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EXTENSION GRANTED UNTIL 11/15/13

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

2012

Open to Public
Inspection

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

SCANNED FEB 25 2014

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GRAND LODGE OF MARYLAND, ORDER SONS OF ITALY IN AMERICA, INC. (GROUP FILING) Doing Business As PO BOX 85		D Employer identification number 23-7297261
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 85 City, town, or post office, state, and ZIP code PERRY HALL, MD 21128		E Telephone number 410-668-6742
	F Name and address of principal officer: FRANCES CIPRIOTTI SAME AS C ABOVE		G Gross receipts \$ 242,295.
	I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(8) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	J Website: ► N/A		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(c) Group exemption number ► 2463 3610

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PROMOTE AND CELEBRATE AN APPRECIATION OF ITALIAN CULTURE AND HERITAGE THROUGH SOCIAL,		
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)		
4	Number of independent voting members of the governing body (Part VI, line 1b)		
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		
6	Total number of volunteers (estimate if necessary)		
7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34		
8	Contributions and grants (Part VIII, line 1h)	Prior Year 30,332.	Current Year 46,678.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	444.	6,582.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,666.	75,090.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	83,442.	128,350.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,698.	15,527.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,385.	8,161.
16a	Professional fundraising fees (Part IX, column (A)) REVENUE	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
17	Other expenses (Part IX, column (A), lines 1a-11d, 11f-24e)	95,560.	90,642.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	119,643.	114,330.
19	Revenue less expenses. Subtract line 18 from line 12	<36,201.	14,020.
Net Assets or Fund Balances	OGDEN.	Beginning of Current Year 309,472.	End of Year 323,492.
20	Total assets (Part X, line 16)	0.	0.
21	Total liabilities (Part X, line 26)	309,472.	323,492.
22	Net assets or fund balances. Subtract line 21 from line 20		

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	► <i>Fran Transparenti</i> COPY		Date 11-9-13
	Signature of officer FRAN TRANSPARENTI, TREASURER		
	Type or print name and title		
Paid Preparer	Print/Type preparer's name PAUL J. DRAKE	Preparer's signature PAUL J. DRAKE	Date 11/09/13
			Check <input type="checkbox"/> if self-employed
Use Only	Firm's name ► NADEN/LEAN, LLC	Firm's EIN ► 52-1134847	PTIN P00766061
	Firm's address ► 10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030	Phone no. (410)453-5500	

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

 Yes No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

FORM 990	LINE H(B) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN	STATEMENT 1
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NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
SONS OF ITALY IN AMERICA 2157 CLAUDE PROFILI (UNDER \$50K)	1202 FRAILEY WAY - BALTIMORE, MD 21205	52-6065534
SONS OF ITALY IN AMERICA 2221 LUIGI SCIALDONE (UNDER \$50K)	1403 BONNETT PLACE #E - BEL AIR, MD 21015	23-7297242
SONS OF ITALY IN AMERICA 2225 ANNAPOLIS (UNDER \$50K)	331 EDGEMERE DRIVE - ANNAPOLIS, MD 21401	23-7297259
SONS OF ITALY IN AMERICA 2236 DUNDALK (UNDER \$50K)	1114 ROSEDALE AVENUE - BALTIMORE, MD 21237	23-7297265
SONS OF ITALY IN AMERICA 2265 BELAIR ROAD (UNDER \$50K)	5229-A TRUMPS MILL ROAD - BALTIMORE, MD 21206	23-7297260
SONS OF ITALY IN AMERICA 2266 FORTH WEST (UNDER \$50K)	1618 PARKMAN AVENUE - BALTIMORE, MD 21230	23-7297269
SONS OF ITALY IN AMERICA 2286 LITTLE ITALY (OVER \$50K)	510 ANNESILE ROAD - BALTIMORE, MD 21212	23-7297271
SONS OF ITALY IN AMERICA 2288 MONTGOMERY COUNTY (UNDER \$50K)	5008 BUTTERNUT DRIVE - ROCKVILLE, MD 20853	23-7297244
SONS OF ITALY IN AMERICA 2292 TOWSON/DULANEY (UNDER \$50K)	1508 BRIAN ROAD - BALTIMORE, MD 21237	23-7297267
SONS OF ITALY IN AMERICA 2459 ANTONIO GATTO (UNDER \$50K)	15905 KERR ROAD - LAUREL, MD 20707	52-1629659
SONS OF ITALY IN AMERICA 2464 HARFORD COUNTY (UNDER \$50K)	1618 PRINDLE DRIVE - BEL AIR, MD 21015	52-1236805
SONS OF ITALY IN AMERICA 2474 OCEAN CITY (UNDER \$50K)	8 SANDY BRANCH DRIVE - SELBYVILLE, MD 19975	52-1456383
SONS OF ITALY IN AMERICA 2475 DOMINIC FORNARO (UNDER \$50K)	2 ST MICHAEL'S WAY - BALTIMORE, MD 21230	91-1954706
SONS OF ITALY IN AMERICA 2483 DELLA NOCE (UNDER \$50K)	1719 DREXEL ROAD - BALTIMORE, MD 21222	52-1240864
SONS OF ITALY IN AMERICA 2673 AMICI E FRATELLI (UNDER \$50K)	902 ZENITH DRIVE - FREELAND, MD 21053	91-1911099
SONS OF ITALY IN AMERICA 2862 ZACCARIA / SESTILI (UNDER \$50K)	8911 YVONNE AVE - BALTIMORE, MD 21236	90-0582768

- 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).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions GRAND LODGE OF MARYLAND, ORDER SONS OF ITALY IN AMERICA, INC. (GROUP FILING)	Employer identification number (EIN) or 23-7297261
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 85	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PERRY HALL, MD 21128	

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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	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.

STATE TREASURER

- The books are in the care of ► **PO BOX 85 - PERRY HALL, MD 21128**

Telephone No. ► **410-668-6742** FAX No. ►

- 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) **2463**. 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 **NOVEMBER 15, 2013**

5 For calendar year **2012**, or other tax year beginning _____, and ending _____.

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 IS 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 must be completed for Part II only.

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 ►

COPY

Form 8868 (Rev. 1-2013)