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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

OMB No. 1545-1150

2010

**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning **FEBRUARY 28**, 2010, and ending **FEBRUARY 27**, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTH COAST FEIS		D Employer identification number 27-3345882
	Number & street (or P.O. box, if mail is not delivered to street addr.) 7305 VILLE CT		E Telephone number (216) 210-4200
	City or town, state or country, and ZIP + 4 Parma OH 44129		F Group Exemption Number . . . ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

J Tax-exempt status (check only one) -- 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

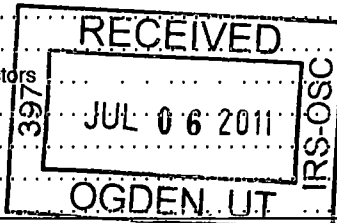
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . ▶ \$ **44,121**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

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	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000).	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	44,121
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	44,121
10	Grants and similar amounts paid (list in Schedule O)	10	
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	13,642
14	Occupancy, rent, utilities, and maintenance	14	16,134
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	11,205
17	Total expenses. Add lines 10 through 16 ▶	17	40,981
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,140
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	10,827
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	13,967



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. 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 transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	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 ▶		
e	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
41	List the states with which a copy of this return is filed. ▶ OH		
42a	The organization's books are in care of ▶ See attachment #4 Telephone no ▶ Located at ▶ ZIP + 4 ▶		
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)?	Yes	No
42b			X
	If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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. ▶		X
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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 . . . ▶ _____

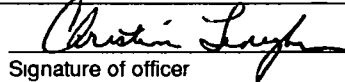
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

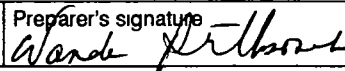
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  | 6-21-11
 Signature of officer | Date
CHRISTINE LENEGHAN | President
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Wanda Petkosck | Preparer's signature:  | Date: 6.10.11
 Firm's name: H&R BLOCK | Firm's EIN: _____
 Firm's address: 14895 N STATE ST
MIDDLEFIELD OH 44062 | Phone no.: 440-632-1879

May the IRS discuss this return with the preparer shown above? See instructions . . . ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

NORTH COAST FEIS

Employer identification number

27-3345882

Part I 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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 9 An organization that normally receives: (1) more than 33 1/3 % 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 33 1/3 % 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)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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.
 - a Type I
 - b Type II
 - c Type III--Functionally integrated
 - d Type III--Other
- e 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).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		X
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		X
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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					44,121	44,121
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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					44,121	44,121
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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.)						44,121

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6					44,121	44,121
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)					44,121	44,121

14 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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests -- 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests -- 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

MZ

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

NORTH COAST FEIS WAS HELD SATURDAY FEBRUARY 5, 2011 AT THE CONCOURSE LEVEL OF THE I-X CENTER IN CLEVELAND OHIO. WE HAD ALMOST 850 COMPETITORS BETWEEN THE AGES OF 4 AND 50 WHO IRISH DANCED BETWEEN THE HOURS OF 8:00AM AND 5:30PM. THE COMPETITIONS WERE THE BASIC "SOLO" STEPS OF REEL, LIGHT JIG, SLIP JIG, TRBLE JIG, HORNPIPE, TREBLE REEL, TRADITIONAL SET, AND NON TRADITIONAL SET AND PRELIMINARY SETS. THE COMPETIONS ARE ORGANIZED BY A AGE AND LEVELS OF DIFFICULTY FROM FIRST FEISERS, BEGINNERS, ADVANCED BEGINNERS, NOVICE, PRIZEWINNER, PRELIMINARY CHAMPIONSHIP AND OPEN CHAMPIONSHIP. ALL COMPETITIONS TOOK PLACE ON HOMEMAKDE STAGES BUILT BY OUR COMMITTEE OUT OF PLYWOOD AND 2X4'S. ALL COMPETITIONS WERE ACCOMPANIED BY LIVE MUSIC. WE HAD FIDDLE AND ACCORDIAN PLAYERS. ALL THE COMPETITIONS WERE JUDGED BY IRISH DANCE TEACHERS WHO ARE CERTIFIED BY THE INTERNATIONAL GOVERNING BODY CALLED AU COIMISIUN, LOCATED IN IRELAND. THE FEIS ITSELF IS GOVERNED BY THE NORTH AMERICAN FEIS COMMISSION AND THE IRISH DANCE TEACHERS ASSOCIATION OF NORTH AMERICA. WE AWARDED METALS IN THE GRADE LEVELS FIRST FEIS TO NOVICE TOTALING 50% OF THE NUMBER OF COMPETITORS. PRIZEWINNER ALSO RECEIVED METALS FOR SECOND PLACE DOWN TO 50% OF THE TOTAL COMPETITORS, HOWEVER FIRST PALCE RECEIVES A SHEET METAL TROPHY. CHAMPS LEVELS WERE GIVEN AWARDS OF SASHES FOR FIRST, SECOND, AND THIRD, PLUS ALL FIRST THRU TOP HALF OF DANCERS RECEIVED AWARDS OF PORCELAIN AND GLASS VASES, CANDLESTICKS, BOWLS, ORNAMENTS AND TEAPOTS. VENDERS ATTENDED FOR THE BENEFIT OF THE DANCERS AND THEIR FAMILIES. THEY INCLUDED A SHOE VENDOR, WIG AND ACCESSORY VENDOR, T-SHIRT VENDOR, AND A VENDER WHO SOLD HAND PAINTED ITEMS. JUDGES NAD MUSICIANS WERE PAID A PER DIEM AS WELL AS TRAVEL EXPENSES AND MEALS. THEY CAME FROM OHIO, CONNECTICUT, CALIFORNIA, COLORADO ILLINOIS AND CANADA. WE HIRED A COMPANY TO HANDLE THE ONLINE REGISTRATION AND THE DAY OF THE FEIS TABULATION OF SCORES AND RESULTS. WE PAID THE AIRFARE OF THE OWNER AND HIS WIFE/BUSINESS PARTNER. WE PRODUCED A FEISPROGRAM CONTAINING A LIST OF COMPETITORS, STAGE SCHEDULE, INFORMATION AND ADS. WE HIRED A LOCAL CO TO PRINT AND STAPLE THE PROGRAM. WE OBTAINED A SINGLE DAY INSURANCE POLICY THROUGH A LOCAL COMPANY FOR OUR COMPETITION AS REQUIRED BY THE NATIOANL ORGANIZATION. MOST OF OUR MONEY CAME FROM REGISTRATION FEE'S FOR EACH DANCER. WE ALSO MADE MONEY FROM SPECTATOR ADMISSION FEE'S STAE SPONSORS AND PROGRAM ADS. A SMALL AMOUNT WAS MADE FROM FEE'S PAID BY VENDORS. WE HAD A DRAFT BEER APPETIZER NIGHT AT A LOCAL IRISH PUB. WE MADE MONEY FROM ADMISSION AND A RAFFLE THAT NIGHT. OUR FUTURE PLANS ARE TO KEEP RUNNING SUCESSFUL YEARLY COMPETITIONS. OUR GOALS ARE TO PROVIDE SAFE, FUN COMPETITIONS TO PROMOTE IRISH CULTURE, DANCE AND PHYSICAL HEALTH ESPECIALLY FOR DANCERS IN THE MIDWEST AND SURROUNDING REGIONS. PROCEEDS FROM THE CHARITY TREBLE REEL WILL GO TO CHARITABLE /CULTURAL GROUPS IN THE GREATER CLEVELAND AREA. POSSIBILITIES ARE ST. AUGUSTINE HUNGER CENTER, THE IRISH CULTURAL GARDENS AND OR THE IRISH ARCHIVES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

NORTH COAST FEIS

Employer identification number

27-3345882

Income was generated thru the following list for North Coast Feis

Venue revenue organized through Feisworx \$40855.86

Ads \$ 270

Stage Sponsorship \$1900

Table Rentals \$1065

Treble Reel at Door \$30

Total of Income \$44120.86

Awards Grades \$3329.70

Champ \$864.52

Sash \$428.90

Programs \$1076

Insurance \$359

Telephone \$100

Bears \$179.25

Stages \$833.31

T- Shirts \$134.25

Printing and Misc \$230.41

Refund \$91.44

Total other expenses \$11199.32

Beginning Balance \$10826.97

checking account fee's \$4.00

FUNDRAISING ACTIVITIES

WE MAIL INVITATIONS TO THE MAJOR IRISH DANCE SCHOOLS IN THE GREATER CLEVELAND AREA TO PARTICIPATE IN FUNDRAISERS SUCH AS DRAFT BEER NIGHT AND BAKE SALES. WE MAIL LETTERS TO AREA BUSINESSES ASKING FOR STAGE SPONSORSHIPS AND FOR OUR COMPETITION STAGES AND OR/OR PURCHASE OF ADS FOR OUR FEIS PROGRAM. WE EMAIL INVITATIONS TO IRISH DANCE SCHOOLS ASKING FOR SPONSORSHIP. FOR PERSONAL SOLICITATIONS WE VISIT AREA BUSINESSES IN PERSON ASKING TO PURCHASE STAGE SPONSORSHIP AND/OR PROGRAM ADS. WE USE PHONE SOLICITATIONS WE CALL AREA BUSINESSES TO COLLECT STAGE SPONSORSHIPS AND/OR PROGRAM ADS. WE HAVE ONLY ONE ASSET AT ANY GIVEN TIME AND THAT IS CASH. THERE IS SUBSTANTIAL CHANGES IN OUR ASSET RIGHT BEFORE OUR EVENT AND RIGHT AFTER. WE COLLECT A GREAT DEAL OF MONEY IN THE TWO MONTHS LEADING UP TO THE COMPETITONS, BUT THEN PAY OUT MOST OF IT FOR THE VENUE JUDGES, MUSICIANS, AWARDS, AND OTHER EXPENSES.

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	02-28	, and ending	02-27-2011.
Name of Organization NORTH COAST FEIS				Employer Identification Number 27-3345882

Primary Purpose

THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF 501(C) (3) OF THE INTERNAL REVENUE CODE OF 1986. TO THIS END, THE CORPORATION SHALL SERVE AS AN OUTLET OF CULTURAL EXPRESSION IN THE ARTS THRU COMPETION AND TO BENEFIT THE NORTHEAST OHIO REGION FAMILIES AND DANCERS, WHILE STRIVING TO PROMOTE IRISH CULTURE THROUGH ACTIVITY ACCEPTANCE AND DIVERSITY. ALL FUNDS, WHETHER INCOME OR PRINCIPAL, AND WHETHER AQUIED BY GIFT OR CONTRIBUTION AND, OR OTHERWISE, SHALL BE DEVOTED TO SAID PURPOSES.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	02-28-2010, and ending	02-27-2011.
Name of Organization NORTH COAST FEIS			Employer Identification Number 27-3345882

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		

PROCEEDS FROM THE CHARITY TREBLE REEL ARE DONATED TO DIFFERENT CHARITABLE/
CULTURAL GROUPS IN THE GREATER CLEVELAND AREA. OUR GOALS ARE TO PROVIDE
SAFE, FUN COMPETITONS TO PROMOTE IRISH CULTURE, DANCE AND PHYSICAL HEALTH
ESPECIALLY FOR DANCERS IN THE MIDWEST AND SURROUNDING REGIONS.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning 02-28-2010 , and ending 02-27-2011 .
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Name of Organization NORTH COAST FEIS	Employer Identification Number 27-3345882
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(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (if not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Christine Leneghan 7305 VILLE CT Parma, OH 44129	PRESIDENT 0.00	0	0	0
CATHY SZENTE 31235 WALKER RD Bay Village, OH 44140	TREASURER 0.00	0	0	0
MICHAEL LAVALLE 3982 TENNYSON LANE North Olmsted, OH 44070	BOARD OF DIRECTORS 0.00	0	0	0
WANDA PETKOSEK 13339 GIRDLED RD Painesville, OH 44077	BOARD OF DIRECTORS 0.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning	02-28	, and ending	02-27-2011.
Name of Organization NORTH COAST FEIS				Employer Identification Number 27-3345882
Part V - Line 42a				

Individual Name CHRISTINE LENEGHAN
 or
 Business Name

Street Address 7305 VILLE COURT

U.S. Address:

Zip code 44129 City Parma State OH
 or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (216) 210-4200

Fax Number