



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Short Form Return of Organization Exempt From Income Tax

## 2011

**Open to Public Inspection**

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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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*

|   |   |
|---|---|
| <b>A</b> For the 2011 calendar year, or tax year beginning _____, and ending _____  |   |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>LEGA SICILIANA SOCIAL CLUB INC</b><br>Number and street (or P O box, if mail is not delivered to street address) Room/suite<br><b>96 OAKWOOD AVENUE</b><br>City or town state or country ZIP + 4<br><b>WATERBURY CT 06708</b> |
| <b>D</b> Employer identification number<br><b>06-1003974</b>  |   |
| <b>E</b> Telephone number<br><b>(203) 596-1918</b>  |   |
| <b>F</b> Group Exemption Number ▶   |   |

|   |   |
|---|---|
| <b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____  | <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| <b>I</b> Website: ▶ _____   |   |
| <b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 7 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |   |

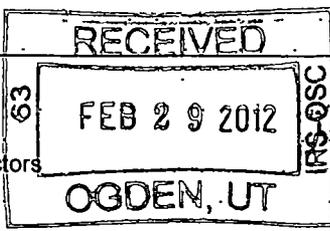
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **77,194**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

SCANNED MAR 15 2012 Revenue

|            |  |    |         |
|------------|--|----|---------|
|            | 1 Contributions, gifts, grants, and similar amounts received   |    | 2,605   |
|            | 2 Program service revenue including government fees and contracts  |    | 65,553  |
|            | 3 Membership dues and assessments  |    | 8,935   |
|            | 4 Investment income  |    | 101     |
|            | 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 (Subtract line 5b from line 5a)  | 5c | 0       |
|            | 6 Gaming and fundraising events  |    |         |
|            | a Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a |         |
|            | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b |         |
|            | c Less: direct expenses from gaming and fundraising events   | 6c |         |
|            | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | 6d | 0       |
|            | 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 (Subtract line 7b from line 7a)   | 7c | 0       |
|            | 8 Other revenue (describe in Schedule O)   | 8  |         |
|            | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | 9  | 77,194  |
| Expenses   | 10 Grants and similar amounts paid (list in Schedule O)  | 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 | 850     |
|            | 14 Occupancy, rent, utilities, and maintenance   | 14 |         |
|            | 15 Printing, publications, postage, and shipping   | 15 |         |
|            | 16 Other expenses (describe in Schedule O)   | 16 | 65,546  |
|            | 17 Total expenses. Add lines 10 through 16   | 17 | 66,396  |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)   | 18 | 10,798  |
|            | 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 | 119,397 |
|            | 20 Other changes in net assets or fund balances (explain in Schedule O)  | 20 |         |
|            | 21 Net assets or fund balances at end of year. Combine lines 18 through 20   | 21 | 130,195 |



**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 44,213                | 38,253          |
| 23 Land and buildings  | 83,043                | 99,801          |
| 24 Other assets (describe in Schedule O)                                       |                       |                 |
| 25 Total assets  | 127,256               | 138,054         |
| 26 Total liabilities (describe in Schedule O)                                  | 7,859                 | 7,859           |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 119,397               | 130,195         |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**

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

What is the organization's primary exempt purpose? SICILIAN HERITAGE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

|   |     |   |
|---|-----|---|
| 28 Presented scholarships to local residents for college and recognized an individual as Sicilian of the year who best exemplifies the qualities of volunteerism and community service for Sicilians and others<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |   |
| 29<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 29a |   |
| 30<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 30a |   |
| 31 Other program services (describe in Schedule O)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 31a |   |
| 32 Total program service expenses. (add lines 28a through 31a)  | 32  | 0 |

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

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address                                     | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|--|--|
| RICHARD LANZA<br>117 CRESTWOOD AVE WATERBURY CT 06704    | Title PRESIDENT<br>Hr/WK 10 00                           | 0  |  |  |
| VINCENT LEONE<br>67 DIXIE AVE WATERBURY CT 06705         | Title VICE PRESIDENT<br>Hr/WK 00                         | 0  |  |  |
| GEORGE BERARDI<br>178 PIERPONT RD WATERBURY CT 06705     | Title SECRETARY<br>Hr/WK 00                              | 0  |  |  |
| LEE CAMMILETTI<br>291 PARKLAWN DRIVE WATERBURY CT 06708  | Title TREASURER<br>Hr/WK 00                              | 0  |  |  |
| HENERY AURIGEMMA<br>501 CONGRESS AVE WATERBURY CT 06708  | Title SGT AT ARMS<br>Hr/WK .00                           | 0  |  |  |
| PAUL BASCETTA SR<br>220 NEW HAVEN AVE WATERBURY CT 06708 | Title BOARD OF DIRECTOR<br>Hr/WK .00                     | 0  |  |  |
| JOSEPH RIGGI JR<br>19 SALEM RD PROSPECT CT 06712         | Title BOARD OF DIRECTOR<br>Hr/WK 00                      | 0  |  |  |
| CESAREO VALENTI<br>24 BYRAN ST WATERBURY CT 06705        | Title BOARD OF DIRECTOR<br>Hr/WK 00                      | 0  |  |  |
| VINCENT VALENTI<br>33 MARTONE ST WATERBURY CT 06708      | Title BOARD OF DIRECTOR<br>Hr/WK 00                      | 0  |  |  |
| ANTHONY VITARELLI<br>52 CREST ST WATERBURY CT 06708      | Title BOARD OF DIRECTOR<br>Hr/WK 00                      | 0  |  |  |
| FRANCIS VUOLO<br>250 HONEY HILL RD WATERTOWN CT 06795    | Title BOARD OF DIRECTOR<br>Hr/WK 00                      | 0  |  |  |
| MICHAEL SANTORO<br>3211 EAST MAIN ST WATERBURY CT 06705  | Title BOARD OF DIRECTOR<br>Hr/WK 00                      | 0  |  |  |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

|      |  | Yes | No |
|------|--|-----|----|
| 33   | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  |     | X  |
| 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)   |     | X  |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   |     | X  |
| b    | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   |     | X  |
| c    | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   |     | X  |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  |     | X  |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>  |     |    |
| b    | Did the organization file Form 1120-POL for this year?   |     | X  |
| 38 a | 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 outstanding at the end of the tax year covered by this return?   |     | X  |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>  |     |    |
| 39   | Section 501(c)(7) organizations Enter:   |     |    |
| a    | Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>  |     |    |
| b    | Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>   |     |    |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>   |     |    |
| b    | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  |     |    |
| c    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>  |     |    |
| d    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>  |     |    |
| 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 <input type="text"/>   |     |    |
| 42 a | The organization's books are in care of <input type="text" value="RICHARD LANZA"/> Telephone no <input type="text" value="(203) 596-1918"/><br>Located at <input type="text" value="96 OAKWOOD AVE"/> City <input type="text" value="WATERBURY"/> ST <input type="text" value="CT"/> ZIP + 4 <input type="text" value="06708"/>  |     |    |
| 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 <input type="text"/><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | Yes | No |
| c    | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country <input type="text"/>   |     | X  |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>   |     |    |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | X  |
| b    | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | X  |
| c    | Did the organization receive any payments for indoor tanning services during the year?   |     | X  |
| d    | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     | X  |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| 45 b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   |     | X  |

|   |           |            |           |
|---|-----------|------------|-----------|
|   |           | <b>Yes</b> | <b>No</b> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | <b>46</b> |            | X         |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

|  |            |            |           |
|--|------------|------------|-----------|
|  |            | <b>Yes</b> | <b>No</b> |
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | <b>47</b>  |            |           |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | <b>48</b>  |            |           |
| <b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?  | <b>49a</b> |            | X         |
| <b>b</b> If "Yes," was the related organization a section 527 organization?  | <b>49b</b> |            | X         |

**50** Complete this table for the organization's 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) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| Name <u>None</u> Str _____<br>City _____ ST _____ ZIP _____    | Title _____<br>Hr/WK _____ 00                            |   |   |  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____          | Title _____<br>Hr/WK _____ 00                            |   |   |  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____          | Title _____<br>Hr/WK _____ 00                            |   |   |  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____          | Title _____<br>Hr/WK _____ 00                            |   |   |  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____          | Title _____<br>Hr/WK _____ 00                            |   |   |  |

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

**51** Complete this table for the organization's 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 |
|--|---------------------|------------------|
| Name <u>None</u> Str _____<br>City _____ ST _____ ZIP _____                  |                     |                  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____                        |                     |                  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____                        |                     |                  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____                        |                     |                  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____                        |                     |                  |

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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.

|                  |   |                     |
|------------------|---|---------------------|
| <b>Sign Here</b> | Signature of officer <u>[Signature]</u><br>Type or print name and title <u>Richard Lawra Sn President</u> | Date <u>2/21/12</u> |
|------------------|---|---------------------|

|                               |   |  |                          |  |                          |
|-------------------------------|---|--|--------------------------|--|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><u>Michael Linsalato III CPA</u>      | Preparer's signature<br><u>[Signature]</u> | Date<br><u>2/21/2012</u> | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br><u>P01228370</u> |
|                               | Firm's name ▶ <u>Michael Linsalato III CPA &amp; Company LLC</u>    |  |                          | Firm's EIN ▶ <u>61-1475890</u>                             |                          |
|                               | Firm's address ▶ <u>724 Wolcott Road Suite 2, Wolcott, CT 06716</u> |  |                          | Phone no <u>(203) 879-2228</u>                             |                          |

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



**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

LEGA SICILIANA SOCIAL CLUB INC

06-1003974

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 1,231

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment 943

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation 5,242

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies 14,376

Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING 330

Form 990-EZ, Part I, Line 16, Other Expenses: SECURITY ALARM 204

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE SUPPLIES & EXPENSE 101

Form 990-EZ, Part I, Line 16, Other Expenses: RUBBISH REMOVAL 1,121

Form 990-EZ, Part I, Line 16, Other Expenses: INSPECTION FEE 50

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE 5,528

Form 990-EZ, Part I, Line 16, Other Expenses: TAXES & LICENSES 12,850

Form 990-EZ, Part I, Line 16, Other Expenses: POSTAGE 1,240

Form 990-EZ, Part I, Line 16, Other Expenses: CONTRIBUTIONS 390

Form 990-EZ, Part I, Line 16, Other Expenses: SCHOLARSHIPS 2,500

Form 990-EZ, Part I, Line 16, Other Expenses: TELEPHONE 735

Form 990-EZ, Part I, Line 16, Other Expenses: UTILITIES 7,680

Form 990-EZ, Part I, Line 16, Other Expenses: REPAIRS & MAINTENANCE 4,908

Form 990-EZ, Part I, Line 16, Other Expenses: HEATING OIL 3,665

Form 990-EZ, Part I, Line 16, Other Expenses: WATER & SEWER 1,344

Form 990-EZ, Part I, Line 16, Other Expenses: LANDSCAPING: 1,108

Form 990-EZ, Part II, Line 26, Liabilities: MEMBER LOANS PAYABLE: Beginning of year 7,859

End of year 7,859

Name of the organization

Employer identification number

LEGA SICILIANA SOCIAL CLUB INC

06-1003974

Area with horizontal dashed lines for supplemental information.

# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.      ▶ Attach to your tax return.

|  |   |   |
|--|---|---|
| Name(s) shown on return<br><b>LEGA SICILIANA SOCIAL CLUB INC</b> | Business or activity to which this form relates<br><b>990EZ</b> | Identifying number<br><b>06-1003974</b> |
|--|---|---|

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

|  |                              |                  |
|--|------------------------------|------------------|
| 1 Maximum amount (see instructions)  | <b>1</b>                     |                  |
| 2 Total cost of section 179 property placed in service (see instructions)  | <b>2</b>                     |                  |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)   | <b>3</b>                     |                  |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-   | <b>4</b>                     | 0                |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | <b>5</b>                     | 0                |
| <b>6</b>   |                              |                  |
| (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
|  |                              |                  |
| 7 Listed property. Enter the amount from line 29   |                              |                  |
|  | <b>7</b>                     |                  |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  | <b>8</b>                     | 0                |
| 9 Tentative deduction Enter the smaller of line 5 or line 8  | <b>9</b>                     | 0                |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562   | <b>10</b>                    |                  |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)                   | <b>11</b>                    |                  |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11  | <b>12</b>                    | 0                |
| 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12  | <b>13</b>                    | 0                |

Note: Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

|  |           |  |
|--|-----------|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | <b>14</b> |  |
| 15 Property subject to section 168(f)(1) election  | <b>15</b> |  |
| 16 Other depreciation (including ACRS)   | <b>16</b> |  |

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

|  |                          |       |
|--|--------------------------|-------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011  | <b>17</b>                | 4,142 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | <input type="checkbox"/> |       |

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property           |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      | 22,000   | 15                  | HY             | 150DB      | 1,100                      |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
|                                |                                      |  | 39 yrs              | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

|                 |  |  |        |    |     |  |
|-----------------|--|--|--------|----|-----|--|
| 20 a Class life |  |  |        |    | S/L |  |
| b 12-year       |  |  | 12 yrs |    | S/L |  |
| c 40-year       |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions)**

|   |           |       |
|---|-----------|-------|
| 21 Listed property Enter amount from line 28  | <b>21</b> |       |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions | <b>22</b> | 5,242 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | <b>23</b> |       |

For Paperwork Reduction Act Notice, see separate instructions.

**Part I, Line 16 (990-EZ) - Other Expenses**

|  | 65,546 |
|--|--------|
| 1 Travel                                 | 1,231  |
| 2 Meals and entertainment                | 943    |
| 3 Fundraising                            | 0      |
| 4 Amortization                           | 0      |
| 5 Conferences, conventions, and meetings | 5,242  |
| 6 Depreciation                           | 14,376 |
| 7 Depletion                              | 0      |
| 8 Equipment rental and maintenance       | 0      |
| 9 Interest                               | 0      |
| 10 Supplies                              | 0      |
| 11 Telephone                             | 0      |
| 12 Unrelated business income taxes       | 0      |
| 13 ADVERTISING                           | 330    |
| 14 SECURITY ALARM                        | 204    |
| 15 OFFICE SUPPLIES & EXPENSE             | 101    |
| 16 RUBBISH REMOVAL                       | 1,121  |
| 17 INSPECTION FEE                        | 50     |
| 18 INSURANCE                             | 5,528  |
| 19 TAXES & LICENSES                      | 12,850 |
| 20 POSTAGE                               | 1,240  |
| 21 CONTRIBUTIONS                         | 390    |
| 22 SCHOLARSHIPS                          | 2,500  |
| 23 TELEPHONE                             | 735    |
| 24 UTILITIES                             | 7,680  |
| 25 REPAIRS & MAINTENANCE                 | 4,908  |
| 26 HEATING OIL                           | 3,665  |
| 27 WATER & SEWER                         | 1,344  |
| 28 LANDSCAPING                           | 1,108  |

**Assets by Classification - 990EZ**

12/31/2011 LEGA SICILIANA SOCIAL CLUB INC 06-1003974

| Item No                                  | Description of Property<br>(**** indicates DISPOSED)       | Date Placed In Service | Asset Code | Bus Use % | Cost or Other Basis | Sec 179 Deduction | Credit | Special Allowance | Salvage Value | Recovery Basis | Recovery Period | Method | Convention Code | Prior Accum Deprec, 179, Bonus | 2011 Deprec | 2011 Accum Deprec |
|--|--|------------------------|------------|-----------|---------------------|-------------------|--------|-------------------|---------------|----------------|-----------------|--------|-----------------|--------------------------------|-------------|-------------------|
| <b>7-yr Genl purp tools, mach, equip</b> |  |                        |            |           |                     |                   |        |                   |               |                |                 |        |                 |                                |             |                   |
|  | EQUIPMENT  | 1/2/1997               | F-10       | 100 00%   | 1,237               | 0                 | 0      | 0                 | 0             | 1,237          | 7               | 200DB  | HY              | 1,237                          | 0           | 1,237             |
|  | TAPE RECORDER  | 1/2/1997               | F-10       | 100 00%   | 115                 | 0                 | 0      | 0                 | 0             | 115            | 7               | 200DB  | HY              | 115                            | 0           | 115               |
|  | VCR  | 1/2/1997               | F-10       | 100 00%   | 663                 | 0                 | 0      | 0                 | 0             | 663            | 7               | 200DB  | HY              | 663                            | 0           | 663               |
|  | MEATSLICER   | 1/2/1997               | F-10       | 100 00%   | 600                 | 0                 | 0      | 0                 | 0             | 600            | 7               | 200DB  | HY              | 600                            | 0           | 600               |
|  | COMM GAS RANGE   | 7/31/1997              | F-10       | 100 00%   | 800                 | 0                 | 0      | 0                 | 0             | 800            | 7               | 200DB  | HY              | 800                            | 0           | 800               |
|  | EQUIPMENT - TASTE OF                                       | 7/31/1997              | F-10       | 100 00%   | 600                 | 0                 | 0      | 0                 | 0             | 600            | 7               | 200DB  | HY              | 600                            | 0           | 600               |
|  | Total 7-yr General purpose tools, machinery, and equipment |                        |            |           |                     |                   |        |                   |               |                |                 |        |                 |                                |             |                   |
|  |  |                        |            |           | 4,015               | 0                 | 0      | 0                 | 0             | 4,015          |                 |        |                 | 4,015                          | 0           | 4,015             |
| <b>15-yr Land Improvements</b>           |  |                        |            |           |                     |                   |        |                   |               |                |                 |        |                 |                                |             |                   |
|  | DRIVEWAY   | 9/26/2011              | R-2        | 100 00%   | 22,000              | 0                 | 0      | 0                 | 0             | 22,000         | 15              | 150DB  | HY              | 0                              | 1,100       | 1,100             |
|  | Total 15-yr Land improvements                              |                        |            |           |                     |                   |        |                   |               |                |                 |        |                 |                                |             |                   |
|  |  |                        |            |           | 22,000              | 0                 | 0      | 0                 | 0             | 22,000         |                 |        |                 | 0                              | 1,100       | 1,100             |
| <b>39-yr Nonresidential real estate</b>  |  |                        |            |           |                     |                   |        |                   |               |                |                 |        |                 |                                |             |                   |
|  | BUILDING   | 3/31/1994              | R-5        | 100 00%   | 5,100               | 0                 | 0      | 0                 | 0             | 5,100          | 39              | SL/GDS | MM              | 2,301                          | 131         | 2,432             |
|  | BLD IMPROVEMENTS   | 3/3/1997               | R-5        | 100 00%   | 10,649              | 0                 | 0      | 0                 | 0             | 10,649         | 39              | SL/GDS | MM              | 4,808                          | 273         | 5,081             |
|  | HAETING & AIR CONDITI                                      | 3/3/1997               | R-5        | 100 00%   | 20,418              | 0                 | 0      | 0                 | 0             | 20,418         | 39              | SL/GDS | MM              | 8,941                          | 524         | 9,465             |
|  | LUMBER   | 3/3/1997               | R-5        | 100 00%   | 1,663               | 0                 | 0      | 0                 | 0             | 1,663          | 39              | SL/GDS | MM              | 728                            | 43          | 771               |
|  | ELECTRICAL   | 3/3/1997               | R-5        | 100 00%   | 1,957               | 0                 | 0      | 0                 | 0             | 1,957          | 39              | SL/GDS | MM              | 852                            | 50          | 902               |
|  | EQUIPMENT  | 7/31/1997              | R-5        | 100 00%   | 112,363             | 0                 | 0      | 0                 | 0             | 112,363        | 39              | SL/GDS | MM              | 47,128                         | 2,881       | 50,009            |
|  | CARPENTRY  | 1/2/1998               | R-5        | 100 00%   | 9,358               | 0                 | 0      | 0                 | 0             | 9,358          | 39              | SL/GDS | MM              | 3,949                          | 240         | 4,189             |
|  | Total 39-yr Nonresidential and commercial real estate      |                        |            |           |                     |                   |        |                   |               |                |                 |        |                 |                                |             |                   |
|  |  |                        |            |           | 161,508             | 0                 | 0      | 0                 | 0             | 161,508        |                 |        |                 | 68,707                         | 4,142       | 72,849            |
| <b>Amort - 461 - Points</b>              |  |                        |            |           |                     |                   |        |                   |               |                |                 |        |                 |                                |             |                   |
|  | CLOSING COST   | 12/31/1994             | Z-13       | 100 00%   | 2,550               | 0                 | 0      | 0                 | 0             | 2,550          | 0               | SL     | FM              | 2,550                          | 0           | 2,550             |
|  | CLOSING COST   | 3/3/1997               | Z-13       | 100 00%   | 7,772               | 0                 | 0      | 0                 | 0             | 7,772          | 0               | SL     | FM              | 7,772                          | 0           | 7,772             |
|  | Total Amortization - 461 - Points                          |                        |            |           |                     |                   |        |                   |               |                |                 |        |                 |                                |             |                   |
|  |  |                        |            |           | 10,322              | 0                 | 0      | 0                 | 0             | 10,322         |                 |        |                 | 10,322                         | 0           | 10,322            |
|  | SubTotals  |                        |            |           | 197,845             | 0                 | 0      | 0                 | 0             | 197,845        |                 |        |                 | 83,044                         | 5,242       | 88,286            |
|  | Less Disposed Assets                                       |                        |            |           | ( 0 )               | ( 0 )             | ( 0 )  | ( 0 )             | ( 0 )         | ( 0 )          |                 |        |                 | ( 0 )                          | ( 0 )       | ( 0 )             |
|  | Ending Totals  |                        |            |           | 197,845             | 0                 | 0      | 0                 | 0             | 197,845        |                 |        |                 | 83,044                         | 5,242       | 88,286            |