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EXTENSION GRANTED UNTIL 08/15/14

## Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury  
Internal Revenue ServiceUnder 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.

A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013

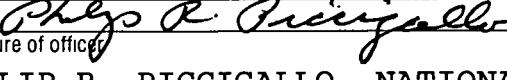
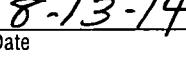
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) <b>219 E STREET, N.E.</b> Room/suite City, town, or post office, state, and ZIP code <b>WASHINGTON, DC 20002</b>		D Employer identification number <b>23-1523015</b>
			E Telephone number <b>(202) 547-2900</b>
			G Gross receipts \$ <b>993,531.</b>
			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
			H(c) Group exemption number ► <b>3610</b>
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			J Website: ► <b>OSIA.ORG</b>
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation: <b>1905</b> M State of legal domicile: <b>DC</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>FRATERNAL ORGANIZATION-PROMOTE AND CONDUCT HUMANITARIAN WORKS AND CULTURE, GOVERN AND UNITE THE</b>		
	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	63
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	63
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	7
	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)	51.	37,708.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,035,699.	927,431.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,186.	3,282.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,881.	15,956.
		1,087,817.	984,377.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	95,954.	62,747.
	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)	379,916.	427,719.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	510,920.	629,846.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	986,790.	1,120,312.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	101,027.	-135,935.	
19 Revenue less expenses. Subtract line 18 from line 12	101,027.	-135,935.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	501,775.	586,752.
	22 Net assets or fund balances Subtract line 21 from line 20	45,233.	257,277.
		456,542.	329,475.

## 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 <b>PHILIP R. PICCIGALLO, NATIONAL EXECUTIVE DIRECTOR</b>	Date <b>8-13-14</b>			
Preparer Use Only	Print/Type preparer's name <b>PAUL J. DRAKE</b>	Preparer's signature  <b>PAUL J. DRAKE CPT</b>	Date <b>08/12/14</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00766061</b>
	Firm's name <b>NADEN/LEAN, LLC</b>	Firm's EIN ► <b>52-1134847</b>			
	Firm's address ► <b>10626 YORK ROAD, SUITE H HUNT VALLEY, MD 21030</b>	Phone no. <b>(410) 453-5500</b>			

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

 Yes  No

### Part III Statement of Program Service Accomplishments

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

1

**1 Briefly describe the organization's mission:**

FRATERNAL 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?

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?**

If "Yes," describe these changes on Schedule Q

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$                    **100,011.** including grants of \$                    ) (Revenue \$                    )  
**"ITALIAN AMERICA" - ORGANIZATION'S NATIONAL MAGAZINE**

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4b (Code                   ) (Expenses \$                   695,143.  ) including grants of \$                   ) (Revenue \$                   )

## NATIONAL BYLAWS AND ORGANIZATION OF LOCAL LODGES, NATIONAL CONVENTION

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) **62,747.** including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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## CHARITABLE & EDUCATIONAL PROGRAMS

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

(Expenses \$ 8,498. including grants of \$

) (Revenue \$

4e Total program service expenses ► 866,399.

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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 <i>Schedule B, Schedule of Contributors</i> ?	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school 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 United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
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 X	
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 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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27 X	
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 X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
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 X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 X	
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 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? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, 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	35a X	
36 <b>Section 501(c)(3) organizations.</b> 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 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

**Note.** All Form 990 filers are required to complete Schedule O

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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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  
 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a	4	
1b	0	

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  
 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

	2a	7
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**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  
 b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

3a	X
3b	

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)?  
 b If "Yes," enter the name of the foreign country ►

4a	X
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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?  
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
 c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  
 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 as charitable contributions?  
 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

5a	X
5b	X
5c	

6a	X
----	---

6b	
----	--

**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?  
 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  
 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
 d If "Yes," indicate the number of Forms 8282 filed during the year  
 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7d	
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7e	
----	--

7f	
----	--

7g	
----	--

7h	
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8	
---	--

9a	
----	--

9b	
----	--

**10 Section 501(c)(7) organizations.** Enter:

10a	
10b	

**11 Section 501(c)(12) organizations.** Enter:

11a	
11b	

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12b	
-----	--

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

13a	
-----	--

13b	
13c	

**14a Did the organization receive any payments for indoor tanning services during the tax year?**

14b	X
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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  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	63	
1b		63	
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a		X	
8b		X	
9		X	

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a	Has the organization provided a complete 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	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?	15a	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?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	16b	
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?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► <u>DC, NY</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <u>PHILIP R. PICCIGALLO, EXEC DIR - (202) 547-2900</u> <u>219 E STREET, NE, WASHINGTON, DC 20002-4922</u>

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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**

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

**1b Sub-total**

150,786. 0. 0.

**c Total from continuation sheets to Part VII, Section A**

0. 0. 0.  
170.725 0. 0.

**d Total (add lines 1b and 1c)**

150,786. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

1

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
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? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such person

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. Report compensation for the calendar year ending with or within the organization's tax year.

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**Part VIII Statement of Revenue**

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

		(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	37,708.		
	g Noncash contributions included in lines 1a-1f \$				
<b>h Total. Add lines 1a-1f</b>		37,708.			
Program Service Revenue	2 a LODGE MEMBERSHIP DUES	Business Code 900099	927,431.	927,431.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	<b>g Total. Add lines 2a-2f</b>		927,431.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,282.		3,282.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real			
	b Less rental expenses	(ii) Personal			
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities			
	b Less cost or other basis and sales expenses	(ii) Other			
	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 14,906.			
b Less direct expenses	b 2,725.				
c Net income or (loss) from fundraising events		12,181.		12,181.	
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 10,204.				
b Less: cost of goods sold	b 6,429.				
c Net income or (loss) from sales of inventory		3,775.	3,775.		
<b>Miscellaneous Revenue</b>	Business Code				
11 a					
b					
c					
d All other revenue					
<b>e Total. Add lines 11a-11d</b>		984,377.	931,206.	0.	15,463.
<b>12 Total revenue. See instructions.</b>					

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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).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 United States. See Part IV, line 21	62,747.	62,747.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	150,786.	120,629.	30,157.	
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	239,768.	216,401.	23,367.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,832.	10,176.	1,656.	
9 Other employee benefits	552.	475.	77.	
10 Payroll taxes	24,781.	21,312.	3,469.	
11 Fees for services (non-employees)				
a Management	43,469.		43,469.	
b Legal	53,865.		53,865.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	10,012.	8,610.	1,402.	
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	172,769.	172,769.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,481.		1,481.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>"ITALIAN AMERICA" MAGAZ</u>	100,011.	100,011.		
b <u>PROFESSIONAL FEES/ CONS</u>	67,185.	61,966.	5,219.	
c <u>INSURANCE</u>	36,183.	31,117.	5,066.	
d <u>NEWS RELEASES/E-MAIL BL</u>	17,497.	17,497.		
e All other expenses	67,374.	42,689.	24,685.	
25 Total functional expenses. Add lines 1 through 24e	1,120,312.	866,399.	253,913.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ►  if following SOP 98-2 (ASC 958-720)

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

Form 990 (2012)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	59,385.	2	104,101.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	220,943.	4	201,579.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	25,623.	8	26,557.
	9 Prepaid expenses and deferred charges	26,270.	9	50,120.
	10a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	256,505.		
	10b Less, accumulated depreciation	252,925.	10c	3,580.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	78,874.	12	90,987.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	86,451.	15	109,828.
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>501,775.</b>	<b>16</b>	<b>586,752.</b>
<b>Liabilities</b>	17 Accounts payable and accrued expenses	16,641.	17	205,780.
	18 Grants payable		18	
	19 Deferred revenue	26,115.	19	23,264.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,477.	25	28,233.
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>45,233.</b>	<b>26</b>	<b>257,277.</b>
	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	456,542.	27	329,475.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
<b>Net Assets or Fund Balances</b>	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	456,542.	33	329,475.
	<b>34 Total liabilities and net assets/fund balances</b>	<b>501,775.</b>	<b>34</b>	<b>586,752.</b>

Form 990 (2012)

ORDER SONS OF ITALY IN AMERICA -  
SUPREME LODGE

Form 990 (2012)

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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	984,377.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,120,312.
3 Revenue less expenses. Subtract line 2 from line 1	3	-135,935.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	456,542.
5 Net unrealized gains (losses) on investments	5	8,868.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	329,475.

**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?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

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

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

Form 990 (2012)

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2012**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 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?	<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.

	Held at the End of the Tax Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, 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 XIII, 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 -  
SUPREME LODGE

Schedule D (Form 990) 2012

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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  Public exhibition
- b  Scholarly research
- c  Preservation for future generations

d  Loan or exchange programs

e  Other \_\_\_\_\_

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

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 XIII and complete the following table:

- c. Beginning balance
- d. Additions during the year
- e. Distributions during the year
- f. Ending balance

	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 XIII. Check here if the explanation has been provided in Part XIII

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

1a. Beginning of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a. Board designated or quasi-endowment ► \_\_\_\_\_ %

b. Permanent endowment ► \_\_\_\_\_ %

c. Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

(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 XIII the intended uses of the organization's endowment funds

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

Description of property	(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		256,505.	252,925.	3,580.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			►	3,580.

Schedule D (Form 990) 2012

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ORDER SONS OF ITALY IN AMERICA -  
SUPREME LODGE

Schedule D (Form 990) 2012

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**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) DWS / SCUDDER GROWTH AND		
(B) MID CAP FUNDS	90,987.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>	<b>90,987.</b>	

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

**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	104,474.
(2) PREPAID PROMOTIONAL ITEMS/FUNDRAISING	5,354.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►</b>	<b>109,828.</b>

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION - SIMPLE IRA	5,033.
(3) DUE TO RELATED PARTIES	23,200.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►</b>	<b>28,233.</b>

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2012

ORDER SONS OF ITALY IN AMERICA -  
SUPREME LODGE

**Schedule D (Form 990) 2012**

## **SUPREME LODGE**

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**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 . Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
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 XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
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	Other losses	2c	
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 XIII )	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

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

**Schedule D (Form 990) 2012**



ORDER SONS OF ITALY IN AMERICA -  
SUPREME LODGE

Schedule I (Form 990) (2012)

**Part III Grants and Other Assistance to Individuals in the U.S.** Part III can be duplicated if additional space is needed.

**Part III** can be duplicated if additional space is needed

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Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

**ORDER SONS OF ITALY IN AMERICA -  
SUPREME LODGE**Employer identification number  
**23-1523015****Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

	Yes	No
1b		
2		
4a	X	
4b	X	
4c	X	
5a		
5b		
6a		
6b		
7		
8		
9		

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2012

232111  
12-10-12

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990 Part VI

**NOTE** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990 Part VI Section A line 1a applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PHILIP R. PICCIGALLO, PhD NATIONAL EXEC DIRECTOR	(i) 150,786.0.	0.	0.	0.	0.	150,786.0.	0.
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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

**2012**

Open to Public  
Inspection

Name of the organization	ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE	Employer identification number 23-1523015
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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 \$ 8,498. 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, 2

FINANCE COMMITTEE - OVERSIGHT OF INDEPENDENT ACCT AND FINANCIAL STATEMENTS  
THE FOUNDATION HAS A BUDGET AND FINANCE COMMITTEE THAT IS RESPONSIBLE

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

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

FOR THE OVERSIGHT OF THE COMPILED FINANCIAL STATEMENT AND SELECTION OF INDEPENDENT ACCOUNTANT. THE FINANCE COMMITTEE'S REPORT AND SELECTION OF INDEPENDENT ACCOUNTANT 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.

► **Order Sons of Italy in America - Supreme Lodge**

**Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

## Part II Identification of Related Tax-Exempt Organizations during the tax year

(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	(g) Section 512(b)(13) controlled entity?
Yes	No					
SONS OF ITALY FOUNDATION - 23-6276526	SUPPORT EDUCATIONAL, MEDICAL RESEARCH AND CHARITABLE PROGRAMS	DISTRICT OF COLUMBIA	501(C)(3)	170(B)(1)(A)	N/A	X
WASHINGTON, DC 20002	COMMISSION FOR SOCIAL JUSTICE - 23-1928638	EDUCATE TO STOP PREJUDICE & DISCRIMINATION	DISTRICT OF COLUMBIA	501(C)(3)	170(B)(1)(A)	N/A
219 E ST NE	WASHINGTON, DC 20002					

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)

and one or more related

Part IV, line 34 because it has

lization answered "Yes" to Form 990, I

Partnership (Complete if the organiza-

ble as a Pa  
the tax year

## Definitions Taxa and Taxonomic Relationships

Organizational Partnerships

### of Relate treated as

## Identification of organizations

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 treated as a corporation or trust during the tax year)

ORDER SONS OF ITALY IN AMERICA –  
SUPREME LODGE

23-1523015 . Page 3

Schedule R (Form 990) 2012

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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 related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related 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-s)	(c) Amount involved	(d) Method of determining amount involved
<b>SONS OF ITALY FOUNDATION - SHARED</b>			
<b>(1) OFFICE-RENT PAID</b>	K	60,000.	<b>COST OF SHARED EXPENSES</b>
<b>(2) REIMBURSED COSTS PAYROLL &amp; TAXES</b>	O	110,968.	<b>COST OF SHARED EXPENSES</b>
<b>(3) COMMISSION FOR SOCIAL JUSTICE-SHARED</b>			
<b>(3) EMPLOYEES REIMB COST PAYROLL &amp; TAX</b>	O	17,994.	<b>COST OF SHARED EXPENSES</b>
(4)			
(5)			
(6)			

ORDER SONS OF ITALY IN AMERICA -  
SUPREME LODGE

**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)

## Part VII Supplemental Information

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

# ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE

## SUPPORTING INFORMATION

2012 FORM 990 - YEAR ENDED SEPTEMBER 30, 2013

### 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

**ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE**  
SUPPORTING INFORMATION  
2012 FORM 990 - YEAR ENDED SEPTEMBER 30, 2013

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**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-OH	Franchina	Francesca
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

# ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE

## SUPPORTING INFORMATION

2012 FORM 990 - YEAR ENDED SEPTEMBER 30, 2013

### PART VII - OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES AND STATE GRAND LODGES - 09/01/13 - 08/31/15

<u>TITLE</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>
National President	Baratta	Anthony J
National 1st Vice President	Russo	Joseph A
National 2nd Vice President	Longo	Daniel J
National 3rd Vice President	Spaziani	Anthony F M
National 4th Vice President	Girolami	Vera
National 5th Vice President	Quinn	Nancy Di Fiore
Nat'l Immed Past President 09-13	Di Trapani	Joseph
National Orator	Bianchi	Robert A
National Recording Secretary	DiStefano	James
National Financial Secretary	Lupo	Thom A
National Treasurer	Panessa	Frank J
National Historian	Panaggio, Jr	Anthony J
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 75-77	Spatuzza	John G
CSJ President	Carlozzi, Jr	Carlo
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
Administrative Assistant	Wilkinson	Elisa
National Trustee-CA	Pignati	Maria Fassio
National Trustee-CT	Velleca, Sr	Neil A
National Trustee-FL	Mottola, Jr	Edward
National Trustee-MA	Ferullo Kane	Florence
National Trustee-MD	Lombardi-Riley	Anita
National Trustee-NJ	Santoro	Louis R
National Trustee-NW	Scillo	Diane
National Trustee-NY	Matteucci	Carlo
National Trustee-NY	Mauro	Nicholas M
National Trustee-OH	Perfilio	Eldora B
National Trustee-RI	Restivo	Jeanette

**ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE**  
SUPPORTING INFORMATION  
2012 FORM 990 - YEAR ENDED SEPTEMBER 30, 2013

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**PART VII - OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES  
AND STATE GRAND LODGES - 09/01/13 - 08/31/15**

<u>TITLE</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>
State President-AZ	Squires	Edwin L
State President-CA	Lawrence-Murphy	Lynn
State President-CO	LoSasso	Dominic
State President-CT	Polo	Michael S
State President-DE	Facciolo	Joseph
State President-FL	Harrington	Angela
State President-IL / WI	Marsalli	Marie
State President-MA	Bello	Carmelita
State President-MD	Cipriotti	Frances A
State President-NE	Pruse	Dr Thomas
State President-NJ	Pucci	Dominic
State President-NW	Bisceglia Anderson	Tony
State President-NY	Rondinelli	Joseph F
State President-OH	Lattavo	Terry
State President-RI	Florio, Jr	Joseph
State President-VA	Moroni	Pauline
State President-WV	Lanna	Anthony

FEDERAL ID #  
23-1523015

ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE  
2012 FORM 990 - PARTS X & SCHEDULE D PART VI  
09/30/13

ASSET	METHOD LIFE	COST 09/30/12	COST 09/30/13	ACCUM. DEP. 09/30/12	DEPREC. 10/1/11-9/30/12	ACCUM. DEP. 09/30/12
TELEPHONES	S/L 7 YRS	7,685	7,685	7,685	0	7,685
COMPUTERS	S/L 5 YRS	108,412	109,244	106,028	900	106,928
EQUIPMENT	S/L 7 YRS	68,093	68,093	66,926	289	67,215
FURNITURE	S/L 7 YRS	71,483	71,483	70,805	292	71,097
<b>TOTALS</b>		<b>255,673</b>	<b>256,505</b>	<b>251,444</b>	<b>1,481</b>	<b>252,925</b>

- 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 <b>ORDER SONS OF ITALY IN AMERICA - SUPREME LODGE</b>	Employer identification number (EIN) or <b>23-1523015</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>219 E STREET, N.E.</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WASHINGTON, DC 20002</b>	

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.**

**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, 2014**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2012**, and ending **SEP 30, 2013**

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 ►

Form 8868 (Rev. 1-2013)