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Form **990**Department of the Treasury
Internal Revenue Service**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)

OMB No 1545-0047

2008Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE		D Employer identification number 23-1523015
		Doing Business As		E Telephone number (202) 547-2900
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 219 E STREET, N.E.		G Gross receipts \$ 1,006,465.
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20002		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		F Name and address of principal officer: PHILIP PICCIGALLO SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (8) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation 1905 M State of legal domicile DC				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FATERNAL ORGANIZATION-PROMOTE AND CONDUCT HUMANITARIAN WORKS AND CULTURE, GOVERN AND UNITE THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	62
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	62
	5 Total number of employees (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,367.	1,216.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	915,864.	957,360.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,103.	1,507.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,310.	38,095.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	950,644.	998,178.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	85,365.	81,748.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	280,331.	278,220.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,432.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	586,369.	611,472.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	952,065.	971,440.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,421.	26,738.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	406,136.	508,459.
	22 Net assets or fund balances. Subtract line 21 from line 20	179,236.	257,104.
		226,900.	251,355.

Part II Signature Block

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.			
	Signature of officer: <i>Philip R. Piccigallo</i> PHILIP PICCIGALLO, EXEC. DIRECTOR Type or print name and title		Date: 8-4-2010	
Paid Preparer's Use Only	Preparer's signature: <i>James Drake CPA</i>	Date: 07/29/10	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4: NADEN/DEAN, LLC 1966 GREENSPRING DRIVE, SUITE 405 TIMONIUM, MD 21093-4139		EIN ▶	Phone no ▶ (410) 453-5500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

FATERNAL ORGANIZATION-PROMOTE AND CONDUCT HUMANITARIAN WORKS AND
CULTURE, GOVERN AND UNITE THE STATE AND LOCAL LODGES

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 exempt purpose achievements for each of the organization's three largest program services 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 \$ 167,154. including grants of \$) (Revenue \$)
"ITALIAN AMERICA" - ORGANIZATION'S NATIONAL MAGAZINE

4b (Code:) (Expenses \$ 485,013. including grants of \$) (Revenue \$)
NATIONAL BYLAWS AND ORGANIZATION OF LOCAL LODGES, NATIONAL CONVENTION

4c (Code:) (Expenses \$ 81,748. including grants of \$ 81,748.) (Revenue \$)
CHARITABLE & EDUCATIONAL PROGRAMS

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 4,173. including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 738,088. (Must equal Part IX, Line 25, column (B).)

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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)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	62	
b Enter the number of voting members that are independent	62	
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or 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	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
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?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **DC, NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PHILIP R. PICCIGALLO, PHD, EXEC DIR - (202)547-2900**
ABOVE ADDRESS 20002-4922

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

[illegible]

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								141,696.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,216.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1,216.			
Program Service Revenue	2 a LODGE MEMBERSHIP DUES	Business Code 900099		957,360.	957,360.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			957,360.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,507.			1,507.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			33,544.		33,544.	
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	12,838.				
	b Less: cost of goods sold	b	8,287.				
c Net income or (loss) from sales of inventory			4,551.	4,551.			
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e				998,178.	961,911.	0.	35,051.

832009
02-02-09

Form **990** (2008)

**ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE**

Form 990 (2008)

23-1523015 Page 10

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).

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 U.S. See Part IV, line 21	81,748.	81,748.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	141,696.	113,357.	28,339.	
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	107,769.	83,165.	24,604.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,941.	7,853.	2,088.	
9 Other employee benefits				
10 Payroll taxes	18,814.	14,863.	3,951.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	32,313.		32,313.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	900.		900.	
13 Office expenses	10,153.	8,021.	2,132.	
14 Information technology				
15 Royalties				
16 Occupancy	48,000.		48,000.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,386.	73,386.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,348.		3,348.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a "ITALIAN AMERICA" MAGAZ	167,154.	167,154.		
b PROFESSIONAL FEES/ CONS	80,289.	75,605.	4,684.	
c INSURANCE	46,808.	36,978.	9,830.	
d WEB SITE EXPENSES	30,798.	30,798.		
e DISPOSAL OBSOLETE MERCH	26,634.		26,634.	
f All other expenses	91,689.	45,160.	43,097.	3,432.
25 Total functional expenses. Add lines 1 through 24f	971,440.	738,088.	229,920.	3,432.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE**

Form 990 (2008)

23-1523015 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	58,356.	2	151,429.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	208,984.	4	240,424.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	56,378.	8	24,385.
	9 Prepaid expenses and deferred charges	11,087.	9	14,309.
	10a Land, buildings, and equipment: cost basis	251,096.		
	10b Less: accumulated depreciation. Complete Part VI of Schedule D	244,442.		
	10c	8,739.		6,654.
	11 Investments - publicly traded securities	62,592.	11	60,986.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	0.	15	10,272.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	406,136.	16	508,459.	
Liabilities	17 Accounts payable and accrued expenses	58,752.	17	239,487.
	18 Grants payable		18	
	19 Deferred revenue	25,695.	19	14,584.
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	94,789.	25	3,033.
	26 Total liabilities. Add lines 17 through 25	179,236.	26	257,104.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	226,900.	27	251,355.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input 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		32	
	33 Total net assets or fund balances	226,900.	33	251,355.
	34 Total liabilities and net assets/fund balances	406,136.	34	508,459.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

Yes No

2a		X
2b	X	
2c	X	
3a		X
3b		

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE**

Employer identification number
23-1523015

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

- 3 Using the organization's 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 Trust, 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 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 Investment earnings or 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 year end balance held as:
- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		251,096.	244,442.	6,654.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,654.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	998,178.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	971,440.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	26,738.
4	Net unrealized gains (losses) on investments	4	-2,283.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-2,283.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	24,455.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	995,895.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-2,283.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-2,283.
3	Subtract line 2e from line 1	3	998,178.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	998,178.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	971,440.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	971,440.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	971,440.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART X: THE FINANCIAL ACCOUNTING STANDARDS BOPARD (FASB)

ISSUED FASB ACS 740-10 (FORMERLY FASB INTERPERTATION NO. (FIN) 48)

"ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES", AN INTERPERTATION OF FASB

STATEMENT NO. 109 THAT CLARIFIES THE ACCOUNTING AND RECOGIITION FOR INCOME

TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORDER SONS OF ITALY IN

AMERICA - SUPREME LODGE'S (OSIA) INCOME TAX RETURNS. THE OSIA HAS ADOBTED

THIS STANDARD. THE OSIA'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY THE

INTERNAL REVENUE SERRVICE. OPEN AUDIT PERIODS ARE THE FICCAL YEARS ENDING

ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE

Schedule D (Form 990) 2008

23-1523015 Page 5

Part XIV Supplemental Information (continued)

SEPTEMBER 30, 2006, 2007, 2008 AND 2009. THE ADOPTION OF FASB ACS 740-10
HAD NO MATERIAL EFFECT ON THE FINANCIAL STATEMENT FOR THE YEAR ENDED
SEPTEMBER 30, 2009.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization **ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE**

Employer identification number	23-1523015
--------------------------------	------------

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
---------------	---

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule G (Form 990 or 990-EZ) 2008

ORDER SONS OF ITALY IN AMERICA -

Schedule G (Form 990 or 990-EZ) 2008

SUPREME LODGE

23-1523015 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		ITALY TRAVEL PROGRAM (event type)	(event type)	4 (total number)	
Revenue	1 Gross receipts	21,300.		12,244.	33,544.
	2 Less: Charitable contributions	0.		0.	
	3 Gross revenue (line 1 minus line 2)	21,300.		12,244.	33,544.
Direct Expenses	4 Cash prizes	0.		0.	
	5 Non-cash prizes	0.		0.	
	6 Rent/facility costs	0.		0.	
	7 Other direct expenses	0.		0.	
	8 Direct expense summary. Add lines 4 through 7 in column (d)				()
	9 Net income summary. Combine lines 3 and 8 in column (d)				33,544.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

Schedule G (Form 990 or 990-EZ) 2008

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

Name of the organization	ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE	Employer identification number	23-1523015
--------------------------	--	--------------------------------	------------

- | Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------|---|--------------------------|-------------------------------------|
| | | | |

2	Enter total number of section 501(c)(3) and government organizations	1.
3	Enter total number of other organizations	0.

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

[illegible]

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
----------------	--

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE

Employer identification number
23-1523015

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STATE AND LOCAL LODGES

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

STUDENT EDUCATIONAL SUMMIT / SPECIAL EVENTS

EXPENSES \$ 4173. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATIONS'S EXECUTIVE BOARD PRIOR TO FILING. THE EXECUTIVE BOARD EXECUTIVE BOARD RECEIVES COPIES OF THE FINANCIAL STATEMENTS, FORM 990 AND DETAIL REPORTS OF REVENUES AND EXPENSES FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE EXECUTIVE BOARD.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST. COPY OR ELECTRONIC FILE OF FORM 990 IS AVAILABLE AT THE OFFICE DURING REGULAR BUSINESS HOURS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST. COPY OR ELECTRONIC FILE OF FORM 990 IS AVAILABLE AT THE OFFICE DURING REGULAR BUSINESS HOURS.

FORM 990, PART XI, 2

FINANCE COMMITTEE - OVERSIGHT OF AUDITORS AND AUDITED FINANCIAL STATEMENT

THE FOUNDATION HAS A BUDGET AND FINANCE COMMITTEE THAT IS RESPONSIBLE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE

Employer identification number
23-1523015

FOR THE OVERSIGHT OF THE AUDITED FINANCIAL STATEMENT AND SELECTION OF
AUDITOR. THE FINANCE COMMITTEE'S REPORT AND SELECTION OF AUDITOR ARE
APPROVED BY THE GOVERNING BOARD.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGEEmployer identification number
23-1523015**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SONS OF ITALY FOUNDATION - 23-6276526 219 E ST NE WASHINGTON, DC 20002	SUPPORT EDUCATIONAL, MEDICAL RESEARCH AND CHARITABLE PROGRAMS	DISTRICT OF COLUMBIA	501(C)(3)	170(B)(1)(A)(VIN/A)	
COMMISSION FOR SOCIAL JUSTICE - 23-1928638 219 E ST NE WASHINGTON, DC 20002	EDUCATE TO STOP PREJUDICE & DISCRIMINATION	DISTRICT OF COLUMBIA	501(C)(3)	170(B)(1)(A)(VIN/A)	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

ORDER SONS OF ITALY IN AMERICA -

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) SONS OF ITALY FOUNDATION-SHARED OFFICE-RENT PAID	J	48,000.
(2) SONS OF ITALY FOUNDATION-SHARED EMPLOYEES REIMBURSED COSTS PAYROLL & TAXES	N	165,614.
(3) COMMISSION FOR SOCIAL JUSTICE-SHARED EMPLOYEES REIMB COST PAYROLL & TAX	N	16,832.
(4)		
(5)		
(6)		

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE

SUPPORTING INFORMATION

2008 FORM 990 - YEAR ENDED SEPTEMBER 30, 2009

PART VII - OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES SUBORDINATE AND STATE GRAND LODGES - 09/01/09 - 08/31/11

<u>TITLE</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>
National President	Di Trapani	Joseph
National 1st Vice President	Baratta	Anthony J.
National 2nd Vice President	Caria	Kevin A.
National 3rd Vice President	Longo	Daniel J
National 4th Vice President	Spaziani	Anthony F.M.
National 5th Vice President	Girolami	Vera
Nat'l Immed Past President 07-09	Affinito	Alfred A.
National Orator	Dettore, JR	Raymond
National Recording Secretary	Robak	Rita L. Maletta
National Financial Secretary	Panessa	Frank J.
National Treasurer	Quinn	Nancy Di Fiore
National Historian	Fumosa	Sam
National Chaplain	Forno	Rev. R. Adam
Nat'l Past President 05-07	Sarno	Vincent
Nat'l Past President 03-05	Sciame	Joseph
Nat'l Past President 01-03	Messa	Robert A.
Nat'l Past President 99-01	Boncore	Philip R.
Nat'l Past President 97-99	De Santis	Frank J.
Nat'l Past President 95-97	Polo	Paul S.
Nat'l Past President 93-95	Strollo	Joanne L.
Nat'l Past President 91-93	Zuzolo	Peter R.
Nat'l Past President 89-90	Riccelli, Sr.	Albert J.
Nat'l Past President 87-89	Avara	S. Joseph
Nat'l Past President 77-81	Montemuro, Jr.	Frank J.
Nat'l Past President 75-77	Spatuzza	John G.
Nat'l Past President 73-75	Gay	Peter B.
Nat'l Past President 61-65	Ottaviano, Jr.	John
CSJ President	Haemmerle	Santina
OSIC National President	Cumbo	Josie
National Executive Director	Piccigallo	Philip R.
Editor of OSIA Publications	De Sanctis	Dona
Office Manager	Beach	Andrea K
Director Of Development	Crespy	Diane E.
Program Assistant	Milner	Zac
Administrative Assistant	Petrine	Amy
National Trustee-NY	Principe-O'Neill	Maryann
National Trustee-PA	Turco	Vincent A.
National Trustee-PA	Cerato	Sam
National Trustee-NJ	Sconyo	Philip R.
National Trustee-FL	D'Alessandro	Salvatore
National Trustee-CT	Carlozzi, Jr.	Carlo
National Trustee-MA	Robak	Walter "Sonny"
National Trustee-MA	DePinto	John F.

ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE

SUPPORTING INFORMATION

2008 FORM 990 - YEAR ENDED SEPTEMBER 30, 2009

PART VII - OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES SUBORDINATE AND STATE GRAND LODGES - 09/01/09 - 08/31/11

<u>TITLE</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>
National Trustee-RI	Restivo	Edmund
National Trustee-MD	Cipriotti	Frances A.
National Trustee-CA	LaBanca	Joeeph
National Trustee-OH	Franchina	Francesca
National Trustee-NY	Ment	Michele
National Trustee-NW	Palazzo	Marlene
State President-AZ	Protocollo	John
State President-CA	Pagnati	Maria Fassio
State President-CO	Carochi	John
State President-CT	Garofalo	Marc
State President-DE	Facciolo	Joseph
State President-FL	Mottola, Jr.	Edward
State President-IL	Della Croce	Richard R.
State President-MA	DiStefano	James
State President-MD	Zaccaria	Vincent A.
State President-MI	Graham	Ronald
State President-NE	Turco	Charles
State President-NJ	Bergbauer, Jr.	Thomas A.
State President-NW	Scillo	Diane
State President-NY	Lanzilotta	Salvatore
State President-OH	Siebieda	Larry
State President-PA	Foradora	Hon. John
State President-RI	Fratus	Jopseph
State President-VA	Siebeking	Marie F.
State President-WV	Ameli, Jr.	Nick

ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE

SUPPORTING INFORMATION

2008 FORM 990 - YEAR ENDED SEPTEMBER 30, 2009

PART VII - OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES SUBORDINATE AND STATE GRAND LODGES - 09/01/07 - 08/31/09

<u>TITLE</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>
National President	Affinito	Alfred A.
National 1st Vice President	Di Trapani	Joseph
National 2nd Vice President	Bucci	William D.
National 3rd Vice President	Berlandi	Dorothy
National 4th Vice President	Longo	Daniel J.
National 5th Vice President	Spaziani	Anthony F M.
Nat'l Immed Past President 05-07	Sarno	Vincent
National Orator	Recchuiti	Francis
National Recording Secretary	Bello	Carmelita
National Financial Secretary	Vuono	Gennaro R.
National Treasurer	Ambrosio	Louis
National Historian	Dettore, JR	Raymond
Nat'l Past President 03-05	Sciame	Joseph
Nat'l Past President 01-03	Messa	Robert A.
Nat'l Past President 99-01	Boncore	Philip R.
Nat'l Past President 97-99	De Santis	Frank J.
Nat'l Past President 95-97	Polo	Paul S.
Nat'l Past President 93-95	Strollo	Joanne L.
Nat'l Past President 91-93	Zuzolo	Peter R.
Nat'l Past President 89-90	Riccelli, Sr.	Albert J.
Nat'l Past President 87-89	Avara	S. Joseph
Nat'l Past President 77-81	Montemuro, Jr.	Frank J.
Nat'l Past President 75-77	Spatuzza	John G.
Nat'l Past President 73-75	Gay	Peter B.
Nat'l Past President 61-65	Ottaviano, Jr.	John
CSJ President	Baratta	Anthony J
OSIC National President	Forcucci	Fernando
National Executive Director	Piccigallo	Philip R.
Deputy Executive Director	De Sanctis	Dona
Office Manager	Beach	Andrea K.
Communications Manager	Cafiero	Kylie M.
Executive Assistant	Cacciato	Sylvia F.
Administrative Assistant	O'Rourke	Margaret
National Trustee-NY	Colantone	Dan
National Trustee-PA	Camel	Edwin
National Trustee-PA	Foradora	John
National Trustee-NJ	Rotonda	Anna Marie
National Trustee-FL	D'Alessandro	Salvatore
National Trustee-CO	Ciancio	Joseph
National Trustee-PA	Villella	Mark A.
National Trustee-MA	Cozzaglio	Stephen A.
National Trustee-MA	DePinto	John F.
National Trustee-RI	Guglielmino	Ralph

ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE

SUPPORTING INFORMATION

2008 FORM 990 - YEAR ENDED SEPTEMBER 30, 2009

PART VII - OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES SUBORDINATE AND STATE GRAND LODGES - 09/01/07 - 08/31/09

<u>TITLE</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>
National Trustee-MD	Cipriott	Frances A.
National Trustee-MI	Fabiano	Linda
National Trustee-CA	Prisco	David A.
National Trustee-NW	Santell	Dorothy
National Trustee-OH	Soldano	John M.
National Trustee-NY	Dabbene	John
State President-AZ	Squires	Edwin
State President-CA	La Banca	Joseph
State President-CO	Carochi	John
State President-CT	Carlozzi, Jr.	Carlo
State President-DE	DeMora	Sam
State President-FL	Cositore	Daniel
State President-IL	Della Croce	Richard R
State President-MA	Kane	Florence Ferullo
State President-MD	Panessa	Frank
State President-MI	Luke	Gerald
State President-NE	Turco	Charles
State President-NJ	Bergbauer, Jr.	Thomas A.
State President-NW	Scillo	Diane
State President-NY	Quinn	Nancy Di Fiore
State President-OH	Siebiesa	Larry
State President-PA	Turco	Vincent A.
State President-RI	Restivo	Edmund
State President-VA	Nunnenkamp	Josephine V.
State President-WV	Ameli	Jeanne

FEDERAL ID #
23-1523015

ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE
2008 FORM 990 - PARTS X & SCHEDULE D PART IV
09/30/09

ASSET	METHOD LIFE	COST 09/30/08	COST 09/30/09	ACCUM. DEP. 09/30/08	DEPREC. 10/1/08-9/30/09	ACCUM. DEP. 09/30/09
TELEPHONES	S/L 7 YRS	7,685	7,685	7,685	0	7,685
COMPUTERS	S/L 5 YRS	104,122	105,385	98,898	2,386	101,284
EQUIPMENT	S/L 7 YRS	67,140	67,140	65,246	541	65,787
FURNITURE	S/L 7 YRS	70,886	70,886	69,265	421	69,686
TOTALS		249,833	251,096	241,094	3,348	244,442