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OMB No 1545-0047

2010

Open to Public
Inspection

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)

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

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

B Check if applicable

 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending
C Name of organization
ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)
219 E STREET, N.E.

D Employer identification number

23-1523015

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20002

Room/suite

F Name and address of principal officer. PHILIP PICCIGALLO
SAME AS C ABOVE

E Telephone number

(202) 547-2900

G Gross receipts \$ 1,137,522.

I Tax-exempt status: 501(c)(3) 501(c)(8) (insert no.) 4947(a)(1) or 527H(a) Is this a group return
for affiliates? Yes No

J Website: ► OSIA.ORG

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

K Form of organization: Corporation Trust Association 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 net 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 individuals employed in calendar year 2010 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	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)	6,837.	672.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	995,448.	1,038,502.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,417.	1,183.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,675.	62,276.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,085,377.	1,102,633.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	77,911.	100,383.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	383,089.	388,107.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	539,342.	609,367.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,000,342.	1,097,857.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12, OSIA, UT	85,035.	4,776.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	436,011.	616,425.
	22 Net assets or fund balances Subtract line 21 from line 20	93,723.	271,285.
		342,288.	345,140.

Part II Signature Block

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

Sign Here	► Signature of officer	<i>Philip Piccigallo</i>	Date
	► PHILIP PICCIGALLO, NATIONAL EXECUTIVE DIRECTOR		
	► Type or print name and title		

Paid Preparer	Print/Type preparer's name PAUL J. DRAKE	Preparer's signature <i>Paul J. Drake</i>	Date 08/09/12	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► NADEN/LEAN, LLC			Firm's EIN ►	
Use Only	Firm's address ► 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030				Phone no. (410) 453-5500
					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

X

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 \$ 94,028. including grants of \$) (Revenue \$)
"ITALIAN AMERICA" - ORGANIZATION'S NATIONAL MAGAZINE

4b (Code.) (Expenses \$ 700,516. including grants of \$) (Revenue \$)
NATIONAL BYLAWS AND ORGANIZATION OF LOCAL LODGES, NATIONAL CONVENTION

4c (Code: _____) (Expenses \$ 100,383. including grants of \$ 100,383.) (Revenue \$ _____)
CHARITABLE & EDUCATIONAL PROGRAMS

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

(Expenses \$ 1,991. including grants of \$) (Revenue \$

) (Revenue \$

4e Total program service expenses ► 896,918.

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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
 - b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*
 - c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*
 - b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20a Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*
 - b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1		X
2		X
3		X
4		
5		
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f	X	
12a	X	
12b		X
13		X
14a	X	
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	7
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a	6
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b 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)?	4a	X
b If "Yes," enter the name of the foreign country ►		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b 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).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter.		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	62
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	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 governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant 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
7b	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:		
8a	a The governing body?	8a	X
8b	b Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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?		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
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	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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, EXEC DIR - (202) 547-2900
	219 E STREET, NE, WASHINGTON, DC 20002-4922

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

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

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

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

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

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

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

(A) **1** (B) **2** (C) **3** (D) **4** (E) **5** (F) **6**

(A) (B) (C) (D) (E) (F)

Name and Title	Average hours per week (describe hours for related organizations in Schedule)	Position (check all that apply)					Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Individual trustee	Officer	Employee	Highest compensated employee	Former			

PHILIP R. PICCIGALLO, PhD
NATIONAL EXEC DIRECTOR 35.00 X X 148,021. 0. 0.

SEE LIST OF OFFICERS
VARIOUS 1.00 X X 0. 0. 0.

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

		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>	3	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>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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**

Form 990 (2010)

ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE

Form 990 (2010)

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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	672.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		672.			
Program Service Revenue	2 a LODGE MEMBERSHIP DUES	Business Code 900099	1,038,502.	1,038,502.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,038,502.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,183.		1,183.	
	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 33,572.				
b Less: direct expenses	b 9,639.					
c Net income or (loss) from fundraising events		23,933.			23,933.	
9 a Gross income from gaming activities. See Part IV, line 19	a 52,510.					
b Less: direct expenses	b 19,194.					
c Net income or (loss) from gaming activities		33,316.			33,316.	
10 a Gross sales of inventory, less returns and allowances	a 11,083.					
b Less: cost of goods sold	b 6,056.					
c Net income or (loss) from sales of inventory		5,027.	5,027.			
Miscellaneous Revenue	Business Code					
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,102,633.	1,043,529.	0.	58,432.	

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

Form 990 (2010)

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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	100,383.	100,383.		
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	148,021.	118,417.	29,604.	
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	203,652.	181,443.	22,209.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,513.	9,786.	1,727.	
9 Other employee benefits				
10 Payroll taxes	24,921.	21,183.	3,738.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	45,038.		45,038.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	906.		906.	
13 Office expenses	9,192.	7,813.	1,379.	
14 Information technology				
15 Royalties				
16 Occupancy	60,000.		60,000.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	212,447.	212,447.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,308.		2,308.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a "ITALIAN AMERICA" MAGAZ	94,028.	94,028.		
b PROFESSIONAL FEES/ CONS	79,810.	75,307.	4,503.	
c INSURANCE	35,504.	30,178.	5,326.	
d POSTAGE AND DELIVERY	13,865.	11,785.	2,080.	
e WEB SITE EXPENSES	9,887.	9,887.		
f All other expenses	46,382.	24,261.	22,121.	
25 Total functional expenses. Add lines 1 through 24f	1,097,857.	896,918.	200,939.	0.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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 (2010)

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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	93,221.	2	145,895.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	234,603.	4	258,821.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	25,264.	8	47,395.
	9 Prepaid expenses and deferred charges	8,641.	9	24,937.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 255,220.		
	b Less accumulated depreciation	10b 249,684.	6,063.	10c 5,536.
	11 Investments - publicly traded securities		68,219.	11 67,334.
	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 66,507.
	16 Total assets. Add lines 1 through 15 (must equal line 34)		436,011.	16 616,425.
Liabilities	17 Accounts payable and accrued expenses		44,788.	17 240,421.
	18 Grants payable			18
	19 Deferred revenue		24,223.	19 27,786.
	20 Tax-exempt bond liabilities			20
	21 Escrow or custodial account liability Complete Part IV of Schedule D			21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties			23
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities Complete Part X of Schedule D		24,712.	25 3,078.
	26 Total liabilities. Add lines 17 through 25		93,723.	26 271,285.
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	342,288.	27	345,140.
	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	342,288.	33	345,140.
	34 Total liabilities and net assets/fund balances	436,011.	34	616,425.

Form 990 (2010)

ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE

Form 990 (2010)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1,102,633.
2	Total expenses (must equal Part IX, column (A), line 25)	1,097,857.
3	Revenue less expenses Subtract line 2 from line 1	4,776.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	342,288.
5	Other changes in net assets or fund balances (explain in Schedule O)	-1,924.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	345,140.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990. Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

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 line 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.
 Separate basis Consolidated basis Both consolidated and separate basis

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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		

Form 990 (2010)

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010Open to Public
InspectionName 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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes 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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), 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.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

ORDER SONS OF ITALY IN AMERICA -

Schedule D (Form 990) 2010

SUPREME LODGE

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

2 Provide the estimated percentage of the 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:

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		255,220.	249,684.	5,536.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 5,536.

Schedule D (Form 990) 2010

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

Schedule D (Form 990) 2010

23-1523015 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM OTHER OSIA RELATED ENTITIES-SHARED COSTS	66,507.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►

66,507.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED PENSION - SIMPLE IRA	3,078.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►

3,078.

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

032053
12-20-10

Schedule D (Form 990) 2010

ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE

Schedule D (Form 990) 2010

23-1523015 Page 4

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

1	1,102,633.
2	1,097,857.
3	4,776.
4	-1,924.
5	
6	
7	
8	
9	-1,924.
10	2,852.

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

1	1,100,709.
2	
2a	-1,924.
2b	
2c	
2d	
2e	-1,924.
3	1,102,633.
4	
4a	
4b	
4c	0.
5	1,102,633.

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

1	1,097,857.
2	
2a	
2b	
2c	
2d	
2e	0.
3	1,097,857.
4	
4a	
4b	
4c	0.
5	1,097,857.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: 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 RECOGIIITION 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

Schedule D (Form 990) 2010

032054
12-20-10

Part XIV **Supplemental Information** (continued)

SEPTEMBER 30, 2008, 2009, 2010 AND 2011. THE ADOPTION OF FASB ACS 740-10

HAD NO MATERIAL EFFECT ON THE FINANCIAL STATEMENT FOR THE YEAR ENDED

SEPTEMBER 30, 2011.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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. Form 990-EZ filers are not required to complete this part.

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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?

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.

Total

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

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

Schedule G (Form 990 or 990-EZ) 2010

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

Revenue	(a) Event #1 ITALY TRAVEL PROGRAM (event type)	(b) Event #2 COOKBOOK (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
				3
1 Gross receipts	1,300.	17,137.	15,135.	33,572.
2 Less. Charitable contributions	0.	0.		
3 Gross income (line 1 minus line 2)	1,300.	17,137.	15,135.	33,572.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses		9,639.		9,639.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► (9,639)
11 Net income summary. Combine line 3, column (d), and line 10				► 23,933.

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

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
				52,510.
1 Gross revenue			52,510.	52,510.
2 Cash prizes			19,000.	19,000.
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses			194.	194.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				► (19,194)
8 Net gaming income summary Combine line 1, column d, and line 7				► 33,316.

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

Schedule G (Form 990 or 990-EZ) 2010

23-1523015 Page 3

11 Does the organization operate gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

a The organization's facility
b An outside facility

14 Enter 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? Yes No

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 of the third party:

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? Yes No

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

ORDER SONS OF ITALY IN AMERICA -
SUPREME LODGE

Schedule I (Form 990) (2010)

**Part III Grants and Other
Part III can be duplicated**

SUPREME LODGE

23-1523015 Page

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

(a) Type of grant or assistance
(b) Number of
(c) Amount of
(d) Amount of non-cash assistance
(e) Method of valuation
(f) Description of non-cash assistance

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Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

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 \$ 1,991. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS PROVIDED
TO THE ORGANIZATION'S EXECUTIVE BOARD PRIOR TO FILING. THE 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, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-1,924.

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

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service	Name of the organization	ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE
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Part

regarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Related Organizations Taxable as a Partner
(as a partnership during the tax year.)

Part III

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations taxable as corporations or trusts during the tax year.)

ORDER SONS OF ITALY IN AMERICA -
Schedule R (Form 990) 2010 SUPREME LODGE

23-1523015 Page:3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
SONS OF ITALY FOUNDATION- SHARED OFFICE-RENT PAID	J	60,000	COST OF SHARED EXPENSES
SONS OF ITALY FOUNDATION- SHARED EMPLOYEES	J	108,260	COST OF SHARED EXPENSES
(2) REIMBURSED COSTS PAYROLL & TAXES	N	17,551	COST OF SHARED EXPENSES
COMMISSION FOR SOCIAL JUSTICE- SHARED EMPLOYEES REIMB COST PAYROLL & TAX	N		
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of- year assets	(f) Disproportion- ate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
							Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

FEDERAL ID #
23-1523015

ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE
2010 FORM 990 - PARTS X & SCHEDULE D PART VI
09/30/11

ASSET	METHOD LIFE	COST 09/30/10	ACCUM. DEP. 09/30/10	DEPREC. 10/1/10-9/30/11	ACCUM. DEP. 09/30/11
<hr/>					
TELEPHONES	S/L 7 YRS	7,685	7,685	7,685	0
COMPUTERS	S/L 5 YRS	107,728	107,959	103,443	1,495
EQUIPMENT	S/L 7 YRS	67,140	68,093	66,214	422
FURNITURE	S/L 7 YRS	70,886	71,483	70,034	391
TOTALS		253,439	255,220	247,376	2,308
					249,684

ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE

SUPPORTING INFORMATION

2010 FORM 990 - YEAR ENDED SEPTEMBER 30, 2011

PART VII - OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES AND STATE GRAND LODGES - 09/01/11 - 08/31/13

<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	Russo	Joseph 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	Salvatore	Gambino
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 77-81	Montemuro, Jr	Frank J
Nat'l Past President 75-77	Spatuzza	John G
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
Social Media/Communications Assistant	Hayes	Krystyne
Administrative Assistant	Kelly	Laura
National Trustee-NY	Principe-O'Neill	Maryann
National Trustee-PA	Turco	Vincent A
National Trustee-PA	Cerato, Jr	Samuel
National Trustee-NJ	Sconyo	Philip R
National Trustee-FL	DeNunzio	Mark
National Trustee-CT	Carlozzi, Jr	Carlo
National Trustee-MA	Ferullo Kane	Florence
National Trustee-RI	Fratus	Joseph
National Trustee-MD	Lombardi-Riley	Anita
National Trustee-CA	LaBanca	Joeeph
National Trustee-OH	Franchina	Francesca

ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE

SUPPORTING INFORMATION

2010 FORM 990 - YEAR ENDED SEPTEMBER 30, 2011

PART VII - OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES AND STATE GRAND LODGES - 09/01/11 - 08/31/13

<u>TITLE</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>
National Trustee-NY	Lankewish	Bruce
National Trustee-NW	Palazzo	Marlene
State President-AZ	Protocollo	John
State President-CA	Pagnati	Maria Fassio
State President-CO	Salardino	Michael G
State President-CT	Polo	Michael S.
State President-DE	Facciolo	Joseph
State President-FL	Mottola, Jr	Edward
State President-IL / WI	Marsalli	Marie
State President-MA	DiStefano	James
State President-MD	Zaccaria	Vincent A
State President-MI	Graham	Ronald
State President-NE	Turco	Charles
State President-NJ	Santoro	Louis R
State President-NW	Bisceglia Anderson	Tony
State President-NY	Lupo	Thom A
State President-OH	Lattavo	Terry
State President-PA	Creedon	Michael P
State President-RI	Restivo	Jeanette
State President-VA	Siebeking	Marie F
State President-WV	Ameli, Jr	Nick

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE Number, street, and room or suite no. If a P.O. box, see instructions. 219 E STREET, N.E. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002	Employer identification number 23-1523015

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

PHILIP R. PICCIGALLO, EXEC DIR

- The books are in the care of ► **219 E STREET, NE - WASHINGTON, DC 20002-4922**
Telephone No ► **(202) 547-2900** FAX No. ► **(202) 546-8168**

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2012**.
 5 For calendar year _____, or other tax year beginning **OCT 1, 2010**, and ending **SEP 30, 2011**.
 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
 7 State in detail why you need the extension

ADDITIONAL TIME IN NEEDED TO GATHER THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► CPA

Date ►

Form 8868 (Rev. 1-2011)

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