Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$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

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe *) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	Α	For	the 2009 calendar year, or tax year beginning	, 2009, an	d ending		,
Transport Tran	В	Check	c if applicable C			D Emple	oyer identification number
Recent change Septide 373 MAPLE AVENUE E Tremmation Recommendation Recommendati		Addre	ess change Please MARIA SS DELL-ASSUNTA, INC.	11-	-2507361		
**Section 301(c)(X) organizations and 4947(aY) nonexempt charitable trusts Application periods **Section 301(c)(X) organizations and 4947(aY) nonexempt charitable trusts Application periods **Section 301(c)(X) organizations and 4947(aY) nonexempt charitable trusts **If website: **N/A Website: **N/A Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar 527 Tax-earemit status (cleaks will web: — X 501(c) (3] ~*(meet so) 4947(aY) ar		Name	change label or 272 MADIE AVENUE				
# Group Exemption Forum 501(c/S) organizations and 4947(a/1) onexempt charitable trusts must attach a completed Schedule A (Form 590 or 590-E2). # Website: * N/A Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 4947(a/1) or 527 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 528 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 528 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 528 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 528 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 528 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 528 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 528 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 528 Yes Tax-exempt tables (aleck only one) — X 501(c) (3) * (meet ae) 528 Yes Tax-exempt tables		Initial	return type WESTBURY, NY 11590				
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**Section* 301(c/3) organizations and 4947(a/1) nonexempt charitable trusts miss affach a completed Schedule A (Form 990 or 990	⊢	7	tions.				
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Check	ı	Web	site: ► N/A				
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.E2 or Form 990 required, but if the organization choices to file a ceturin, be sure to file a complete return \$25,000 A Form 990.E2 or Form 990 required, but if the organization choices to file a complete return as \$25,000 A Form 990.E2 or Form 990 required, but if the organization choices the instructions for Part I. Ladd lines \$5, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990. Part II 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 A 65, 238. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 a Gross amount from sale of assets other than inventory. 5 b Less cost or other basis and sales expenses. 5 c Cannot (last) from sale of assets other than inventory. 5 b Less cost or other basis and sales expenses. 6 c Special west and activities (complete applicable parts of Schedule 6) if any amount is from gaming, check here. 6 c Special west and activities (complete applicable parts of Schedule 6) if any amount is from gaming, check here. 6 c Special west and activities (complete applicable parts of Schedule 6) if any amount is from gaming, check here. 6 c C 2, 863. 7 a Gross special or (loss) from special exents and activities (Subtract line 8b from line 6a). 7 a Gross special or (loss) from special exents and activities (Subtract line 8b from line 6a). 7 a Gross special or (loss) from special exents and activities (Subtract line 8b from line 6a). 7 a Gross special or (loss) from special exents and activities (Subtract line 8b from line 7a). 8 Other revenue (decribe > 9 57, 139. 10 Grants and similar amounts pand (attach schedule). 11 Benesits paid to or for members. 12 Salanes, other compensation, and employee benefits. 1	J	Tax-e	exempt status (check only one) - X 501(c) (3) < (insert no.) 49	947(a)(1) or 52	990-EZ, or 9	990-PF).	
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A) Coulomb agree with end-or-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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 (Cash, savings, and investments Land and buildings Other assets (describe) Total assets 264,920. 25 281,202. 26 Total liabilities (describe) 0. 26 0.			· · · · · · · · · · · · · · · · · · ·	181 MAY 1	7-2010 101-101-1		
19 264, 920. 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 281, 202.							
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 281, 202. 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)	N S F S	19	Net assets or fund balances at beginning of year (from line 27, coli	umn (ADGD	aghe will end-o-ye	ear 19	
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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 137,980. 22 154,262. 23 Land and buildings 126,940. 23 126,940. 24 Other assets (describe ►) 24 25 Total assets 264,920. 25 281,202. 26 Total liabilities (describe ►) 0. 26 0.	Ś			igh 20			
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Form 990-EZ (2009) MARIA SS DELL-A	SSUNTA, INC.			-25	07361 Page 2
Part III Statement of Program Se	rvice Accomplishment	ts (See the instruct	tions.)		Expenses
What is the organization's primary exempt purpose? SE	E STATEMENT 2			1 (Rec 1 501 (quired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purp	oses In a clear and co	ncise manner,	orga	nizations and section
program title.	persons benefited, or other		eacii	for o	thers.)
28 TO STRENGHEN AND AFFIRM I	FAITH TOWARD THE H	OLY ROMAN CATHO	LIC CHURCH		
AND TO PROMOTE AND MAINTA]	
TRADITIONS EXCLUSIVELY TH				1	
	nis amount includes foreign gi	– –		28 a	38,857.
	ils amount includes loreign gi	ants, check here		204	30,037.
29		-		┪	
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	is amount includes foreign gr	ants, check here		29 a	<u> </u>
30				-	
				-	
	is amount includes foreign gr	ants, check here		30 a	
31 Other program services (attach schedule	•		▶ □	21 -	
	is amount includes foreign gr	ants, cneck nere		31 a	38,857.
32 Total program service expenses (add lin		anloyees that each a			· · · · · · · · · · · · · · · · · · ·
Part IV List of Officers, Directors	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plai deferred compensa	ns and	and other allowances
		•			
SEE STATEMENT 3		0.		0.	0.
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BAA					Form 990-EZ (2009)
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	art V' Other Information (Note the statement requirements in the instrs for Part V.) SEE ST.	ATEMI		4
3	3 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		Yes	No
34	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33		X
3	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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	36		Х
37	7a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.	1 1		•••
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	Ba 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 period covered by this return?	38a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A			
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 39b N/A		1	
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
		İ	1	
	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 is it 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	40ь		Х
	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 ▶ 0.	1		
	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	40 e		Х
41	List the states with which a copy of this return is filed NY			
42	a The organization's books are in care of ► TAXPAYER Located at ► 373 MAPLE AVENUE, WESTBURY, NY ZIP + 4 ► 11590			
١	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)?	42b		No X
	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 a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu of Form 1041 — Check here	-	Пм	/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		_	/A
		Г		No.
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
AF.	<u></u>	44		<u>X</u>
45 	Form 990 must be completed instead of Form 990-EZ	45		<u>X</u>
AA	TEFA0812 01/30/10 Fort	n 990-F	·z (20	KO91

orm 990-F7 (2009)	MARTA	SS	DELL-ASSUNTA,	TNC

Part VI

Page 4

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. No Yes 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 X 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Х Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b 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. (d) Contributions to employe benefit plans and deferred compensation (e) Expense account and other allowances (b) Title and average (c) Compensation (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position NONE f Total number of other employees paid over \$100,000 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 NONE d Total number of other independent contractors each receiving over \$100,000 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 of officer Here PRESTAGA Type or print name and title Preparer's Identifying Number (See instructions) Date Check if Paid Preparer's CARRILLS signature 5/06/10 P00922078 employed Pre-SHEEHAN & COMPANY, PC CPA. Firm's name (or parer's yours if self employed), address, and ZIP + 4 PO BOX 391 13-2709344 Use FIN Only 883-5510 PORT WASHINGTON, NY 11050 Phone no (516)May the IRS discuss this return with the preparer shown above? See instructions ► X Yes No Form 990-EZ (2009) BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name	of the organization					<u> </u>		Employ	er identific	ation number	
MAF	MARIA SS DELL-ASSUNTA, INC. 11-2507361										
Par	t Reason for Pu	ublic Charity Stat	us (All organization	s muş	t comp	lete th	nis par	t.) See	<u>ınstru</u>	ictions	
The	organization is not a pri	vate foundation beca	use it is. (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1	A church, convent	ion of churches or as:	sociation of churches des	cribed i	n sectio	n 1 <mark>70(</mark> b)	(1)(A)(i)				
2	A school described	d in section 170(b)(1)(A)(ii). (Attach Schedule I	E.)							
3	A hospital or coop	erative hospital service	e organization described	ın secti	ion 1 70 (l)(1)(A)(iii).				
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's										
	name, city, and st	•	•	-						•	
5	An organization of 170(b)(1)(A)(iv). (0	perated for the benefit Complete Part II)	of a college or university			_		nmental	unit des	cribed in sect	ion
6 7	An organization th		governmental unit descri i substantial part of its su art II.)					or from	the gen	eral public des	scribed
8	A community trust	described in section	1 70(b)(1)(A)(vi). (Complet	te Part I	F)						
9	from activities rela investment income	ted to its exempt fund	(1) more than 33-1/3 % o tions — subject to certain ess taxable income (less omplete Part III)	except	ions, and	d (2) no	more th	1an 33-1	/3 % of ı	ts support fror	m gross
10	An organization or	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	509(a)(4).			
11	more publicly supp	orted organizations of of supporting organiz	exclusively for the benef described in section 509(a zation and complete lines	a)(1) or : 11e thr	section 5 ough 11	509(a)(2) h). See s	f, or car section 5	ry out the 5 09(a)(3) .	e purposes of Check the bo	one or ox that
	a Type I	b ∐Type II	c Type II	II — Fun	ctionally	ıntegra	ted		d 📙	Type III— O	her
е	By checking this be than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not controlli n one or more publicly su	ed direc upportec	tly or ind I organiz	lirectly to ations o	y one o lescribe	or more d in sec	disqualifi tion 509(ied persons o (a)(1) or sectio	ther in
f	If the organization check this box	received a written det	ermination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	rganization,	
g	Since August 17, 2	006, has the organiza	tion accepted any gift or	contrib	ution fro	m any o	f the fo	llowing p	oersons?	_	
										Y	es No
	(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or t upported organization?	ogether	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)	İ
	_	ber of a person desc								11 g (ii)	
	• •	•	described in (i) or (ii) ab	ove?						11 g (iii)	
h			he supported organization							<u> </u>	
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organiza (i) liste	Is the tion in col d in your erning ment?	the organ	ou notify in (i) of upport?	organizat	Is the sion in column the S ?	(vii) Amount of	Support
				Yes	No	Yes	No	Yes	No		
								1			
							ļ				
					ļ						
											
Total											

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Schedule A (Form 990 or 990-EZ) 2009

MARIA SS DELL-ASSUNTA, INC. 11-2507361 Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (d) 2008 (e) 2009 (c) 2007 (f) Total beginning in) > Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 (c) 2007 (d) 2008 Calendar year (or fiscal yr beginning in) ► **(b)** 2006 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 39,682 42,608 28,629 42,986 49,223 203,128. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. purpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0. 39,682 42,608 28,629 42,986 49,223. 203,128. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified 0 0 0 0 0 0. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0 0. year 0. 0 0 0 0 0 c Add lines 7a and 7b 8 Public support (Subtract line 203,128. 7c from line 6.) Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) (f) Total 39,682. 42,986 203,128. 42,608 28,629 49,223 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 39 3,191 3,090 4,398 5,753 16,471. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0. 4,398 39 3,191 3,090 5,753 16,471. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV 21,058 21,058. 240,657. 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 84.4% 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 86.1% 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 6.8% Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 4.2% 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not X more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization -

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

2009 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

MARIA SS DELL-ASSUNTA, INC.

11-2507361

PART III, I	LINE 12 -	OTHER	INCOME
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NATURE AND SOURCE 2009 2008 2007 2006 2005

ANNUITY EARNINGS

21,058. 21,058. TOTAL \$ 0. \$ 0. \$ 0. \$

2009	FEDERAL STATEMENTS	PAGE 1
, 	MARIA SS DELL-ASSUNTA, INC.	 11-250736
STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNT	S PAID	
CLASS OF ACTIVITY: DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	DONATION ST. BRIGIDS RC CHURCH & SCHOOL NONE	\$ 10,269.
CLASS OF ACTIVITY: DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	DONATION OTHER LOCAL CHARITIES NONE	\$ 1,405.
CLASS OF ACTIVITY: DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	DONATION WESTBURY MEMORIAL DAY NONE	\$ 330.
CLASS OF ACTIVITY: DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	DONATION ST. ANTHONY SOCIETY NONE	\$ 200.
CLASS OF ACTIVITY: DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	DONATION DURAZZANO SOCIETY & DONATELLO LODGE NONE	\$ 535.

STATEMENT 2 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CLASS OF ACTIVITY: DONEE'S NAME:

CASH AMOUNT GIVEN:

CLASS OF ACTIVITY:

CASH AMOUNT GIVEN:

DONEE'S NAME:

RELATIONSHIP OF DONEE:

RELATIONSHIP OF DONEE:

TO STRENGTHEN & AFFIRM FAITH TOWARD THE HOLY ROMAN CATHOLIC CHURCH & TO PROMOTE & MAINTAIN ITALIAN RELIGIOUS & CULTURAL TRADITIONS EXCLUSIVELY THROUGH RELIGIOUS, CHARITABLE & EDUCATIONAL ACTIVITIES.

DONATION

DONATION

NONE

NONE

SENIOR CITIZENS ASSOC

ITALIAN EARTH QUAKE FUND

100.

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FEDERAL STATEMENTS

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MARIA SS DELL-ASSUNTA, INC.

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STATEMENT 3 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
JOSEPH R. PISCITELLI, P.P.	PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
,	Ü			
JOSEPHINE M. ROMANO	1ST VICE PRESID	0.	0.	0.
,	U			
CARMINE PETTI	2ND VICE PRES.	0.	0.	0.
,	0			
THOMAS M. MARINO	TREASURER	0.	0.	0.
,	0			
MARYANN DIGUISEPPI	FIN. SECRETARY	0.	0.	0.
,	0			}
PEARL GENZALE	REC. SECRETARY	0.	0.	0.
,	0			
JOSEPHINE (CANEVARI) REGAN, P.P		0.	0.	0.
,	0			
JOSEPH N. PASCARELLA, P.P.		0.	0.	0.
,	0			
THERESA A. ALOISIO, P.P.	TRUSTEE	0.	0.	0.
,	0			
EMILIO CARDINALI	TRUSTEE	0.	0.	0.
,	0			
ANNA PANCOTTI	TRUSTEE	0.	0.	0.
,	0			
ANTHONY D'URSO	TRUSTEE	0.	0.	0.
,	0			

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FEDERAL STATEMENTS

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MARIA SS DELL-ASSUNTA, INC.

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STATEMENT 3 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ANTHONY POSILLICO	TRUSTEE 0	\$ 0.	\$ 0.	\$ 0.
,	· ·			
RINALDO R. ALOISIO, P.P.	DIRECTOR 0	0.	0.	0.
,	· ·			
DOMENICO BUFFOLINO	DIRECTOR 0	0.	0.	0.
,	O .			
DOMINICK M. JULIANO	DIRECTOR 0	0.	0.	0.
,	0			
THERESA GATTO	DIRECTOR 0	0.	0.	0.
,	0			
JACKIE PETTI	DIRECTOR 0	0.	0.	0.
,	Ü			
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 4 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO
INDIRECTLI, ON A PERSONAL BENEFIT CONTRACT:	140