.....	13.	300	
14 Prepayments (from Prepayments Schedule, page 6, line F) (see instructions).....	14.		
15 Balance due (line 13 less line 14).....	15.	300	
16 Overpayment (line 14 less line 13).....	16.		
17a Interest (see instructions).....	17a.		
17b Additional charges (see instructions).....	17b.		
17c Penalty for underpayment of estimated tax (attach Form NYC-222).....	17c.		
18 Total of lines 17a, 17b and 17c.....	18.		
19 Net overpayment (line 16 less line 18).....	19.		
20 Amount of line 19 to be: (a) Refunded.....	20a.		
(b) Credited to 2009 estimated tax.....	20b.		
21 TOTAL REMITTANCE DUE (see instructions). Enter payment amount on line A above.....	21.	300	
21a Issuer's allocation percentage (from Schedule E, line 15).....	21a.	%	
22 NYC rent from Schedule G, part 1 or NYC rent deducted on federal return— THIS LINE MUST BE COMPLETED (see instr.).....	22.	0	
23 Fed return filed: <input checked="" type="checkbox"/> X 1120 <input type="checkbox"/> 1120C <input type="checkbox"/> 1120S <input type="checkbox"/> 1120F <input type="checkbox"/> 1120RIC <input type="checkbox"/> 1120REIT <input type="checkbox"/> 1120H <input type="checkbox"/> 24 Gross recs or sales from fed rtn	24.	0	
25 EIN of Parent Corp. ....	25.		
26 Total assets from federal return.....	26.	346,100	
27 EIN of Common Parent Corp. ....	27.		
28 Compensation of stockholders (from Sch F, line 1).....	28.	0	
29 Business allocation percentage (from Schedule H, line 5)— if not allocating, enter 100%.....	29.	100 %	

## CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.			
I authorize the Department of Finance to discuss this return with the preparer listed below (see instructions)..... YES <input checked="" type="checkbox"/> X			
SIGN HERE →	Signature of officer	Title PRESIDENT	Date
PREPARER USE ONLY →	Preparer's signature	Preparer's printed name ROB GOLDMAN CPA MBA PLLC	Check if self-employed <input type="checkbox"/>
		Address 82 HOWARD AVE	Date
		City EASTCHESTER, NY	ZIP Code 10709-2728
		Firm's name (or yours, if self-employed)	Firm's Employer ID Number 13-4180553

**SCHEDULE B Computation and Allocation of Entire Net Income**

1	Federal taxable income before net operating loss deduction and special deductions (see instructions) .....	1.	0
2	Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions) .....	2.	
3	Deductions directly attributable to subsidiary capital (attach list) (see instructions) .....	3.	
4	Deductions indirectly attributable to subsidiary capital (attach list) (see instructions) .....	4.	
5a	NYS Franchise Tax, including MTA surcharge and other business taxes deducted on the federal return (see instructions) .....	5a.	
5b	NYC General Corporation Tax deducted on federal return (see instructions) .....	5b.	
6	New York City adjustments relating to (see instructions):		
	(a) Sales and compensating use tax credit .....	6a.	
	(b) Employment opportunity relocation costs credit and IBZ credit .....	6b.	
	(c) Real estate tax escalation credit .....	6c.	
	(d) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z) .....	6d.	
7	Additions:		
	(a) Payment for use of intangibles .....	7a.	
	(b) Other (see instructions) (attach rider) .....	7b.	
8	Total additions (add lines 1 through 7b) .....	8.	
9a	Dividends and gains from subsidiary capital (itemize on rider) (see instructions) .....	9a.	
9b	Interest from subsidiary capital (itemize on rider) (see instructions) .....	9b.	
10	50% of dividends from nonsubsidiary corporations (see instructions) .....	10.	
11	New York City net operating loss deduction (see instructions) .....	11.	
12	Gain on sale of certain property acquired prior to 1/1/66 (see instructions) .....	12.	
13	NYC and NYS tax refunds included in Schedule B, line 8 (see instructions) .....	13.	
14	Sales tax refunds or credits from vendors or New York State. Also include on page 1, Schedule A, line 12 (see instructions) .....	14.	
15	Wages and salaries subject to federal jobs credit (attach federal Form 5884 and/or 8884) (see instructions) .....	15.	
16	Depreciation and/or adjustment calculated under pre-ACRS or pre-9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instructions) .....	16.	
17	Deductions:		
	(a) Royalty income from intangibles .....	17a.	0
	(b) Other (see instructions) (attach rider) .....	17b.	
18	Total deductions (add lines 9 through 17b) .....	18.	
19	Entire net income (line 8 less line 18) (see instructions) .....	19.	0
20	If the amount in line 19 is not correct, enter correct amount here and explain on rider (see instructions) .....	20.	
21	Investment income — (complete lines a through g below) (see instructions)		
	(a) Dividends from nonsubsidiary stocks held for investment .....	21a.	
	(b) Interest from investment capital (include federal, state and municipal obligations) (itemize on rider) .....	21b.	
	(c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D) .....	21c.	
	(d) Income from assets included on line 3 of Schedule D .....	21d.	
	(e) Add lines 21a through 21d inclusive .....	21e.	
	(f) Deductions directly or indirectly attributable to investment income .....	21f.	
	(g) Balance (subtract line 21f from line 21e) .....	21g.	
	(h) Interest on bank accounts included in income reported on line 21d .....	21h.	
22	New York City net operating loss deduction apportioned to investment income (see instructions) .....	22.	
23a	Investment income (line 21g less line 22) .....	23a.	
23b	Investment income to be allocated (see instructions) .....	23b.	
24	Business income to be allocated (line 19 or line 20 less line 23b) .....	24.	
25	Allocated investment income (line 23b multiplied by: 100.00 % — Schedule D, line 2) (see instr) .....	25.	
26	Allocated business income (line 24 multiplied by: 100.00 % — Schedule H, line 5) .....	26.	
27	Total allocated net income (line 25 plus line 26 (enter at Schedule A, line 1)) .....	27.	

**S CORPORATIONS**

Attach a rider to line 1 showing income and deductions from federal Form 1120S, Schedule K, lines 1 - 10 and 11 - 12d.



**SCHEDULE G Complete this schedule if business is carried on both inside and outside NYC**

**Part 1** — List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	Number of Employees	Wages, Salaries, Etc	Duties
Total .....	▶				

**Part 2** — List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	Number of Employees	Wages, Salaries, Etc	Duties
Total .....	▶				

**SCHEDULE H Business Allocation — see instructions before completing this schedule**

- 1 Did you make an election to use fair market value in the property factor? ..... • 1. ☐ Yes ☒ No  
 2 If this is your first tax year, are you making the election to use fair market value in the property factor? ..... • 2. ☐ Yes ☐ No  
 3 Are you a manufacturing corporation electing to use a double weighted-receipts factor? ..... • 3. ☐ Yes ☒ No  
 4 Is this the first year you are making the election? ..... • 4. ☐ Yes ☐ No

	• COLUMN A — NYC	• COLUMN B — EVERYWHERE
1a Real estate owned .....	1a. <input type="text"/>	1a. <input type="text"/>
1b Real estate rented — multiply by 8 (see instructions) (attach rider) .....	1b. <input type="text"/>	1b. <input type="text"/>
1c Inventories owned .....	1c. <input type="text"/>	1c. <input type="text"/>
1d Tangible personal property owned (see instructions) .....	1d. <input type="text"/>	1d. <input type="text"/>
1e Tangible personal property rented — multiply by 8 (see instructions) .....	1e. <input type="text"/>	1e. <input type="text"/>
1f Total .....	1f. <input type="text"/>	1f. <input type="text"/>
1g Percentage in New York City (column A divided by column B) .....	1g. <input type="text"/>	0 %

*Receipts in the regular course of business from:*

2a Sales of tangible personal property where shipments are made to points within New York City .....	2a. <input type="text"/>	<input type="text"/>	<input type="text"/>
2b All sales of tangible personal property .....	2b. <input type="text"/>	<input type="text"/>	<input type="text"/>
2c Services performed .....	2c. <input type="text"/>	<input type="text"/>	<input type="text"/>
2d Rentals of property .....	2d. <input type="text"/>	<input type="text"/>	<input type="text"/>
2e Royalties .....	2e. <input type="text"/>	<input type="text"/>	<input type="text"/>
2f Other business receipts .....	2f. <input type="text"/>	<input type="text"/>	<input type="text"/>
2g Total .....	2g. <input type="text"/>	<input type="text"/>	<input type="text"/>
2h Percentage in New York City (column A of line 2g divided by column B) .....	2h. <input type="text"/>	<input type="text"/>	0 %
2i Additional receipts factor (enter amount from line 2h, if applicable (see Instructions)) .....	2i. <input type="text"/>	<input type="text"/>	0 %

3a Wages, salaries and other compensation of employees, except general executive officers (see instructions) .....	3a. <input type="text"/>	<input type="text"/>	<input type="text"/>
3b Percentage in New York City (column A divided by column B) .....	3b. <input type="text"/>	<input type="text"/>	0 %
4 Total of the New York City percentages shown at lines 1g, 2h, 2i and 3b .....	4. <input type="text"/>	<input type="text"/>	0 %
5 Business allocation percentage (line 4 divided by three, or by the actual number of percentages used if other than three and rounded to the nearest one hundredth of a percentage point) (If using Schedule I, enter percentage from part 1, line 8 or part 2, line 2.) (see Instructions) .....	5. <input type="text"/>	<input type="text"/>	100.00 %

**SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels****Part 1 Business allocation for aviation corporations**

		AVERAGE FOR THE YEAR	
		COLUMN A – NEW YORK CITY	COLUMN B – EVERYWHERE
1 Aircraft arrivals and departures .....	1.		
2 New York City percentage (column A divided by column B) .....	2.		%
3 Revenue tons handled .....	3.		
4 New York City percentage (column A divided by column B) .....	4.		%
5 Originating revenue .....	5.		
6 New York City percentage (column A divided by column B) .....	6.		%
7 Total of lines 2, 4 and 6 .....	7.		%
8 Allocation percentage (line 7 divided by three rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5) .....	8.		%

**Part 2 Business allocation for corporations operating vessels in foreign commerce**

		COLUMN A – NEW YORK CITY TERRITORIAL WATERS	COLUMN B – EVERYWHERE
1 Aggregate number of working days .....	1.		
2 Allocation percentage (column A divided by column B rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5) .....	2.		%

**SCHEDULE J The following information must be entered for this return to be complete.**

(REFER TO INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

- 1a New York City principal business activity. REAL ESTATE
- 1b Other significant business activities (attach schedule, see instructions) .....
- 1c Trade name of reporting corporation, if different from name entered on page 1 ...
- 2 Is this corporation included in a consolidated federal return? ..... ☐ YES ☒ NO  
If 'YES', give parent's name ..... EIN .....
- 3 Is this corporation included in a New York City Combined General Corporation Tax Return? ..... enter here and on page 1, line 25 ☐ YES ☒ NO  
If 'YES', give parent's name ..... EIN .....
- 4 Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? ..... ☐ YES ☒ NO  
If 'YES', give common parent corporation's name, if any .... EIN ..... enter here and on page 1, line 27
- 5 Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? ..... ☐ YES ☒ NO  
If 'YES', by whom? ☐ Internal Revenue Service State period(s): • Beg: ..... End: .....  
MMDDYY MMDDYY  
☐ New York State Department of Taxation and Finance State period(s): • Beg: ..... End: .....  
MMDDYY MMDDYY
- 6 If 'YES' to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? ..... ☐ YES ☒ NO
- 7 Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If 'YES', complete the following (if more than one, attach separate sheet) ☐ YES ☒ NO  
Shareholder's name: ..... SSN/EIN: .....  
Interest paid to Shareholder: ..... Total indebtedness to shareholder described above: ..... Total interest paid: .....
- 8 Was this corporation a member of a partnership or joint venture during the tax year? ..... ☐ YES ☒ NO  
If 'YES', attach schedule listing name(s) and Employer Identification Number(s).
- 9 At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? .. ☒ YES ☐ NO
- 10 a If 'YES' to 9, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.  
**SEE STATEMENT 1**
- b Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? ..... ☐ YES ☒ NO
- c Was there a partial or complete liquidation of the corporation? ..... ☐ YES ☒ NO
- d Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? ..... ☐ YES ☒ NO
- 11 If 'YES' to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? ..... ☐ YES ☒ NO
- 12 If 'NO' to 11, explain: .....
- 13 Does the corporation have one or more qualified subchapter S subsidiaries? ..... ☐ YES ☒ NO  
If 'YES': Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return (see instrs)



**SCHEDULE K Federal Return Information**

The following information must be entered for this return to be complete.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal return or pro-forma Federal return. (See instructions)

**Federal 1120**

		<b>Federal Amount</b>
1 Dividends	1.	
2 Interest income	2.	
3 Capital gain net income	3.	
4 Other income	4.	
5 Total income	5.	44,233
6 Bad debts	6.	
7 Interest expense	7.	25,000
8 Other deductions	8.	5,994
9 Total deductions	9.	44,233
10 Net operating loss deduction	10.	

**COMPOSITION OF PREPAYMENTS SCHEDULE**

<b>PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14</b>	<b>DATE</b>	<b>AMOUNT</b>
A Mandatory first installment paid with preceding year's tax		
B Payment with Declaration, Form NYC-400 (1)		
C Payment with Notice of Estimated Tax Due (2)		
Payment with Notice of Estimated Tax Due (3)		
D Payment with extension, Form NYC-EXT		
E Overpayment from preceding year credited to this year		
F <b>TOTAL</b> of A, B, C, D, E (enter on Schedule A, line 14)		

Alternative Tax Worksheet		Refer to the instructions before computing the alternative tax.	
Net income/loss (See instructions)	1.	\$	
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instructions.)	2.	\$	
Total (line 1 plus line 2)	3.	\$	
Statutory exclusion— Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return)	4.	\$	
Net amount (line 3 minus line 4)	5.	\$	
22.5% of net amount (line 5 times 22.5%)	6.	\$	
Investment income to be allocated (Schedule B, line 23b. Do not enter more than amount on line 6 above. Enter '0' if not applicable.)	7.	\$	
Business income to be allocated (line 6 minus line 7)	8.	\$	
Allocated investment income (line 7 times investment allocation percentage from Schedule D, line 2F)	9.	\$	
Allocated business income (line 8 times business allocation percentage from Schedule H, line 5)	10.	\$	
Taxable net income (line 9 plus line 10)	11.	\$	
Tax rate	12.	8.85% (.0885)	
Alternative tax (line 11 times line 12) Transfer amount to page 1, Schedule A, line 3.	13.	\$	
Attach copy of all pages of your federal tax return or pro forma federal tax return.	Make remittance payable to the order of: NYC DEPARTMENT OF FINANCE	To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.	
	Payment must be made in U.S. dollars, drawn on a U.S. bank.		

**MAILING INSTRUCTIONS**

**RETURNS WITH REMITTANCES**  
NYC DEPARTMENT OF FINANCE  
GENERAL CORPORATION TAX  
PO BOX 5040  
KINGSTON, NY 12402-5040

**RETURNS CLAIMING REFUNDS**  
NYC DEPARTMENT OF FINANCE  
GENERAL CORPORATION TAX  
PO BOX 5050  
KINGSTON, NY 12402-5050

**ALL OTHER RETURNS**  
NYC DEPARTMENT OF FINANCE  
GENERAL CORPORATION TAX  
PO BOX 5060  
KINGSTON, NY 12402-5060

The due date for the calendar year 2008 return is on or before March 16, 2009.  
For fiscal years beginning in 2008, file on or before the 15th day of the 3rd month following the close of fiscal year.



# 3114 E. Tremont Ave Corp. BALANCE SHEET

Form 1120 (2008) 3114 E. TREMONT AVE. CORP. 51-0502465

Page 5

## Schedule L Balance Sheets per Books

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash .....				
2a Trade notes and accounts receivable .....				
b Less allowance for bad debts .....				
3 Inventories .....				
4 U.S. government obligations .....				
5 Tax-exempt securities (see instructions) ....				
6 Other current assets (attach schedule) ... SEE. ST. 2		320.		502.
7 Loans to shareholders .....		50,606.		33,694.
8 Mortgage and real estate loans .....				
9 Other investments (attach schedule) .....				
10a Buildings and other depreciable assets .....	210,894.		210,894.	
b Less accumulated depreciation .....	26,187.	184,707.	32,990.	177,904.
11a Depletable assets .....				
b Less accumulated depletion .....				
12 Land (net of any amortization) .....		134,000.		134,000.
13a Intangible assets (amortizable only) .....				
b Less accumulated amortization .....				
14 Other assets (attach schedule) .....				
15 Total assets .....		369,633.		346,100.
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable .....				
17 Mortgages, notes, bonds payable in less than 1 year. ...				
18 Other current liabilities (attach sch) ... SEE. ST. 3.		27,100.		3,567.
19 Loans from shareholders .....				
20 Mortgages, notes, bonds payable in 1 year or more. ....		337,908.		337,908.
21 Other liabilities (attach schedule) ... SEE. ST. 4.		4,425.		4,425.
22 Capital stock: a Preferred stock .....				
b Common stock .....	200.	200.	200.	200.
23 Additional paid-in capital .....				
24 Retained earnings — Approp (att sch) .....				
25 Retained earnings — Unappropriated .....				
26 Adjmnt to shareholders' equity (att sch) .....				
27 Less cost of treasury stock .....				
28 Total liabilities and shareholders' equity .....		369,633.		346,100.

## Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more— see instructions

1 Net income (loss) per books .....	0.	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books .....		Tax-exempt interest \$ .....	
3 Excess of capital losses over capital gains ..		-----	
4 Income subject to tax not recorded on books this year (itemize):			
-----			
5 Expenses recorded on books this year not deducted on this return (itemize):		8 Deductions on this return not charged against book income this year (itemize):	
a Depreciation .....	\$ .....	a Depreciation .....	\$ .....
b Charitable contributions .....	\$ .....	b Charitable contribns \$ .....	
c Travel & entertainment .....	\$ .....	-----	
-----			
6 Add lines 1 through 5 .....	0.	9 Add lines 7 and 8 .....	0.
		10 Income (page 1, line 28) — line 6 less line 9 .....	0.

## Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year .....		5 Distributions .....	a Cash ...
2 Net income (loss) per books .....		b Stock .....	c Property ..
3 Other increases (itemize):		6 Other decreases (itemize):	
-----		-----	
4 Add lines 1, 2, and 3 .....	0.	7 Add lines 5 and 6 .....	
		8 Balance at end of year (line 4 less line 7) .....	0.

Secured Creditors Matrix

In re : 3114 E. Tremont Ave. Corp.

Fairway Fund I LLC  
10 W.33 St. Suite 210  
New York New York 10001

New York City Water Board  
1932 Arthur Avenue  
Bronx New York 10457