

Department of the Treasury  
Internal Revenue Service

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 \$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.

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

**B** Check if applicable:  Address change,  Name change,  Initial return,  Termination,  Amended return,  Application pending.

**C** Please use IRS label or print or type. See Specific Instructions.  
Irish Cultural Centre of California  
2700 45th Avenue  
San Francisco, CA 94116

**D** Employer identification number: 26-0610341

**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: www.icccsf.org

**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) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 97,312.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21												
REVENUE	1															75,175.																								
	2																																							
	3																																							
	4															1,600.																								
	5a																																							
	5b																																							
	5c																																							
	6																																							
	6a															18,800.																								
	6b															28,277.																								
6c																																								
7a															1,737.																									
7b																																								
7c																																								
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**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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	72,179.	107,072.
23	Land and buildings		
24	Other assets (describe <u>See Statement 3</u> )	35,000.	31,500.
25	<b>Total assets</b>	107,179.	138,572.
26	<b>Total liabilities</b> (describe <u>See Statement 4</u> )	0.	156.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	107,179.	138,416.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Form 990-EZ (2008)

SCANNED APR 23 2010

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APR 15 2010  
OPEN UP

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>See Statement 5</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
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.			
<b>28</b>	<u>Educational scholarships of \$1000 were awarded to five individuals and scholarships of \$750 were awarded to five individuals during the year.</u> (Grants \$ <u>8,750.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>	<u>20,816.</u>
<b>29</b>	<u>See Statement 6</u> ----- ----- (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>	
<b>30</b>	----- ----- (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>	
<b>31</b>	Other program services (attach schedule) (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<u>20,816.</u>

**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
<u>Theresa O'Flynn</u> <u>2700 45th Avenue</u> <u>San Francisco, CA 94116</u>	<u>Vice President</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Kay Gulbengay</u> <u>2700 45th Avenue</u> <u>San Francisco, CA 94116</u>	<u>Director</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Gerrard Cassidy</u> <u>2700 45th Avenue</u> <u>San Francisco, CA 94116</u>	<u>Director</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Karen Kinahan</u> <u>2700 45th Avenue</u> <u>San Francisco, CA 94116</u>	<u>President</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Margaret Nevin</u> <u>2700 45th Avenue</u> <u>San Francisco, CA 94116</u>	<u>Director</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>John O'Keefe</u> <u>2700 45th Avenue</u> <u>San Francisco, CA 94116</u>	<u>Director</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>John Ring</u> <u>2700 45th Avenue</u> <u>San Francisco, CA 94116</u>	<u>Secretary</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Kevin Roche</u> <u>2700 45th Avenue</u> <u>San Francisco, CA 94116</u>	<u>Director</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Carmelle Reiser</u> <u>2700 45th Avenue</u> <u>San Francisco, CA 94116</u>	<u>Treasurer</u> <u>0</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
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**Part V Other Information** (Note the statement requirement in General Instruction V.)

		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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		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 your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction 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 <span style="float:right">▶ <b>37a</b>   _____ 0.</span>		
37b	b Did the organization file <b>Form 1120-POL</b> 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 unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float:right">_____ N/A</span>		
39	501(c)(7) organizations Enter.		
39a	a Initiation fees and capital contributions included on line 9 <span style="float:right">_____ N/A</span>		
39b	b Gross receipts, included on line 9, for public use of club facilities. <span style="float:right">_____ N/A</span>		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ 0., section 4912 ▶ _____ 0., section 4955 ▶ _____ 0.		
40b	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		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____ 0.</span>		
40d	d Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____ 0.</span>		
40e	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 ▶ <u>CA</u>		

42a The books are in care of ▶ Carmelle Reiser Telephone no ▶ 415-305-2754  
 Located at ▶ 2700 45th Avenue San Francisco CA ZIP + 4 ▶ 94116

		Yes	No
42b	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 ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts</b>			
42c	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  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** | \_\_\_\_\_ N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 7

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?  
b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		X
47		X
48		X
49a		X
49b		

50 Complete this table for the 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 and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the 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		
Total number of other independent contractors receiving over \$100,000 ▶		

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

Signature of officer: *Carmelle Reiser* Date: 3-18-10  
 Type or print name and title: Carmelle Reiser Treasurer

Paid Preparer's Use Only

Preparer's signature: W. Noel McNabola *W. Noel McNabola* Date: 3/9/10  
 Firm's name (or yours if self employed), address, and ZIP + 4: PMB Helin Donovan, LLP, 50 FRANCISCO ST STE 120, SAN FRANCISCO, CA 94133-2108  
 Check if self employed:  Preparer's Identifying Number (See instructions): N/A  
 EIN: N/A Phone no: 415-399-1330

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)				114,032.	75,175.	189,207.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-3	0.	0.	0.	114,032.	75,175.	189,207.
<b>5</b> 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)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						189,207.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	0.	0.	0.	114,032.	75,175.	189,207.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					1,600.	1,600.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV				28,965.	18,800.	47,765.
<b>11 Total support.</b> Add lines 7 through 10						238,572.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.
<b>13 First five years.</b> 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. <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, 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. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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. <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

- 19a 33-1/3 support tests – 2008.** 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 – 2007.** If the organization did not check a box on line 14 or 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.





**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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	Brick Sales (event type)	Moylan Dinner (event type)	(total number)	(Add col. (a) through col. (c))	
1	Gross receipts	68,950.	18,800.	87,750.	
2	Less Charitable contributions	68,950.		68,950.	
3	Gross revenue (line 1 minus line 2)		18,800.	18,800.	
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	16,034.	12,243.	28,277.
	8	Direct expense summary. Add lines 4- through 7 in column (d)			28,277.
9	Net income summary. Combine lines 3 and 8 in column (d)			-9,477.	

**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.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
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
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)			

	YES	NO
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.	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain.	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

<b>13a</b>		%
<b>13b</b>		%

**b** An outside facility

**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. ▶ \$ \_\_\_\_\_

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only   
*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions</small>	Name of Exempt Organization	Employer identification number
	Irish Cultural Centre of California	26-0610341
	Number, street, and room or suite number. If a P.O. box, see instructions	
	2700 45th Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	San Francisco, CA 94116	

**Check type of return to be filed** (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ Carmelle Reiser -----

Telephone No. ▶ 415-305-2754 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.  
 The extension is for the organization's return for  
 ▶  calendar year 20\_\_ or  
 ▶  tax year beginning 7/01, 20 08, and ending 6/30, 20 09

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Irish Cultural Centre of California

26-0610341

## Part II, Line 10 - Other Income

Nature and Source	2008	2007	2006	2005	2004
Scholarship Dinner	18,800.	28,965.			
Total	<u>\$ 18,800.</u>	<u>\$ 28,965.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Irish Cultural Centre of California

26-0610341

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	Education		
Donee's Name:	Daniel Casey		
Donee's Address:	83 Inverness Drive San Francisco, CA 94132		
Cash Amount Given:		\$	750.
Class of Activity:	Education		
Donee's Name:	Connor McKeon		
Donee's Address:	133 Colby Street San Francisco, CA 94134		
Cash Amount Given:		\$	750.
Class of Activity:	Education		
Donee's Name:	Nico Perez		
Donee's Address:	695 3rd Avenue San Francisco, CA 94118		
Cash Amount Given:		\$	750.
Class of Activity:	Education		
Donee's Name:	Michael D Wilson		
Donee's Address:	129 Nyla Avenue So. San Francisco, CA 94080		
Cash Amount Given:		\$	750.
Class of Activity:	Education		
Donee's Name:	Elyse Vincenzi		
Donee's Address:	2113 Pullman Avenue Belmont, CA 94002		
Cash Amount Given:		\$	750.
Class of Activity:	Education		
Donee's Name:	Molly Doherty		
Donee's Address:	74 San Carlos Way Novato, CA 94945		
Cash Amount Given:		\$	1,000.
Class of Activity:	Education		
Donee's Name:	Timothy O'Sullivan		
Donee's Address:	24 Lenglen Avenue San Rafael, CA 94903		
Cash Amount Given:		\$	1,000.
Class of Activity:	Education		
Donee's Name:	Cara Trombadore		
Donee's Address:	495 Ethel Avenue Mill Valley, CA 94941		
Cash Amount Given:		\$	1,000.
Class of Activity:	Education		
Donee's Name:	Marie West		
Donee's Address:	527 Live Oak Lane Redwood City, CA 94062		
Cash Amount Given:		\$	1,000.

Irish Cultural Centre of California

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**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	Education	
Donee's Name:	Theresa Woods	
Donee's Address:	344 Pepper Avenue	
	Burlingame, CA 94010	
Cash Amount Given:		\$ 1,000.

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

Administrative	\$	850.
Business Registration Fees		60.
CA Registration Fees		20.
Depreciation		3,500.
Information Technology		885.
Insurance		930.
Library		3,016.
Membership Dues		188.
Office Expenses		2,595.
Other Scholarship Expense		355.
St Patrick's Day Activities		1,964.
<b>Total</b>	<b>\$</b>	<b>14,363.</b>

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

	<u>Beginning</u>	<u>Ending</u>
Miscellaneous	\$ 35,000.	\$ 31,500.
<b>Total</b>	<b>\$ 35,000.</b>	<b>\$ 31,500.</b>

**Statement 4**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 0.	\$ 156.
<b>Total</b>	<b>\$ 0.</b>	<b>\$ 156.</b>

Irish Cultural Centre of California

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**Statement 5**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

The purpose of the Centre is to celebrate and promote Irish Culture and Heritage for the benefit of the community as a whole and to carry on charitable and educational activities associated with this purpose. The Centre currently operates the Patrick J. Dowling Library at the United Irish Cultural Center, a Irish/Irish-American library containing more than 3,000 titles on a variety of Irish topics, including: art, history (Ancient and Modern); literature; music; biography; genealogy; travel; religion; and Irish in America. The Library also houses a large collection of books written in the Irish language as well as Irish periodicals. ICCC operates the Leo T. Walsh Scholarship Program, a scholarship program that awards scholarships each spring to eighth graders (\$750) and high school seniors (\$1,000) entering the next level of their education. In the years to come, the ICCC looks to expand educational and cultural programming, such as art, literary, and theatrical programs; Irish language classes; Music and dance classes; Irish athletic programs, and health and wellness programs.

**Statement 6**  
**Form 990-EZ, Part III, Line 29**  
**Statement of Program Service Accomplishments**

The Irish Cultural Centre of California looks for opportunities to partner with other organizations promoting Irish and Irish-American culture. In 2008-09, the ICCC made grants to organization events and programs, such as the Crossroads Festival, a week-long St. Patrick's Day festival that highlights Irish language, literature, music, history and heritage, and the San Francisco Gaelic Athletic Association.

**Statement 7**  
**Form 990-EZ, Part VI**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No