

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545 1150

2009

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, **2009, and ending** _____

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. **C** **Please use IRS label or print or type. See Specific Instructions.**
ABRUZZESE SOCIAL CLUB, INC.
67 CARROLL STREET
BINGHAMTON, NY 13901

D Employer identification number: **16-1217628**

E Telephone number: _____

F 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: ▶ N/A

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

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **37,759.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	9,549.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	2,880.
4 Investment income	4	2,098.
5a Gross amount from sale of assets other than inventory	5a	
5b Less: cost or other basis and sales expenses	5b	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	6,279.
6b Less: direct expenses other than fundraising expenses	6b	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,279.
7a Gross sales of inventory, less returns and allowances	7a	16,188.
7b Less: cost of goods sold	7b	15,672.
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	516.
8 Other revenue (describe ▶ <u>SEE STATEMENT 1</u>)	8	765.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	22,087.
10 Grants and similar amounts paid (attach schedule)	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	150.
14 Occupancy, rent, utilities, and maintenance	14	23,957.
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ▶ _____)	16	
17 Total expenses. Add lines 10 through 16	17	24,107.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,020.
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	164,377.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	162,357.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	134,213.	130,496.
23 Land and buildings	27,664.	29,361.
24 Other assets (describe ▶ <u>SEE STATEMENT 2</u>)	2,500.	2,500.
25 Total assets	164,377.	162,357.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	164,377.	162,357.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **990-EZ** (2009)

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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 46-49b and complete the tables for lines 50 and 51

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

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) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Charles J Barrett 15-12-10
 Signature of officer Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature	▶ <i>Charles J Barrett</i>	Date	▶ 5/5/10	Check if self-employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)	▶ P00427319
Firm's name (or yours if self-employed), address, and ZIP + 4	▶ BARRETT & MAHONSKI, CPAs 870 HOOPER RD ENDWELL, NY 13760-1564			EIN	▶ 20-1852548		
				Phone no	▶ (607) 786-9070		

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

2009

FEDERAL STATEMENTS

PAGE 1

ABRUZZESE SOCIAL CLUB, INC.

16-1217628

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

RENTAL INCOME

	\$	765.
TOTAL	\$	<u>765.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

INVENTORIES

	<u>BEGINNING</u>	<u>ENDING</u>
	\$ 2,500.	\$ 2,500.
TOTAL	\$ <u>2,500.</u>	\$ <u>2,500.</u>