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Filed 2/10/09

# 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)

OMB No 1545-1150

**2007**

Open to Public Inspection

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

- ▶ 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.

**A** For the 2007 calendar year, or tax year beginning **OCT 1, 2007** and ending **SEP 30, 2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SONS</b> <b>RENAISSANCE ALLIANCE LODGE # 1966 OSIA</b> Number and street (or P.O. box, if mail is not delivered to street address) <b>4 HERITAGE DRIVE</b> City or town, state or country, and ZIP + 4 <b>LINCOLN, RI 02865</b>	<b>D</b> Employer identification number <b>05-0125100</b>
		<b>E</b> Telephone number <b>401-354-8720</b>
		<b>F</b> Group Exemption Number

- 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) ▶

**I** Website ▶ **WWW.OSIA.ORG**

**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) ( 10 ) ◀ (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 ▶ \$ **49031.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

<b>Revenue</b>	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	9485.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue from including \$ of contributions reported on line 1)	6a	38841.
	6b	Less: direct expenses other than fundraising expenses	6b	31165.
	6c	Net income (or loss) from special events and activities. Subtract line 6b from line 6a	6c	7676.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of inventory	7b	
	7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
	8	Other revenue (describe ▶ SEE STATEMENT 2 )	8	705.
	9	<b>Total revenue</b> . Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	17866.
	<b>Expenses</b>	10	Grants and similar amounts paid	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	
15		Printing, publications, postage, and shipping	15	2462.
16		Other expenses (describe ▶ SEE STATEMENT 1 )	16	9852.
17		<b>Total expenses</b> . Add lines 10 through 16	17	18311.
<b>Net Assets</b>	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	-445.
	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	48674.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	48229.

### 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
22 Cash, savings, and investments	48674.	44304.
23 Land and buildings		
24 Other assets (describe ▶ REFUNDS DUE )	0.	3925.
25 Total assets	48674.	48229.
26 Total liabilities (describe ▶ )	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48674.	48229.

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

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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 STATEMENT 5**

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 PROVIDED FOR SCHOLARSHIPS FOR STUDENTS STUDYING ITALIAN LANGUAGE - SEVEN STUDENTS**(Grants \$ **700.** ) If this amount includes foreign grants, check here ☐**28a 700.****29 PROVIDED FOR FUNDS TO ALZHEIMERS AND COOLEYS ANEMIA CHARITES**(Grants \$ **500.** ) If this amount includes foreign grants, check here ☐**29a 500.****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 1200.****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
<b>JOSEPH P. CALABRO, JR.</b>	<b>PRESIDENT</b>			
<b>4 HERITAGE CIRCLE, LINCOLN, RI 02865</b>	<b>0.00</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>KENNETH MARTONE</b>	<b>VICE PRESIDENT</b>			
<b>55 MARC DRIVE, LINCOLN, RI 02865</b>	<b>0.00</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>MICHAEL ORABONA</b>	<b>TREASURER</b>			
<b>5 LORI DRIVE, NORTH PROVIDENCE, RI 0</b>	<b>0.00</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>CATHY HORTON</b>	<b>SECRETARY</b>			
<b>19 SCHOOL STREET, ESOMOND, RI 02917</b>	<b>0.00</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>

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

	Yes	No
<b>33</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>33</b>	<b>X</b>
<b>34</b> 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	<b>34</b>	<b>X</b>
<b>35</b> 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		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	<b>N/A</b>
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	<b>36</b>	<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> <b>0.</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	<b>X</b>
<b>38a</b> 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?	<b>38a</b>	<b>X</b>
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>	<b>N/A</b>
<b>39</b> 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 3	<b>39a</b>	<b>N/A</b>
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	<b>N/A</b>

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**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 ▶ N/A, section 4912 ▶ N/A; section 4955 ▶ N/A**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**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.**d** Enter amount of tax on line 40c reimbursed by the organization ▶ 0.**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b	N/A	
40c		
40d		
40e		X

**41** List the states with which a copy of this return is filed ▶ NONE**42a** The books are in care of ▶ MICHAEL ORABONA Telephone no. ▶ 401-463-8600Located at ▶ 1150 NEW LONDON AVENUE, CRANSTON, RI ZIP + 4 ▶ 02920**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: ▶ \_\_\_\_\_

	Yes	No
42b		X
42c		X

**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 N/A

**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: Joseph P. Calabro, Jr. Date: 2/16/09

**JOSEPH P. CALABRO, JR., PRESIDENT**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed: ☐ Preparer's SSN or PTIN: \_\_\_\_\_

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

Phone no: \_\_\_\_\_

Form 990-EZ (2007)

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FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
FRUIT BASKETS AND FLOWERS	984.
GUEST SPEAKER EXPENSE	336.
MISCELLANEOUS	34.
OTHER LODGE DINNER TICKETS/RAFFLES	4648.
DONATIONS	3850.
TOTAL TO FORM 990-EZ, LINE 16	9852.

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FORM 990-EZ	OTHER REVENUE	STATEMENT	2
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DESCRIPTION	AMOUNT
INTEREST INCOME	36.
RAFFLE	669.
TOTAL TO FORM 990-EZ, LINE 8	705.

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FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO