

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Chapter 11

Check if this an  
amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.

2. All other names debtor  
used in the last 8 years

Include any assumed  
names, trade names and  
doing business as names

3. Debtor's federal  
Employer Identification  
Number (EIN) 14-1567575

4. Debtor's address Principal place of business

**72 West Main Street  
Middletown, NY 10940**

Number, Street, City, State & ZIP Code

Mailing address, if different from principal place of  
business

P.O. Box, Number, Street, City, State & ZIP Code

**Orange**  
County

Location of principal assets, if different from principal  
place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) ocfuneralhomes.com

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other. Specify: \_\_\_\_\_

Debtor **Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.** Case number (*if known*)  
 Name \_\_\_\_\_

**7. Describe debtor's business** A. *Check one:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the above

B. *Check all that apply*

Tax-exempt entity (as described in 26 U.S.C. §501)  
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

## C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**8122****8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

Chapter 7  
 Chapter 9  
 Chapter 11. *Check all that apply:*

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 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).  
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?** No. Yes.

If more than 2 cases, attach a separate list.

|                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?** No Yes.

List all cases. If more than 1, attach a separate list

|                              |                    |                             |
|------------------------------|--------------------|-----------------------------|
| Debtor <b>See Attachment</b> | Relationship _____ |                             |
| District _____               | When _____         | Case number, if known _____ |

Debtor

Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home,  
Inc.

Name

Case number (if known)

**11. Why is the case filed in this district?** *Check all that apply:*

Debtor has had its domicile, 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.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?** No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?**

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

1-49  
 50-99  
 100-199  
 200-999

1,000-5,000  
 5001-10,000  
 10,001-25,000

25,001-50,000  
 50,001-100,000  
 More than 100,000

**15. Estimated Assets**

\$0 - \$50,000  
 \$50,001 - \$100,000  
 \$100,001 - \$500,000  
 \$500,001 - \$1 million

\$1,000,001 - \$10 million  
 \$10,000,001 - \$50 million  
 \$50,000,001 - \$100 million  
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion  
 \$1,000,000,001 - \$10 billion  
 \$10,000,000,001 - \$50 billion  
 More than \$50 billion

**16. Estimated liabilities**

\$0 - \$50,000  
 \$50,001 - \$100,000  
 \$100,001 - \$500,000  
 \$500,001 - \$1 million

\$1,000,001 - \$10 million  
 \$10,000,001 - \$50 million  
 \$50,000,001 - \$100 million  
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion  
 \$1,000,000,001 - \$10 billion  
 \$10,000,000,001 - \$50 billion  
 More than \$50 billion

Debtor

Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home,  
Inc.

Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 26, 2017

MM / DD / YYYY

**X /s/ Anthony Ingrassia**

Signature of authorized representative of debtor

Title President

**Anthony Ingrassia**

Printed name

**18. Signature of attorney**

**X /s/ Mike Pinsky**

Signature of attorney for debtor

Date January 26, 2017

MM / DD / YYYY

**Mike Pinsky**

Printed name

**Hayward, Parker, O'Leary & Pinsky**

Firm name

**225 Dolson Avenue, Suite 303**

**PO Box 929**

**Middletown, NY 10940**

Number, Street, City, State & ZIP Code

Contact phone 845-343-6227

Email address

HPOPLaw@gmail.com

Bar number and State

Debtor

**Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.**

Name

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

**SOUTHERN DISTRICT OF NEW YORK**

Case number (if known)

Chapter 11 Check if this an amended filing**FORM 201. VOLUNTARY PETITION****Pending Bankruptcy Cases Attachment**

|          |  |                     |                       |
|----------|--|---------------------|-----------------------|
| Debtor   | <b>CKI, LLC</b>                                | Relationship to you | <b>Affiliate</b>      |
| District | <b>Southern District of New York</b>           | When <u>1/26/17</u> | Case number, if known |
| Debtor   | <b>Lippincott Funeral Chapel, Inc.</b>         |                     | Relationship to you   |
| District | <b>Southern District of New York</b>           | When <u>1/26/17</u> | Case number, if known |
| Debtor   | <b>Lippincott-Ingrassia Funeral Home, Inc.</b> |                     | Relationship to you   |
| District | <b>Southern District of New York</b>           | When <u>1/26/17</u> | Case number, if known |

Resolution of Board of Directors  
of  
Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.

Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

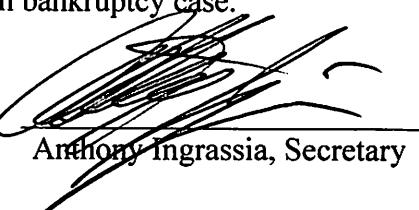
Be It Therefore Resolved, that Anthony Ingrassia, President of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Anthony Ingrassia, President of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that Anthony Ingrassia, President of this Corporation is authorized and directed to employ Mike Pinsky, attorney and the law firm of Hayward, Parker, O'Leary & Pinsky to represent the corporation in such bankruptcy case.

Dated: January 26, 2017

Signed:

  
Anthony Ingrassia, Secretary

Form 1120

Department of the Treasury  
Internal Revenue Service

U.S. Corporation Income Tax Return

OMB No. 1545-0123

For calendar year 2015 or tax year beginning Apr 1, 2015, ending Mar 31, 2016  
► Information about Form 1120 and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

2015

|  |   |   |   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|--|---|---|---|--|--|----------------------------|----------------------|------|---|------|------------------------------------|--------------|--|--|--|------------------|--|--|--|-----------|
| <b>A Check if:</b>   |   |   |   | <b>B Employer identification number</b>            |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 1 a Consolidated return<br>(attach Form 851) . <input type="checkbox"/>  |   | Name<br>Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.   |   | 14-1567575   |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| b Lifehonfice consolidated return . . . <input type="checkbox"/>   |   | Number, street, and room or suite number. If a P.O. box, see instructions.<br>72 West Main St.  |   | C Date incorporated<br>04/01/1975                  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 2 Personal holding co.<br>(attach Sch. PH) . . . <input type="checkbox"/>  |   | City or town, state, or province, country and ZIP or foreign postal code<br>Middletown NY 10940   |   | D Total assets (see instructions)<br>\$ 1,245,354. |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 3 Personal service corp. (see instrs) . . . <input type="checkbox"/>   |   |   |   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 4 Schedule M-3 attached . . . <input type="checkbox"/>   |   | <b>E Check if:</b> (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change |   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| <b>INCOME</b>  | 1 a Gross receipts or sales . . .   | 1 a   | 607,181.  |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | b Returns and allowances . . .  | 1 b   |   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | c Balance. Subtract line 1b from line 1a . . .  |   | 1 c   | 607,181.   |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 2 Cost of goods sold (attach Form 1125-A) . . .   |   | 2   | 117,976.   |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 3 Gross profit. Subtract line 2 from line 1c . . .  |   | 3   | 489,205.   |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 4 Dividends (Schedule C, line 19) . . .   |   | 4   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 5 Interest. . .   |   | 5   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 6 Gross rents . . .   |   | 6   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 7 Gross royalties . . .   |   | 7   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 8 Capital gain net income (attach Schedule D (Form 1120)) . . .   |   | 8   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . .                                    |   | 9   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 10 Other income (see instructions — attach statement) . . .  |   | 10  |   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 11 Total income. Add lines 3 through 10 . . .  |   | 11  | 489,205.  |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| <b>DEDUCTIONS FOR LIMITATIONS SEE INSTRUCTIONS ON DEDUCTIONS</b>   | 12 Compensation of officers (see instructions — attach Form 1125-E) . . .   |   | 12  | 25,000.  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 13 Salaries and wages (less employment credits) . . .   |   | 13  | 20,000.  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 14 Repairs and maintenance . . .  |   | 14  | 24,340.  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 15 Bad debts . . .  |   | 15  | 14,870.  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 16 Rents . . .  |   | 16  |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 17 Taxes and licenses. . .  |   | 17  | 36,180.  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 18 Interest. . .  |   | 18  | 68,458.  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 19 Charitable contributions . . .   |   | 19  | 2,500.   |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) . . .         |   | 20  | 18,336.  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 21 Depletion. . .   |   | 21  |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 22 Advertising. . .   |   | 22  | 16,860.  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 23 Pension, profit-sharing, etc., plans . . .   |   | 23  |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 24 Employee benefit programs . . .  |   | 24  | 25,000.  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 25 Domestic production activities deduction (attach Form 8903) . . .  |   | 25  |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 26 Other deductions (attach statement) <i>See Other Deductions Statement</i> . . .                                |   | 26  | 193,085.   |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 27 Total deductions. Add lines 12 through 26 . . .  |   | 27  | 444,629.   |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  | 28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 . . . |   | 28  | 44,576.  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 29a Net operating loss deduction (see instructions) . . .  | 29a   | 6,685.  |   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| b Special deductions (Schedule C, line 20) . . .   | 29b   |   |   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| c Add lines 29a and 29b . . .  |   | 29c   | 6,685.  |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 30 Taxable income. Subtract line 29c from line 28 (see instructions) . . .   |   | 30  | 37,891.   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 31 Total tax (Schedule J, Part I, line 11) . . .   |   | 31  | 5,684.  |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 32 Total payments and refundable credits (Schedule J, Part II, line 21) . . .  |   | 32  | 0.  |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 33 Estimated tax penalty (see instructions). Check if Form 2220 is attached . . .  |   | X   |   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed . . .   |   | 33  | 106.  |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid . . .  |   | 34  | 5,790.  |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| 36 Enter amount from line 35 you want Credited to 2016 estimated tax . . .   |   | 35  |   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
|  |   |   | Refunded  | 36   |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| <p><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.</p> <p>► <b>President</b> May the IRS discuss this return with the preparer shown below (see instructions)?</p> <p>Date 12/15/16 Title President</p> <p>Print/Type preparer's name <input type="checkbox"/> self-employed PTIN <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |   |   |   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| <p><b>Paid Preparer Use Only</b></p> <table border="1"> <tr> <td>Print/Type preparer's name</td> <td>Preparer's signature</td> <td>Date</td> <td>Check <input type="checkbox"/> if self-employed</td> <td>PTIN</td> </tr> <tr> <td>Firm's name ► <b>Self-Prepared</b></td> <td colspan="3">Firm's EIN ►</td> <td></td> </tr> <tr> <td>Firm's address ►</td> <td colspan="3"></td> <td>Phone no.</td> </tr> </table>  |   |   |   |  |  | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN | Firm's name ► <b>Self-Prepared</b> | Firm's EIN ► |  |  |  | Firm's address ► |  |  |  | Phone no. |
| Print/Type preparer's name   | Preparer's signature  | Date  | Check <input type="checkbox"/> if self-employed | PTIN   |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| Firm's name ► <b>Self-Prepared</b>   | Firm's EIN ►  |   |   |  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |
| Firm's address ►   |   |   |   | Phone no.  |  |                            |                      |      |   |      |                                    |              |  |  |  |                  |  |  |  |           |

| Form 1120 (2015) Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc. |  | 14-1567575             | Page 2           |                                     |
|--|--|------------------------|------------------|-------------------------------------|
| <b>Schedule C Dividends and Special Deductions</b><br>(see instructions)   |  | (a) Dividends received | (b) Percentage   | (c) Special deductions<br>(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 instructions |                                     |
| 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  | <i>Dividends from wholly owned foreign subsidiaries</i> . . . . .  |                        | 100              |                                     |
| 9  | Total. 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 . . . . .   |                        |                  |                                     |

Form 1120 (2015)

**Schedule J Tax Computation and Payment (see instructions)****Part I – Tax Computation**

|  |                            |    |        |
|--|----------------------------|----|--------|
| 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  | 5,684. |
| 3 Alternative minimum tax (attach Form 4626) . . . . .   |                            | 3  |        |
| 4 Add lines 2 and 3 . . . . .  |                            | 4  | 5,684. |
| 5a Foreign tax credit (attach Form 1118) . . . . .   |                            | 5a |        |
| b Credit from Form 8834 (see instructions) . . . . .   |                            | 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 Total credits. Add lines 5a through 5e . . . . .   |                            | 6  |        |
| 7 Subtract line 6 from line 4 . . . . .  |                            | 7  | 5,684. |
| 8 Personal holding company tax (attach Schedule PH (Form 1120)) . . . . .                              |                            | 8  |        |
| 9a Recapture of investment credit (attach Form 4255) . . . . .   |                            | 9a |        |
| b Recapture of low-income housing credit (attach Form 8611) . . . . .                                  |                            | 9b |        |
| c Interest due under the look-back method – completed long-term contracts (attach Form 8697) . . . . . |                            | 9c |        |
| d Interest due under the look-back method – income forecast method (attach Form 8866) . . . . .        |                            | 9d |        |
| e Alternative tax on qualifying shipping activities (attach Form 8902) . . . . .                       |                            | 9e |        |
| f Other (see instructions – attach statement) . . . . .  |                            | 9f |        |
| 10 Total. Add lines 9a through 9f . . . . .  |                            | 10 |        |
| 11 Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31. . . . .                       |                            | 11 | 5,684. |

**Part II – Payments and Refundable Credits**

|   |  |     |    |
|---|--|-----|----|
| 12 2014 overpayment credited to 2015 . . . . .  |  | 12  | 0. |
| 13 2015 estimated tax payments . . . . .  |  | 13  |    |
| 14 2015 refund applied for on Form 4466 . . . . .   |  | 14  |    |
| 15 Combine lines 12, 13, and 14 . . . . .   |  | 15  | 0. |
| 16 Tax deposited with Form 7004 . . . . .   |  | 16  |    |
| 17 Withholding (see instructions) . . . . .   |  | 17  |    |
| 18 Total payments. Add lines 15, 16 and 17 . . . . .  |  | 18  | 0. |
| 19 Refundable credits from:   |  |     |    |
| a Form 2439 . . . . .   |  | 19a |    |
| b Form 4136 . . . . .   |  | 19b |    |
| c Form 8827, line 8c . . . . .  |  | 19c |    |
| d Other (attach statement – see instructions) . . . . .   |  | 19d |    |
| 20 Total credits. Add lines 19a through 19d . . . . .   |  | 20  |    |
| 21 Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32 . . . . . |  | 21  | 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. ►  | 812210                          |   |  |     |    |
| b Business activity ►   | Other Service                   |   |  |     |    |
| c Product or service ►  | Funeral and Cremation Services  |   |  |     |    |
| 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .   |                                 |   |  | X   |    |
| If 'Yes,' enter name and EIN of the parent corporation ►  |                                 |   |  |     |    |
| 4 At the end of the tax year:   |                                 |   |  |     |    |
| a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization 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? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G) . . . . . |                                 |   |  | X   |    |
| 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? If 'Yes,' complete Part II of Schedule G (Form 1120) (att Schedule G) . . . . .  |                                 |   |  | X   |    |

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

5 At the end of the tax year, did the corporation:

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) below.

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

| (I) Name of Corporation         | (II) Employer Identification Number (if any) | (III) Country of Incorporation | (IV) Percentage Owned in Voting Stock |
|---------------------------------|--|--------------------------------|---------------------------------------|
| Caitant, Inc.                   | 06-1609681                                   | US                             | 100.00                                |
| Lippincott Funeral Chapel, Inc. | 14-1567576                                   | US                             | 100.00                                |
| Lippincott Funeral Home, Inc.   | 06-1050569                                   | US                             | 100.00                                |
|                                 |  |                                |                                       |
|                                 |  |                                |                                       |

b Own directly an interest of 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) below.

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

| (I) Name of Entity | (II) Employer Identification Number (if any) | (III) Country of Organization | (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

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 \_\_\_\_\_

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 ► \$ \_\_\_\_\_

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.) ► \$ \_\_\_\_\_ 6,685.

13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) 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. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ \_\_\_\_\_

14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? . . . . . If 'Yes,' complete and attach Schedule UTP.

15a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099? . . . . .

b If 'Yes,' did or will the corporation file required Forms 1099? . . . . .

16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock? . . . . .

17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? . . . . .

18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? . . . . .

Form 1120 (2015) Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.

14-1567575

Page 5

| Schedule L | Balance Sheets per Books                                      | Beginning of tax year |            | End of tax year |            |
|------------|---|-----------------------|------------|-----------------|------------|
|            | Assets  | (a)                   | (b)        | (c)             | (d)        |
| 1          | Cash . . . . .  |                       | 39,645.    |                 | 82,186.    |
| 2a         | Trade notes and accounts receivable . . . . .                 | 320,146.              |            | 288,890.        |            |
| b          | Less allowance for bad debts . . . . .                        |                       | 320,146.   |                 | 288,890.   |
| 3          | Inventories . . . . .   |                       | 35,268.    |                 | 37,112.    |
| 4          | U.S. government obligations . . . . .                         |                       |            |                 |            |
| 5          | Tax-exempt securities (see instructions) . . . . .            |                       |            |                 |            |
| 6          | Other current assets (attach statement) Ln .6. Stmt.          |                       | 7,200.     |                 | 9,600.     |
| 7          | Loans to shareholders . . . . .                               |                       | 312,140.   |                 | 282,650.   |
| 8          | Mortgage and real estate loans . . . . .                      |                       |            |                 |            |
| 9          | Other investments (attach statement) . . . . .                |                       |            |                 |            |
| 10a        | Buildings and other depreciable assets . . . . .              | 1,160,142.            |            | 1,178,920.      |            |
| b          | Less accumulated depreciation . . . . .                       | 882,864.              | 277,278.   | 900,280.        | 278,640.   |
| 11a        | Depletable assets . . . . .                                   |                       |            |                 |            |
| b          | Less accumulated depletion . . . . .                          |                       |            |                 |            |
| 12         | Land (net of any amortization) . . . . .                      |                       | 242,619.   |                 | 242,619.   |
| 13a        | Intangible assets (amortizable only) . . . . .                | 30,437.               |            | 30,437.         |            |
| b          | Less accumulated amortization . . . . .                       | 5,200.                | 25,237.    | 6,780.          | 23,657.    |
| 14         | Other assets (attach statement) . . . . .                     |                       |            |                 |            |
| 15         | Total assets . . . . .  |                       | 1,259,533. |                 | 1,245,354. |
|            | <b>Liabilities and Shareholders' Equity</b>                   |                       |            |                 |            |
| 16         | Accounts payable . . . . .                                    |                       | 78,580.    |                 | 42,670.    |
| 17         | Mortgages, notes, bonds payable in less than 1 year . . . . . |                       | 118,672.   |                 | 114,880.   |
| 18         | Other current liabilities (attach stmt) . . . . .             |                       |            |                 |            |
| 19         | Loans from shareholders . . . . .                             |                       | 312,140.   |                 | 282,650.   |
| 20         | Mortgages, notes, bonds payable in 1 year or more . . . . .   |                       | 808,480.   |                 | 880,670.   |
| 21         | Other liabilities (attach statement) . . . . .                |                       |            |                 |            |
| 22         | Capital stock: a Preferred stock . . . . .                    |                       |            |                 |            |
| b          | Common stock . . . . .  | 100.                  | 100.       | 100.            | 100.       |
| 23         | Additional paid-in capital . . . . .                          |                       | 34,900.    |                 | 34,900.    |
| 24         | Retained earnings – Approp (att stmt) . . . . .               |                       |            |                 |            |
| 25         | Retained earnings – Unappropriated . . . . .                  |                       | 299,846.   |                 | 263,656.   |
| 26         | Adjmt to shareholders' equity (att stmt) . . . . .            |                       |            |                 |            |
| 27         | Less cost of treasury stock . . . . .                         |                       | 572,000.   |                 | 572,000.   |
| 28         | Total liabilities and shareholders' equity . . . . .          |                       | 1,080,718. |                 | 1,047,526. |

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**  
 Note: The corporation may be required to file Schedule M-3 (see instructions).

|               |  |          |    |   |          |
|---------------|--|----------|----|---|----------|
| 1             | Net income (loss) per books . . . . .  | -36,190. | 7  | Income recorded on books this year not included on this return (itemize):<br>Tax-exempt interest \$ _____       |          |
| 2             | Federal income tax per books . . . . .   | 5,684.   |    |   |          |
| 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):<br>a Depreciation . . . \$ _____ |          | 8  | Deductions on this return not charged against book income this year (itemize):<br>a Depreciation . . . \$ _____ |          |
| b             | Charitable contributions . . . \$ _____  |          | b  | Charitable contribns \$ _____   |          |
| c             | Travel & entertainment . . . \$ _____  |          |    |   |          |
| See Ln 5 Stmt | 3,822.   | 3,822.   | 9  | Add lines 7 and 8. . . . .  |          |
| 6             | Add lines 1 through 5. . . . .   | -26,684. | 10 | Income (page 1, line 28) – line 6 less line 9 . . . . .   | -26,684. |

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

|   |  |          |   |   |          |
|---|--|----------|---|---|----------|
| 1 | Balance at beginning of year . . . . . | 299,846. | 5 | Distributions . . . . . a Cash . . . . .              | 0.       |
| 2 | Net income (loss) per books . . . . .  | -36,190. | b | Stock . . . . . 0. c Property . . . . .               | 0.       |
| 3 | Other increases (itemize):             |          | 6 | Other decreases (itemize):                            |          |
| 4 | Add lines 1, 2, and 3 . . . . .        | 263,656. | 7 | Add lines 5 and 6. . . . .                            | 0.       |
|   |  |          | 8 | Balance at end of year (line 4 less line 7) . . . . . | 263,656. |

**Form 1125-A**

(Rev December 2012)

Department of the Treasury  
Internal Revenue Service

**Cost of Goods Sold**

OMB No. 1545-2225

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.  
► Information about Form 1125-A and its instructions is at [www.irs.gov/form1125a](http://www.irs.gov/form1125a).

| Name   | Employer identification number |
|--|--------------------------------|
| Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.  | 14-1567575                     |
| 1 Inventory at beginning of year . . . . .   | 1 35,268.                      |
| 2 Purchases . . . . .  | 2 119,820.                     |
| 3 Cost of labor . . . . .  | 3                              |
| 4 Additional section 263A costs (attach schedule) . . . . .  | 4                              |
| 5 Other costs (attach schedule) . . . . .  | 5                              |
| 6 Total. Add lines 1 through 5 . . . . .   | 6 155,088.                     |
| 7 Inventory at end of year . . . . .   | 7 37,112.                      |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions) . . . . . | 8 117,976.                     |
| <b>9 a Check all methods used for valuing closing inventory:</b>   |                                |
| (i) <input checked="" type="checkbox"/> Cost   |                                |
| (ii) <input type="checkbox"/> Lower of cost or market  |                                |
| (iii) <input type="checkbox"/> Other (Specify method used and attach explanation) . . . . .  |                                |
| <b>b Check if there was a writedown of subnormal goods . . . . .</b>   |                                |
| <b>c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . . .</b>  |                                |
| <b>d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO . . . . .</b>                                      |                                |
| <b>e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? . . . . .</b>                                |                                |
| <b>f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation . . . . .</b>             |                                |

BAA For Paperwork Reduction Act Notice, see instructions.

Form 1125-A (Rev 12-2012)

**SCHEDULE G**  
**(Form 1120)**  
**(Rev December 2011)**

## **Information on Certain Persons Owning the Corporation's Voting Stock**

OMB No. 1545-0123

Name

**Employer identification number (EIN)**

Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.

14-1567575

## Part 1

**Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a)**

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

Part 4

**Certain Individuals and Estates Owning the Corporation's Voting Stock (Form 1120, Schedule M-2, Line 12)**

**Set forth individuals and estates owning the corporation's voting stock. (Form 1120, Schedule K, Question 50)** Complete columns (I) through (IV) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

| (i) Name of Individual or Estate | (ii) Identifying Number<br>(if any) | (iii) Country of Citizenship<br>(see Instructions) | (iv) Percentage Owned<br>in Voting Stock |
|----------------------------------|-------------------------------------|--|--|
| Anthony Ingrassia                | 1001                                | US   | 100.00                                   |
|                                  |                                     |  |  |
|                                  |                                     |  |  |
|                                  |                                     |  |  |
|                                  |                                     |  |  |
|                                  |                                     |  |  |
|                                  |                                     |  |  |
|                                  |                                     |  |  |
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|                                  |                                     |  |  |
|                                  |                                     |  |  |
|                                  |                                     |  |  |
|                                  |                                     |  |  |

Form 1125-E

(Rev December 2013)

**Department of the Treasury  
Internal Revenue Service**

## **Compensation of Officers**

OMB No. 1645-2225

- Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120-S.
- Information about Form 1125-E and its separate instructions is at [www.irs.gov/form1125e](http://www.irs.gov/form1125e).

100

Computer Integration in Design

Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.

14-1567575

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

**BAA For Paperwork Reduction Act Notice: see separate instructions**

Form 1125-E (Rev 12-2013)

Form 2220

OMB No. 1545-0123

## Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

2015

Department of the Treasury  
Internal Revenue Service► Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

|  |                                |
|--|--------------------------------|
| Name   | Employer identification number |
| Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.  | 14-1567575                     |
| <p><b>Note:</b> Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.</p> |                                |
| <b>Part I Required Annual Payment</b>  |                                |
| 1 Total tax (see instructions) . . . . .   | 1 5,684.                       |
| 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 . . . . .   | 2 a                            |
| b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method . . . . .  | 2 b                            |
| c Credit for federal tax paid on fuels (see instructions) . . . . .  | 2 c                            |
| d Total. Add lines 2a through 2c . . . . .   | 2 d                            |
| 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty . . . . .  | 3 5,684.                       |
| 4 Enter the tax shown on the corporation's 2014 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 . . . . .   | 4                              |
| 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 . . . . .  | 5 5,684.                       |

**Part II Reasons for Filing** — Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6  The corporation is using the adjusted seasonal installment method.  
 7  The corporation is using the annualized income installment method.  
 8  The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

|   | (a)        | (b)      | (c)      | (d)      |
|---|------------|----------|----------|----------|
| 9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year . . . . .   | 9 07/15/15 | 09/15/15 | 12/15/15 | 03/15/16 |
| 10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column . . . . . | 10 1,421.  | 1,421.   | 1,421.   | 1,421.   |
| 11 <b>Estimated tax paid or credited for each period</b> (see instructions). For column (a) only, enter the amount from line 11 on line 15 . . . . .  | 11 0.      |          |          |          |
| <i>Complete lines 12 through 18 of one column before going to the next column.</i>  |            |          |          |          |
| 12 Enter amount, if any, from line 18 of the preceding column . . . . .   | 12         |          |          |          |
| 13 Add lines 11 and 12 . . . . .  | 13         |          |          |          |
| 14 Add amounts on lines 16 and 17 of the preceding column . . . . .   | 14         | 1,421.   | 2,842.   | 4,263.   |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- . . . . .  | 15 0.      | 0.       | 0.       | 0.       |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- . . . . .  | 16         | 1,421.   | 2,842.   |          |
| 17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 . . . . .   | 17 1,421.  | 1,421.   | 1,421.   | 1,421.   |
| 18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column . . . . .  | 18         |          |          |          |

*Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 — no penalty is owed.*

**Part IV Figuring the Penalty**

|   | (a)         | (b)      | (c)      | (d)      |
|---|-------------|----------|----------|----------|
| 19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i> . . . . . | 19 06/15/16 | 06/15/16 | 06/15/16 | 06/15/16 |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19. . . . .  | 20 336      | 274      | 183      | 92       |
| 21 Number of days on line 20 after 4/15/2015 and before 7/1/2015 . . . . .  | 21          |          |          |          |
| 22 Underpayment on line 17 $\times$ Number of days on line 21 $\times$ 3% . . . . .   | 22 365      |          |          |          |
| 23 Number of days on line 20 after 6/30/2015 and before 10/1/2015 . . . . .   | 23 77       | 15       |          |          |
| 24 Underpayment on line 17 $\times$ Number of days on line 23 $\times$ 3% . . . . .   | 24 9.       | 2.       |          |          |
| 25 Number of days on line 20 after 9/30/2015 and before 1/1/2016 . . . . .  | 25 92       | 92       | 16       |          |
| 26 Underpayment on line 17 $\times$ Number of days on line 25 $\times$ 3% . . . . .   | 26 11.      | 11.      | 2.       |          |
| 27 Number of days on line 20 after 12/31/2015 and before 4/1/2016 . . . . .   | 27 91       | 91       | 91       | 16       |
| 28 Underpayment on line 17 $\times$ Number of days on line 27 $\times$ 3% . . . . .   | 28 11.      | 11.      | 11.      | 2.       |
| 29 Number of days on line 20 after 3/31/2016 and before 7/1/2016 . . . . .  | 29 76       | 76       | 76       | 76       |
| 30 Underpayment on line 17 $\times$ Number of days on line 29 $\times$ 3 *% . . . . .   | 30 9.       | 9.       | 9.       | 9.       |
| 31 Number of days on line 20 after 6/30/2016 and before 10/1/2016 . . . . .   | 31          |          |          |          |
| 32 Underpayment on line 17 $\times$ Number of days on line 31 $\times$ 3 *% . . . . .   | 32 366      |          |          |          |
| 33 Number of days on line 20 after 9/30/2016 and before 1/1/2017 . . . . .  | 33          |          |          |          |
| 34 Underpayment on line 17 $\times$ Number of days on line 33 $\times$ 3 *% . . . . .   | 34 366      |          |          |          |
| 35 Number of days on line 20 after 12/31/2016 and before 2/16/2017 . . . . .  | 35          |          |          |          |
| 36 Underpayment on line 17 $\times$ Number of days on line 35 $\times$ 3 *% . . . . .   | 36 365      |          |          |          |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36. . . . .  | 37 40.      | 33.      | 22.      | 11.      |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns . . . . .   | 38          |          |          | 106.     |

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Form 4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No. 1545-0172

2015

Attachment Sequence No. 179

Department of the Treasury  
Internal Revenue Service

(99)

► Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return

Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.

Identifying number

Business or activity to which this form relates

14-1567575

Form 1120 Line 20

## Part I Election To Expense Certain Property Under Section 179

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

|           |   |                              |                  |
|-----------|---|------------------------------|------------------|
| 1         | Maximum amount (see instructions) . . . . .   | 1                            | 500,000.         |
| 2         | Total cost of section 179 property placed in service (see instructions) . . . . .   | 2                            | 17,050.          |
| 3         | Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .  | 3                            | 2,000,000.       |
| 4         | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .  | 4                            | 0.               |
| 5         | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . | 5                            | 500,000.         |
| 6         | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| Furnace   |   | 8,160.                       | 8,160.           |
| Carpeting |   | 8,890.                       | 6,000.           |
| 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                            | 14,160.          |
| 9         | Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .  | 9                            | 14,160.          |
| 10        | Carryover of disallowed deduction from line 13 of your 2014 Form 4562 . . . . .   | 10                           |                  |
| 11        | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .                            | 11                           | 58,736.          |
| 12        | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. . . . .  | 12                           | 14,160.          |
| 13        | Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12. . . . .  | 13                           | 0.               |

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

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

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

## 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 2015. . . . .   | 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 type="checkbox"/> |

## Section B – Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

| (a)<br>Classification of property           | (b) Month and<br>year placed<br>in service | (c) Basis for depreciation<br>(business/investment use<br>only — see instructions) | (d)<br>Recovery period | (e)<br>Convention | (f)<br>Method | (g)<br>Depreciation<br>deduction |
|---|--|--|------------------------|-------------------|---------------|----------------------------------|
| 19 a 3-year property . . . . .              |  |  |                        |                   |               |                                  |
| b 5-year property . . . . .                 |  |  |                        |                   |               |                                  |
| c 7-year property . . . . .                 |  | 2,890.   | 7.0 yrs                | HY                | 200 DB        | 413.                             |
| d 10-year property . . . . .                |  |  |                        |                   |               |                                  |
| e 15-year property . . . . .                |  |  |                        |                   |               |                                  |
| f 20-year property . . . . .                |  |  |                        |                   |               |                                  |
| g 25-year property . . . . .                |  |  | 25 yrs                 |                   | S/L           |                                  |
| h Residential rental<br>property . . . . .  |  |  | 27.5 yrs               | MM                | S/L           |                                  |
|   |  |  | 27.5 yrs               | MM                | S/L           |                                  |
| i Nonresidential real<br>property . . . . . |  |  | 39 yrs                 | MM                | S/L           |                                  |
|   |  |  |                        | MM                | S/L           |                                  |

## Section C – Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

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

## Part IV Summary (See instructions.)

|    |  |    |         |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28 . . . . .   | 21 | 3,763.  |
| 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 | 18,336. |
| 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 |         |

Form 4562 (2015) Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.

14-1567575

Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A – Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)24a Do you have evidence to support the business/investment use claimed? . . . . .  Yes  No 24b If 'Yes,' is the evidence written? . . . . .  Yes  No

| (a)<br>Type of property<br>(list vehicles first)  | (b)<br>Date placed<br>in service | (c)<br>Business/<br>investment<br>use<br>percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost |
|---|----------------------------------|---|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) |                                  |   |                               |  | 25                        |                              |                                  |                                       |

26 Property used more than 50% in a qualified business use:

|                          |          |        |         |         |      |           |        |  |
|--------------------------|----------|--------|---------|---------|------|-----------|--------|--|
| 2013 Dodge Grand Caravan | 04/01/13 | 100.00 | 19,600. | 19,600. | 5.00 | 200 DB-HY | 3,763. |  |
|                          |          |        |         |         |      |           |        |  |
|                          |          |        |         |         |      |           |        |  |

27 Property used 50% or less in a qualified business use:

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . . 28 3,763.

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . . 29

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| 30 Total business/investment miles driven during the year (do not include commuting miles). | (a) Vehicle 1 |    | (b) Vehicle 2 |    | (c) Vehicle 3 |    | (d) Vehicle 4 |    | (e) Vehicle 5 |    | (f) Vehicle 6 |    |
|---|---------------|----|---------------|----|---------------|----|---------------|----|---------------|----|---------------|----|
|   | Yes           | No |
| 31 Total commuting miles driven during the year . . . . .                                   |               |    |               |    |               |    |               |    |               |    |               |    |
| 32 Total other personal (noncommuting) miles driven . . . . .                               |               |    |               |    |               |    |               |    |               |    |               |    |
| 33 Total miles driven during the year. Add lines 30 through 32. . . . .                     |               |    |               |    |               |    |               |    |               |    |               |    |
| 34 Was the vehicle available for personal use during off-duty hours? . . . . .              |               |    |               |    |               |    |               |    |               |    |               |    |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .      |               |    |               |    |               |    |               |    |               |    |               |    |
| 36 Is another vehicle available for personal use? . . . . .                                 |               |    |               |    |               |    |               |    |               |    |               |    |

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons (see instructions).

|  |     |    |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .   | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. . . . .     |     |    |
| 39 Do you treat all use of vehicles by employees as personal use? . . . . .  |     |    |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .  |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .<br><i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.</i> |     |    |

**Part VI Amortization**

| (a)<br>Description of costs   | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or<br>percentage | (f)<br>Amortization<br>for this year |
|---|------------------------------------|------------------------------|------------------------|--|--------------------------------------|
| 42 Amortization of costs that begins during your 2015 tax year (see instructions):      |                                    |                              |                        |  |                                      |
| 43 Amortization of costs that began before your 2015 tax year. . . . .                  |                                    |                              | 43                     |  |                                      |
| 44 Total. Add amounts in column (f). See the instructions for where to report . . . . . |                                    |                              | 44                     |  |                                      |

**Election Statement**

**Election out of Qualified Economic Stimulus Property**

**Attach to your return**

Taxpayer hereby elects under IRC Section 168(k)(2)(D)(iii) out of having Qualified  
Economic Stimulus property for the following asset classes placed in service during  
the tax year ending:

March 31, 2016

**ALL ELIGIBLE CLASSES OF PROPERTY**

Form 1120, Line 29a

Net Operating Loss Worksheet

2015

|   |  |
|---|--|
| Name<br>Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc. | Employer Identification Number<br>14-1567575 |
|---|--|

CURRENT LAW: Two year carryback, twenty year carryover

| NOL<br>Carryover<br>Year | A<br>Carryover | B<br>Less<br>Carrybacks/<br>Carryovers | C<br>Adjusted<br>Carryover |
|--------------------------|----------------|--|----------------------------|
| 2014 . . . . .           | 6,685.         |  | 6,685.                     |
| 2013 . . . . .           |                |  |                            |
| 2012 . . . . .           |                |  |                            |
| 2011 . . . . .           |                |  |                            |
| 2010 . . . . .           |                |  |                            |
| 2009 . . . . .           |                |  |                            |
| 2008 . . . . .           |                |  |                            |
| 2007 . . . . .           |                |  |                            |
| 2006 . . . . .           |                |  |                            |
| 2005 . . . . .           |                |  |                            |
| 2004 . . . . .           |                |  |                            |
| 2003 . . . . .           |                |  |                            |
| 2002 . . . . .           |                |  |                            |
| 2001 . . . . .           |                |  |                            |
| 2000 . . . . .           |                |  |                            |
| 1999 . . . . .           |                |  |                            |
| 1998 . . . . .           |                |  |                            |
| 1997 . . . . .           |                |  |                            |
| Total new law . . . . .  | 6,685.         |  | 6,685.                     |

OLD LAW: Three year carryback, fifteen year carryover

| NOL<br>Carryover<br>Year | A<br>Carryover | B<br>Less<br>Carrybacks/<br>Carryovers | C<br>Adjusted<br>Carryover |
|--------------------------|----------------|--|----------------------------|
| 2011 . . . . .           |                |  |                            |
| 2010 . . . . .           |                |  |                            |
| 2009 . . . . .           |                |  |                            |
| 2008 . . . . .           |                |  |                            |
| 2007 . . . . .           |                |  |                            |
| 2006 . . . . .           |                |  |                            |
| 2005 . . . . .           |                |  |                            |
| 2004 . . . . .           |                |  |                            |
| 2003 . . . . .           |                |  |                            |
| 2002 . . . . .           |                |  |                            |
| 2001 . . . . .           |                |  |                            |
| 2000 . . . . .           |                |  |                            |
| 1999 . . . . .           |                |  |                            |
| 1998 . . . . .           |                |  |                            |

|                        |  |  |  |
|------------------------|--|--|--|
| 1997 . . . . .         |  |  |  |
| Total old law. . . . . |  |  |  |

Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.

14-1567575

### Net Operating Loss Summary

| NOL<br>Carryover<br>Year                                     | A<br>NOL<br>Carryover<br>Available | B<br>Deduction<br>Allowed in<br>Current Year | C<br>Adjustment<br>Under Section<br>172(b)(2) | D<br>Remaining<br>Carryover<br>20 Years | E<br>Remaining<br>Carryover<br>15 Years* |
|--|------------------------------------|--|---|---|--|
| 2014 . . . . .   | 6,685.                             | 6,685.                                       |   |   |  |
| 2013 . . . . .   |                                    |  |   |   |  |
| 2012 . . . . .   |                                    |  |   |   |  |
| 2011 . . . . .   |                                    |  |   |   |  |
| 2010 . . . . .   |                                    |  |   |   |  |
| 2009 . . . . .   |                                    |  |   |   |  |
| 2008 . . . . .   |                                    |  |   |   |  |
| 2007 . . . . .   |                                    |  |   |   |  |
| 2006 . . . . .   |                                    |  |   |   |  |
| 2005 . . . . .   |                                    |  |   |   |  |
| 2004 . . . . .   |                                    |  |   |   |  |
| 2003 . . . . .   |                                    |  |   |   |  |
| 2002 . . . . .   |                                    |  |   |   |  |
| 2001 . . . . .   |                                    |  |   |   |  |
| 2000 . . . . .   |                                    |  |   |   |  |
| 1999 . . . . .   |                                    |  |   |   |  |
| 1998 . . . . .   |                                    |  |   |   |  |
| 1997 . . . . .   |                                    |  |   |   |  |
| Totals . . . . .   | 6,685.                             | 6,685.                                       |   |   |  |
| Less: Carryover expiring due to 15-year limitation . . . . . |                                    |  |   |   |  |
| Add: Current year net operating loss . . . . .               |                                    |  |   |   |  |
| Less: Carryback of current year net operating loss . . . . . |                                    |  |   |   |  |
| Net operating loss carryover to next year . . . . .          |                                    |  |   |   |  |

\* The 15 year carryover based on the Old Law reached it's final carryover year.

Form 1120, Page 1, Line 26  
Other Deductions Statement

|                             |                 |
|-----------------------------|-----------------|
| Accounting                  | 750.            |
| Bank charges                | 5,870.          |
| Dues and subscriptions      | 3,300.          |
| Insurance                   | 23,870.         |
| Legal and professional      | 3,500.          |
| Office expense              | 17,670.         |
| Telephone                   | 17,840.         |
| Utilities                   | 19,630.         |
| Casual Labor                | 6,820.          |
| Associate Directors Fees    | 18,745.         |
| Obituaries and Transcripts  | 26,860.         |
| Church and Clergy           | 8,890.          |
| Automotive Expense          | 6,870.          |
| Cemetery/Crematory Expenses | 32,470.         |
| <br>                        |                 |
| Total                       | <u>193,085.</u> |

Form 1120, Page 5, Schedule L, Line 6  
Ln 6 Stmt

| Other Current Assets: | Beginning of<br>tax year | End of<br>tax year |
|-----------------------|--------------------------|--------------------|
| Pre-Paid Insurance    | 7,200.                   | <u>9,600.</u>      |
| Total                 | <u>7,200.</u>            | <u>9,600.</u>      |

Form 1120, Page 4, Schedule M-1, Line 5  
Ln 5 Stmt

|  |               |
|--|---------------|
| Amortization - book over tax               | 1,522.        |
| Officers' /key man life insurance premiums | 2,300.        |
| Total                                      | <u>3,822.</u> |

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

-----x  
In re:

RALSTON-LIPPINCOTT-HASBROUCK-  
INGRASSIA FUNERAL HOME, INC.,

Debtor.

Chapter 11

Case No. 17-\_\_\_\_\_ (cgm)

(Joint Administration Requested)

-----x  
In re:

LIPPINCOTT- INGRASSIA FUNERAL  
HOME, INC.,

Debtor.

Chapter 11

Case No. 17-\_\_\_\_\_ (cgm)

-----x  
In re:

LIPPINCOTT FUNERAL CHAPEL, INC.,

Debtor.

Chapter 11

Case No. 17-\_\_\_\_\_ (cgm)

-----x  
In re:

CKI, LLC

Debtor.

Chapter 11

Case No. 17-\_\_\_\_\_ (cgm)

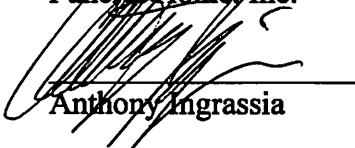
-----x  
**UNSWORN DECLARATION UNDER PENALTY OF PERJURY  
PURSUANT TO 11 U.S.C. SECTION 1116(1)(B)**

1. The undersigned now makes this declaration subject to the penalty of perjury,  
pursuant to 11 U.S.C. 1116(1)(B) and Question 8 of the Voluntary Petitions of debtors Ralston-  
Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc., Lippincott-Ingrassia Funeral Home, Inc.  
and Lippincott Funeral Chapel, Inc. as follows:

2. Apart from the summary information set forth in the LBR 1007-2 Affidavit filed this date, no recent balance sheets, statements of operation or cash flow statements have been prepared.

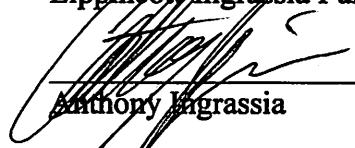
3. Executed this 26<sup>th</sup> day of January, 2017. 28 U.S.C. §1746.

Ralston-Lippincott-Hasbrouck-Ingrassia  
Funeral Home, Inc.

By:   
Anthony Ingrassia

Title: President

Lippincott-Ingrassia Funeral Home, Inc.

By:   
Anthony Ingrassia

Title: President

Lippincott Funeral Chapel, Inc.

By:   
Anthony Ingrassia

Title: President

Fill in this information to identify the case:

Debtor name Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration* \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 26, 2017

X /s/ Anthony Ingrassia

Signature of individual signing on behalf of debtor

Anthony Ingrassia

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.  
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK  
 Case number (if known): \_\_\_\_\_

Check if this is an  
amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code                    | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim                   |   |                 |
|--|--|---|--|-----------------------------------|---|-----------------|
|  |  |   |  | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Exxon Mobil<br>PO Box 6404<br>Sioux Falls, SD 57117                                  | 800-903-9966   | Credit card   |  |                                   |   | \$5,773.17      |
| Matthews Aurora Funeral Soluti<br>Two NorthShore Center<br>Pittsburgh, PA 15212-5851 | Pamela Poston<br>855-804-6827                                |   |  |                                   |   | \$15,000.00     |
| Times Herald Record<br>PO Box 2046<br>Middletown, NY 10940                           |  | Advertising   |  |                                   |   | \$10,428.00     |

Fill in this information to identify the case:

Debtor name Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

##### 1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

###### 1a. Real property:

Copy line 88 from Schedule A/B.....\$ 1,000,000.00

###### 1b. Total personal property:

Copy line 91A from Schedule A/B.....\$ 287,799.90

###### 1c. Total of all property:

Copy line 92 from Schedule A/B.....\$ 1,287,799.90

#### Part 2: Summary of Liabilities

##### 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D.....\$ 1,080,793.26

##### 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

###### 3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....\$ 0.00

###### 3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....+\$ 31,201.17

##### 4. Total liabilities .....

Lines 2 + 3a + 3b

\$ 1,111,994.43

## Fill in this information to identify the case:

Debtor name Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) \_\_\_\_\_ Type of account \_\_\_\_\_

Last 4 digits of account number

|                                 |                          |             |               |
|---------------------------------|--------------------------|-------------|---------------|
| 3.1. <u>Orange County Trust</u> | <u>Business checking</u> | <u>7573</u> | <u>\$0.00</u> |
|---------------------------------|--------------------------|-------------|---------------|

|                          |                          |             |                    |
|--------------------------|--------------------------|-------------|--------------------|
| 3.2. <u>M&amp;T Bank</u> | <u>Business checking</u> | <u>2030</u> | <u>\$28,000.00</u> |
|--------------------------|--------------------------|-------------|--------------------|

|                          |                           |             |                    |
|--------------------------|---------------------------|-------------|--------------------|
| 3.3. <u>M&amp;T Bank</u> | <u>Commercial savings</u> | <u>9589</u> | <u>\$19,000.00</u> |
|--------------------------|---------------------------|-------------|--------------------|

**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$47,000.00****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?** No. Go to Part 3. Yes Fill in the information below.**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Debtor **Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.**  
Name \_\_\_\_\_

Case number (*If known*) \_\_\_\_\_

8.1. **11 Irrevocable funeral plans** \$42,781.90

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$42,781.90

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

No. Go to Part 4.  
 Yes Fill in the information below.

**Part 4: Investments**

13. **Does the debtor own any investments?**

No. Go to Part 5.  
 Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.  
 Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.  
 Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

No. Go to Part 8.  
 Yes Fill in the information below.

| General description | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|--|---|------------------------------------|
|---------------------|--|---|------------------------------------|

39. **Office furniture**  
bier; 2 torchiers; lecturn & prayer rail; 5 end tables, couch; 2 wing chairs; 5 lamps & 1 torchier; window treatments; 150 upholstered folding chairs; 2 club chairs; 2 screens \$24,100.00 N/A \$24,100.00

couch; 3 chairs; solid cherry dropleaf table; sofa table; antique floral lamp; 2 lamps; 1 torchier lamp; table; mantel clock; window treatments \$5,290.00 N/A \$5,290.00

Debtor Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc. Case number (*If known*) \_\_\_\_\_  
Name \_\_\_\_\_

|  |            |     |            |
|--|------------|-----|------------|
| music system; grandfather clock; 2 tables;<br>lamp; love seat & 2 chairs; regulator wall<br>clock; announcement board; window<br>treatment | \$8,495.00 | N/A | \$8,495.00 |
|--|------------|-----|------------|

|   |             |     |             |
|---|-------------|-----|-------------|
| window treatment; 150 folding chairs; 3 end<br>tables; 2 sofa tables; torchiers & chapel<br>equipment; 3 register stands; art work; 8<br>easels & magnetic memory boards; decorator<br>garbage cans; 4 lamps 4 torchier lamps;<br>various floral stands | \$36,820.00 | N/A | \$36,820.00 |
|---|-------------|-----|-------------|

|   |             |     |             |
|---|-------------|-----|-------------|
| computer equipment; printer; typewriter; 4<br>chairs; 2 end tables; lateral filing cabinet; 3 file<br>cabinets; desk; copier machine; 2 lamination<br>machines; inventory of prayer cards; memorial<br>cards; register books; acknowledgement<br>cards; laminating pouches; conference table<br>with 7 chairs 2 end tables; torchier; antique<br>lamp | \$11,945.00 | N/A | \$11,945.00 |
|---|-------------|-----|-------------|

|  |            |     |            |
|--|------------|-----|------------|
| 40. <b>Office fixtures</b>   |            |     |            |
| 41. <b>Office equipment, including all computer equipment and<br/>communication systems equipment and software<br/>1 computer; computer desk; scanner; printer;<br/>2 4 drawer file cabinets; 3 desk; desk chair;<br/>storage dresser; 3 lamps; fax machine; 5<br/>storage closets; 2 torchiers; 2 filing cabinets</b> | \$6,170.00 | N/A | \$6,170.00 |

|   |  |  |             |
|---|--|--|-------------|
| 42. <b>Collectibles</b> Examples: Antiques and figurines; paintings, prints, or other artwork;<br>books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card<br>collections; other collections, memorabilia, or collectibles |  |  |             |
| 43. <b>Total of Part 7.</b><br>Add lines 39 through 42. Copy the total to line 86.  |  |  | \$92,820.00 |

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

No  
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No  
 Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.  
 Yes Fill in the information below.

| General description<br>Include year, make, model, and identification numbers<br>(i.e., VIN, HIN, or N-number) | Net book value of<br>debtor's interest<br>(Where available) | Valuation method used<br>for current value | Current value of<br>debtor's interest |
|---|---|--|---------------------------------------|
|---|---|--|---------------------------------------|

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

|        |   |                                 |
|--------|---|---------------------------------|
| Debtor | <b>Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.</b><br>Name  | Case number ( <i>If known</i> ) |
| 47.1.  | <b>2013 Dodge Grand Caravan, 62k miles, in average condition, with floor/roll kit for casket</b>  | <b>\$0.00 Comparable sale</b>   |
| 47.2.  | <b>2000 Cadillac/Eagle Kingsley hearse</b>  | <b>\$0.00 N/A</b>               |
|        |   | <b>\$11,058.00 \$10,000.00</b>  |
| 48.    | <b>Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels  |                                 |
| 49.    | <b>Aircraft and accessories</b>   |                                 |
| 50.    | <b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b><br>Furnace (2 yoa); furnace (5 yoa); furnace (20 yoa); 2 hot water heaters (1 yoa); 1 hot water heater (more than 1 yoa)   | <b>\$0.00 N/A</b>               |
|        |   | <b>\$18,500.00</b>              |
|        | <b>2 - 3 ton split air conditioner units (Sanyo)</b>  | <b>\$5,000.00 N/A</b>           |
|        |   | <b>\$5,000.00</b>               |
|        | <b>2 sinks; 2 handicapped accessible toilets; 2 paper towel dispensers</b>  | <b>\$1,700.00 N/A</b>           |
|        |   | <b>\$1,700.00</b>               |
|        | <b>carpeting; 2 elevator lifts; wireless microphone; emergency lights; 2 sound proof folding dividing doors</b>   | <b>\$35,775.00 N/A</b>          |
|        |   | <b>\$35,775.00</b>              |
|        | <b>3 vacuums</b>  | <b>\$900.00 N/A</b>             |
|        |   | <b>\$900.00</b>                 |
|        | <b>2 wall slats for display items</b>   | <b>\$800.00 N/A</b>             |
|        |   | <b>\$800.00</b>                 |
|        | <b>3 slat walls/shelving/urn display stations; display closet; casket display rack; bier; 2 solid wood biers</b>  | <b>\$9,850.00 N/A</b>           |
|        |   | <b>\$9,850.00</b>               |
|        | <b>salt/ice melt; 10 casket church trucks; 2 portable tables; 2 casees of pouches; 2 shipping containers; 6 cremation containers; rental casket w/inserts; desk; 3 story casket holder on wheels; 3 ladders; 2 power washers; various tools/brooms; electric clippers; gas clippers; weed whackers; various shovels</b> | <b>\$11,615.00 N/A</b>          |
|        |   | <b>\$11,615.00</b>              |

51. **Total of Part 8.** **\$105,198.00**  
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**  
 No  
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

Debtor **Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.**  
Name

Case number (*If known*)

No  
 Yes

**Part 9: Real property**

**54. Does the debtor own or lease any real property?**

No. Go to Part 10.  
 Yes Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

| Description and location of property<br><small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.)</small> | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|---|------------------------------------|
| <b>55.1. 72 West Main Street,<br/>Middletown NY 10940<br/>Funeral Home</b>  | <b>Fee simple</b>                                  | <b>\$0.00</b>   | <b>Bank appraisal</b>                   | <b>\$1,000,000.00</b>              |

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

**\$1,000,000.00**

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

No  
 Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

No  
 Yes

**Part 10: Intangibles and intellectual property**

**59. Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.  
 Yes Fill in the information below.

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes Fill in the information below.

Debtor **Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.**  
NameCase number (*If known*)**Part 12: Summary****In Part 12 copy all of the totals from the earlier parts of the form**

| Type of property   | Current value of personal property | Current value of real property |
|--|------------------------------------|--------------------------------|
| 80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>                  | <u>\$47,000.00</u>                 |                                |
| 81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>                                     | <u>\$42,781.90</u>                 |                                |
| 82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>   | <u>\$0.00</u>                      |                                |
| 83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>   | <u>\$0.00</u>                      |                                |
| 84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>   | <u>\$0.00</u>                      |                                |
| 85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>                          | <u>\$0.00</u>                      |                                |
| 86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i> | <u>\$92,820.00</u>                 |                                |
| 87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>                          | <u>\$105,198.00</u>                |                                |
| 88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>                                       |                                    | <u>\$1,000,000.00</u>          |
| 89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>                      | <u>\$0.00</u>                      |                                |
| 90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>   | <u>\$0.00</u>                      |                                |
| 91. <b>Total.</b> Add lines 80 through 90 for each column  | <u>\$287,799.90</u>                | + 91b. <u>\$1,000,000.00</u>   |
| 92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92                               |                                    | <u>\$1,287,799.90</u>          |

Fill in this information to identify the case:

Debtor name Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| Creditor's Name   | Describe debtor's property that is subject to a lien            | Column A<br>Amount of claim | Column B<br>Value of collateral that supports this claim |
|---|---|-----------------------------|--|
| <b>2.1 Catskill Hudson Bank</b><br>Attn President<br>95 Schwenk Drive<br>Kingston, NY 12401   | <b>72 West Main Street, Middletown NY 10940</b><br>Funeral Home | <b>\$41,977.80</b>          | <b>\$1,000,000.00</b>                                    |
| <p><b>Describe the lien</b><br/><b>Judgment Lien</b></p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>  |   |                             |  |
| <p><b>As of the petition filing date, the claim is:</b><br/>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>   |   |                             |  |
| <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p><b>1. Orange Bank &amp; Trust Company</b><br/><b>2. Orange Bank &amp; Trust Company</b><br/><b>3. Catskill Hudson Bank</b><br/><b>4. Florence Casket Company</b></p> |   |                             |  |

|  |   |                   |                       |
|--|---|-------------------|-----------------------|
| <b>2.2 Florence Casket Company</b><br>Creditor's Name  | <b>Describe debtor's property that is subject to a lien</b>     | <b>\$5,500.00</b> | <b>\$1,000,000.00</b> |
| <b>16 Bardwell Street</b><br><b>Florence, MA 01062-0098</b>  | <b>72 West Main Street, Middletown NY 10940</b><br>Funeral Home |                   |                       |
| <p><b>Describe the lien</b><br/><b>Judgment Lien</b></p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> |   |                   |                       |
| <p><b>Date debt was incurred</b></p>   |   |                   |                       |

Debtor **Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Do multiple creditors have an interest in the same property?** No Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.1****As of the petition filing date, the claim is:**

Check all that apply

Contingent  
 Unliquidated  
 Disputed

**2.3 Orange Bank & Trust Company**

Creditor's Name \_\_\_\_\_

**212 Dolson Avenue  
Middletown, NY 10940**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

**Date debt was incurred**

Last 4 digits of account number \_\_\_\_\_

Describe debtor's property that is subject to a lien

**72 West Main Street, Middletown NY 10940  
Funeral Home and all property, tangible and intangible, as listed in the UCC Financing Statements, filed locally and centrally****\$979,929.40****\$1,000,000.00**

Describe the lien

**Mortgage**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in the same property?** No Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.1****As of the petition filing date, the claim is:**

Check all that apply

Contingent  
 Unliquidated  
 Disputed

**2.4 Orange Bank & Trust Company**

Creditor's Name \_\_\_\_\_

**212 Dolson Avenue  
Middletown, NY 10940**

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

**Date debt was incurred**

Last 4 digits of account number \_\_\_\_\_

Describe debtor's property that is subject to a lien

**72 West Main Street, Middletown NY 10940  
Funeral Home****\$53,386.06****\$1,000,000.00**

Describe the lien

**Judgment Lien**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in the same property?** No Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.1****As of the petition filing date, the claim is:**

Check all that apply

Contingent  
 Unliquidated  
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \_\_\_\_\_

**\$1,080,793.2**

Debtor **Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

6

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

**Hodgson Russ LLP**  
677 Broadway Ste 301  
Albany, NY 12207

Line 2.1

**MacVean Lewis Sherwin McDermot**  
36 Grove Street  
PO Box 310  
Middletown, NY 10940

Line 2.2

**MacVean Lewis Sherwin McDermot**  
Attn Kevin Preston, Esq  
36 Grove Street; PO Box 310  
Middletown, NY 10940

Line 2.3

**Thomas Genova, Esq.**  
Genova & Malin  
1136 Route 9  
Wappingers Falls, NY 12590

Line 2.3

**Thomas Genova, Esq.**  
Genova & Malin  
1136 Route 9  
Wappingers Falls, NY 12590

Line 2.4

## Fill in this information to identify the case:

Debtor name Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

|     |  | Amount of claim   |
|-----|--|---|
| 3.1 | Nonpriority creditor's name and mailing address<br><b>Exxon Mobil</b><br><b>PO Box 6404</b><br><b>Sioux Falls, SD 57117</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>6612</u>                                      | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$5,773.17</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Credit card</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.2 | Nonpriority creditor's name and mailing address<br><b>Matthews Aurora Funeral Soluti</b><br><br><b>Two NorthShore Center</b><br><b>Pittsburgh, PA 15212-5851</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>8887</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$15,000.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes              |
| 3.3 | Nonpriority creditor's name and mailing address<br><b>Times Herald Record</b><br><b>PO Box 2046</b><br><b>Middletown, NY 10940</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____                                     | As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$10,428.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Advertising</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

## Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

## Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Debtor **Ralston-Lippincott-Hasbrouck-Ingrassia Funeral  
Home, Inc.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**5a. Total claims from Part 1**

**5b. Total claims from Part 2**

**5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

| Total of claim amounts |                |
|------------------------|----------------|
| 5a.                    | \$ 0.00        |
| 5b.                    | + \$ 31,201.17 |
| 5c.                    | \$ 31,201.17   |

## Fill in this information to identify the case:

Debtor name Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing

## Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

## 1. Does the debtor have any executory contracts or unexpired leases?

 No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

## 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Fill in this information to identify the case:

Debtor name Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing

## Official Form 206H

### Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

#### 1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

|     | Name                           | Mailing Address                                   | Name                        | Check all schedules that apply:  |
|-----|--------------------------------|---|-----------------------------|--|
| 2.1 | Anthony Ingrassia              | 72 Main Street<br>Middletown, NY 10940            | Orange Bank & Trust Company | <input checked="" type="checkbox"/> D <u>2.4</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| 2.2 | CKI, LLC                       | 4 Oak Street<br>Greenwood Lake, NY 10925          | Orange Bank & Trust Company | <input checked="" type="checkbox"/> D <u>2.3</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| 2.3 | Lippincott Funeral Chapel, Inc | 107 Murray Street<br>Goshen, NY 10924             | Orange Bank & Trust Company | <input checked="" type="checkbox"/> D <u>2.3</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| 2.4 | Lippincott-Ingras sia Funeral  | Home, Inc.<br>92 Main Street<br>Chester, NY 10918 | Orange Bank & Trust Company | <input checked="" type="checkbox"/> D <u>2.3</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| 2.5 | Strong-Basile Funeral Home     | 75 West Main Street<br>Warwick, NY 10990          | Orange Bank & Trust Company | <input checked="" type="checkbox"/> D <u>2.4</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |

United States Bankruptcy Court  
Southern District of New York

In re Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc. Case No.  
Debtor(s) Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|--|----------------|----------------------|------------------|
| <b>Anthony Ingrassia</b>                                   | <b>Common</b>  | <b>100</b>           |                  |

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

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 26, 2017 Signature /s/ Anthony Ingrassia  
Anthony Ingrassia

*Penalty for making a false statement of 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 Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc. \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor(s) Chapter 11 \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 26, 2017

/s/ Anthony Ingrassia  
**Anthony Ingrassia/President**  
Signer>Title

ANTHONY INGRASSIA  
72 MAIN STREET  
MIDDLETOWN, NY 10940

CATSKILL HUDSON BANK  
ATTN PRESIDENT  
95 SCHWENK DRIVE  
KINGSTON, NY 12401

CKI, LLC  
4 OAK STREET  
GREENWOOD LAKE, NY 10925

EXXON MOBIL  
PO BOX 6404  
SIOUX FALLS, SD 57117

FLORENCE CASKET COMPANY  
16 BARDWELL STREET  
FLORENCE, MA 01062-0098

HODGSON RUSS LLP  
677 BROADWAY STE 301  
ALBANY, NY 12207

LIPPINCOTT FUNERAL CHAPEL, INC  
107 MURRAY STREET  
GOSHEN, NY 10924

LIPPINCOTT-INGRASSIA FUNERAL  
HOME, INC.  
92 MAIN STREET  
CHESTER, NY 10918

MACVEAN LEWIS SHERWIN MCDERMOT  
36 GROVE STREET  
PO BOX 310  
MIDDLETOWN, NY 10940

MACVEAN LEWIS SHERWIN MCDERMOT  
ATTN KEVIN PRESTON, ESQ  
36 GROVE STREET; PO BOX 310  
MIDDLETOWN, NY 10940

MATTHEWS AURORA FUNERAL SOLUTI  
TWO NORTHSHERE CENTER  
PITTSBURGH, PA 15212-5851

ORANGE BANK & TRUST COMPANY  
212 DOLSON AVENUE  
MIDDLETOWN, NY 10940

STRONG-BASILE FUNERAL HOME  
75 WEST MAIN STREET  
WARWICK, NY 10990

THOMAS GENOVA, ESQ.  
GENOVA & MALIN  
1136 ROUTE 9  
WAPPINGERS FALLS, NY 12590

TIMES HERALD RECORD  
PO BOX 2046  
MIDDLETOWN, NY 10940

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

In re Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc. \_\_\_\_\_  
Debtor(s) \_\_\_\_\_

Case No. \_\_\_\_\_  
Chapter 11 \_\_\_\_\_

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

January 26, 2017

Date

/s/ Mike Pinsky

Mike Pinsky

Signature of Attorney or Litigant

Counsel for Ralston-Lippincott-Hasbrouck-Ingrassia Funeral Home, Inc.

Hayward, Parker, O'Leary & Pinsky

225 Dolson Avenue, Suite 303

PO Box 929

Middletown, NY 10940

845-343-6227

HPOPLaw@gmail.com