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50m 990-EZ

Department of the Treasury

Internal Revenue Service

JSA 9E1008 3 000

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)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 2009, and ending B Check if applicable Please D Employer identification number C Name of organization use IRS Address change label or Comhaltas Ceoltoiri Eireann, Inc. 04-2602850 Name change print or Number and street (or P O box, if mail is not delivered to street address) Room/sulte E Telephone number type. Initial return See 781-899-0911 239 Grove Street Termination Specific Amended City or town, state or country, and ZIP + 4 Instruc F Group Exemption retum Application pending Waltham, MA 02453 tions. Number · · · ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method: X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► X If the organization is not | Website: ▶ www.cceboston.org required to attach Schedule B (Form 990, Tax-exempt status (check only one) - | X | 501(c) (3 990-EZ, or 990-PF).) ◀ (insert no.) 4947(a)(1) or 527 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 85,780 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ .. > \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 11,662 1 Program service revenue including government fees and contracts 68,283 2 3 3 19 4 4 5a 5b 5c Revenue a Gross revenue (not including \$= OGDEN UT ... 3,041 reported on line 1) 87 6b b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 2,954 6c 7 a Gross sales of inventory, less returns and allowances | 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 420 7 c 2,355 Other revenue (describe > Newsletter advertisements 85,693 9 Grants and similar amounts paid (attach schedule) 1,600 10 Benefits paid to or for members 11 11 12 1,200 13 13 7,473 Occupancy, rent, utilities, and maintenance 14 14 4,929 15 Printing, publications, postage, and shipping Other expenses (describe > See attached schedule 16 73,817 89,019 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) -3,32618 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 35,522 19 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 32,196 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (A) Beginning of year (See the instructions for Part II.) (B) End of year Cash, savings, and investments 28,522 22 24,813 22 23 23 Other assets (describe

Musical instruments 7,000 7,384 24 24 35,522 25 32,197 25 Total liabilities (describe ▶ 26 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 35,522 27 32,197

Form 990-EZ (2009)						Page 2
Part III Statement of Program Service Accomplishme	ents (See the instructi	ons for Part III.)		Γ	Ext	enses
What is the organization's primary exempt purpose?	(000 000 000 000 000 000 000 000 000 00	<u> </u>		Ì	(Required	for section
Describe what was achieved in carrying out the organization's ex	empt purposes. In a clear	and concise manne	er.	1	organizatio	and 501(c)(4) ons and section
describe the services provided, the number of persons benefited, and					4947(a)(1) for others)	trusts, optional
28Formal music school program, approx 100	students each	term, fall a	nd			
spring terms, program is run in conjunc			_	at		
local University and college which prov			_			
	es foreign grants, check her		\neg	28a		58,649
29Bi-Monthly (Sept - Jun) music and dance			 •		_	
50-60 participants; slow music sessin	before dance ap	prox 10-12				
participants						
(Grants \$) If this amount includ	es foreign grants, check her	e		29a		3,857
30Weekly Irish dance lesson workshops, a	oprox 25 weeks p	oer year,				
approx 10 - 20 particpants per week				1		
(Grants \$) If this amount includ	es foreign grants, check her	e ▶		30a		950
31 Other program services (attach schedule)			<u></u>			
	es foreign grants, check her			31a		3,479
32 Total program service expenses (add lines 28a through 31a)				32		66,935
Part IV List of Officers, Directors, Trustees, and Key Empl	T		—			for Part IV.)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	em	pĺoyee b	nbutions to enefit plans & ompensation	(e) Expense account and other allowances
	_					
See attached schedule - volunteers			ļ			
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rart	Other information (Note the statement requirements in the instructions for Part V.)			
_ =			Yes	No
33	Did the organization engage in any activity not previously reported to the RS? If "Yes," attach a detailed			
	description of each activity	33		х
34	Were any changes made to the organizing or governing documents? 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, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			i
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section]		ł
	6033(e) notice, reporting, and proxy tax requirements?	35a	х	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	х	
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets]		İ
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. None			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			<u> </u>
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		. !
39	Section 501(c)(7) organizations Enter.			.
a	Initiation fees and capital contributions included on line 9			i
b	Gross receipts, included on line 9, for public use of club facilities	1		
40 a	the transfer of the transfer of the transfer of the organization dailing the year direct.			
_	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			الا
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			l
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			1
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		ZX
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			.
	organization managers or disqualified persons during the year under sections 4912,			.
	4955, and 4958	,		1 4
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	£.,	, .	
_	reimbursed by the organization		,	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
44	transaction? If "Yes," complete Form 8886-T	40e		Х
41 42a	List the states with which a copy of this return is filed Massachusetts only The ergopyration's backs are process of Miliabal. B. His already and Miliabal.			
42 a	The organization's books are in care of ► Michal P Hickey Located at ► 00 Woodpecker Rd., Stoughton, MA Telephone no. ► 781-344 02072-3	-391		
h	Located at ≥ 00 Woodpecker Rd., Stoughton, MA ZIP + 4 ≥ 02072-3 At any time during the calendar year, did the organization have an interest in or a signature or other authority	966	•••••	
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial			
	0000 mt/2		Yes	No
	If "Yes," enter the name of the foreign county: ▶	42b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank			
	and Financial Accounts.	Ī		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	40		i
·	If "Yes," enter the name of the foreign country ▶	42c	<u> </u>	Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		_	\Box
	and enter the amount of tax-exempt interest received or accrued during the tax year	• • •	▶	لــا
	43			
			Var	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
• •	Form 990-F7			الــــا
45	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		X
••	"Yes " Form 990 must be completed instead of Form 900 F7			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	لـــــا	<u> </u>
	Fi	om 99	0-EZ	(2009)

	and complete the tables for lines 50 and							
46 Did	d the organization engage in direct or indirect	political campaign activiti	ies on behalf o	f or i	n opposition to		Yes	No
ca	ndidates for public office? If "Yes," complete Sch	edule C, Part I				46		x
47 Did	d the organization engage in lobbying activities?	If "Yes," complete Schede	ule C, Part II			47		х
48 Is	the organization a school as described in section	n 170(b)(1)(A)(ii)? If "Yes,"	complete Sche	dule	E	48		×
	d the organization make any transfers to an exe					49a		х
b If "	"Yes," was the related organization a section 52	7 organization?				49b		<u> </u>
	omplete this table for the organization's five hig nployees) who each received more than \$100,0							d ke
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	ŀe	(d) Contributions to imployee benefit plans & deferred compensation	àc	Expen count a r allowa	nd
None -	volunteer organization	-					_	
		-						
					 			
		-						_
	(1) 1 (4) 1 (4)			0		l		
51 Co	otal number of other employees paid over \$100, omplete this table for the organization's five had not only on the organization from the organization	ighest compensated ind	•		s who each red	ceived	more	tha
51 Co	omplete this table for the organization's five h	ighest compensated ind If there is none, enter "N	one "	actor	s who each red		more	·
51 Cc \$1	omplete this table for the organization's five h	ighest compensated ind If there is none, enter "N	one "	actor				·
51 Cc \$1	omplete this table for the organization's five h	ighest compensated ind If there is none, enter "N	one "	actor				·
51 Co	omplete this table for the organization's five h	ighest compensated ind If there is none, enter "N	one "	actor				·
51 Co	omplete this table for the organization's five h	ighest compensated ind If there is none, enter "N	one "	actor				<u>-</u>
51 Cc \$1	omplete this table for the organization's five h	ighest compensated ind If there is none, enter "N d more than \$100,000	one "	actor				·
51 Cc \$1	omplete this table for the organization's five had 100,000 of compensation from the organization (a) Name and address of each independent contractor pair	ighest compensated indiginal lift there is none, enter "N d more than \$100,000 celeving over \$100,000 celeving over \$100,000 celeving including accompar	(b) 1	actor ype of	service	(c) Co	mpensa	O
51 Cc \$1	omplete this table for the organization's five he 100,000 of compensation from the organization (a) Name and address of each independent contractor paid to the independent contractor paid to the independent contractors remained in the independent contractor paid to the independent contractor pa	ighest compensated indiginal lift there is none, enter "N d more than \$100,000 celeving over \$100,000 celeving over \$100,000 celeving including accompar	(b) 1	statem	service	(c) Co	mpensa	O
51 Co \$1 N/A 	omplete this table for the organization's five him 100,000 of compensation from the organization (a) Name and address of each independent contractor paid to the contractor paid to the contractor of the contractors results of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration Michael Alluchy	Ighest compensated ind If there is none, enter "N d more than \$100,000 ceiving over \$100,000. If this return, including accompar of preparer (other than officer) is	one " (b) 1	statem	ents, and to the best which preparer has a	(c) Co	mpensa nowledg ledge	O
51 Co \$1 N/A d To	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration Wichael P Hickey, Treasur Type or print name and title Preparer's signature Diagonal from the organization's five he organization from the organization from	Ighest compensated indo If there is none, enter "N d more than \$100,000 ceiving over \$100,000 dt this return, including accompar of preparer (other than officer) is	(b) 1	statem of Date	ents, and to the best which preparer has a	(c) Co	mpensa nowledg ledge	O
51 Co \$1 N/A N/A d To	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration Wignature of officer Michael P Hickey, Treasur Type or print name and title Preparer's signature Firm's name (or yours if self-employed),	Ighest compensated ind If there is none, enter "N d more than \$100,000 ceiving over \$100,000. If this return, including accompar of preparer (other than officer) is	one " (b) 1 (b) 1	statemation of	ents, and to the best which preparer has a	(c) Co	mpensa nowledg ledge	O
51 Co \$1 N/A N/A d To Sign Here	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration Wichael P Hickey, Treasur Type or print name and title Preparer's signature Firm's name (or	Ighest compensated ind If there is none, enter "N d more than \$100,000 ceiving over \$100,000 d this return, including accompar of preparer (other than officer) is	one " (b) 1 (b) 1	statem of Date	ents, and to the best which preparer has a	(c) Co	mpensa nowledg ledge	O

SCHEDULE.A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Con compacts instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

04-2602850 Comhaltas Ceoltoiri Eireann, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(IIi). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c | Type III - Functionally integrated d Type III - Other b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your support? (see instructions)) US.? Yes No Yes Nο Total

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Org (Complete only if you check				b)(1)(A)(iv) a	nd 170(b)(1)(/	A)(vi)
Sect	tion A. Public Support	-	•			· · · · · ·	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		-				
4	Total. Add lines 1 through 3				N. P. C.		
5	The portion of total contributions by each					4	
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount		¥ 1	1.0			
•	shown on line 11, column (f)				ļ <u>.</u>		
6	Public support. Subtract line 5 from line 4.	l	<u> </u>)L	<u> </u>	L
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2005	(D) 2000	(0) 2007	(u) 2008	(e) 2009	(i) iotai
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (12	
13	First five years. If the Form 990 is it	for the organizat	tion's fırst, secor	id, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · ·	• • • • • • • •	▶
	tion C. Computation of Public Sup	•	· ····································			1 1	
14	Public support percentage for 2009 (I	-	•				<u>%</u>
15	Public support percentage from 2008						%
16a	331/3% support test - 2009. If the c	-					
_	this box and stop here. The organizati						
D	331/3% support test - 2008. If the						
47-	check this box and stop here . The org						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization m Part IV how the organization meets	the "facts-and-o	circumstances" t	est. The organ	ization qualifies	as a publicly :	supported
L	organization						▶ 🔲
D	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org						
40	Explain in Part IV how the organization supported organization						▶ □
18	Private foundation. If the organization	on ald not ched	ck a box on line	e 13, 16a, 16i	b, 17a, or 1 7 b	, check this box	k and see

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not include					Ĭ	
	any "unusual grants.")	7,138	8,120	14,801	6,761	11,662	48,482
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the	}			ļ		
	organization's tax-exempt purpose	45,439	57,923	63,820	75,622	68,284	311,088
3	Gross receipts from activities that are not an	· · · · · · · · · · · · · · · · · · ·		,			
•	unrelated trade or business under section 513	8,367	22,654	32,747	19,439	3,041	86,248
4	Tax revenues levied for the organization's		<u>-</u>				
•	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit to the			ļ			
	organization without charge						
•	Total. Add lines 1 through 5	60,944	88,697	111,368	101,822	82,987	445,818
70	Amounts included on lines 1, 2, and 3	33,311				- 02,750	
/ a	received from disqualified persons	240	240	1,330	446	270	2,526
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	240	240	1,330	446	270	2,526
С 8	Add lines 7a and 7b Public support (Subtract line 7c from	2.0	2.10	1,000			2/320
Ü	line 6.)						443,292
Sac	tion B. Total Support					L	,252
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	60,944	88,697	111,368	101,822	82,987	445,818
9 10a	Gross income from interest, dividends,						110,010
	payments received on securities loans,	,					
	rents, royalties and income from similar sources	190	502	579	329	19	1,619
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses		!				
	acquired after June 30, 1975	0	0	461	0	ol	461
_	Add lines 10a and 10b	190	502	1,040	329	19	2,080
11	Net income from unrelated business						
• •	activities not included in line 10b,		 				
	whether or not the business is regularly						
40	Other income. Do not include gain or	· · · · · · · · · · · · · · · · · · ·					
12	loss from the sale of capital assets						
	(Explain in Part IV)	183	15	0	0	420	618
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	61,317	89,214	112,408	102,151	83,426	448,516
14	First five years. If the Form 990 is for						
• •	organization, check this box and stop here				-		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8			nn (f))		15	98.8353 %
16	Public support percentage from 2008 Sche						98.8157 %
	tion D. Computation of Investmen						20.010, 70
17	Investment income percentage for 2009 (li			13 column (f))		17	0.4638 %
18	Investment income percentage from 2008					18	0.0477 %
	33 1/3% support tests - 2009. If the o						
134	17 is not more than 33 1/3%, check the					·	
L	33 1/3% support tests - 2008. If the org						
Ð							
20	line 18 is not more than 331/3%, check						
JSA	Private foundation. If the organization	did Hot Check	a DUX ON line	14, 19a, or 190		ox and see instr	

Comhaltas Ceoltoiri Eireann, Inc. E.I.N. 04-2602850 Form 990-EZ Year Ended December 31, 2009

Part 1 Line 1 - Direct Public support:			
Membership			6,234
General Contributions received			5,173
Grant			255
Total			11,662
			
Part 1 Line 2 - Program Service Revenue:			
Seisiuns & ceilis			5,035
Concerts & performances			2,171
Dance instruction classes			2,215
Formal Music School Tuitions			55,566
Music school fees			1,770
Instrument Rental fees			1,527
Total			68,284
			 _
Part 1 Line 6 - Special Events & Activities:	Gross	Expenses	Net
In-house raffles at seisiuns & ceilis (16 events)	2,386	87	2,299
Touring Artists Concert Oct. 2008	655		655
Total	3,041	87	2,954
			
Part 1 Line 7 - Sale of merchandise			
Music books and CD's	420	-	420
Part 1 Line 8 - Other Revenues:			
Newsletter advertisements			2,355
Total			2,355

Comhaltas Ceoltoiri Eireann, Inc. E.I.N. 04-2602850 Form 990-EZ Year Ended December 31, 2009

Part I, Line 10 - Grants and similar amounts paid

Several members of the organization participated in a regional music competition held in Pearl River, NY. The 1st and 2nd place winners in each grouping in that competition qualified to participate in an international competition held in the Republic of Ireland in August 2009. The organization awarded grants to four qualifying participants who traveled to Ireland in order to help cover some of their related expenses.

Total Grants - to 4 individuals			1,600
Part I, Line 15	Program Services	Mgt & General	Total
Postage:			
Newsletter Expense	1,929		1,929
General Postage		310	310
Total postage	1,929	310	2,239
Printing			
Newsletter Expense	2,437		2,437
General Printing		253	253
Total printing	2,437	253	2,690
Total to line 15			4,929
	Program Services	Mgt & General	Total
Part I, Line 16 - Other expenses	 -		
General Program Activities			
Membership per capita	6,151		6,151
Musicians	-		-
Refreshments - seisiuns	47		47
Radio program - air time	-		-
Other program expenses	•		-
Supplies	•	228	228
Advertising	100	-	100
Insurance	-	730	730
Dues & other fees	-	730 50	
Dues & other fees State filing fees	-		730 50 -
Dues & other fees State filing fees Web site fees	180		730
Dues & other fees State filing fees Web site fees Bank Fees	-	50 - -	730 50 - 180
Dues & other fees State filing fees Web site fees Bank Fees Travel - meetings	- 180 -		730 50 - 180 - 2,794
Dues & other fees State filing fees Web site fees Bank Fees Travel - meetings Travel - regional music competition	180 - 3,057	50 - -	730 50 - 180 - 2,794 3,057
Dues & other fees State filing fees Web site fees Bank Fees Travel - meetings	- 180 -	50 - -	730 50 - 180 - 2,794

Comhaltas Ceoltoiri Eireann, Inc. E.I.N. 04-2602850 Form 990-EZ Year Ended December 31, 2009

Music School expenses			
Music school program - Administrator fees		2,800	2,800
Music school program - Instructor fees	54,060	-	54,060
Advertising	520		520
Instrument rental	100		100
Repairs - Instruments	150	-	150
Envelopes, Supplies, postage		1,352	1,352
Insurance rider	156	-	156
Telephone		500	500
Bank fees		701	701
Total - music school	54,986	5,353	60,339
Total - Line 16			73,817
Part III, Line e - Other Program Services: Participation in regional traditional Irish music competition Public awareness of events and promotion of organizations			3,057
programs through newsletters, publications, web site, as well as promotional material through events sponsored by other organizations Other expenses related to various programs, events or costs in	5		280
promoting Organizations' Traditional music events and program			142
Total - to Part III, line e			3,479
Part III, Line 32			
Summary of Program Service Expenses			
Occupancy			7,473
General activities			47
Music school program			54,986
Itemized - Other			3,479
Total			65,985

Comhaltas Ceoltoiri Eireann E.I.N. 04-262850 Form 990 Year Ended December 31, 2009

Name & Address (A)	Title (B)	Hours (C)	Comp (D)	Benefits (E)	Expense Account (F)
Lawrence Reynolds 239 Grove St Waltham, MA 02453	Chairman	10	0	0	0
Joseph Harney 538 Elm Rd Walpole, MA 02081	Vice Chairman	1	0	0	0
Michael P. Hickey 100 Woodpecker Road Stoughton, MA 02072	Treasurer	2	0	0	0
Ann Walsh 4 Eklaire Dr East Bridgewater, MA 02333	Secretary	2	0	0	0
Barbara Davis 3709 Pheasant Lane Middleboro, MA 02346	Public Relations	5	0	0	0
Patrick O'Brien 933 Queen Anne Rd E. Harwich, MA 02645	Auditor		0	0	0

All Officers are Volunteers