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## Return of Organization Exempt From Income Tax

2011

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)Open to Public  
Inspection

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

## A For the 2011 calendar year, or tax year beginning

09-01-2011, and ending

08-31-2012

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization COMITATO FESTA DIMARIA SS DELLA CIVITA

Doing Business As ST MARY'S FEAST SOCIETY

Number and street (or P O box if mail is not delivered to street address)

15 PHENIX AVENUE

Room/suite

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

CRANSTON, RI 02920

36,121

F Name and address of principal officer

G Gross receipts \$

I Tax-exempt status  501(c)(3)  501(c) ( 4 ) (insert no)  4947(a)(1) or  527

J Website ► N/A

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1966

M State of legal domicile RI

H(a) Is this a group return for  
affiliates? Yes  No

H(b) Are all affiliates included?

 Yes  No

H(c) Group exemption number ►

## Part I Summary

1	Briefly describe the organization's mission or most significant activities	TO PERPETUATE ITALIAN HERITAGE	
A c t i v e r i t r i a n e s c e			
2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	750
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	750
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	988
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
R e v e n u e		Prev Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,420	30,688
9	Program service revenue (Part VIII, line 2g)		988
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55	45
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,104	4,400
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,579	36,121
E x p e n s e s			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	825	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	768	395
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,487	28,912
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	30,080	29,307
19	Revenue less expenses Subtract line 18 from line 12	(5,501)	6,814
Net Assets or Fund Bal- ances		Beginning of Current Year	End of Year
20	Total Assets (Part X, line 16)	254,169	256,178
21	Total liabilities (Part X, line 26)	32,800	27,995
22	Net assets or fund balances Subtract line 21 from line 20	221,369	228,183

## Part II Signature Block

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

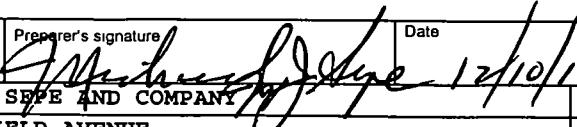
Signature of officer

JOHN NARDOLILLO JR, PRESIDENT

Type or print name and title

Date

RECEIVED  
DEC 17 2012  
FBI - OGDEN, UTSCANNED  
Sign  
HerePaid  
Preparer  
Use Only

Print/Type preparer's name MICHAEL J SEPE	Preparer's signature 	Date 12/10/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00292373
Firm's name ► MICHAEL SEPE AND COMPANY	Firm's EIN ►			
Firm's address ► 14 GARFIELD AVENUE CRANSTON RI 02920-7806	Phone no			401-942-2894

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990 (2011)

**Part III: Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission

TO PERPETUATE ITALIAN HERITAGE

2 Did the organization undertake any significant program services during the year which were not listed on the

prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code                   ) (Expenses \$                    including grants of \$                   ) (Revenue \$                   )**BENEFITS PAID TO MEMBERS CONSIST OF DEATH BENEFITS****SPECIAL OFFERING IS GIVIN TO MEMBERS WHEN DECEASED****ALSO, A GIFT IS GIVEN TO EX OFFICERS AND****CONTRIBUTIONS ARE GIVEN TO MANY CHARTIES AND****ST MARY'S CHURCH**4b (Code                   ) (Expenses \$                    including grants of \$                   ) (Revenue \$                   )4c (Code                   ) (Expenses \$                    including grants of \$                   ) (Revenue \$                   )

4d Other program services (Describe in Schedule O)

(Expenses \$                    including grants of \$                   ) (Revenue \$                   )

4e Total program service expenses ►

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? . . . . .	2	X
3 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 . . . . .	3	X
4 Section 501(c)(3) organizations. 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 . . . . .	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. . . . .	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? . . . . .	20b	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35b	X
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," complete Schedule R, Part V, line 2 . . . . .	36	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	37	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . 1a 0

1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . 1b 0

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . 1c 0

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . 2a 0

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . 2b X

**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3a 0

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . 3b X

4a 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)? . . . . . 4a X

4b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . 5a X

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 5b X

5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . 5c 0

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . 6a X

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . 6b 0

**7 Organizations that may receive deductible contributions under section 170(c).**

7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . 7a 0

7b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b 0

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . 7c 0

7d If "Yes," indicate the number of Forms 8282 filed during the year. . . . . 7d 0

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . 7e 0

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7f 0

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . 7g 0

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . 7h 0

**8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . 8 0

**9 Sponsoring organizations maintaining donor advised funds.**

9a Did the organization make any taxable distributions under section 4966? . . . . . 9a 0

9b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . 9b 0

**10 Section 501(c)(7) organizations.** Enter:

10a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a 0

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b 0

**11 Section 501(c)(12) organizations.** Enter:

11a Gross income from members or shareholders . . . . . 11a 0

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . 11b 0

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . . . . 12a 0

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . . 12b 0

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

13a Is the organization licensed to issue qualified health plans in more than one state? . . . . . 13a 0

**Note.** See the instructions for additional information the organization must report on Schedule O

13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . 13b 0

13c Enter the amount of reserves on hand . . . . . 13c 0

**14a Did the organization receive any payments for indoor tanning services during the tax year?** . . . . . 14a X

**b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O** . . . . . 14b 0

**Part VI** **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI.

### Section A. Governing Body and Management

		1a	750	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year				
	If there are material differences in voting rights among members of the governing body, or				
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
1b	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?			6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			8a	<input checked="" type="checkbox"/>
a	The governing body?			8b	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?			9	<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		10a	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a <input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a <input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			12a
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12b
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			12c
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			13
13	Did the organization have a written whistleblower policy?			14
14	Did the organization have a written document retention and destruction policy?			15a
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15b
a	The organization's CEO, Executive Director, or top management official			16a
b	Other officers or key employees of the organization			16b
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► RI
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 

Own website    Another's website    Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► FRANK MANZI (401) 463-8025      196 BATEMAN AVE CRANSTON, RI 02920

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

 Check if Schedule O contains a response to any question in this Part VII . . . . . 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I t d u r i s e t c i e d e u a l o r	I n r s t i t u e r i o n a l	O f f e r e r e r e r	K e y e m p e n s t a s t e d	F o r m e r e r e r e r			
(1) FRANK J MANZI GENERAL TREAS	20.00		X				0	0	0
(2) JOHN NARDOLILLO JR PRESIDENT	10.00		X				0	0	0
(3) RICHARD PETRELLA SR V PRES	10.00		X				0	0	0
(4) ROBERT A SILVESTRI SECRETARY	10.00		X				0	0	0
(5) STEVEN SINAPI FINANCIAL SEC	20.00		X				0	0	0
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

## Part VII

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		I	t	d	I	t	O	K	H	c	F
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Sub-total . . . . .											
c Total from continuation sheets to Part VII, Section A . . . . .											
d Total (add lines 1b and 1c) . . . . .									0	0	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►										0	
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .											
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .											
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .											

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of  
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax  
year

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members	395	395		
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	1,875		1,875	
12 Advertising and promotion				
13 Office expenses	320		320	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,244		2,244	
23 Insurance	4,356		4,356	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a CONTRIBUTIONS	2,280		2,280	
b MAINTENANCE	639		639	
c PRESIDENTS FUND	120		120	
d REPAIRS	40		40	
e All other expenses	17,038		17,038	
25 Total functional expenses. Add lines 1 through 24e	29,307	395	28,912	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A s s e t s	1 Cash - non-interest-bearing . . . . .	23,029	1	27,416
	2 Savings and temporary cash investments . . . . .	5,055	2	
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		5	
	7 Notes and loans receivable, net . . . . .		6	
	8 Inventories for sale or use . . . . .		7	
	9 Prepaid expenses and deferred charges . . . . .		8	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a 389,676		
	b Less accumulated depreciation. . . . .	10b 161,314	10c 225,385	228,362
	11 Investments - publicly traded securities . . . . .		11	
	12 Investments - other securities See Part IV, line 11 . . . . .		12	
	13 Investments - program-related See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
L i a b i t i e s	15 Other assets See Part IV, line 11 . . . . .	700	15	400
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	254,169	16	256,178
	17 Accounts payable and accrued expenses . . . . .		17	
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
N F e u n d A s s e t s c o r e s	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	31,900	23	26,675
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	900	25	1,320
	26 Total liabilities. Add lines 17 through 25 . . . . .	32,800	26	27,995
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .		27	
	28 Temporarily restricted net assets . . . . .		28	
A s s e t s c o r e s	29 Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	221,369	32	228,183
	33 Total net assets or fund balances . . . . .	221,369	33	228,183
	34 Total liabilities and net assets/fund balances . . . . .	254,169	34	256,178

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

- For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers? . . . . .			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .			
c Media advertisements? . . . . .			
d Mailings to members, legislators, or the public? . . . . .			
e Publications, or published or broadcast statements? . . . . .			
f Grants to other organizations for lobbying purposes? . . . . .			
g Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .			
i Other activities? . . . . .			
j Total Add lines 1c through 1i . . . . .			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .			
b If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? . . . . .	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	2	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? . . . . .	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members. . . . .	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year . . . . .	2b	
b Carryover from last year . . . . .	2c	
c Total . . . . .	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . .	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? . . . . .	5	
5 Taxable amount of lobbying and political expenditures (see instructions) . . . . .		

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A, and Part II-B, line

1 Also, complete this part for any additional information.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other \_\_\_\_\_  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990,

Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance . . . . .  
 d Additions during the year . . . . .  
 e Distributions during the year . . . . .  
 f Ending balance . . . . .

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %  
 b Permanent endowment ► %  
 c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .  
 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	133,819			133,819
b Buildings . . . . .	132,872		98,122	34,750
c Leasehold improvements . . . . .	98,816		46,315	52,501
d Equipment . . . . .	24,169		16,877	7,292
e Other . . . . .				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 228,362

<b>Part VII Investments - Other Securities.</b> See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ►		

<b>Part VIII Investments - Program Related.</b> See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) ►		

<b>Part IX Other Assets.</b> See Form 990, Part X, line 15		
(a) Description	(b) Book value	
(1) DEPOSITS - FUNDRAISE		400
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►		400

<b>Part X Other Liabilities.</b> See Form 990, Part X, line 25		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DAMAGE DEPOSITS	1,320	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►	1,320	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

COMITATO FESTA DIMARIA SS DELLA CIVITA

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

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.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

05-0396209

01. Form 990 governing body review (Part VI, line 11)

A COPY WAS MADE AVAILABLE AT THE NEXT SCHEDULE MEETING

02. Governing documents, etc, available to public (Part VI, line 19)

THE CENTER IS OPEN 7 DAYS A WEEK FOR PUBLIC INSPECTION UPON REQUEST