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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form  
Return of Organization Exempt From Income Tax**

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

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2007****Open to Public  
Inspection****A For the 2007 calendar year, or tax year beginning** 7 / 1 / , 2007, and ending 6 / 30 / , 20 08**B** Check if applicable:

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization****Sons of Italy - #1390**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

**6321 19rd St SW**

City or town, state or country, and ZIP + 4

**Lynnwood, WA 98036****D Employer identification number****23 : 7633269****E Telephone number****( 206 ) 459-5913****F Group Exemption Number****0985**

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting method:** ☒ Cash ☐ Accrual  
Other (specify) ►

**Website:** ►

**H Check** ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Organization type** (check only one)—☒ 501(c) ( 8 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L 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.** ► \$ **53,750****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	8,494
	<b>4</b> Investment income	<b>4</b>	14,003
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	<b>5c</b>	
	<b>6</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	31,763
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	15,685
<b>c</b> Net income or (loss) from special events and activities. Subtract line 6b from line 6a	<b>6c</b>	15,568	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	<b>7c</b>		
<b>8</b> Other revenue (describe ►)	<b>8</b>		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	38,065	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	3,450
	<b>11</b> Benefits paid to or for members	<b>11</b>	5,737
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	11,666
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	250
	<b>16</b> Other expenses (describe ►)	<b>16</b>	
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	21,103
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 9	<b>18</b>	16,962
	<b>19</b> 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)	<b>19</b>	205,511
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	(11,209)
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	211,264

**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.

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	167,301	176,875
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ► <b>Box truck - straight line 10 yrs (-3,821/yr)</b> )	38,210	34,389
<b>25</b> Total assets	205,511	211,264
<b>26</b> Total liabilities (describe ►)		
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	205,511	211,264

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2007)

FEB 15 2013

STATUTE CLEARED

FEB 25 2013

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FEB 14 2013  
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FEB 05 2013  
IRS OSC  
OGDEN, UT

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**Part III Statement of Program Service Accomplishments** (See page 60 of the instructions.)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.

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

28		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	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 61 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 statement requirement in General Instruction V.)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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 NA		
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 NA	
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a NA	
b Gross receipts, included on line 9, for public use of club facilities	39b NA	

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

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

	Yes	No
<b>40b</b>		✓

**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 . . . ▶ \_\_\_\_\_

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

<b>40e</b>		✓
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**41** List the states with which a copy of this return is filed. ▶ none

**42a** The books are in care of ▶ Dani D'Amelio Telephone no. ▶ ( 206 ) 459-5913  
 Located at ▶ 6321 193rd St SW, Lynnwood, WA ZIP + 4 ▶ 98036

**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)? . . .

	Yes	No
<b>42b</b>		✓

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: ▶ \_\_\_\_\_

<b>42c</b>		✓
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**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . ▶ ☐  
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

**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.

Signature of officer

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 ▶ ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours  
if self-employed),  
address, and ZIP + 4

EIN

Phone no

Part I - Line 6 - Special Events and Activities

	6a Income	6b Expenses	6c Net Income
Banquets and Dinners	27,120	12,882	14,238
Others-Festa	4,133	2,803	1,330
	31,763	15,685	15,568

Part I- Line 10 - Grants and similar amounts paid

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

Part I - Line 11 - Payments to/ for members

Grand Lodge Per Capita	5,463
Grand Lodge Scholarship Assessment	274
Total Payments to Affiliates to Line 11	5,737

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

Adjustment down in Value	-7,388
Depreciation Truck - 10 yr straight line [-3,821/yr]	-3,821
Total Other Expenses to Line 20	-11,209

Part II- Line 14 - Other Expenses

Rent	3,500
Annual Storage Rent	600
Insurance and Bonds	3,290
Miscellaneous	1,523
Sports Club	750
Truck Expenses	2,003
Total Other Expenses to Line 14	11,666

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.

Sons of Italy-#1390  
Attachment to Form 990  
Part IV - List of Officers, Directors and Trustees

EIN: 23-7633269  
Year Ending:06/30/08

Narne & Address	(B)	(C)	(D)	(E)
Joanne Marchese, Pres. 1937 31st Ave. West Seattle, WA 98199	4-6	599	0	0
Doug Chiechi, 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, Treasurer. 17215 139th Pl. SE Renton, WA 98055	2-4	599	0	0
Florence Carlen, Rec. Sec. 18704 58th Ave. NE Kenmore, WA 98028	2-4	599	0	0
Mike Spino, Trustee 6909 58 <sup>th</sup> Ave NE Seattle, WA 98115	2	0	0	0
John Ditore, Orator 2569 24th Ave. West Seattle, WA 98199	2	0	0	0
Bill Burwell, Sentenal 3502 31st Ave. West Seattle, WA 98199	2	0	0	0
Nadine LaPira, Mistress of Ceremonies 2600 2 <sup>nd</sup> Ave #1002 Seattle, WA 98121	2	0	0	0
Martin Patricelli-Trustee 3100 21 <sup>st</sup> Ave S Seattle, WA 98144	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>
Jim DeCaro, Trustee 17215139thpl. SE Renton, WA 98055	2	0	0	0
Jim Muscat, Master of Ceremonies 1308 Queen Ave NE Renton, WA 98056	2	0	0	0
Nick Santora, Trustee 8051 19 <sup>th</sup> Ave NE Seattle, WA 98115	2	0	0	0
Barbara Peretti, Trustee 3622 3rd Ave. S. Seattle, WA 98144	2	0	0	0