



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

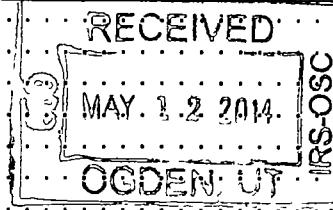
2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning		, 2013, and ending	, 20																																		
<input type="checkbox"/> 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 ITALIAN AMERICAN PROFESSIONAL & BUSINESSMENS CLUB Number and street (or P O box, if mail is not delivered to street address) <input type="text" value="225 RUTLEDGE DR"/> Room/suite <input type="text"/> City or town, state or province, country, and ZIP or foreign postal code <input type="text" value="AKRON, OH 44319"/> D Employer identification number 34-1409428 E Telephone number (234) 678-6403 F Group Exemption Number ►																																			
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► <input type="text"/>		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																			
I Website: ► <input type="text"/>																																					
J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																																					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 119,051																																					
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)																																					
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																					
Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received</td> <td style="width: 10%; text-align: right;">1</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td style="text-align: right;">2</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td style="text-align: right;">3 10,700</td> </tr> <tr> <td>4 Investment income</td> <td style="text-align: right;">4 455</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td style="text-align: right;">5a <input type="text"/></td> </tr> <tr> <td> b Less cost or other basis and sales expenses</td> <td style="text-align: right;">5b <input type="text"/></td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="text-align: right;">5c <input type="text"/></td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td></td> </tr> <tr> <td> a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: right;">6a <input type="text"/></td> </tr> <tr> <td> b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td style="text-align: right;">6b 107,896</td> </tr> <tr> <td> c Less direct expenses from gaming and fundraising events</td> <td style="text-align: right;">6c 45,859</td> </tr> <tr> <td> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: right;">6d 62,037</td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td style="text-align: right;">7a <input type="text"/></td> </tr> <tr> <td> b Less cost of goods sold</td> <td style="text-align: right;">7b <input type="text"/></td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: right;">7c <input type="text"/></td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td style="text-align: right;">8 <input type="text"/></td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td style="text-align: right;">9 73,192</td> </tr> </table>			1 Contributions, gifts, grants, and similar amounts received	1	2 Program service revenue including government fees and contracts	2	3 Membership dues and assessments	3 10,700	4 Investment income	4 455	5a Gross amount from sale of assets other than inventory	5a <input type="text"/>	b Less cost or other basis and sales expenses	5b <input type="text"/>	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c <input type="text"/>	6 Gaming and fundraising events		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a <input type="text"/>	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 107,896	c Less direct expenses from gaming and fundraising events	6c 45,859	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 62,037	7a Gross sales of inventory, less returns and allowances	7a <input type="text"/>	b Less cost of goods sold	7b <input type="text"/>	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c <input type="text"/>	8 Other revenue (describe in Schedule O)	8 <input type="text"/>	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 73,192
1 Contributions, gifts, grants, and similar amounts received	1																																				
2 Program service revenue including government fees and contracts	2																																				
3 Membership dues and assessments	3 10,700																																				
4 Investment income	4 455																																				
5a Gross amount from sale of assets other than inventory	5a <input type="text"/>																																				
b Less cost or other basis and sales expenses	5b <input type="text"/>																																				
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c <input type="text"/>																																				
6 Gaming and fundraising events																																					
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a <input type="text"/>																																				
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 107,896																																				
c Less direct expenses from gaming and fundraising events	6c 45,859																																				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 62,037																																				
7a Gross sales of inventory, less returns and allowances	7a <input type="text"/>																																				
b Less cost of goods sold	7b <input type="text"/>																																				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c <input type="text"/>																																				
8 Other revenue (describe in Schedule O)	8 <input type="text"/>																																				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 73,192																																				
Expenses	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>10 Grants and similar amounts paid (list in Schedule O)</td> <td style="width: 10%; text-align: right;">10 56,736</td> </tr> <tr> <td>11 Benefits paid to or for members</td> <td style="text-align: right;">11 <input type="text"/></td> </tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td> <td style="text-align: right;">12 <input type="text"/></td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td style="text-align: right;">13 <input type="text"/></td> </tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td> <td style="text-align: right;">14 100</td> </tr> <tr> <td>15 Printing, publications, postage, and shipping</td> <td style="text-align: right;">15 1,129</td> </tr> <tr> <td>16 Other expenses (describe in Schedule O)</td> <td style="text-align: right;">16 3,723</td> </tr> <tr> <td>17 Total expenses. Add lines 10 through 16</td> <td style="text-align: right;">17 61,688</td> </tr> </table>			10 Grants and similar amounts paid (list in Schedule O)	10 56,736	11 Benefits paid to or for members	11 <input type="text"/>	12 Salaries, other compensation, and employee benefits	12 <input type="text"/>	13 Professional fees and other payments to independent contractors	13 <input type="text"/>	14 Occupancy, rent, utilities, and maintenance	14 100	15 Printing, publications, postage, and shipping	15 1,129	16 Other expenses (describe in Schedule O)	16 3,723	17 Total expenses. Add lines 10 through 16	17 61,688																		
10 Grants and similar amounts paid (list in Schedule O)	10 56,736																																				
11 Benefits paid to or for members	11 <input type="text"/>																																				
12 Salaries, other compensation, and employee benefits	12 <input type="text"/>																																				
13 Professional fees and other payments to independent contractors	13 <input type="text"/>																																				
14 Occupancy, rent, utilities, and maintenance	14 100																																				
15 Printing, publications, postage, and shipping	15 1,129																																				
16 Other expenses (describe in Schedule O)	16 3,723																																				
17 Total expenses. Add lines 10 through 16	17 61,688																																				
Net Assets	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td style="width: 10%; text-align: right;">18 11,504</td> </tr> <tr> <td>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)</td> <td style="text-align: right;">19 63,945</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (explain in Schedule O)</td> <td style="text-align: right;">20 <input type="text"/></td> </tr> <tr> <td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td> <td style="text-align: right;">21 75,449</td> </tr> </table>			18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 11,504	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 63,945	20 Other changes in net assets or fund balances (explain in Schedule O)	20 <input type="text"/>	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 75,449																										
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 11,504																																				
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 63,945																																				
20 Other changes in net assets or fund balances (explain in Schedule O)	20 <input type="text"/>																																				
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 75,449																																				



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Yes No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a

b Did the organization file Form 1120-POL for this year? 37b X

38 a 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 outstanding at the end of the tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____ 40b

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X

41 List the states with which a copy of this return is filed ► _____

42 a The organization's books are in care of ► DAVID C DIMENGO Telephone no ► 234-678-6403
Located at ► 225 RUTLEDGE DR, AKRON, OH ZIP + 4 ► 44319 42b Yes No

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)? 42c X
If "Yes," enter the name of the foreign country. ► _____
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U S ? 42c X
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

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

45 b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b X

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ITALIAN AMERICAN PROFESSIONAL & BUSINESSMENS CLUB

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number

34-1409428

01. List of grants and similar amounts paid (Part I, line 10)

Activity **SEE LIST**

Amount **56,736**

02. Description of other expenses (Part I, line 16)

Description **Amount**

HEALTH AND WELFARE **2,907**

MARKET DECREASE IN INVESTMENTS **816**

**Italian American Professional and Businessmens Club
#34-1409428
Form 990EZ 2013**

Donations:

R Antenucci Memorial Residential Treatment Center	500
Italian Cultural Gardens Foundation	300
Summit County Council of Italian-American Societies	1,336
Catholic Charities	250
Italian Connection	250
Valor Home	400
Love of Mateo	100
Dane Foundation	100
All Star Training Club	3,000
St. Anthony Church	2,000
St. Anthony School	1,000
Interval Brotherhood Home	1,500
Weaver School	<u>3,000</u>
	<u>13,736</u>

Scholarships:

10 Individual Students at \$4,000 ea., and One for \$3,000	43,000
--	--------

Total Donations and Scholarships: 56,736