

Form 990-EZ

COP
COADepartment of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

2019

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

1912

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning 2019 , and ending 20																			
<table border="1"> <tr> <td>B Check if applicable</td> <td>C Name of organization ITALIAN AMERICAN PROFESSIONAL & BUSINESSMENS CLUB</td> <td>D Employer identification number 34-1409428</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) 225 RUTLEDGE DR</td> <td>Room/suite 04</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 44319</td> <td>E Telephone number (234) 678-6403</td> </tr> <tr> <td colspan="2"> G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____ </td> <td> H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 172,968 </td> </tr> <tr> <td colspan="2"> I Website ► </td> <td> 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 </td> </tr> <tr> <td colspan="2"> K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other </td> <td> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ </td> </tr> </table>		B Check if applicable	C Name of organization ITALIAN AMERICAN PROFESSIONAL & BUSINESSMENS CLUB	D Employer identification number 34-1409428	Number and street (or P.O. box, if mail is not delivered to street address) 225 RUTLEDGE DR		Room/suite 04	City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 44319		E Telephone number (234) 678-6403	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 172,968	I Website ►		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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ
B Check if applicable	C Name of organization ITALIAN AMERICAN PROFESSIONAL & BUSINESSMENS CLUB	D Employer identification number 34-1409428																	
Number and street (or P.O. box, if mail is not delivered to street address) 225 RUTLEDGE DR		Room/suite 04																	
City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 44319		E Telephone number (234) 678-6403																	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 172,968																	
I Website ►		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)) are \$500,000 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 for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 14,240																	
	2 Program service revenue including government fees and contracts	2 502																	
	3 Membership dues and assessments	3 14,240																	
	4 Investment income	4 109,658																	
	5a Gross amount from sale of assets other than inventory	5a 158,226																	
	b Less cost or other basis and sales expenses	5b 48,568																	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 109,658																	
	6 Gaming and fundraising events	6a 109,658																	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b 158,226																	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c 48,568																	
c Less direct expenses from gaming and fundraising events	6d 109,658																		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a 109,658																		
7a Gross sales of inventory, less returns and allowances	7a 109,658																		
b Less cost of goods sold	7b 109,658																		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 109,658																		
8 Other revenue (describe in Schedule O)	8 124,400																		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 124,400																		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 99,025																	
	11 Benefits paid to or for members	11 99,025																	
	12 Salaries, other compensation, and employee benefits	12 99,025																	
	13 Professional fees and other payments to independent contractors	13 99,025																	
	14 Occupancy, rent, utilities, and maintenance	14 11,763																	
	15 Printing, publications, postage, and shipping	15 11,763																	
	16 Other expenses (describe in Schedule O)	16 110,788																	
	17 Total expenses. Add lines 10 through 16	17 13,612																	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 58,021																	
	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 58,021																	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 71,633																	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 71,633																	

For Paperwork Reduction Act Notice, see the separate instructions
EEA

Form 990-EZ (2019)

9-8

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

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	58,021	22	71,633
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	58,021	25	71,633
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,021	27	71,633

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.

28	<u>Donations to charitable causes, social and rehabilitation programs and educational institutions (see list)</u>	(Grants \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	49,025
29	<u>Educational scholarships for ten students</u>	(Grants \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	50,000
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	Total program service expenses (add lines 28a through 31a)			32	99,025

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 TREASURER	2 00	0	0	0

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 X

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 35b 35c 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 36 X

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 37a 37b 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 38a 38b 39a 39b 40a 40b X

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

b Did the organization file Form 1120-POL for this year? 38a 38b 39a 39b 40a 40b 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? 38b 39a 39b 40a 40b X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a 39b 40a 40b X

39 Section 501(c)(7) organizations Enter 39a 39b 40a 40b X

a Initiation fees and capital contributions included on line 9 39a 39b 40a 40b X

b Gross receipts, included on line 9, for public use of club facilities 39a 39b 40a 40b X

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a 40b 40c 40d 40e 40f 40g 40h 40i 40j 40k 40l 40m 40n 40o 40p 40q 40r 40s 40t 40u 40v 40w 40x 40y 40z 40aa 40ab 40ac 40ad 40ae 40af 40ag 40ah 40ai 40aj 40ak 40al 40am 40an 40ao 40ap 40aq 40ar 40as 40at 40au 40av 40aw 40ax 40ay 40az 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va 40wa 40xa 40ya 40za 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40pa 40qa 40ra 40sa 40ta 40ua 40va <input

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

48		
49a		
49b		

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

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

Sign Here	► <i>David C. Dimengo</i> Signature of officer	<i>10-26-20</i> Date			
	► <i>David C. Dimengo, Treasurer</i> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name David C Dimengo CPA MT	Preparer's signature	Date 10-26-2020	Check <input type="checkbox"/> if self-employed	PTIN P01372970
	Firm's name ► Dimengo and Co Inc		Firm's EIN ►		
	Firm's address ► 500 Portage Lakes Dr				
	Akron OH 44319		Phone no	234-678-6403	

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2019)

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 <u>VIVA LA PANZ</u> (event type)	(b) Event #2	(c) Other events <u>None</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	158,226			158,226
2 Less Contributions				
3 Gross income (line 1 minus line 2)	158,226			158,226
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	48,568			48,568
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary Add lines 4 through 9 in column (d)				48,568
11 Net income summary Subtract line 10 from line 3, column (d)				109,658

Part III

Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain _____

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

► Go to www.irs.gov/Form990 for the latest information

OMB No. 1545-0047

2019

**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 99,025

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

Description Amount

ADVERTISING EXPENSE 2,504

HEALTH AND WELFARE 4,462

OFFICE EXPENSES 2,797

WEBSITE EXPENSES 2,000