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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under 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

**2007****Open to Public Inspection**

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

**A For the 2007 calendar year, or tax year beginning**

, and ending

**B Check if applicable**

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

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

**C Name of organization**

Cedar Valley Irish Cultural Association

Number and street (or P O box if mail is not delivered to street address) Room/suite

315 E 5th Street

City or town

State or country

ZIP + 4

Waterloo

IA

50703

**D Employer identification number**

20-8384052

**E Telephone number**

319-234-5701

**F Accounting method:** ☒ Cash ☐ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

**G Website:** ▶ www.iowairishfest.com**J Organization type** (check only one) ☒ 501(c) ( 4 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K Check here** ☐ if the organization is not a 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.**M Check** ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶

107,740

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a	0	
	b	Direct public support (not included on line 1a)	1b	0	
	c	Indirect public support (not included on line 1a)	1c	0	
	d	Government contributions (grants) (not included on line 1a)	1d	0	
	e	Total (add lines 1a through 1d) (cash \$ 0 noncash \$ 0)	1e	0	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	87,992	
	3	Membership dues and assessments	3	0	
	4	Interest on savings and temporary cash investments	4	0	
	5	Dividends and interest from securities	5	0	
	6a	Gross rents	6a		
	6b	Less rental expenses	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c	0		
7	Other investment income (describe) ▶	7	0		
Expenses	8a	Gross amount from sales of assets other than inventory	8a	0	
	b	Less cost or other basis and sales expenses	8b	0	
	c	Gain or (loss) (attach schedule)	8c	0	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	0	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	0	
	b	Less direct expenses other than fundraising expenses	9b	0	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	0	
	10a	Gross sales of inventory, less returns and allowances	10a	19,748	
	b	Less cost of goods sold	10b	10,056	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	9,692	
	11	Other revenue (from Part VII, line 103)	11	0	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	97,684		
Net Assets	13	Program services (from line 44, column (B))	13	94,368	
	14	Management and general (from line 44, column (C))	14	0	
	15	Fundraising (from line 44, column (D))	15	0	
	16	Payments to affiliates (attach schedule)	16	0	
	17	Total expenses. Add lines 13 and 14, column (A)	17	94,368	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	3,316		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	0		
20	Other changes in net assets or fund balances (attach explanation)	20	0		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	3,316		

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

Form **990** (2007)

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b> 0	0		
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b> 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b> 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b> 0	0		
<b>25 a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 0	0	0	0
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0	0	0	0
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b> 0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 0			
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 0			
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b> 0			
<b>29</b>	Payroll taxes	<b>29</b> 0			
<b>30</b>	Professional fundraising fees	<b>30</b> 0			
<b>31</b>	Accounting fees	<b>31</b> 0			
<b>32</b>	Legal fees	<b>32</b> 0			
<b>33</b>	Supplies	<b>33</b> 1,667	1,667		
<b>34</b>	Telephone	<b>34</b> 0			
<b>35</b>	Postage and shipping	<b>35</b> 74	74		
<b>36</b>	Occupancy	<b>36</b> 0			
<b>37</b>	Equipment rental and maintenance	<b>37</b> 19,941	19,941		
<b>38</b>	Printing and publications	<b>38</b> 7,477	7,477		
<b>39</b>	Travel	<b>39</b> 0			
<b>40</b>	Conferences, conventions, and meetings	<b>40</b> 0			
<b>41</b>	Interest	<b>41</b> 0			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b> 0	0	0	0
<b>43</b>	Other expenses not covered above (itemize).				
<b>a</b>	Promotions Expense	<b>43a</b> 21,691	21,691	0	0
<b>b</b>	Cultural Music Expense	<b>43b</b> 33,437	33,437	0	0
<b>c</b>	Professional Fees	<b>43c</b> 7,812	7,812	0	0
<b>d</b>	Insurance	<b>43d</b> 1,999	1,999	0	0
<b>e</b>	Licenses and Permits	<b>43e</b> 158	158	0	0
<b>f</b>	Bank Fees	<b>43f</b> 112	112	0	0
<b>g</b>		<b>43g</b>	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 94,368	94,368	0	0

**Joint Costs.** Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$           , (iii) the amount allocated to Management and general \$           , and (iv) the amount allocated to Fundraising \$           .

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► <u>To develop and foster understanding of Irish Cultural Heritage</u></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> CVICA met its exempt purpose by staging a three-day Irish-culture focused event. The event promotes understanding of Irish culture and heritage by presenting several live Irish musical performances, traditional sporting events.</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>94,368</p>
<p><b>b</b></p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p><b>c</b></p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p><b>d</b></p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p><b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>94,368</p>

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing	0	<b>45</b>	3,316
	<b>46</b> Savings and temporary cash investments	0	<b>46</b>	0
	<b>47 a</b> Accounts receivable	<b>47a</b> 0		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b> 0	0 <b>47c</b>	0
	<b>48 a</b> Pledges receivable	<b>48a</b> 0		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b> 0	0 <b>48c</b>	0
	<b>49</b> Grants receivable	0	<b>49</b>	0
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	<b>50a</b>	0
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b> 0		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b> 0	0 <b>51c</b>	0
	<b>52</b> Inventories for sale or use	0	<b>52</b>	0
	<b>53</b> Prepaid expenses and deferred charges	0	<b>53</b>	0
	<b>54 a</b> Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54a</b>	0
	<b>b</b> Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54b</b>	0
	<b>55 a</b> Investments—land, buildings, and equipment basis	<b>55a</b> 0		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b> 0	0 <b>55c</b>	0
	<b>56</b> Investments—other (attach schedule)	0	<b>56</b>	0
	<b>57 a</b> Land, buildings, and equipment: basis	<b>57a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b> 0	0 <b>57c</b>	0
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> )	0	<b>58</b>	0	
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58	0	<b>59</b>	3,316	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule)	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )	0	<b>65</b>	0
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65	0	<b>66</b>	0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted		<b>67</b>	
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds	0	<b>70</b>	0
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund	0	<b>71</b>	0
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds	0	<b>72</b>	3,316
	<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	0	<b>73</b>	3,316
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	0	<b>74</b>	3,316

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12.			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines b1 through b4		<b>b</b>	0
<b>c</b>	Subtract line b from line a		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d		<b>e</b>	0

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines b1 through b4		<b>b</b>	0
<b>c</b>	Subtract line b from line a		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d		<b>e</b>	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 & deferred compensation plans	(E) Expense account and other allowances
Name James E. Walsh, Jr. Str 315 E 5th Street City Waterloo ST IA ZIP 50703	Title President/Director Hr/WK 2	0	0	0
Name Ed Gallagher, Sr Str 401 E 5th Street City Waterloo ST IA ZIP 50703	Title Director Hr/WK	0	0	0
Name John Gallagher Str 1111 E San Marnan City Waterloo ST IA ZIP 50701	Title Director Hr/WK	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

Yes No

75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .	3		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy? . . . . .	75d	X	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				

**Part VI Other Information** (See the instructions.)

Yes No

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a		X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions) . . . . .	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		

**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b> X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	<b>82b</b> 0	
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b> X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83b</b> X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b> N/A	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	
<b>85</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members?	<b>85a</b> X	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b> X	
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b> N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b> N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> N/A	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b> N/A	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b> N/A	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b> 0	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b> 0	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>	X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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 a statement explaining each transaction	<b>89b</b>	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> <u>N/A</u>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> <u>N/A</u>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	X
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	X
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> IA		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	<b>90b</b> 0	
<b>91 a</b>	The books are in care of <input type="checkbox"/> Name Cedar Valley Irish Cultural Association, Inc. Telephone no <input type="checkbox"/> 319-234-5701 Located at <input type="checkbox"/> 315 E 5th Street City Waterloo ST IA ZIP + 4 <input type="checkbox"/> 50703		
<b>b</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)? If "Yes," enter the name of the foreign country <input type="checkbox"/>	<b>91b</b>	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			



**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶

92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Iowa Irish Fest Cultural Education Event			06	87,783	209
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			06	9,692	
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		97,475	209
105 Total (add line 104, columns (B), (D), and (E))					97,684

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
a	CVICA met its exempt purpose by staging a three-day Irish-culture focused event. The event promotes understanding of Irish

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI**

**Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				0

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				0

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

**Please  
Sign  
Here**

Signature of officer

James E. Walsh, Jr.

Type or print name and title

Date

President

10/15/2011

**Paid  
Preparer's  
Use Only**

Preparer's  
signature

SELF-PREPARED RETURN

Date

Check if  
self-  
employed

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours  
if self-employed),  
address, and ZIP + 4

EIN

Phone no

Line 10 (990) - Gross Profit from Sale of Inventory

19,74810,0569,692

Category		Gross Sales	Cost of Goods Sold	Net
1	Sale of Beer and Minor Merchandise	19,748	10,056	9,692
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

**Part VII, Line 93 (990) - Program Service Revenue**

		Unrelated business income		Excluded by section 512, 513, or 514		
		(A)	(B)	(C)	(D)	(E)
Program Service Revenue		Business code	Amount	Exclusion code	Amount	Related or exempt function income
a	Iowa Irish Fest Cultural Education Ev			06	87,783	209
b						
c						
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						

**Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes**

	Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	a	activities
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**Part VI, Line 90a (990) - States with Which a Copy of this Return is Filed**

<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Rhode Island
<input checked="" type="checkbox"/>	Alaska	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Utah
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U S. Virgin Islands
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Washington
<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input type="checkbox"/>	New Hampshire		
<input type="checkbox"/>	Georgia	<input type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input checked="" type="checkbox"/>	Iowa	<input type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input type="checkbox"/>	Ohio		
<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Oregon		
<input type="checkbox"/>	Kansas	<input type="checkbox"/>	Pennsylvania		
<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		