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**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2015

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](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service**A For the 2015 calendar year, or tax year beginning** , 2015, and ending , 20**B Check if applicable**

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 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)	Room/suite
225 RUTLEDGE DR	
City or town, state or province, country, and ZIP or foreign postal code	
AKRON, OH 44319	

**D Employer identification number**

34-1409428

**E Telephone number**

(234) 678-6403

**F Group Exemption  
Number****G Accounting Method** Cash  Accrual Other (specify) ►**H Check ►  if the organization is not required to attach Schedule B**

(Form 990, 990-EZ, or 990-PF).

**I Website:** ►**J Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) (insert no)  4947(a)(1) or  527****K Form of organization  Corporation  Trust  Association  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 ► \$ 151,302

**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 

Revenue	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 12,200
	4 Investment income	4 397
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	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 138,705
	c Less: direct expenses from gaming and fundraising events	6c 56,799
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 81,906
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 94,503
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 114,050
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 5,302
Net Assets	17 Total expenses. Add lines 10 through 16	17 119,352
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (24,849)
	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 86,509
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 61,660

For Paperwork Reduction Act Notice, see the separate instructions.  
EEA

Form 990-EZ (2015)

96 6

**Part II** Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	86,509	22 61,660
23 Land and buildings . . . . .	0	23 0
24 Other assets (describe in Schedule O) . . . . .	0	24 0
<b>25 Total assets . . . . .</b>	<b>86,509</b>	<b>25 61,660</b>
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>	<b>0</b>	<b>26 0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .</b>	<b>86,509</b>	<b>27 61,660</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Promote ethnic culture of Ital Americans

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <b>Donations to charitable causes, social and rehabilitation programs and educational institutions (see list)</b>			
(Grants \$	) If this amount includes foreign grants, check here . . . . .	► <input type="checkbox"/>	28a 51,050
29 <b>Educational scholarships for thirteen students</b>			
(Grants \$	) If this amount includes foreign grants, check here . . . . .	► <input type="checkbox"/>	29a 63,000
30			
(Grants \$	) If this amount includes foreign grants, check here . . . . .	► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)			
(Grants \$	) If this amount includes foreign grants, check here . . . . .	► <input type="checkbox"/>	31a
32 <b>Total program service expenses (add lines 28a through 31a)</b>			32 114,050

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID C DIMENGO	3 . 00	0	0	0
TREASURER				

**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  Yes  No

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  Yes  No

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  Yes  No

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  Yes  No

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  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b  Yes  No

b Did the organization file Form 1120-POL for this year? . . . . . 37b  Yes  No

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  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . 38b  Yes  No

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . . 39a  Yes  No

b Gross receipts, included on line 9, for public use of club facilities . . . . . 39b  Yes  No

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  Yes  No

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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  Yes  No

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . 40d  Yes  No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . 40e  Yes  No

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 . . . . . 40f  Yes  No

41 List the states with which a copy of this return is filed ► \_\_\_\_\_ 41  Yes  No

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  Yes  No

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42d  Yes  No

c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . 42e  Yes  No

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_ 42f  Yes  No

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  Yes  No

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  Yes  No

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  Yes  No

c Did the organization receive any payments for indoor tanning services during the year? . . . . . 44c  Yes  No

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  Yes  No

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . 45a  Yes  No

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  Yes  No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI** **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ►  Yes  No

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

<b>Sign Here</b>	<i>David C. Dimeglio</i>		<i>5-13-16</i>
	Signature of officer	Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ►	Firm's EIN ►	
	Firm's address ►	Phone no. ►	

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

**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](http://www.irs.gov/form990)

OMB No 1545-0047

**2015****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 114,050

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

Description Amount

ADVERTISING EXPENSE 998

HEALTH AND WELFARE 2,300

OFFICE EXPENSES 1,552

RECRUITMENT EXPENSES 452