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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 2009

Department of the Treasury Internal Revenue Service

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 recepits 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

Open to Public Inspection

Α	For the	e 2009 calend	lar year,	or tax year beginning	12/01/09 , ar	id ending	11/30	0/10				
В		f applicable	Please use IRS	C Name of organization	n			•		D E	mployer ident	ification number
	Name c	s change hange	label or	IRISH FOOTI	BALL BOOSTER	S				4	1-2004	091
	Initial re	eturn	type	Number and street (or P (O box, if mail is not delivered	f to street a	ddress)	Ro	om/suite		elephone nun	
	Termina	ation	See Specific	,	STREET WEST						51-423	
	Amende	ed return	Instruc-	City or town, state or cour	ntry, and ZIP + 4					F G	roup Exempt	ion
_	Applicat	tion pending	tions	ROSEMOUNT		MN 5	5068			N	lumber	>
	Sec	ction 501(c)(3) organi:	zations and 4947(a)(1)	nonexempt charitable t	rusts mu	st attach	G	Accountin	g method	X Cash	Accrual
	. <u> </u>			npleted Schedule A (Fo	orm 990 or 990-EZ).			Oti	ner (specify)	<u> </u>		
1	Websi						1	н	Check	l lf	the organizatio Schedule B (Fo	n is not
<u>J</u>		empt status (ch				4947(a)(527				
K	Check				on 509(a)(3) supporting o		_	-		-	more than \$2	5,000 A
					f the organization choose				complete			100 000
					, if \$500,000 or more, file Fo						\$	177,332
	Part I				<u>iges in Net Assets</u>	or Fun	d Balance	s (See	he instr	<u>uction</u>	s for Part	
	1			nts, and similar amounts reco						1		36,894
	2	Program ser	rvice reve	enue including governme	ent fees and contracts					2	!	46,976
	3	Membership	dues an	d assessments						3	B	
	4	Investment i					1 1			4	1	140
	5a	Gross amou	int from s	sale of assets other than	inventory		5a					
3) b	Less cost or	r other ba	asıs and sales expenses	•		5b					
4	₹ c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							5	С		
97	년, 6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here										
ě	a a											
&	13	reported on	line 1)				6a		47,2	61		
-	b	Less direct	expense	s other than fundraising	expenses		6b		20,0	32		
Ŝ	C 7a	Net income	or (loss)	from special events and	activities (Subtract line 6	b from line	e 6a)			6	с	27,229
5	Ф 7а	Gross sales	of invent	tory, less returns and allo	owances		7a		31,0	84		
۲	+ ь	Less cost of	f goods s	sold			7b		29,0	47		
Œ	T c	Gross profit	or (loss)	from sales of inventory (Subtract line 7b from line	e 7a)			•	7,	c	2,037
,	\$ 8	Other revenu	ue (desc	ribe > SEE ST	ATEMENT 1	·) 8		14,977
Ξ	8 1 9	Total reven	ue. Add I	lines 1, 2, 3, 4, 5c, 6c, 7d	c, and 8		DECE	11/ED		9		128,253
	10			mounts paid (attach sche				IVED	-0	1	0	
	11	Benefits paid	d to or fo	r members	•	10			S	1	1	
10	12			ensation, and employee	benefits	036	FFC 22	2 2 7011 101			2	
Se	13			d other payments to inde		-		S		1:		350
penses	14	_		ities, and maintenance	,	-	0005	A 1 1 1	7≅	1	·· ···	
Ä	15			, postage, and shipping		L	OGDE	N, UT	}	1:		
	16			cribe SEE ST	ATEMENT 2) 1		122,560
	17			lines 10 through 16						→ 1		122,910
	18			r the year (Subtract line	17 from line 9)		-			1:		5,343
ets	19			-	ear (from line 27, column	(A)) (mu	st agree with					
SS				ported on prior year's ret	•	. (/ .// (or agree mar			1:	9	53,504
Net Assets	20	· ·		assets or fund balances	•					2		
Ž	21				combine lines 18 through	20				▶ 2		58,847
F	art II				ine 25, column (B) are \$		or more file	Form 990	instead of			
·	<u> </u>	Daiani	00 0110	(See the instructions for		1,230,000	or more, me		ining of yea			nd of year
22	Cash	savings, and ii	nvestme	•	or runting			v., pegii	50,7			55,665
		savings, and ii ind buildings			•		-		30,7	2		33,003
		assets (descrit	he 🕨	SEE STATEM	темт з		, 		2,7		4	3,182
	Total a	•		CIRIUM			' -	· · · · · · · · · · · · · · · · · · ·	53,5			58,847
		ı ab ıl ities (des	crihe 🕨				\ -		23,3	0 2		<u> </u>
		•		s (line 27 of column (B) r	must agree with line 21\		——' -		53,5			58,847
					see the separate instru	ctions	L		22,3	<u> 2</u>		990-EZ (2009)
											1 01111	(2000).

Form 990-EZ (2009) IRISH FOOTBALL BOOSTERS		2004091				Page 2
Part III Statement of Program Service Accomplishments (S	ee the instruct	ons for Part III	.)		Ex	penses
What is the organization's primary exempt purpose?						for section
PROVIDE SUPPORT TO LOCAL HIGH SCHOOL FOOTBALL TEAM.				1		ind 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In a c				1	•	ns and section
manner describe the services provided, the number of persons benefited, or other rele	evant information to					trusts, optional
each program title 28 PROVIDE FUNDS TO HIGH SCHOOL FOOTBALL PROGRAM COACHING			—	for	r others)	
STAFF FOR TEAM EXPENSES THAT BENEFIT OVER 200 STUDENTS.					ĺ	
STATE TOWN DATE BANKED THAT BENEFIT OVER 200 STUDENTS.						
(Grants \$) If this amount includes foreign grants, che	ck here	•	7	28a		53,173
29 PROVIDE FUNDING TO HIGH SCHOOL AND MIDDLE SCHOOL FOR			-			
FOOTBALL TEAM EQUIPMENT THAT BENEFITS OVER 400 STUDENTS.					ĺ	
					ĺ	
(Grants \$) If this amount includes foreign grants, che	ck here	>	. L	29a		18,520
30 HOST PRE-GAME AND POST GAME ACTIVITIES FOR OVER 200 HIGH					1	
SCHOOL FOOTBALL TEAM MEMBERS TO PROVIDE A SAFE, ALCOHOL-					1	
FREE AND DRUG-FREE ENVIRONMENT.			. 1		1	0 600
(Grants \$) If this amount includes foreign grants, che 31 Other program services (attach schedule) SEE STATEMENT 4	ck nere			30a	 	8,698
(Grants \$) If this amount includes foreign grants, che	ck horo		1	31a	1	42,169
32 Total program service expenses (add lines 28a through 31a)	CK Here			32		122,560
Part IV List of Officers, Directors, Trustees, and Key Employees. List eac	h one even if not co	mpensated (See the	re in		ons for P	
	(b) Title and average	(c) Compensation	(d)	Contrib	utions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)			efit plans & pensation	account and other allowances
GREG SICORA	PRESIDENT, 2					
		0			0	0
HANK BROBACK	VP, 2		1			
	ļ	0	<u> </u>		0	0
DOUG BUSHO	TREASURER, 2		1			_
DANELLE MCGRAW	000000000000000000000000000000000000000	0	_		0	
DANELLE MCGRAW	SECRETARY		1		o	,
	 -	,				
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	1	1	1	-		

	Other information (Note the statement requirements in the instructions for	Part V.)			
22	D. Alle			Yes_	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
•	description of each activity		33		<u> </u>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				77
35	the changes		34		X
33	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no	от геропеа			
2	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
u	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		25-		х
ь	If "Yes," has it filed a tax return on Form 990-T for this year?		35a		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		35b		
	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 instr	72	36		
	Did the organization file Form 1120-POL for this year?	<u>a </u>	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	ere	376		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	ii C	38a		x
b	14.00 to 1.00	36	300		
39	Section 501(c)(7) organizations Enter		1		
а		ea Ba			
b	_	9b	1	ļ	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		1		
	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 ben	efit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified				
	person in a prior year, and that the transaction has not been reported on any of the organization's pnor				
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
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				
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				
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed NONE				4 6 =
42a	The organization's books are in care of DOUG BUSHO	Telephone no ► 651	-42	3-9	165
	14209 BELFAST COURT				
_	Located at ROSEMOUNT, MN	ZIP + 4 ▶ 550	800		
U	At any time during the calendar year, did the organization have an interest in or a signature or other authorit	у		<u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		405	Yes	No X
	If "Yes," enter the name of the foreign country		42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		ļ		
	and Financial Accounts.	•			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		x
•	If "Yes," enter the name of the foreign country		720		
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	▶ 43			- L-
	and the text of the second sec	F <u> </u>			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? I	f			
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		x
		F	orm 99	0-EZ	(2009

02/09/11

employed >

EIN

no 🕨

Yes No Form **990-EZ** (2009)

41-0951433

651-437-3226

P00271979

Paid

Preparer's

Use Only

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed)

CATHERINE KULIG

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

ROSEMOUNT.

RAHN, NEISEN & ROOT,

MN

3659 160TH STREET E

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Intern	al Re	venue Service		tach to Form 990 or Form 990-E	:4.	ee sepa	rate inst	ructions	5.		Ins	pectio	n
Name	ame of the organization IRISH FOOTB			LL BOOSTERS						oyer ider -2004	ntification nun	nber	
Pa	rt I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ns		
The	orga			it is (For lines 1 through 11, che					-				
1		A church, cor	ivention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(A)(i).						
2		A school desc	cribed in section 170(b)(1)(/	A)(ii). (Attach Schedule E)									
3				e organization described in section	on 170(b)	(1)(A)(iii)							
4		=	·	in conjunction with a hospital des	• •			(A)(iii).	Enter th	e hospit	tal's name.		
		city, and state	•					,			,		
5		-		f a college or university owned or	operated	by a gove	ernmenta	ıl unıt de	scribed	ın			
		_	b)(1)(A)(iv). (Complete Part	•		-, - 9							
6		•		vernmental unit described in sec	tion 170(b)(1)(A)(v	ı). O						
7				ubstantial part of its support from	,		-	n the ae	neral pu	blic			
		_	section 170(b)(1)(A)(vi). (Co		_ g-10			30.					
8				70(b)(1)(A)(vi). (Complete Part II)								
9	X	-) more than 33 1/3 % of its suppo	•	ntribution	s. memb	ership fe	ees. and	l aross			
				pt functions—subject to certain ex									
				d unrelated business taxable inco									
			•), 1975 See section 509(a)(2) . (0	•								
10				xclusively to test for public safety			a)(4).						
11	,			xclusively for the benefit of, to per				carry ou	t the				
• •		=		ed organizations described in sect				-		tion			
				ne type of supporting organization	•								
		a Type		c Type III–Functiona			d	~ ī	e III–Otl	ner			
е	,		,,	anization is not controlled directly									
	'		· · · · · · · · · · · · · · · · · · ·	and other than one or more public						tion			
			section 509(a)(2)	•	,	3							
f			, , , ,	mination from the IRS that it is a	Type I, Ty	pe II. or T	Γvpe III s	upportin	a				
		_	check this box		,		<i>,</i> ,	• •	•				Γ
g		Since August	17, 2006, has the organizat	on accepted any gift or contribution	on from a	ny of the							L
J		following per		, , , ,		•							
				ntrols, either alone or together wit	th persons	s describe	ed in (ii)					Yes	No
			· · · · · · · · · · · · · · · · · · ·	the supported organization?	•		. ,				11g(i)		
		• •	member of a person describ								11g(II)	1	
			ontrolled entity of a person d	•••							11g(ııı	1	
h			ollowing information about th	,, ,,									
(i)	Nam	e of supported	(II) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Did	ou notify	(vi)	ls the	(vii) Am	ount of	
	org	ganization		(described on lines 1–9		sted in your		nization in	organizat	on in col zed in the	sup	port	
				above or IRC section (see instructions))	governing	document?		of your port?		S?			
				(See manuchons))	Yes	No	Yes	No	Yes	No			
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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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(iv) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gits, grants, contributions, and membership fees received (00 not include any runssal grants 1) This value of services or facebes for include any runssal grants 1) The value of services or facebes for include any runssal grants 1) The value of services or facebes for include any runssal grants 1 and the organization of the behalf of the organization and the first organization include any runssal grants 1 and the formation of the behalf of the organization and the first organization in the first organization and the fi	Sche			ALL BOOSTI			-2004091	Page 2
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Galendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total membership fees received (CD on of membership fees received fees rec		(Complete only if you che						
1 Gifts, grants, contributions, and membership fees received (10 not include any "unusual grants") 2 Tax reverses leved for the organization's bendil and either paid to or expended on its behalf. 3 The value of services or facilities from the fact of the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge for the fact of the fa								
membership fees received (10 not include any "unusual grants") 2 Tax revenues leved for the organization's beself and either paid to or expended on is behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total, Add innes i through 3 5. The portion of total combinations by each pesso (other than a governmental unit or publicly supported organization) included on hise if flate exceeds 2% of the amount shown on line 11, column (1) 6. Publics support districts the 5 from line 4 Saction B. Total Support Calendary ser of fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7. Amounts from line 4 8. Gross income from anterest, dividendes, credits, revisition, and the complete of the services o	Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the origanization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly support diginate poin, included on line 1 flate exceeds 2% of the amount shown on line 1 flate exceeds 2% of the amount shown on line 11, column (i) 5 Public support. Subtract line 5 from line 4 8 Gross ancome from interest, dividends 8 Gross ancome from interest, dividends, reprints, reyellies and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on the business activities, whether or not the business as activities, whether or not the business is regularly carried on the business activities, whether or not the business activities, whether or not the business is regularly carried on the total on the carried on the	1	membership fees received (Do not						
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendary year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendary year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 8 Gross income from unreleast, dividends, payments received on securities loans; rents, royalises 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. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage ▶ 1 4 Public support percentage from 2009 (fine for organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization by 3 1/3 % support test—2009. If the organization did not check a box on line 13 in 16, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explai	2	benefit and either paid to or expended on						
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sec	tion A. Public Support	ecked the box o	n line 9 of Pan	[1]			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	(5) 2000	(6) 2507	(u) 2000	(6) 2003	(i) rotal
	membership fees received (Do not include any "unusual grants")	34,854	27,919	26,488	29,012	36,894	155,167
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	42,118	58,515	68,305	48,981	46,976	264,895
3	Gross receipts from activities that are not an unrelated trade or business under section 513			10,800	13,095	93,322	117,217
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	76,972	86,434	105,593	91,088	177,192	537,279
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						537,279
	tion B. Total Support					-	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	76,972	86,434	105,593	91,088	177,192	537,279
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		160	167	267	140	734
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		160	167	267	140	734
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	76,972	86,594	105,760	91,355	177,332	538,013
14	First five years. If the Form 990 is for the	•	econd, third, fourth	, or fifth tax year as	a section 501(c)(3)	
	organization, check this box and stop here						<u> </u>
	ction C. Computation of Public Su					14-1	
15	Public support percentage for 2009 (line 8,		•	7))		15	99.86%
16	Public support percentage from 2008 Sche						99.86%
	ction D. Computation of Investme					47	.1364 %
17	Investment income percentage for 2009 (In			olumn (t))		17	
18	Investment income percentage from 2008 5			4 and line 15 is me	than 22 1/2 0/	18	.1428 %
19a b	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	ox and stop here. The nization did not chec	ne organization qua k a box on line 14 c	alifies as a publicly s or line 19a, and line	supported organiza 16 is more than 3	tion 3 1/3 %, and	▶ [X
	line 18 is not more than 33 1/3 %, check th					nızatıon	.
20	Private foundation, if the organization did	not check a box on l	line 14 19a or 19h	check this hox an	d see instructions		▶ :

Schedule A (Form 990 or 990-EZ) 2009 IRISH FOOTBALL BOOSTERS

41-2004091

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

See separate instructions

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Total

IRISH FOOTBALL BOOSTERS

to be compensated at least \$5,000 by the organization

Employer identification number 41-2004091

Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events C d In-person solicitations 2a Did the organization have a 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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

Fundraising Activities. Complete if the organization answered "Yes" to Form 990. Part IV, line 17

(III) Did fund-(i) Name of individual (II) Activity (IV) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) (or retained by) (or retained by) from activity custody or fundraiser listed in organization control of col (i) contributions Yes No

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

Page 2

P	art I	Fundraising E	vents. Complete if th ,000 on Form 990-EZ	e orga	nization answere	d "Yes" to	Form 990, Pa	art IV, line 1	8, or rep	orted					
		more than \$15	(a) Event #1	<u>., iii e (</u>	(b) Event #		(c) Other even		<u>uu.</u>		—				
		_							(d) Total e	events					
		•		<u>ARD</u>		<u> </u>	NONE		(add col (a		jh				
e			(event type)		(event type)		(total numb	er)	col ((C))					
Revenue	1	Gross receipts	47	,261						47 4	261				
8	2	Less Charitable	37	, 201		 ·,				47,2	201				
	_	contributions													
	3	Gross revenue (line 1				-									
		minus line 2)	47	,261					4	47,2	261				
	1														
	4	Cash prizes													
	5	Noncash prizes													
	ľ	Noncasii prizes													
es	6	Rent/facility costs													
ens		-		Ţ											
찣	7	Food and beverages													
Direct Expenses															
Õ	8	Entertainment	 ·												
	9	Other direct expenses	20	,032					•	20 (032				
		Office direct expenses		, , , ,					20,032						
	10	Direct expense summary	Add lines 4 through 9 in co	lumn (d)				▶ ⟨		20,0	032)				
	11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported.									20,0 27,2	229				
P	art i	9			wered "Yes" to F	orm 990,	Part IV, line 19), or reporte	ed more						
		than \$15,000 C	on Form 990-EZ, line	<u>ьа.</u>	(h) Dull Ashadaa		<u> </u>		(d) T-1-1						
Revenue			(a) Bingo		(b) Pull tabs/ins bingo/progressive		(c) Other gan	nına I	(d) Total gaming (Add col (a) through col (c))						
eve						<u>-</u>									
<u></u>	1	Gross revenue			-										
ses	2	Cash prizes													
Expenses	3	Noncash prizes		ŀ											
		140ff0d0ff pff2C3			 				·						
Direct	4	Rent/facility costs													
	5	Other direct expenses													
	_	Malomata a dale a a	Yes	%	Yes	%	Yes X No	%							
	6	Volunteer labor	X No		X No		No No								
	7	Direct expense summary	Add lines 2 through 5 in co	lumn (d)				▶ ∤)				
		,	.												
	8	Net gaming income summ	nary Combine line 1, colum	n d, and	line 7			>							
										Yes	No				
9			e organization operates gam	_						İ	v				
a b		ne organization licensed to No," Explain	operate gaming activities in	n each of	these states?				9a		<u> </u>				
D	" '	10, Explain													
10a	We	re any of the organization'	s gaming licenses revoked,	suspend	led or terminated durii	ng the tax ye	ar?		10a		X				
b	b If "Yes," Explain														
14	D.	on the organization and the	a daming activities with see-	mambas	• • •						X				
11 12			e gaming activities with noni beneficiary or trustee of a tri			nip or other 4	entity		11						
-		ne organization a grantor, ned to administer charitab	•	_		p or other t			12		х				

Sche	dule G (Form 990 or 990-EZ) 2009 IRISH FOO	TBALL	BOOSTERS	41-200409	1	Р	age 3
						Yes	No
3	Indicate the percentage of gaming activity operated in			1 1	1 1	1	
а	The organization's facility			13a %	.		
b	An outside facility			13b %			
4	Provide the name and address of the person who prepares	the organizat	tion's gaming/special events books				
	and records						
	Name ▶ DOUG BUSHO						
	14209 BELFAST COURT						
	Address ► ROSEMOUNT			MN 55068			
I5a	Does the organization have a contract with a third party from	n whom the o	organization receives gaming				
	revenue?				15a		Х
b	If "Yes," enter the amount of gaming revenue received by th	e organizatio	on ▶ \$	and the			
	amount of gaming revenue retained by the third party	\$					
С	If "Yes," enter name and address of the third party						
	Name ▶						
	Address ▶						
16	Gaming manager information						
	Name ▶						
	Gaming manager compensation ▶ \$						<u> </u>
	Description of services provided ▶						[
	Director/officer Employee	Independ	dent contractor				
17	Mandatory distributions						
а	Is the organization required under state law to make charita	ble distribution	ons from the gaming proceeds to				
	retain the state gaming license?				17a	<u> </u>	X
b	Enter the amount of distributions required under state law d	stributed to	other exempt organizations or spent			1	
	in the organization's own exempt activities during the tax ye	ar ▶ \$					

Schedule G (Form 990 or 990-EZ) 2009

7129 IRISH FOOTBALL BOOSTERS

41-2004091

Federal Statements

FYE: 11/30/2010

2/9/2011 7:13 PM

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

Description	 Amount				
FOOTBALL PROGRAM AD SALES	\$ 14,977				
TOTAL	\$ 14,977				

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount				
FOOTBALL FOOD SALES FOOD COSTS	\$ 18,767				
FOOTBALL BANQUETS COST OF BANQUET	9,694				
EXPENSES COACHING STAFF EXPENSES PRE-GAME/ POST-GAME PARTY FOOTBALL TEAM EQUIPMENT ADVERTISING FOOTBALL GAME PROGRAMS GENERAL SUPPLIES CAMERA CREW SENIOR POSTERS	53,173 8,698 18,520 4,225 4,009 2,048 2,750 676				
TOTAL	\$ 122,560				

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
INVENTORIES FOR SALE OR USE	\$ 2,772	\$ 3,182
	2,772	 3,182

7129 IRISH FOOTBALL BOOSTERS

41-2004091 FYE: 11/30/2010 Federal Statements

<u>Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service</u> <u>Accomplishments</u>

Description

PROVIDE PROGRAMS TO ATTENDEES AT FOOTBALL GAMES & OTHER SUPPLIES TO HONOR HIGH SCHOOL FOOTBALL PLAYERS

2/9/2011 7:13 PM