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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

Open to Public Inspection

			υ,	2008
В	Check if applicate Address Change	ss use IRS	loyer	dentification number
┌	Name chang		5 – 0	125100
一	Initia	type Number and street (or P.O. how if mail is not delivered to street address) Poom/stute F. Tele		number
Ë	Term	in- Specific // HEDITAGE DOTTE	์ ก 1 –	354-8720
	- ation Amei	nded trops City or town state or country, and 7IP + 4		mption
늗	returi Applic pendii	aton	•	•
		·———·——·——————————————————————————————	nber 🎚	
	• Sec	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify		X Casii Accidai
_			=	
	Websi			the organization is not
				dule B (Form 990 990-EZ or 990-PF)
	Check		than \$	25,000 A return is not
		d, but if the organization chooses to file a return, be sure to file a complete return.		
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ	<u>\$</u>	
Ų P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the	nstruc	tions)
2.01(1	Contributions, gifts, grants, and similar amounts received	_1_	
7	2	Program service revenue including government fees and contracts	2	
ĵ4	3	Membership dues and assessments	3	9485.
3	4	Investment income	4	
SOS	5a	Gross amount from sale of assets other than inventory 5a		
≒	b	Less: cost or other basis and sales expenses 5b		
V	C	Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)	5c	
Revenue	6	Special events and activities (attach schedule) If any amount is from gaming, check here		
~₹				
~≅~	l a	reported on line 1) of contributions 6a 38841.		
		reported on line 1) 6a 38841.		
M	b	Less direct expenses ograntan fundraising expenses 66 31165.	_	7676
w	C	Neobcomble (loss) from special events and activities Subtract line 6b from line 6a SEE STATEMENT 4	<u>6c</u>	7676.
\sim	7a	Gross sales of inventory, less returns and allowances 7a		
* O		Less cost of the fact of the f		
	C	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	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9_	17866.
	10	Grants and similar amounts paid STMT 3	10	5997.
	11	Benefits paid to or for members	11	
S	12	Salaries, other compensation, and employee benefits	12	
Expenses	13	Professional fees and other payments to independent contractors	13_	
g	14	Occupancy rent utilities and maintenance	14	
ŵ	1	Printing, publications, postage, and shipping	15	2462.
		Other expenses (describe SEE STATEMENT 1)	16	9852.
	17	Total expenses Add lines 10 through 16	17	18311.
		Excess or (deficit) for the year Subtract line 17 from line 9	18	-445.
ţ	1	· · · · ·	10_	<u> </u>
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	40	48674.
Ĕ		(must agree with end-of-year figure reported on prior year's return)	19	400/4.
Š	ľ	Other changes in net assets or fund balances (attach explanation)	20	4000
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	48229.
P	art 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	Casi	n, savings, and investments 48674	\neg	44304.
23	Land	d and buildings	23	
24	Othe	r assets (describe REFUNDS DUE) 0		3925.
25		1 assets 48674	. 25	48229.
26	Tota	I liabilities (describe ▶ 0	. 26	0.
27		assets or fund balances (line 27 of column (B) must agree with line 21) 48674		48229.
7234 12-2		LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2007) B
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	m 990-EZ (2007) RENAISSANCE ALLIANCE LODG			05-	0125	5100		Page 2
	art III Statement of Program Service Accomplishmen		uctions)]	ses		
Wh	at is the organization's primary exempt purpose? <u>SEE STATEMEN</u>	T 5	· · · · · · · · · · · · · · · · · · ·		(Requi	red for 5) organi	01(c)(:	3) and
	scribe what was achieved in carrying out the organization's exempt purposes. In a vided, the number of persons benefited, or other relevant information for each pr		escribe the services			i)(1) tru		
28	PROVIDED FOR SCHOLARSHIPS FOR STUDE	NTS STUDYING						
	ITALIAN LANGUAGE - SEVEN STUDENTS							
	(Grants \$ 700.) If this amount includes foreign g		<u> </u>		28a		7	00.
29	PROVIDED FOR FUNDS TO ALZHEIMERS AN CHARITES	D COOLEYS ANE	MIA					
	(Grants \$ 500.) If this amount includes foreign g	rants, check here	•		29a		5	00.
30								
	(Grants \$) If this amount includes foreign g	rants, check here			30a			
31	Other program services (attach schedule)							
	(Grants \$) If this amount includes foreign g	rants, check here			31a			
	Total program service expenses Add lines 28a through 31a		- 	<u> </u>	32			00.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees (List each one e	ven if not compensated				tions)	
	(A) Name and address	(B) Title and average hours	(C) Compensation	(to	ontributi employe	e (E) Expe	
	(A) Name and address	per week devoted to position	(If not paid, enter -0)		efit plans leferred	~	ccount er allov	
	SEPH P. CALABRO, JR.	PRESIDENT	 	com	pensatio	on		
	HERITAGE CIRCLE, LINCOLN, RI 02865	0.00	0.	ĺ				0.
		VICE PRESIDEN				-		
	MARC DRIVE, LINCOLN, RI 02865	0.00	0.	ļ		0.		0.
		TREASURER				+		
	LORI DRIVE , NORTH PROVIDENCE, RI 0		0.			o.l		0.
		SECRETARY				-		
	SCHOOL STREET, ESMOND, RI 02917	0.00	٥.	İ		0.		0.
	art V Other Information (Note the statement requirement in 0			 _		-,-,	Yes	
33	Did the organization make a change in its activities or methods of conducting a		ailed statement of ea	ch cha	inge	33		X
34						34		Х
35	If the organization had income from business activities, such as those							
	reported on Form 990-T, attach a statement explaining your reason for	r not reporting the income	on Form 990-T				1	
а	Did the organization have unrelated business gross income of \$1,000 or more	or 6033(e) notice, reporting, a	and proxy tax require	ements	?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?					35b	N/	Α
36	Was there a liquidation, dissolution, termination, or substantial contraction dur	ing the year? If "Yes," attach a	statement.			36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the ins		37a		0			
b	Did the organization file Form 1120-POL for this year?					37b	Ì	Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, tr	ustee, or key employee or we	re any such loans m	ade ın	a prior			
	year and still unpaid at the start of the period covered by this return?					38a	<u> </u>	X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the a	mount involved	38b N	[/A				
39	501(c)(7) organizations Enter:						}	
a	Initiation fees and capital contributions included on line 9		39a N	[/A		_	l	
h	Gross receipts, included on line 9, for public use of club facilities		39h N	[/ A		i	1	1

Form **990-EZ** (2007)

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)	Form	990-E	Z (200 <u>7)</u>						ANCE									05-	0125	100		Page 3
section 4911 N/A , section 4912 N/A ; section 4955 N/A b 501c(s)(3) and (4) organizations Did the organization engage in any section 4956 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 d Enter amount of tax on line 40c reimbursed by the organization of a party to a prohibited tax sheller transaction? 4. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the state with which a copy of this return is filled NONE 1. List the states with which a copy of this return is filled NONE 1. List the	Pai	rt V	Other I	nforma	ıtion	(Note	the st	tateme	nt requi	reme	nt in G	eneral I	nstructi	on V)	(Conti	nued)_						
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 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 sheller transaction? 40e X 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 1st the books are in care of NONE 1st the books are in care of NONE 1st the books are in care of NONE 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 1st the states with which a copy of this return is filled NONE 2st the states with which a copy of this return is filled NONE 2st the states with which a copy of this return is filled NONE 2st the states with which a copy of this return is filled NONE 2st the states with which a copy of the states and statements, and to the best of my knowledge and belief, it is true, or Print Nowledge 2st the states with which are copy of the states and statements, and to the best of my knowledge and belief, it is true, or Print Nowledge 2st the sta	40 a	501(0	:)(3) organıza	ions Ent	er amo	unt of t	tax ımp	osed o	n the orga	anızat	tion duri	ng the y	ear unde	r.								
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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 a party to a prohibited tax sheller transaction? 40e X List the states with which a copy of this return is filed ▶ NONE 11. List the states with which a copy of this return is filed ▶ NONE 12. The books are in care of ▶ MICHAEL ORABONA 13. Located at ▶ 1150 NEW LONDON AVENUE, CRANSTION, RI 14. 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)? 16. "Yes," enter the name of the foreign country ▶ 27. See the instructions for exceptions and filing requirements for Form TD F 90-22 1 28. 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 18. 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 19. Please 10. Signature of files 10. 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 19. JOSEPH P. CALABRO, JR., PRESIDENT 19. Preparer's signature 10. Film's name (or yours first temployed) 11. Preparer's signature 12. Preparer's signature 13. Preparer's signature 14. In the first true force the file of t	b	501(c	:)(3) and (4) c	rganızatı	ons Di	d the o	rganiza	atıon er	ngage in a	ипу ѕе	ection 49	58 exce	ss benef	it trans	action (during th	e year o	or did it				
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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 sheller transaction? 40e X 11 List the states with which a copy of this return is filed NONE 12 The books are in care of MICHAEL ORABONA Located at 150 NEW LONDON AVENUE, CRANSTION, RI 13 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 16 At any time during the calendar year, did the organization have an interest in or a signature or other authority 17 Yes, enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1 18 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 19 Locate planting of perpary, 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 prepare/clother than officing is based on all information of which preparer has any knowledge 10 JOSEPH P. CALABRO, JR., PRESIDENT 11 JOSEPH P. CALABRO, JR., PRESIDENT 12 JOSEPH P. CALABRO, JR., PRESIDENT 13 JOSEPH P. CALABRO, JR., PRESIDENT 14 JOSEPH P. CALABRO, JR., PRESIDENT 15 JOSEPH P. CALABRO, JR., PRESIDENT 15 JOSEPH P. CALABRO, JR., PRESIDENT 16 JOSEPH P. CALABRO, JR., PRESIDENT 17 JOSEPH P. CALABRO, JR., PRESIDENT 17 JOSEPH P. CALABRO, JR., PRESIDENT 18 JOSEPH P. CALABRO, JR., PRESIDENT 18 JOSEPH P. CALABRO, JR., PRESIDENT 18 JOSEPH P. CALABRO, JR., PRESIDENT 19 JOSEPH P. CALABRO, JR., P	C	Enter	amount of tax	imposed	on orga	nızatıor	n mana	agers o	r dısqualı	fied p	ersons	during th	ie year u	nder								!
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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 ▶ MICHAEL ORABONA Telephone no. ▶ 401-463-8600 Located at ▶ 1150 NEW LONDON AVENUE, CRANSTION, 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: ▶ 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 Please Sign Here Under penalties of perpury. 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 prepare/softher than officed is based on all information of which preparer has any knowledge Under penalties of perpury. 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 prepare/softher than officed is based on all information of which preparer has any knowledge JOSEPH P. CALABRO, JR., PRESIDENT Type or pint name and title Preparer's signature Date Check if self-employed Firm's same (or yours itself-employed). Phone Preparer's Signature	d	Enter	amount of tax	on line 40	ic reimb	ursed	by the	organiz	zation							▶_			0.			
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Form 990-EZ (2007)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		TRUOMA
FRUIT BASKETS AND FLOWER GUEST SPEAKER EXPENSE MISCELLANEOUS OTHER LODGE DINNER TICKE DONATIONS		984. 336. 34. 4648. 3850.
TOTAL TO FORM 990-EZ, LI	INE 16	9852.
FORM 990-EZ	OTHER REVENUE	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST INCOME RAFFLE		36. 669.
TOTAL TO FORM 990-EZ, LI	NE 8	705.

FORM '990-EZ	PAYMENTS	TO AFFILIA	TES	ST	ATEMENT	3
AFFILIATE'S NAME		AFFIL	IATES ADDRE	SS		
GRAND LODGE OF RHODE ISLA	ND		NTERS RUN PROVIDENCE	— , RI 0290	4	
PURPOSE OF PAYMENT					AMOUNT	?
NATIONAL DUES					5.9	97.
TOTAL INCLUDED ON FORM 99	0-EZ, LINE	10		_	5.9	97.
FORM 990-EZ SPECIAL	FUNDRAISIN	G EVENTS AN	D ACTIVITIE	S ST.	ATEMENT	4
DESCRIPTION OF FUNDRAISING EVENTS	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE		NET INC	
DINNER MEETINGS DINNER MEETING-CHRISTMAS	13486.		13486.	14002.	_ 5	516
PARTY	4680.		4680.	4925.	- 2	245
MORRA TOURNAMENT	3640.		3640.	2719.	9	921
TWENTY FOUR WEEK CLUB	7650.		7650.	3328.		322
GOLF TOURNAMENT	9385.		9385.	6191.	31	194
TO FORM 990-EZ, LINE 6	38841.		38841.	31165.	76	576
FORM 990-EZ PART III -					ATEMENT	_

EXPLANATION

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PROVIDE FOR PERSONS OF ITALIAN DESCENT EDUCATIONAL AND HERITAGE INFORMATION

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEM	ENT	6
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCHLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[] YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [] YES	[X]	NO