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# Short Form Return of Organization Exempt From Income Tax

# 2012

Open to Public Inspection

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.*

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2012 calendar year, or tax year beginning _____, and ending _____	
<b>B</b> Check if applicable	<b>C</b> Name of organization
<input type="checkbox"/> Address change	LEGA SICILIANA SOCIAL CLUB INC
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	96 OAKWOOD AVENUE
<input type="checkbox"/> Terminated	City or town state or country ZIP + 4
<input type="checkbox"/> Amended return	WATERBURY CT 06708
<input type="checkbox"/> Application pending	
	<b>D</b> Employer identification number
	06-1003974
	<b>E</b> Telephone number
	(203) 596-1918
	<b>F</b> Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ \_\_\_\_\_

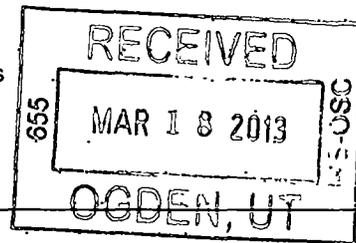
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 7 ) ◀ (insert no)  4947(a)(1) or  527

**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. ▶ \$ 76,553

**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

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	75
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	66,800
	<b>3</b>	Membership dues and assessments	<b>3</b>	9,595
	<b>4</b>	Investment income	<b>4</b>	83
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</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)	<b>6b</b>		
<b>c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b>	Less cost of goods sold	<b>7b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	76,553	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	850
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	63,394
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	64,244
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	12,309
	<b>19</b>	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)	<b>19</b>	130,195
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>21</b>	142,504



SCANNED MAR 28 2013 Revenue

21

**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	38,253	56,794
23 Land and buildings	99,801	93,569
24 Other assets (describe in Schedule O)		
25 Total assets	138,054	150,363
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)	130,195	142,504

**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

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

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

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 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (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 title	(b) 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 PRESIDENT	Hr/WK 10 00			
VINCENT LEONE VICE PRESIDENT	Hr/WK 00			
GEORGE BERARDI SECRETARY	Hr/WK 00			
LEE CAMMILETTI TREASURER	Hr/WK 00			
HENERY AURIGEMMA SGT AT ARMS	Hr/WK 00			
PAUL BASCETTA SR BOARD OF DIRECTORS	Hr/WK 00			
JOSEPH RIGGI JR BOARD OF DIRECTORS	Hr/WK 00			
CESAREO VALENTI BOARD OF DIRECTORS	Hr/WK 00			
VINCENT VALENTI BOARD OF DIRECTORS	Hr/WK 00			
ANTHONY VITARELLI BOARD OF DIRECTORS	Hr/WK 00			
FRANCIS VUOLO BOARD OF DIRECTORS	Hr/WK 00			
MICHAEL SANTORO BOARD OF DIRECTORS	Hr/WK 00			

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.

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
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)
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)?
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.
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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
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?
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
40 a 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 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
d Section 501(c)(3) and 501(c)(4) organizations. 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
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of RICHARD LANZA Telephone no (203) 596-1918
Located at 96 OAKWOOD AVE City WATERBURY ST CT ZIP + 4 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
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
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
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 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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
c Did the organization receive any payments for indoor tanning services during the year?
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
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

46 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

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

47 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		X
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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 title of each employee paid more than \$100,000	(b) 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 None				
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	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"

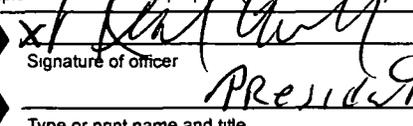
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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

Sign Here:  Signature of officer  
 Date: 3/4/13  
 Type or print name and title: President

**Paid Preparer Use Only**  
 Preparer's name: Michael Linsalato III CPA  
 Preparer's signature:   
 Date: 3/4/2013  
 Check  if self-employed  
 PTIN: P01228370  
 Firm's name: Michael Linsalato III CPA and Company LLC  
 Firm's EIN: 61-1475890  
 Firm's address: 724 Wolcott Road Suite 2, Wolcott, CT 06716  
 Phone no: (203) 879-2228

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

**2012**

**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 Meals and entertainment: 943

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 6,232

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 15,646

Form 990-EZ, Part I, Line 16, Other Expenses DUES & SUBSCRIPTIONS 35

Form 990-EZ, Part I, Line 16, Other Expenses SECURITY ALARM: 564

Form 990-EZ, Part I, Line 16, Other Expenses OFFICE SUPPLIES & EXPENSE 742

Form 990-EZ, Part I, Line 16, Other Expenses RUBBISH REMOVAL 1,225

Form 990-EZ, Part I, Line 16, Other Expenses INSPECTION FEE 79

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 4,345

Form 990-EZ, Part I, Line 16, Other Expenses TAXES & LICENSES 11,711

Form 990-EZ, Part I, Line 16, Other Expenses POSTAGE 355

Form 990-EZ, Part I, Line 16, Other Expenses CONTRIBUTIONS 125

Form 990-EZ, Part I, Line 16, Other Expenses SCHOLARSHIPS 2,000

Form 990-EZ, Part I, Line 16, Other Expenses TELEPHONE 671

Form 990-EZ, Part I, Line 16, Other Expenses UTILITIES 8,400

Form 990-EZ, Part I, Line 16, Other Expenses REPAIRS & MAINTENANCE 2,952

Form 990-EZ, Part I, Line 16, Other Expenses HEATING OIL 3,672

Form 990-EZ, Part I, Line 16, Other Expenses WATER & SEWER 1,248

Form 990-EZ, Part I, Line 16, Other Expenses LANDSCAPING 1,444

Form 990-EZ, Part I, Line 16, Other Expenses LIQUOR PERMIT 1,005

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 <b>LEGA SICILIANA SOCIAL CLUB INC</b>	Business or activity to which this form relates <b>990EZ</b>	Identifying number <b>06-1003974</b>
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**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)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	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	5	0

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		0
9 Tentative deduction Enter the smaller of line 5 or line 8		0
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562.		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		0
13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	▶ 13	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)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**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 2012	17	6,232
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 2012 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						
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 2012 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	21	
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	22	6,232
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Assets by Classification - 990EZ**

12/31/2012 LEGA SICILIANA SOCIAL CLUB INC 06-1003974

Item No	Description of Property <small>(*) indicates DISPOSED</small>	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	2012 Deprec	2012 Accum Deprec
<b>7-yr General purpose 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 OI	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	1,100	2,090	3,190
	Total 15-yr Land improvements															
					22,000	0	0	0	0	22,000				1,100	2,090	3,190
<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	2,432	131	2,563
	BLD IMPROVEMENTS	3/3/1997	R-5	100 00%	10,649	0	0	0	0	10,649	39	SL/GDS	MM	5,081	273	5,354
	HAETING & AIR CONDII	3/3/1997	R-5	100 00%	20,418	0	0	0	0	20,418	39	SL/GDS	MM	9,465	524	9,989
	LUMBER	3/3/1997	R-5	100 00%	1,663	0	0	0	0	1,663	39	SL/GDS	MM	771	43	814
	ELECTRICAL	3/3/1997	R-5	100 00%	1,957	0	0	0	0	1,957	39	SL/GDS	MM	902	50	952
	EQUIPMENT	7/31/1997	R-5	100 00%	112,363	0	0	0	0	112,363	39	SL/GDS	MM	50,009	2,881	52,890
	CARPENTRY	1/2/1998	R-5	100 00%	9,358	0	0	0	0	9,358	39	SL/GDS	MM	4,189	240	4,429
	Total 39-yr Nonresidential and commercial real estate															
					161,508	0	0	0	0	161,508				72,849	4,142	76,991
<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				88,286	6,232	94,518
	Less Disposed Assets				( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )				( 0 )	( 0 )	( 0 )
	Ending Totals				197,845	0	0	0	0	197,845				88,286	6,232	94,518

# Detail Report

12/31/2012 LEGA SICILIANA SOCIAL CLUB INC 06-1003974

Item No	Description of Property **** indicates DISPOSED	Date Placed in Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	AMT Type	Recovery Period (years)	Method	Convention Code
990EZ					197,845		0	0	0	197,845				
	CLOSING COST	12/31/1994	Z-13	100 00%	2,550	0	0	0	0	2,550		0	SL	FM
	CLOSING COST	3/3/1997	Z-13	100 00%	7,772	0	0	0	0	7,772		0	SL	FM
	BUILDING	3/31/1994	R-5	100 00%	5,100	0	0	0	0	5,100		39	SL/GDS	MM
	BLD IMPROVEMENTS	3/3/1997	R-5	100 00%	10,649	0	0	0	0	10,649		39	SL/GDS	MM
	CARPENTRY	1/2/1998	R-5	100 00%	9,358	0	0	0	0	9,358		39	SL/GDS	MM
	HAETING & AIR CONDITION	3/3/1997	R-5	100 00%	20,418	0	0	0	0	20,418		39	SL/GDS	MM
	LUMBER	3/3/1997	R-5	100 00%	1,663	0	0	0	0	1,663		39	SL/GDS	MM
	ELECTRICAL	3/3/1997	R-5	100 00%	1,957	0	0	0	0	1,957		39	SL/GDS	MM
	DRIVEWAY	9/26/2011	R-2	100 00%	22,000	0	0	0	0	22,000		15	150DB	HY
	EQUIPMENT	1/2/1997	F-10	100 00%	1,237	0	0	0	0	1,237		7	200DB	HY
	TAPE RECORDER	1/2/1997	F-10	100 00%	115	0	0	0	0	115		7	200DB	HY
	VCR	1/2/1997	F-10	100 00%	663	0	0	0	0	663		7	200DB	HY
	MEATSLICER	1/2/1997	F-10	100 00%	600	0	0	0	0	600		7	200DB	HY
	COMM GAS RANGE	7/31/1997	F-10	100 00%	800	0	0	0	0	800		7	200DB	HY
	EQUIPMENT	7/31/1997	R-5	100 00%	112,363	0	0	0	0	112,363		39	SL/GDS	MM
	EQUIPMENT - TASTE OF IT,	7/31/1997	F-10	100 00%	600	0	0	0	0	600		7	200DB	HY
	SubTotals				197,845	0	0	0	0	197,845				
	Less Disposed Assets				(	0)	(	0)	(	0)	(	0)		
	Ending Totals				197,845	0	0	0	0	197,845				

# Detail Report

990EZ

Item No	Description of Property "***" indicates DISPOSED	Date Placed in Service	Prior Accum Deprec, 179, Bonus	2012 Current Deprec	2012 Accum Deprec
			88,286	6,232	94,518
	CLOSING COST	12/31/1994	2,550	0	2,550
	CLOSING COST	3/3/1997	7,772	0	7,772
	BUILDING	3/31/1994	2,432	131	2,563
	BLD IMPROVEMENTS	3/3/1997	5,081	273	5,354
	CARPENTRY	1/2/1998	4,189	240	4,429
	HAETING & AIR CONDITION	3/3/1997	9,465	524	9,989
	LUMBER	3/3/1997	771	43	814
	ELECTRICAL	3/3/1997	902	50	952
	DRIVEWAY	9/26/2011	1,100	2,090	3,190
	EQUIPMENT	1/2/1997	1,237	0	1,237
	TAPE RECORDER	1/2/1997	115	0	115
	VCR	1/2/1997	663	0	663
	MEATSLICER	1/2/1997	600	0	600
	COMM GAS RANGE	7/31/1997	800	0	800
	EQUIPMENT	7/31/1997	50,009	2,881	52,890
	EQUIPMENT - TASTE OF IT,	7/31/1997	600	0	600
	SubTotals		88,286	6,232	94,518
	Less Disposed Assets		( 0 )	( 0 )	( 0 )
	Ending Totals		88,286	6,232	94,518

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

		<b>Total:</b>	63,394
	Description		Amount
1	Travel		
2	Meals and entertainment		943
3	Fundraising		
4	Conferences, conventions, and meetings		
5	Depreciation		6,232
6	Equipment rental and maintenance		
7	Interest		
8	Supplies		15,646
9	Telephone		
10	Unrelated business income taxes		0
11	Amortization		0
12	Depletion		0
13	DUES & SUBSCRIPTIONS		35
14	SECURITY ALARM		564
15	OFFICE SUPPLIES & EXPENSE		742
16	RUBBISH REMOVAL		1,225
17	INSPECTION FEE		79
18	INSURANCE		4,345
19	TAXES & LICENSES		11,711
20	POSTAGE		355
21	CONTRIBUTIONS		125
22	SCHOLARSHIPS		2,000
23	TELEPHONE		671
24	UTILITIES		8,400
25	REPAIRS & MAINTENANCE		2,952
26	HEATING OIL		3,672
27	WATER & SEWER		1,248
28	LANDSCAPING		1,444
29	LIQUOR PERMIT		1,005