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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2006Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

Open to Public Inspection**A** For the 2006 calendar year, or tax year beginning , 2006, and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☒ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C

Italian American Cultural Organization, Inc.
 40 Pearl Street
 Braintree, Mass. 02184

D Employer identification number

54-2192904

E Telephone number

781-848-7168

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ►**J** Organization type (check only one) — ☐ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received.	1	
2	Program service revenue including government fees and contracts	2	1262
3	Membership dues and assessments	3	3986
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here. <input type="checkbox"/>		
6a	Gross revenue (not including \$ 286 of contributions reported on line 1)	6a	320
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	(34)
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ►)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	114
10	Grants and similar amounts paid (attach schedule)	10	100
11	Benefits paid to or for members	11	240
12	Salaries, other compensation, and employee benefits	12	500
13	Professional fees and other payments to independent contractors	13	150
14	Occupancy, rent, utilities, and maintenance	14	464
15	Printing, publications, postage, and shipping	15	225
16	Other expenses (describe ► <i>IRS Registration</i>)	16	150
17	Total expenses (add lines 10 through 16)	17	1829
18	Excess or (deficit) for the year (line 9 less line 17)	18	3285
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-
20	Other changes in net assets or fund balances (attach explanation)	20	-
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	2285

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	2285
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets		
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	2285

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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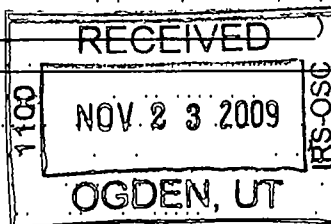
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Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
----- ----- -----				
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Part V Other Information (Note the statement requirement in the instructions)

Yes No

33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		

Part V Other Information (Note the statement requirement in the instructions) (Continued)**40a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

	Yes	No
40b		<input checked="" type="checkbox"/>
40c		
40e		<input checked="" type="checkbox"/>

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ _____**d** Enter amount of tax on line 40c reimbursed by the organization. ▶ _____**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ▶ _____**41** List the states with which a copy of this return is filed ▶ _____**42 a** The books are in care of ▶ DOMINIC CANOLIERI Telephone no. ▶ 214-444-7111
Located at ▶ 40 PLEASANT STREET, BOSTON, MA 02113 ZIP + 4 ▶ 02113**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

If 'Yes,' enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? ▶ _____

If 'Yes,' enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** _____**Please Sign Here**

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

Signature of officer ▶ [Signature] Date November 9, 2009Type or print name and title. DOMINIC CANOLIERI President**Paid Preparer's Use Only**

Preparer's signature ▶ <u>[Signature]</u>	Date <u>11/10/09</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>THOMAS ZAZZARA</u> <u>P.O. BOX 143, BOSTON, MA 02113</u>	EIN ▶ _____	Phone no ▶ <u>617-227-1109</u>	

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