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## Short Form

## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2005

Open to Public  
Inspection

FEB 15 2013

STATUTE CLEARED

ENVELOPE

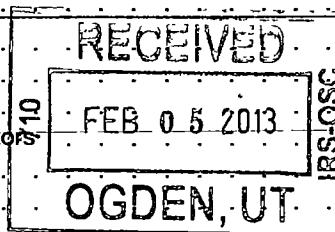
FEB 25 2013

SCANNED

FEB 25 2013

Net Assets

A For the 2005 calendar year, or tax year beginning		7 / 1 /	, 2005, and ending	6 / 30 /	, 2006
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Sons of Italy = #1390</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>13930 122nd Ave NE</b>		<b>23 7633269</b> <b>E Telephone number</b> <b>( 206 ) 459-5913</b>	
		City or town, state or country, and ZIP + 4 <b>Kirkland, WA 98034</b>		<b>F Group Exemption Number</b> ► <b>0985</b>	
<b>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>			<b>G Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		
<b>Website:</b> ►			<b>H Check</b> ► <input checked="" type="checkbox"/> <b>if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</b>		
Check ► <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. <b>Some states require a complete return.</b>					
Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$ <b>46,520</b>					
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See page 38 of the instructions.)					
Revenue	1	Contributions, gifts, grants, and similar amounts received	1		
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	<b>8,153</b>	
	4	Investment income	4	<b>14,003</b>	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)			
	6	Special events and activities (attach schedule). If any amount is from gaming, check here ►			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<b>24,364</b>	
b	Less: direct expenses other than fundraising expenses	6b	<b>15,023</b>		
c	Net income or (loss) from special events and activities (line 6a less line 6b)				
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)				
8	Other revenue (describe ►)				
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				
Expenses	10	Grants and similar amounts paid (attach schedule)	10		
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12		
	13	Professional fees and other payments to independent contractors	13		
	14	Occupancy, rent, utilities, and maintenance	14	<b>11,968</b>	
	15	Printing, publications, postage, and shipping	15	<b>236</b>	
	16	Other expenses (describe ►)	16		
	17	<b>Total expenses</b> (add lines 10 through 16)	17	<b>21,692</b>	
	18	Excess or (deficit) for the year (line 9 less line 17)	18	<b>9,805</b>	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>278,632</b>		
20	Other changes in net assets or fund balances (attach explanation)	20	<b>(61,156)</b>		
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	<b>227,281</b>		


**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	278,632	<b>227,281</b>
23	Land and buildings		23
24	Other assets (describe ►)		24
25	<b>Total assets</b>	278,632	<b>227,281</b>
26	Total liabilities (describe ►)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	278,632	<b>227,281</b>

**Part III Statement of Program Service Accomplishments** (See page 42 of the instructions.)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **See attached**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28

(Grants \$

) If this amount includes foreign grants, check here



28a

29

(Grants \$

) If this amount includes foreign grants, check here



29a

30

(Grants \$

) If this amount includes foreign grants, check here



30a

31 Other program services (attach schedule)

(Grants \$

) If this amount includes foreign grants, check here



31a

32 Total program service expenses (add lines 28a through 31a)



32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 42 of the instructions.)

(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 allowances
See attached				

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.)

Yes

No

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33



34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34



35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a



b If "Yes," has it filed a tax return on Form 990-T for this year?

35b



36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)

36



37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

37a

b Did the organization file Form 1120-POL for this year?

37b



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 unpaid at the start of the period covered by this return?

38a



b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved

38b

39 501(c)(7) organizations. Enter:

39a

a Initiation fees and capital contributions included on line 9

39b

b Gross receipts, included on line 9, for public use of club facilities

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40a



section 4911 ► ; section 4912 ► ; section 4955 ►

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.

40b



c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

**Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)**

41 List the states with which a copy of this return is filed. ►

42a The books are in care of ► **Dani D'Amelio** Telephone no. ► ( 206 ) 459-5913  
Located at ► **13930 122nd Ave NE, Kirkland, WA** ZIP + 4 ► **98034**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ► **43** and enter the amount of tax-exempt interest received or accrued during the tax year. ►

	Yes	No
<b>42b</b>		✓
<b>42c</b>		✓

**Please Sign Here**

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.

► *Dani D'Amelio* Signature of officer

11/12/2004 Date

► **Dani D'Amelio Financial Secretary**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ►		Phone no ► ( )

Sons of Italy - #1390  
Attachment to Form 990

EIN: 23-7633269  
Year Ending: 06/30/06

Part I - Line 6 - Special Events and Activities

	6a Income	6b Expenses	6c Net Income
Banquets and Dinners	20,326	12,432	7,894
Others-Festa	4,038	2,591	1,447
	24,364	15,023	9,341

Part I- Line 10 - Grants and similar amounts paid

Donations	1,450
Scholarship Fund	2,000
Total Grants & Allocations to Line 10	<u>3,450</u>

Part I - Line 11 -Payments to/ for members

Grand Lodge Per Capita	5,775
Grand Lodge Scholarship Assessment	<u>263</u>
Total Payments to Affiliates to Line 11	6,038

Part I- Line 20 -Other Changes in Net Assets or Fund Balances

Adjustment down in Value	-61,156
Total Other Expenses to Line 20	<u>-61,156</u>

Part II- Line 14 -Other Expenses

Rent	3,500
Annual Storage Rent	600
Insurance and Bonds	3,220
Miscellaneous	1,323
Sports Club	750
Truck Expenses	2,575
Total Other Expenses to Line 14	<u>11,968</u>

Part III- Statement of Program Service Accomplishments

Sons of Italy – Seattle Lodge #1390 is a fraternal lodge performing various social and other mutually beneficial functions for its membership and making charitable contributions.

Part IV - List of Officers, Directors and Trustees

Narne & Address	(B)	(C)	(D)	(E)
Jeff D'Amelio, Pres. 13930 122nd Ave. NE Kirkland, WA 98034	4-6	599	0	0
John Ditore, Vice-Pres. 2569 24th Ave. West Seattle, WA 98199	4-6	0	0	0
Dani D'Amelio, Financial Sec. 13930 122nd Ave. NE Kirkland, WA 98034	6-8	599	0	0
Barbara DeCaro, Recording Sec. 17215139thpl. SE Renton, WA 98055	2-4	599	0	0
Kristi Thorn, Treasurer 18704 58th Ave. NE Kenmore, WA 98028	2-4	599	0	0
Carolyn Jackson, Trustee 2706 30th Ave. S. Seattle, WA 98144	2	0	0	0
Joanne Marchese, Orator 1937 31st Ave. West Seattle, WA 98199	2	0	0	0
Bill Burwell, Trustee 3502 31st Ave. West Seattle, WA 98199	2	0	0	0
Gina Vendetti, Mistress of Ceremonies P.O. Box 13653 Des Moines, WA 98198-1009	2	0	0	0
Jeff DeCaro, Sentenel 17215 139th Pl. SE Renton, WA 98055	2	0	0	0

List of Officers, Directors and Trustees, Con't.

<u>Name &amp; Address</u>	<u>(B)</u>	<u>(C)</u>	<u>(D)</u>	<u>(E)</u>
Albert Carlsen, Trustee 20104 2ih Ave. SE Bothell, WA 98012	2	0	0	0
Ed DeRocco, Master of Ceremonies 2833 S. Juneau St. Seattle, WA 98108	2	0	0	0
James Muscat, Trustee 1308 Queen Ave NE Renton, WA 98056	2	0	0	0
Barbara Peretti, Trustee 3622 3rd Ave. S. Seattle, WA 98144	2	0	0	0