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Form **990-EZ**

Short Form 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 1545-1150

2007 0712

Department of the Treasury
Internal Revenue Service

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 2007 calendar year, or tax year beginning , 2007, 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 **IRELAND SPORTSMAN CLUB INC**
P.O. BOX 112
IRELAND, IN 47545-0112

D Employer identification number **35-1841729**

E Telephone number

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: **N/A**

J Organization type (check only one) — ☒ 501(c) (7) (insert no.) ☐ 4947(a)(1) or ☐ 527

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 **\$ 30,881.**

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	
3 Membership dues and assessments	3	4,550.
4 Investment income	4	417.
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 (attach sched)	5c	
6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ of contributions reported on line 1)	6a	25,914.
b Less direct expenses other than fundraising expenses	6b	28,395.
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	-2,481.
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)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	2,486.
10 Grants and similar amounts paid (attach schedule) See Statement 2	10	150.
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	547.
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe) See Statement 3	16	162.
17 Total expenses (add lines 10 through 16)	17	859.
18 Excess or (deficit) for the year Subtract line 17 from line 9	18	1,627.
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	28,528.
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	30,155.

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	23,998.	20,937.
23 Land and buildings	4,530.	9,218.
24 Other assets (describe)		
25 Total assets	28,528.	30,155.
26 Total liabilities (describe)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,528.	30,155.

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IRELAND, IN

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Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **See Statement 4**

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 **See Statement 5**(Grants \$) If this amount includes foreign grants, check here ☐ **28a** 28,395.**29**(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31** Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐ **31a****32** **Total program service expenses.** Add lines 28a through 31a**32** 28,395.**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
See Statement 6		0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions.)**See Statement 7****Yes No****33** Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change**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** N/A**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**37a** 0.**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 schedule specified in the line 38 instructions and enter the amount involved**38b** N/A**39** **501(c)(7) organizations.** Enter.**a** Initiation fees and capital contributions included on line 9**39a** 0.**b** Gross receipts, included on line 9, for public use of club facilities**39b** 0.

Part V Other Information (Note the statement requirement in the instructions.) (Continued)**40 a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ N/A, section 4912 ▶ N/A; section 4955 ▶ N/A**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
40 b	<u>N/A</u>	
40 e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.**d** Enter amount of tax on line 40c reimbursed by the organization ▶ 0.**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 ▶ IN**42 a** The books are in care of ▶ JOHN SCHROEDERTelephone no. ▶ (812) 482-0755Located at ▶ 45 DAFFODIL COURT JASPER INZIP + 4 ▶ 47546**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 ▶ _____

	Yes	No
42 b		X
42 c		X

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▶ ☐ **N/A**

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

▶ 43**N/A**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 John Schroeder

Date

10/14/2010Type or print name and title John SchroederTreas.Paid
Pre-
parer's
Use
OnlyPreparer's
signatureFirm's name (or
yours if self-
employed),
address, and
ZIP + 4CPASeng & Seng, CPAs902 Main StreetJasper, IN 47546

Date

10-12-10Check if
self-
employed ▶ ☐Preparer's SSN or PTIN (See
General Instruction X)

EIN

35-1922637

Phone no

(812) 482-4569

BAA

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Form 990-EZ (2007)

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IRELAND SPORTSMAN CLUB INC

35-1841729

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Statement 1
Form 990-EZ, Part I, Line 6
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
SHOOTING MATCH	18,644.	0.	18,644.	21,633.	-2,989.
MEMBER FACILITY USE	7,270.	0.	7,270.	6,762.	508.
Total	<u>\$ 25,914.</u>	<u>\$ 0.</u>	<u>\$ 25,914.</u>	<u>\$ 28,395.</u>	<u>\$ -2,481.</u>

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Cash Grants and Allocations

Donee's Name:	KAP WEISHEIT MEMORIAL FUND JASPER, IN 47546	
Amount Given:		\$ 100.
Donee's Name:	DUBOIS CO SPORTSMAN CLUB, INC. JASPER, IN 47546	
Amount Given:		\$ 50.
Total Cash Grants and Allocations		\$ 150.
Total Grants and Similar Amounts Paid		<u>\$ 150.</u>

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Depreciation		\$ 162.
Total		<u>\$ 162.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

ENCOURAGE AND PROMOTE CONSERVATION OF WILDLIFE AND NATURAL RESOURCES IN THE STATE OF INDIANA. ALSO MAINTAIN GROUNDS FOR THE BETTERMENT OF OUR MEMBERS, AND FOR FAMILY GATHERINGS. FACILITIES OCCASIONALLY USED BY OTHER NON-PROFIT ORGANIZATIONS.

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IRELAND SPORTSMAN CLUB INC

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Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
THE IRELAND SPORTSMAN CLUB CONTINUES TO ENCOURAGE AND PROMOTE CONSERVATION OF WILDLIFE AND NATURAL RESOURCES IN THE STATE OF INDIANA. WE ALSO MAINTAIN OUR GROUNDS FOR THE BETTERMENT OF OUR MEMBERS FOR THEIR USE AND THE USE OF THEIR FAMILIES. OUR FACILITIES ARE ALSO USED BY OTHER NON-PROFIT ORGANIZATIONS.		28,395.
Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 28,395.</u>

Statement 6
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contribution to EBP & DC</u>	<u>Expense Account/Other</u>
JOHN SCHROEDER 45 DAFFODIL COURT JASPER, IN 47546	President 0	\$ 0.	\$ 0.	0.
JERRY HIMSEL 1983 W STATE ROAD 56 JASPER, IN 47546	Vice President 0	0.	0.	0.
DOUG MOELLER 2678 N DARRY STREET JASPER, IN 47546	Secretary 0	0.	0.	0.
TIM RANSOME 180 ASHBURY COURT JASPER, IN 47546	Treasurer 0	0.	0.	0.
GARY GIESLER 2090 W SKYVIEW DRIVE JASPER, IN 47546	Director 0	0.	0.	0.
CLIFF MAUDER 1591 GRANDVIEW DRIVE JASPER, IN 47546	Director 0	0.	0.	0.
HAROLD SANDER 5897 W STATE ROAD 56 JASPER, IN 47546	Director 0	0.	0.	0.

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IRELAND SPORTSMAN CLUB INC

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Statement 6 (continued)

Form 990-EZ, Part IV

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
GARY SCHMITT 5027 W SERM LANE JASPER, IN 47546	Director 0	\$ 0.	\$ 0.	\$ 0.
KENT WEISHEIT 5530 N 600 W OTWELL, IN 47564	Director 0	0.	0.	0.
TERRY FUHS 2610 N 500 W JASPER, IN 47546	Director 0	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

Statement 7

Form 990-EZ, Part V

Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No