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2008

Open to Public Inspection

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Form 990-EZ

Department of the Treasury Internal Revenue Service

Form 990-EZ header section including A (calendar year), B (check for changes), C (organization name: Ambrose D. Cedrone Lodge #1069), D (EIN: 04-2883790), E (phone: 617-460-4664), F (group exemption), G (accounting method: Cash), H (gaming), I (website: N/A), J (organization type: 501(c)(8)), K (gross receipts: \$143,685).

Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances. Table with 21 rows. Revenue total: 143,685. Expenses total: 145,317. Net assets at end of year: 8,499.

Part II: Balance Sheets. Table with 27 rows. Total assets: 31,409. Total liabilities: 21,278. Net assets: 10,131.

STATUTE CLEARED

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		X
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9		
b	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 section 4911, section 4912, section 4955		
b	Section 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," complete Schedule L, Part I		
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? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <u>None</u>		
42a	The books are in care of <u>Dan Leone</u> Telephone no. <u>617-460-4664</u> <u>196 Adams Street</u> Located at <u>Newton, MA</u> ZIP + 4 <u>02458</u>		
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, Report of Foreign Bank and Financial Accounts.		X
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		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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | | |
|------------|-----|----|
| | Yes | No |
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?

50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000 ▶

51 Complete this table for the 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

Total number of other independent contractors each receiving over \$100,000 ▶

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: Paul DiBona Date: 11/23/12

Type or print name and title: Paul DiBona Treasurer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 12/20/12 Check if self-employed:

Firm's name (or yours if self-employed): Mocera, Visconti & Company CPAs LLP Preparer's Identifying Number (See instr): P00303886

address, and ZIP + 4: 400 W Cummings Park Ste 6850 Woburn, MA 01801-6511 EIN: 43-1968600 Phone no: 781-933-0360

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

. AMBR3790 Ambrose D. Cedrone Lodge #1069

04-2883790

Federal Statements

FYE: 12/31/2008

Form 990-EZ General Footnote

Description

The Organization has had its tax-exempt status automatically revoked for failure to file three years of returns. This return is being furnished pursuant to the reinstatement regulations found in Internal Revenue Service Notice 2011-44.

· AMBR3790 Ambrose D. Cedrone Lodge #1069
04-2883790
FYE: 12/31/2008

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
Membership dues	\$ <u>17,918</u>
Total	\$ <u><u>17,918</u></u>

AMBR3790 Ambrose D. Cedrone Lodge #1069
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Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Description of Property	Cash Contribution	Noncash Contribution	Relationship to Organization	Class of Activity	Date of Gift	FMV Explanation	Purpose
		6,375						
		6,375						
	Total	6,375						

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
Convention expenses	1,810
Meeting expenses	2,663
Interest expense	1,742
Insurance expense	6,962
Per capita tax	7,673
Dues, supplies & cleaning	2,059
Beer & liquor purchases	70,663
Newsletter expenses	891
Function expenses	11,441
Installation expenses	1,300
Sick committee flowers	992
MA meals tax	3,646
Miscellaneous expense	2,038
Total	<u>\$ 113,880</u>

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Mortgage and Other Notes Payable	\$ <u>21,278</u>	\$ <u>14,744</u>
	<u>21,278</u>	<u>14,744</u>

Federal Statements

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

To support the charitable endeavours of the Grand Lodge of the USA and the Grand Lodge of Massachusetts through members' Italian heritage. In addition, the Lodge supports many local charities in Massachusetts.

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

To support the charitable endeavours of the Grand Lodge of the USA and the Grand Lodge of Massachusetts through members' Italian heritage. In addition, the Lodge supports many local charities in Massachusetts.

AMBR3790 Ambrose D. Cedrone Lodge #1069
 04-2883790
 FYE: 12/31/2008

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
Land	\$ 5,000	\$ 0	\$ 5,000	\$ 0
Total	\$ 5,000	\$ 0	\$ 5,000	\$ 0