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## Short Form

OMB No 1545-1150

Form 990-EZ

## 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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

Department of the Treasury  
Internal Revenue ServiceOpen to Public  
Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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

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

G Accounting method ☒ Cash ☐ Accrual  
Other (specify) ►

I Website: ► N/A

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Organization type (check only one) — ☒ 501(c) ( 7 ) (insert no) 4947(a)(1) or 527K 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ

► \$ 40,553.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for 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	5,515.
	4 Investment income	4	336.
	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) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	34,441.
	b Less: direct expenses other than fundraising expenses	6b	33,554.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	887.	
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 ► See Statement 1)	8	261.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	6,999.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	45.
	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	608.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Statement 3)	16	839.
	17 Total expenses (add lines 10 through 16)	17	1,492.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,507.
	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	30,155.
	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	35,662.

## Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

22 Cash, savings, and investments	23 Land and buildings	24 Other assets (describe ► See Statement 4 IRS Ogden, Utah)	25 Total assets	26 Total liabilities (describe ► )	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(A) Beginning of year	(B) End of year
						20,937.	18,845.
						9,218.	10,562.
							6,255.
						30,155.	35,662.
						0.	0.
						30,155.	35,662.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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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 5

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 6(Grants \$ ) If this amount includes foreign grants, check here ☐

28 a 33,554.

29

(Grants \$ ) If this amount includes foreign grants, check here ☐

29 a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐

30 a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here ☐

31 a

32 Total program service expenses (add lines 28a through 31a)

32 33,554.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(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
JERRY HIMSEL 1983 W STATE RD 56 JASPER, IN 47546	President 0	0.	0.	0.
CHRIS HIMSEL P.O. BOX 91 IRELAND, IN 47545	Vice President 0	0.	0.	0.
DOUG MOELLER 2678 N DARRY STREET JASPER, IN 47546	Secretary 0	0.	0.	0.
JOHN SCHRODER 45 DAFFODIL COURT JASPER, IN 47546	Treasurer 0	0.	0.	0.
GARY GIESLER 2090 W SKYVIEW DRIVE JASPER, IN 47546	Director 0	0.	0.	0.
SHAWN SCHMITT P.O. BOX 47 IRELAND, IN 47545	Director 0	0.	0.	0.
HAROLD SANDER 5897 W STATE ROAD 56 JASPER, IN 47546	Director 0	0.	0.	0.
DENNIS GREENER 2130 W SKYVIEW DRIVE 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.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> 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		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
<b>39</b> 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities.		
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> , section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
<b>b</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,' complete Schedule L, Part I		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed <u>IN</u>		

**42a** The books are in care of JOHN SCHROEDER Telephone no (812) 482-0755  
 Located at 45 DAFFODIL COURT JASPER IN ZIP + 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
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

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

☐ N/A  
☒ **43**

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		X
<b>45</b>		X

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ



Department of the Treasury  
Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

**Open to Public Inspection**

Name of the organization

IRELAND SPORTSMAN CLUB INC

Employer identification number

35-1841729

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
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- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- ☐ Mail solicitations
- ☐ Email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations

- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes    ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>SHOOTING MATCH</u> (event type)	(b) Event #2 <u>MEMBER FACILIT</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	25,946.	8,495.		34,441.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	25,946.	8,495.		34,441.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	26,316.	7,238.		33,554.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				33,554.
	9 Net income summary. Combine lines 3 and 8 in column (d)				887.

**Part III Gaming.** Complete if the organization answered 'Yes' to 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 Non-cash 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. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_**c** If 'Yes,' enter name and address:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_



2008

## Federal Statements

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IRELAND SPORTSMAN CLUB INC

35-1841729

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**Statement 1**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

SALE OF EQUIPMENT	\$	202.
SALE OF SCRAP METAL		59.
Total	\$	<u>261.</u>

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

Donee's Name:	CAMP CARE JASPER, IN 47546	
Cash Amount Given:		\$ 25.
Donee's Name:	IRELAND VOLUNTEER FIRE DEPT IRELAND, IN 47545	
Cash Amount Given:		\$ 20.

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

Depreciation		\$ 839.
Total	\$	<u>839.</u>

**Statement 4**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 0.	\$ 6,255.
Total	\$ <u>0.</u>	\$ <u>6,255.</u>

**Statement 5**  
**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.

**2008**

**Federal Statements**

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**Client 1841729**

**IRELAND SPORTSMAN CLUB INC**

**35-1841729**

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**Statement 6  
Form 990-EZ, Part III, Line 28  
Statement of Program Service Accomplishments**

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.