





Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40a section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of; Telephone no.; Located at; ZIP + 4
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?



|  |     |    |
|--|-----|----|
|  | Yes | No |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | 46  | ✓  |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

|  |     |    |
|--|-----|----|
|  | Yes | No |
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . | 47  | ✓  |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  | ✓  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a | ✓  |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | 49b |    |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| N/A --- Not Applicable                                       |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |

**f** Total number of other employees paid over \$100,000 . . . . . **0**

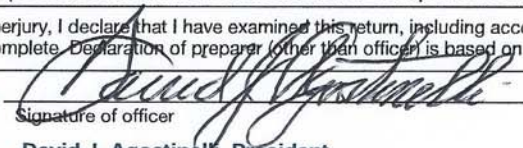
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| N/A --- Not Applicable   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  **Yes**  **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                  |   |                       |
|------------------|---|-----------------------|
| <b>Sign Here</b> |  | Date <b>3/29/2013</b> |
|                  | Signature of officer  |                       |
|                  | <b>David J. Agostinelli, President</b>  |                       |
|                  | Type or print name and title  |                       |

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name ▶              | Firm's EIN ▶         |      |   |      |
|                               | Firm's address ▶           | Phone no.            |      |   |      |

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

Eastman Commons Community, Inc.  
EIN #: 01 - 0604052

IRS Form 990 EZ (2012) Schedule O Information and Schedules

**Part I: Other Changes in Net Assets (line 20):**

| Description   | Amount     |
|---|------------|
| Unrealized Market Value Appreciation in Investments | \$ 19,978. |

**Part I: Other expenses (line 16):**

| Description   | Amount     |
|---|------------|
| Materials and supplies                                  | \$ 1,350.  |
| Community relations                                     | 690.       |
| Registration and filing fees                            | 110.       |
| Travel, site visits and meeting expense                 | 352.       |
| Marketing and Communications                            | 5,466.     |
| Subscriptions and research materials                    | 158.       |
| Software and equipment support                          | 4,054.     |
| Insurance Expense                                       | 2,595.     |
| Administrative and General expenses (Bank charges, etc) | 229.       |
| <br>  |            |
| Total Other Expenses                                    | \$ 15,004. |

**Part II: Other assets (line 24):**

| Description                           | Amount            |             |
|---------------------------------------|-------------------|-------------|
|                                       | Beginning of Year | End of Year |
| Contract / Consulting Fees Receivable | \$ 50,000.        | \$ -        |
| Prepaid Expenses                      | \$ 2,129.         | \$ 1,666.   |
| <br>                                  |                   |             |
| Total Other assets                    | \$ 52,129.        | \$ 1,666.   |

Eastman Commons Community, Inc.  
EIN #: 01 - 0604052

IRS Form 990 EZ (2012) Schedule O Information and Schedules  
continued

**Part II: total liabilities (line 26):**

| Description                           | Amount            |                |
|---------------------------------------|-------------------|----------------|
|                                       | Beginning of Year | End of Year    |
| Accounts payable and accrued expenses | \$ 926.           | \$ 827.        |
| Total liabilities                     | <u>\$ 926.</u>    | <u>\$ 827.</u> |

Eastman Commons Community, Inc.  
EIN #: 01 - 0604052

IRS Form 990 EZ (2012) Schedule O - Information and Schedules

**Part IV: List of Officers, Directors and Key Employees):**

| (A) Name and Address   | (B) Title and average hours per week devoted to position | (C) Compensation (If Not Paid Enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense Account and other allowance |
|--|--|---|---|---|
| David J. Agostinelli<br>659 Forest Lawn Drive<br>Webster, New York 14580 | President<br>24 - 32 hrs. / wk.                          | \$ 1.<br>(Volunteer)                      | 0   | 0                                       |
| Ellen D. Agostinelli<br>659 Forest Lawn Drive<br>Webster, New York 14580 | Director<br>4 hrs. / wk.                                 | 0   | 0   | 0                                       |
| Rev. Julie Cicora<br>935 East Avenue<br>Rochester, New York 14607-2297   | Secretary<br>2 hrs. / wk.                                | 0   | 0   | 0                                       |
| Steven DePerrior<br>188 Shoreham Drive<br>Rochester, New York 14618      | Director<br>2 hrs. / wk.                                 | 0   | 0   | 0                                       |
| Thomas Greiner, Jr.<br>1100 Clinton Square<br>Rochester, New York 14604  | Director<br>2 hrs. / wk.                                 | 0   | 0   | 0                                       |
| Carol Makowiecki<br>675 Forest Lawn Drive<br>Webster, New York 14580     | Director<br>2 hrs. / wk.                                 | 0   | 0   | 0                                       |
| Michael Rizzo<br>4400 St. Paul Boulevard<br>Rochester, New York 14617    | Vice President<br>2 hrs. / wk.                           | 0   | 0   | 0                                       |
| Ronald Salluzzo<br>211 Royal View Drive<br>Pittsford New York 14534      | Acting<br>Treasurer<br>2 hr. / wk.                       | 0   | 0   | 0                                       |
| Patrick Tobin<br>302 Rivers Run<br>Rochester, New York 14623             | Director<br>2 hr. / wk.                                  | 0   | 0   | 0                                       |
|  |  |   |   |   |
|  |  |   |   |   |