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Department of the Treasury Internal Revenue Service

# **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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2009

Open to Public Inspection

<u> </u>	For the 200	9 calendar ye	ar, or tax year beginnin	9	, and	ending						
	Check if applica	use IRS	C Name of organization		PUB CHIL	DRENS FOUR	NDATION	1	١	D Emplo	yer identif	fication number
	Address change	label or	David Burnary As	INC	<del></del> .			<del></del>		20-	-81569	016
	Name change	print or type.	Doing Business As  Number and street (or P (	) box if mail is not delh	mend to street address	<u> </u>	<u>-</u>	Room/suite			none numbe	
	Initial return	See	2007 WALNU		ered to speet address	,		Koonissiio	- [			- -5603
	Termination	Specific Instruc-	City or town, state or		4				- 1	G Gross rece		237,449
	Amended return		PHILADELPH	IA	PA 19	9103						
	Application pen	ding F Name	e and address of principal	officer						H(a) Is this	a group return	
									١,	affiliat H(b) Are all		Yes X No
										ınclud	ed?	Yes No
	T	atatus 🟋	501(c) ( <b>3</b> )	(insert no.)	4047(-)(4)					If "No,	attach a list.	(see instructions)
÷	Tax-exempt Website: ▶		//irishpub	donordr	4947(a)(1) or	527	<u> </u>		⊢.	H(a) Cm	exemption nu	
<u>у</u> К	Type of organia	- T			ther		L,	Year of formation		n(C) Gloup		legal domicile
	Part I	Summai		7.2000.23011   0				real of termeder	<u>'</u>		IN State of	legar domaie
<u> </u>			he organization's miss	ion or most sign:	ficant activities						<del></del>	
	c	orporat:	ion will prov	ide charit	able givi	ng to oth	er exe	mpt				•
Activities & Governance		_	tions under S	ection 501	. (c) (3) th	at suppor	t <sub>.</sub>		·		•	
Ë	t .	hildren	٠									
8	1		If the organization		•	disposed of more	e than 25%	of its net as	ssets.		_	
8			members of the gove		•		•			3	9	<del></del>
ties	i	-	endent voting member	_	g body (Part VI,	line 1b)	•			4	7 75	
듩			employees (Part V, line	•		•		•		5		<del></del>
ĕ			volunteers (estimate if ated business revenue	-	olumn (C) line (			••		6 7a		
		•	siness taxable income					•	•	7b		<u>_</u>
Revenue	L INGL	ann chated dat	on look taxable in loom o		1,1110 07	·			or Year		Cu	urrent Year
	8 Con	tributions and	d grants (Part VIII, line	1h)			. [		190	,233		237,449
	9 Prog	ram service	revenue (Part VIII, line	e 2g) .								
ě	1		ne (Part VIII, column (A		•		ļ					
_	i i	,	Part VIII, column (A), lir		•		,	<del></del>	100			
		-	add lines 8 through 11			, line 12)				,233		237,449
			ar amounts paid (Part I		0/5				120	,500		130,000
	1	-	or for members (Part I) compensation, employe			10)		<del></del>				
xpenses	l l		Iraising fees (Part IX, o			10	ł					
Ped	b Tota	I fundraising	expenses (Part IX, co	lumn (D), line 25	2010	S 29,26	1 '		ŧ,	· · -,	,- ,-	
Ĕ	17 Othe	er expenses	(Part IX, column (A), lin	nes 1 <del>1a</del> -11d, 11	f-24f)			<del></del>	39	,980		38,997
	18 Tota	l expenses	(Part IX, column (A), lii Add lines 13–17 (must penses Subtract line	equal Fait 13/19	plumo (A), lune 2	<del>\$</del> [	•			,480		168,997
	19 Rev	enue less ex	penses Subtract line	18 from line 12	=10, 0					,753		68,452
18 05						_		Beginning o				nd of Year
\sse	20 Tota	il assets (Par		•	•	-			_35	,259		96,711
Net Assets or	21 Tota	•	art X, line 26) id balances. Subtract l	ina 21 from lino 1					3 5	,259		13,000 83,711
	Part II		re Block	ine 21 nom ine 2			,, ,			,233		
	<u> </u>		ties of perjury, I declare th	an have examined	this return, includi	no accompanying	schedules at	nd statements	and to	the hest o	of my knowle	edae
		and belief, it	is true, somect, and comit	plete Declaration of	preparer (other the	an officer) is based	on all inform	nation of which	h prepa	ırer has an	y knowledge	e
Sig	gn	<b>N</b>	11111	n						3	1.14.	10
He	_		re of officer	•						Date		
		<u>MA</u>	RK O'CONNOR	₹			PRESI	DENT				
_	-	Type or	pnnt name and title				r	<del></del> -			<del></del>	
Pa	id	Preparer's		MI		20g	Date		heck if	(F-	(see inst	r's identifying number tructions)
	eparer's	signature	1 Cullen ?	YWW Y	meth (	M	05/1		nploye	<u>d</u> ▶ X	P00	<u>)541905</u>
	se Only	Firm's name	tor vours A — ——	IG CPA'S						EIN D	<u> </u>	3-2494575
	<del>-</del> ,	if self-emplo	, <i>i</i> ,	E Broad		0057				Phone		
_	with a IDO	address, and		aqua, PA	18252-	205/				no	<u> 570-</u>	668-1208
_			turn with the preparer			ıctione		·				Yes No
DA		ot allu rape	. WOIN NOUNCHOII ACI	4000 <del>0</del> , 388 tile	saharara meru	JULIO113.					$\cap$	Form 990 (2009)

	990 (2009) <b>TH</b>		HILDRENS FOUNDATION	20-8156916	' Page 2
			ervice Accomplishments		
1		he organization's mission:	de charitable giving	to other exempt	
0	rganizati	ions under Se	ction 501 (c) (3) that	support	
	hildren.				
	••	•			
2	Did the organizat	ion undertake any significa	nt program services during the year which	were not listed on	
	the prior Form 99				Yes X No
		these new services on Sc			
3		ion cease conducting, or m	nake significant changes in how it conducts	s, any program	
	services?				Yes X No
4		these changes on Schedu	ile O s for each of the organization's three larges	et program sanucas hu avpansas	
•			ns and section 4947(a)(1) trusts are require		
			d revenue, if any, for each program service	_	
		·		<u> </u>	
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue	ß )
	•	••			
	•	•			
		• • • • • •		•	
	•	•••	• • •		• ••
	•	•			•
		·		•	•
	•	••	•		
		•			
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue	<b>B</b> )
				•	
		•			
					•
		•	•	•	•
		•	•		•
		•		•	••
4c	(Code.	) (Expenses \$	including grants of \$	) (Revenue S	
	(0000	, (penese		. , , (1615)145	·
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	·	·····			·····
4d		ervices (Describe in Sched			
	(Expenses \$		including grants of \$ 130,0	000 ) (Revenue \$	)
Aο	i otai program s	ervice expenses >	130,000		

P	art IV Checklist of Required Schedules					, <u> </u>	
	Is the accomination decombed in continue 504/oV/2) as 4047/oV/4) (other than a market formulation) 2 (5 5)/or #					Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				١.		
_	complete Schedule A	•			1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	•	• •	•	2	X	
3	candidates for public office? If "Yes," complete Schedule C, Part I				,		<b>.</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	•			3		X
•	Schedule C, Part II				4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			•			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		•	٠			
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						
	complete Schedule D, Part I				6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•					
	complete Schedule D, Part III				8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	• •	•	•			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"						
	complete Schedule D, Part IV				9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	•		•			
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,						
	VII, VIII, IX, or X as applicable				11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete						,
	Schedule D, Part VI				i l		**
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more						~
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				. 4	,	7
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more					٠,	·, -
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						• .
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets					1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.					_	,
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				ν.		-
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.						77
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year?	•			12		X
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	Yes	No X			, ,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	IZA		-	42		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			3	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	•			1 <del>4</del> a		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	•		•			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-		•			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services						
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17	[	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on						
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						
	If "Yes," complete Schedule G, Part III				19		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20	I	Х

<u> </u>							т
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations					Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II				21	X	1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	•			<u> </u>	==	†
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			•		<del>                                     </del>	<del> </del> -
20	organization's current and former officers, directors, trustees, key employees, and highest compensated						
	employees? If "Yes," complete Schedule J				23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	•		•	. 23	1-	
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines						
					1 24-		x
_	24b through 24d and complete Schedule K. If "No," go to line 25		-		24a	<del> </del>	-
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			•	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				١		
	to defease any tax-exempt bonds?			•	24c	<del> </del>	├
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	•			24d		<del> </del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction					1	- T
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		• •	•	25a	<b> </b>	X
b	Is the organization 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 prior Forms 990 or				Ì		<b>.</b>
	990-EZ? If "Yes," complete Schedule L, Part I		•		25b	<del> </del>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or						<b>.</b>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	•			26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		<b>5</b> .			ŀ	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?						
••	If "Yes," complete Schedule L, Part III			•	27	37.7	X 1.244B
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				100	17.	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):				<u>₩</u> .	1 52	1,2/4
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV				. 28a	-	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete						\ <b>.</b> ,
_	Schedule L, Part IV	•			28b	├	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a						
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,						
••	Part IV	•		· -	28c	├	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	•			29	<del> </del>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified						•
	conservation contributions? If "Yes," complete Schedule M		•		30	├	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,						7,5
	Part I				_ 31	├	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						7.7
	Schedule N, Part II		•		32	<del> </del>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						32
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	• • •	•		33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,						
	III, IV, and V, line 1	•			34		X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete						.,
	Schedule R, Part V, line 2				. 35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related						<b></b>
	organization? If "Yes," complete Schedule R, Part V, line 2	•	•		36	├	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					-	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					1	,_
••	Part VI				37	├	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and						
	19? Note. All Form 990 filers are required to complete Schedule O	<u>.</u>			38	X	L

Statements Regarding Other IRS Filings and Tax Compliance Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1a U.S. Information Returns. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 75 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a X this return? За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 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. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management						
4.			9			Yes	No
1a	Enter the number of voting members of the governing body	1a	7		$\dashv$		
ь	Enter the number of voting members that are independent	_1b			<b>-</b>  ′.՝,		*: (
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				<u> </u>	X	<u></u>
•	any other officer, director, trustee, or key employee?				2		<del>                                      </del>
3	Did the organization delegate control over management duties customanly performed by or under the direct						x
	supervision of officers, directors or trustees, or key employees to a management company or other person?	10		•	3	<del></del>	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	11		•	4	<del> </del> -	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	•			5		X
6	Does the organization have members or stockholders?	•			6		<del>  ^</del>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						x
_	of the governing body?			•	7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				7b	3 7 1	2 - 539
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					,	, , ,
	the year by the following:  The governing body?					X	¥
a	The governing body?  Each committee with authority to act on behalf of the governing body?		•		8a	X	<del> </del>
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	•			8b		<b></b>
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						x
<u>Sac</u>	tion B. Policies (This Section B requests information about policies not required by the Int	ornal	<u> </u>	<u>·</u>	9		
	enue Code.)	emai					٩
IVEA	ende Code.)					<b>N</b>	
10a	Does the organization have local chapters, branches, or affiliates?				400	Yes	No X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters.				10a	-	<u> </u>
	affiliates, and branches to ensure their operations are consistent with those of the organization?				405		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	• •	• •		10Ь		
••	form?				11		x
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		•		7.7	\$ 30	367
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	- 61
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			•	120		
_	nse to conflicts?				12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	•	•	•	120		
•	describe in Schedule O how this is done				12c	x	
13	Does the organization have a written whistleblower policy?			•	13		x
14	Does the organization have a written document retention and destruction policy?	•		•	14		x
15	Did the process for determining compensation of the following persons include a review and approval by		•		34.		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				377	, š	
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )				100	237	1.1.1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				40	**	
	with a taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		•		- JJ	7 X	12. A
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					1	ं ें हुं
	the organization's exempt status with respect to such arrangements?				16b		1
Sec	tion C. Disclosure	_	_		1 .0.0		
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	<b>v</b> )					
	available for public inspection. Indicate how you make these available. Check all that apply.	••					
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	t					
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the						
	organization. ▶ Irish Pub 2007 Walnut St						
Pl	hiladelphia PA 1910	3		21	5-56	8-5	603

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Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons

Check this box if the organization  (A)  Name and Title	(B) Average		(6	<b>)</b>	that a		(D) Reportable	(E) Reportable	(F) Estimated
Name and Tide	hours per week	8 Individual trustee or director	Officer	Key employee	employee	Former	compensation from the organization (W-2/1099-MISC)	reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Patrick D Liney	0.00	Ī						_	
President	2.00	X	 X		<del> </del>	<u> </u>	0	0	0
Mark O'Connor	4.00	x	x						
Secretary Catherine Burke	4.00	<del>  ^</del>	 <u> </u>	-	├	-	<u>0</u>	0	0
Chairperson	1.00	x					o	0	^
Michelle Doerr	1.00	Î	┢		├				0
Treasurer	1.00	x	x				0	0	o
Robert Stein	1	<del></del>	 -		<b>-</b>				
Director	1.00	x					o	0	o
Geoff McKernan				-					
Director	1.00	X					0	0	o
John Dawson									
Director	1.00	X	_		_		0	0	0
John Gordon			l						
Director	1.00	X	ļ		<u> </u>	<u> </u>	0	0	0
Kevin Liney Director	1.00	x					о	0	0

Na	(A) ame and Title	(B) Average hours per	Pos		(chec		hat a			(E) Reportable compensation	(F) Estimated
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
					_						
	· · ·										
· ·							_				
· ·											
•											
										4.	ą
		:									
_											
•	•										
1b Total								▶			
	mber of individuals (inc le compensation from t				ose I	istec	abo	ve)	who received more than \$10	00,000 in	
3 Did the employed For any the organindividuals Did any services	organization list any for se on line 1a? If "Yes," ( Individual listed on line Inization and related or al	rmer officer, direct complete Schedu 1a, is the sum of ganizations great a receive or accru ization? If "Yes,"	ctor of le J f repo er the	or tru for si ortab an \$ mpe	uch i le co 150,0	ndivi impe 2007	idual ensat ' If "Y rom a	ion a 'es,"	ee, or highest compensated and other compensation from complete Schedule J for submrelated organization for ich person		Yes No 3 X 4 X
1 Comple	te this table for your five sation from the organiz	e highest comper ation.	ısate	d inc	depe	nden	t cor	ntrac	tors that received more that		
	Name and	(A) business address						_	Descript	(B) tion of services	(C) Compensation
							_				
	mber of independent coan \$100,000 in compen						to th	ose	listed above) who received		
DAA	c wroo <sub>i</sub> ooo iir compen	.outon nom the t	<u>Hail</u>		J., P						Form <b>990</b> (2009)

Pa	rt V	III Staten	nent of Reve	nue						
1							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>60 60</b>	40	Federated can	nnainns	1a	<del></del>			Toveride		312, 513, 01 514
Contributions, gifts, grants and other similar amounts		Membership de		1b						
PE		Fundraising ev	•	1c		237,449				
E E	C	Related organi		1d		231,449				
<u>25</u>			• 1	1e						
Sign	0	Government grants (		10						
벌힐	T	All other contribution and similar amounts								
불평				1f					İ	
듯핆	g		ns included in lines 1a-1	ır :	\$.		227 440		1	
	<u>h</u>	Total. Add line	s 1a-11			P	237,449			<u> </u>
2	_					Busn. Code			<del></del>	
8	2a		-		•					<u> </u>
8	ь		•	••					<del></del>	<del> </del>
Ξ̈́	<b>c</b>				•	<u> </u>			<del> </del>	<del></del>
ည္ခ	d	• •				<u> </u>			<del></del>	<del> </del>
Program Service Revenue	8	AH -45			•	<del> </del>			<del> </del>	<del> </del>
ၟႄၙ႞		. •	am service reven	ue				<del></del>	<del></del>	<del> </del>
<del>-</del>		Total. Add line			<del></del>	<u> </u>			<del></del>	
	3		come (including di	iviaend	is, interes	it, and				
- 1	_	other similar a	•						<del></del>	
1	4		nvestment of tax-	exemp	t bona pro	oceeds -		<u> </u>	<del>                                     </del>	<del></del>
1	5	Royalties .	() Bool		(4) 5	. Pomenel	······································		<u> </u>	
	_	0. 5.	(ı) Real		(11) 1	Personal				
l	6a	Gross Rents							•	· •,
	b	Less rental exps			-				1 -	
	C	Rental inc or (loss)								
	d 7a	Net rental inco Gross amount from	(i) Securities	•••	<u> </u>	Other	-	· · · · · · · · · · · · · · · · · · ·		
		sales of assets			(")	Otilei		,	· .	
		other than inventory			<del> </del> -		4	7.		24.
	b	Less cost or other								, ,
ı		basis & sales exps						_		91
	C	Gain or (loss)			L			· · · · · · · · · · · · · · · · · · ·	<del></del>	<u> </u>
	d	Net gain or (los		اً	<u>.</u>			<del></del>	<del> </del>	
9	8a		om fundraising even	us				_	,	٠,
ē		(not including \$	ronardad on line 4a)				ř		,	
æ			reported on line 1c)	_				·	,	Į
Other Revenu	<b>s</b>	See Part IV, line	•	a b						-
<del>5</del>		Less. direct ex		~ (				~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	C		(loss) from fundr	- 1	EVENIS_					ļ <del>.</del>
	зa	See Part IV, line	om gaming activities				,			]
			• • •	a h						-}
		Less direct ex		~ 1					<del></del>	
			(loss) from gamir	ng acu	viues					
	ıua		f inventory, less	_				,		,
		returns and all	•	a b						
		Less cost of g		- 1		<b>•</b>				
	_ <u>_</u>		(loss) from sales cellaneous Revenue		EINOTY	Busn. Code			<del>                                     </del>	
	44-	IVIISC	Circle Con Cavelle			203n. C008	** = =,			·
	11a			<u> </u>			+	<del> </del>		
	b	•				<del></del>				<del></del>
	C	All other reven				<b> </b>				<del> </del>
	d	Total. Add line		•		<u> </u>				
	42			10	•	. •	237,449		0 0	· · · · ·
	12	iotai Kevenu	e. See instruction	15			231,449	L	0 0	0

## Form 990 (2009) THE IRISH PUB CHILDRENS FOUNDATION

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	- All other organizations must				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				14. 1 · 4. 1 · 3. 1. 1. 1.
	organizations in the U.S. See Part IV, line 21	130,000	130,000	و المناف المنافع	4 1
2	Grants and other assistance to individuals in			, a	· · · · · · · · · · · · · · · · · · ·
	the U.S See Part IV, line 22			T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	いがは、強烈性
3	Grants and other assistance to governments,		- · · · · · · · · · · · · · · · · · · ·		1 1 2 4 2 4 3 4 3 4 3
•	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16		i		
4	Benefits paid to or for members		-		4
5	Compensation of current officers, directors,				
J	trustees, and key employees				
6	Compensation not included above, to disqualified	<del></del>			
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
~	•				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)			•	
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	10,490	۵	5,000	5,490
a	Management	10,490		3,000	3,490
b	Legal	3,250		3,250	
C	Accounting	3,230		3,230	
d			Branch Brown State	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
0	Professional fundraising services See Part IV, line 17		The state of the s		·
f	Investment management fees				
g	Other	0 000			0 020
12	Advertising and promotion	8,832		60	8,832
13	Office expenses	155		63	92
14	Information technology .				
15	Royalties .				
16	Occupancy				
17	Travel _	163			163
18	Payments of travel or entertainment expenses				l
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,273		1,273	
		The second of the second		Profesion Williams	
24	Other expenses Itemize expenses not	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the state of		
	covered above (Expenses grouped together	14日の日本の経済	1.121/4/2017 195	[19] [19] [19] [19] [19] [19] [19] [19]	
	and labeled miscellaneous may not exceed	Print the state of	1 人名英格兰	The second second	
	5% of total expenses shown on line 25 below)		\$ 1 Si		
а	Service Charge - F/R	8,274			8,274
b	Internet - Fundraising	4,070			4,070
С	Supplies - F/R	2,340			2,340
d	Registrations - G & A	150		150	
9	-				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	168,997	130,000	9,736	29,261
26	Joint costs. Check here ▶ If following				7-7-
	SOP 98-2. Complete this line only if the		1		
	organization reported in column (B) joint costs	1	}		
	from a combined educational campaign and fundraising solicitation		!		
DAA	remarkationing demonstration	<u> </u>	<u> </u>	<u> </u>	Form <b>990</b> (2009)

		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	35,259	1	93,246
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	3,465
5	Receivables from current and former officers, directors, trustees, key	<del>,</del>		
	employees, and highest compensated employees Complete Part II of			,
	Schedule L	····	5	
6	Receivables from other disqualified persons (as defined under section			
"	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
第一7	Notes and loans receivable, net		7	
Assets 8 8 8	Inventories for sale or use		8	
و   کھ	Prepaid expenses and deferred charges		9	
	a Land, buildings, and equipment cost or			
1.0	other basis Complete Part VI of Schedule D			
1,	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11			
13	· · · · · · · · · · · · · · · · · · ·		12	
	Investments—program-related. See Part IV, line 11		13	
14	Other assets. See Part IV, line 11		14 15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	35,259	16	96,711
17	Accounts payable and accrued expenses	33,239	17	13,000
18	Grants payable			13,000
19	Deferred revenue		18	
20	Tax-exempt bond liabilities		19	
	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
ë   21 ±   22	· · · · · · · · · · · · · · · · · · ·		21	
寰   22	employees, highest compensated employees, and disqualified	, , , , ,		د پائی ہ
Liabilities 51	persons Complete Part II of Schedule L	<del></del>		السسسادين تستشا
ے <sub>  23</sub>	· · · · · · · · · · · · · · · · · · ·		22	
23	Unsecured notes and loans payable to unrelated third parties		23	
25			24	
26	Other liabilities Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25		_25	13,000
			26	13,000
ğ	Organizations that follow SFAS 117, check here   X and complete lines 27 through 29, and lines 33 and 34.	İ	,	
Ë   37	· · · · · · · · · · · · · · · · · · ·	25 250		02 711
Balances 27 28	Unrestricted net assets Temporanly restricted net assets	35,259	27	83,711
m   28			28	<u> </u>
Fund 29	· · · · · · · · · · · · · · · · · · ·		29	
<u> </u>	Organizations that do not follow SFAS 117, check here ▶			
ō 20	and complete lines 30 through 34.	<u></u>		
Assets 30 31 32			30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund	·	31	<del></del>
¥ 32	· -	35 050	32	22 75
전 33 34	Total net assets or fund balances	35,259	33	83,711 96,711
Ž 34	Total liabilities and net assets/fund balances	35,259		

Form **990** (2009)

om	n 990 (2009) THE IRISH PUB CHILDRENS FOUNDATION 20-8156916		• Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			, ,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	٥	,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	•	4	**
	Schedule O		( ) ( )	. ,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	. ·		10 A 3
	issued on a consolidated basis, separate basis, or both:	ή.		·
	X Separate basis Consolidated basis Both consolidated and separate basis		.,,	77.01
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		ĺ

Form **990** (2009)

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## 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 Internal Revenue Service Name of the organization

IRISH PUB CHILDRENS FOUNDATION

Employer identification number 0156016

			INC						20-	-0 T D	DATO		
Pi	art l	Reaso	on for Public Charity S	Status (All organizations	must co	mplete	this pa	art.) S	ee inst	tructio	ns.		
The	orgai	nization is not a	private foundation because	it is: (For lines 1 through 11, che	eck only o	ne box )				_			
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(/	4)(i).						
2		A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E.)									
3		A hospital or a	cooperative hospital service	organization described in sect	ion 170(b)	(1)(A)(iii)							
4		A medical res	earch organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	tal's name,		
	_	city, and state	:										
5		An organization	on operated for the benefit of	a college or university owned or	r operated	by a gove	ernmenta	al unit de	escribed	in	•	•	
		section 170(t	o)(1)(A)(iv). (Complete Part I	l.)	•								
6		•		, vernmental unit described in <b>se</b> c	ction 170(	b)(1)(A)(v	·).						
7	X			ubstantial part of its support fron			-	n the ge	neral pu	blic			
•		•	ection 170(b)(1)(A)(vi). (Co	, , , , , , , , , , , , , , , , , , , ,	<b>3</b>			<b>J</b>					
R				0(b)(1)(A)(vi). (Complete Part I	1.)								
9	H	•		more than 33 1/3 % of its suppo	-	ntribution	s. memb	ership fo	ees. and	l aross			
٠	ш			t functions—subject to certain e						-			
		•	•	unrelated business taxable inc	•								
		• • • • •	•	1975. See section 509(a)(2). (									
10	$\Box$			clusively to test for public safet			a)(4).						
11	H	_	•	clusively for the benefit of, to pe	•			camy or	ıt the		•		
••	ш	-	•	d organizations described in sec				•		tion			
		•	• • • •	•	•								
		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											
	$\Box$		<del></del>	nization is not controlled directly	•		or more						
٠	ш			nd other than one or more publi		• •		•		ction			
		•	ection 509(a)(2).	cance and cancer page	o., 00ppo.				, , , , , , , , , , , , , , , , , , ,				
f			,	mination from the IRS that it is a	Type I. Ty	mellor]	Type III s	upportin	na				
•			check this box		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, p =, =.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- <b></b>	.5				
_		•		on accepted any gift or contribut	ion from a	nv of the							
9		following pers	•	docepies any gin el samma.		, 00							
		•		trols, either alone or together w	ith nerson	s describe	ed in (iı)					Yes	No
			elow, the governing body of		ar person	o describe	.a ()				11g(i)	1.00	110
		` '	member of a person describe	• • •		•	•	٠			11g(ii)	<del>                                     </del>	_
		• •	ontrolled entity of a person de	•	•	- •	•	•	•		11g(iii	<del> </del>	-
		• •	ollowing information about the		•	•		• -		•	[118(111	ш	L
	Nom	e of supported	(ii) EIN	(iii) Type of organization	(by) In the	organization	60 Dady	ou notify	660	s the	(vII) A		
(1)		janization	(ii) Eliv	(described on lines 1–9	1	sted in your		nization in	organizat		(vii) Am sup		
			,	above or IRC section	1	document?		of your		zed in the S?			
			,	(see instructions))	Yes	No	Yes	No No	Yes	No			
					+	+		<del>                                     </del>	1.03	"	<del></del>		
							1						
_					<del> </del>		-		\				
									<u> </u>				
						<u> </u>							
					1	<del> </del>	-	-	<del> </del> -		<del></del> -		
Tot	al					<u> </u>			<u> </u>				

Sche	dule A (Form 990 or 990-EZ) 2009 THE	IRISH PU	B CHILDRE	ENS FOUNDA	TION 20	-8156916	Page 2
Pa	art II Support Schedule for Or	rganizations D	escribed in Se	ctions 170(b)(1	1)(A)(iv) and 17	70(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	<u>on line 5, 7, or</u>	8 of Part I.)	<u>.</u>		
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			116,514	190,233	237,449	544,196
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				300,230		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			116,514	190,233	237,449	544,196
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)						40,732
6	Public support. Subtract line 5 from line 4		A. A. Section	es Ç" ( ° ,		al a second	503,464
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			116,514	190,233	237,449	544,196
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			٠		3	
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	· · · · · · · · · · · · · · · · · · ·
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	,		-,:	1,		
11	Total support. Add lines 7 through 10		The grant was	3 m 30 m 34	11 - 30 - 30	11:00	544,196
12	Gross receipts from related activities, etc. (					12	
13	First five years. If the Form 990 is for the	-	second, third, fourt	h, or fifth tax year a	s a section 501(c)(	3)	
<del></del>	organization, check this box and stop here			·		·	. •
	tion C. Computation of Public Su	•		40.			<del></del>
14	Public support percentage for 2009 (line 6,	* *		(f))		14	92.52%
15	Public support percentage from 2008 Sche						92.14%
16a	33 1/3 % support test—2009. If the organ			3, and line 14 is 33	1/3 % or more, che	ck this box	<u> </u>
b	and stop here. The organization qualifies a 33 1/3 % support test—2008. If the organ box and stop here. The organization qualifies	ization did not chec	k a box on line 13		is 33 1/3 % or more	e, check this	. <b>&gt;</b> <u>X</u>
17a	10%-facts-and-circumstances test—200			• •	or 16b, and line 14	is 10% or	
	more, and if the organization meets the "fac	•					
	organization meets the "facts-and-circumst				="	· · · · · · · · · · · ·	▶ [
b	10%-facts-and-circumstances test—200 more, and if the organization meets the "fai	8. If the organizatio	n did not check a b	ox on line 13, 16a,	16b, or 17a, and lir		• [
18	organization meets the "facts-and-circumst Private foundation. If the organization did		-		=	Istructions	. •

organization, check this box and	d stop here				
Section C. Computation of P	ublic Supp	ort Perce	ntage		

5	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15	%
6	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Sec	ction D. Computation of Investment Income Percentage	<del></del> -	

						•
17	Investment income percentage for	2009 /line 10	column	(f) divided by li	ine 13. column	,

17	investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))					17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17					18	%
19a	33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line	15 is more t	han 33 ·	1/3 % 20	d kno		

	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—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, at
	ling 19 is not more than 22 1/2 %, check this have and atom here. The appropriation qualifies are a multiply appropriately

• •	•			
line 18 is not more than 33 1/3 %,	, check this box ar	nd <b>stop here.</b> The orga	nization qualifies as a publicly suppo	rted organization
Private foundation. If the organiz	zation did not che	ck a box on line 14, 19a	a, or 19b, check this box and see inst	tructions

	orm 990 or 990-1			•	CHILDR				20-815		Page 4
, Part IV		ntal Information : 17a or 17b; an									
<del> </del>	7 41 ( 11 ) 11 11	, , , <u>, , , , , , , , , , , , , , , , </u>	id i dit iii,	11110 12.	11001000	ing care	additio	<u> </u>	iation. occ	mondons.	
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## SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open To Public Inspection Employer identification number

Name of the organization THE IRISH PUB CHI					20-8156	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	ed to complete the	nis pa	rt.	· · · · · · · · · · · · · · · · · · ·	n 990, Part IV, Iir ————	ne 17.
Indicate whether the organization raised funds through	· —					
a Mail solicitations	e Solicitation	of non	-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	emm	ent grants		
c Phone solicitations	g X Special fur	ndraisin	ıg eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	with any individual (in	cluding	office	ers, directors, trustees		Yes X No
b If "Yes," list the ten highest paid individuals or entities ( to be compensated at least \$5,000 by the organization	(fundraisers) pursuan			-	ndraiser is	
(i) Name of individual	(ii) Activity	(lil) Dx		(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		custo		from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes				
				-		3
		1				
	<del></del>	<b>†</b>	-			
	-		-			<del> </del>
		+				
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		+	<u> </u>			
	-	+				
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Total	licensed to solicit fur	nds or t	nas be	een notified it is exempt	t from	
registration or licensing				•		
. РА	•					
•	•					
	• •	•		•		• • •
	•	•	• •	•	•	•
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<u>P</u>	art		vents. Complete if the orga ,000 on Form 990-EZ, line			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
ø			990PtVIIIc (event type)	(event type)	None (total number)	(add col (a) through col. (c))
Revenue	1	Gross receipts	237,449			237,449
	3	Less: Chantable contributions Gross revenue (line 1	237,449			237,449
_	_	minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes  Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct E	8	Entertainment				
	9	Other direct expenses		<u> </u>		
	10 11_		. Add lines 4 through 9 in column (d		· ·	
:. <b>P</b>	art		olete if the organization ans on Form 990-EZ, line 6a.	wered "Yes" to Form 990,	Part IV, line 19, or repo	orted more
—		man \$15,000 C	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
Revenue	1_	Gross revenue				
ses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5_	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor  Direct expense summary	. Add lines 2 through 5 in column (d	) No	No	1 . 3 . 3 . 4 ·
	8_		nary. Combine line 1, column d, and	·	<b>.</b> . <b>.</b>	
9 a			e organization operates gaming activities in each o	• •		Yes No
b		'No," Explain				
10a		ere any of the organization' 'Yes," Explain	s gaming licenses revoked, suspen	ded or terminated during the tax ye	ar?	10a
b	, 11					
11 12	ls	the organization a grantor,	e gaming activities with nonmember beneficiary or trustee of a trust or a	• •	entity .	11
_	for	med to administer charitab	ie gaming?	<u>.                                    </u>	Schodulo G /	12   12   Eorm 990 or 990 57) 2000

Sche	dule G (Form 990 or 990-EZ) 2009 THE IRISH PUB CHILDRENS FOUNDATION 20-815691	<u>.6</u>	P	age <b>3</b>	
			Yes	No	
13	Indicate the percentage of gaming activity operated in:			1	
а	The organization's facility				
b	An outside facility	1			
14	Provide the name and address of the person who prepares the organization's gaming/special events books		·		
	and records:	Į			
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming	4	· .		
	revenue?	15a			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	Ź.	<b>#</b> : .	<b>)</b>	
	amount of gaming revenue retained by the third party ▶ \$.	57	·* 1	· . ]	
C	If "Yes," enter name and address of the third party:	7. 5	\$ K	1	
	Name Name		<b>5</b> .		
		1			
	Address •	17	۲,		
16	Gaming manager information:				
	Name ►			1	
				'	
	Gaming manager compensation ▶ \$			·	
		,		l' .	
	Description of services provided ▶	,	j.	l. i	
	Director/officer Employee Independent contractor	}			
			۲		
17	Mandatory distributions:	'	].	[	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		· .	1	
	retain the state gaming license?	17a		L	
þ	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	,-			
	ın the organization's own exempt activities during the tax year ▶ \$	<u> </u>			

Schedule G (Form 990 or 990-EZ) 2009

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**SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

OMB No 1545-0047	2009	Open to Public	Inspection

Employer identification number 20–8156916		istance, and X Yes No	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(f) Method of valuation (g) Description of (book, FMV, appraisal, non-cash assistance other)	Child Support	Child Recreation	Scholarships	Educational			
Z		istance, the grantees' eligibility for the grants or assion the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,00 Part IV and Schedule I-1 (Form 990) if additional space is needed	of cash grant (e) Amount of non-cash assistance	35,000	30,000	50,000	10,000			-
RENS FOUNDATIO	Assistance	e amount of the grants or ass se?	rernments and Organizations cipient that received more that if additional space is needed	(c) IRC section if applicable	20-3124928 3	22-3659296 3	23-2961789 3	22-3659296 3			
Name of the organization THE IRISH PUB CHILDRENS FOUNDATION INC	Part   General Information on Grants and Assistance	Does the c	Part II Grants and Other Assistance to Governments and Form 990, Part IV, line 21, for any recipient that respectively and Schedule I-1 (Form 990) if additional s	1 (a) Name and address of organization or government	PA 19123	tic League of Philadelp learfield Sts PA 19134	ner Educational Grant 0 PA 19136	land NJ Fondation ional Drive NJ 07828			

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

3 Enter total number of other organizations

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Schedule I	Schedule I (Form 990) 2009 THE IRISH PUB CHILDRENS FOUNDATION 20-8156916	JE CHILDRENS E	TOUNDATION 2	0-8156916	tion answered "Yes" to Fo	Page 2
		(Form 990) if addition	onal space is needed.	J.		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other)
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to	provide the informat	ion required in Part I	line 2, and any other add	tional information.

Schedule I (Form 990) 2009

INC

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE IRISH PUB CHILDRENS FOUNDATION

Employer identification number 20-8156916

Form 990, Part III, Line 4d - All Other Achievements Funds were raised for allocation to other charitable organizations supporting children. The FOP Survivor's Fund supports the education of survivors of those killed in the line of duty protecting Philadelphia. The Daniel Faulkner Memorial Educational Grant Fund provides financial assistance to students whose parents have been murdered or The Temple University incapacitated by violent crime. Campus Safety Services sponsors an annual Christmas party for children in a North Philadelphia neighborhood and thus provides a supervised recreational activity for children. The Families of the Wounded Fund Inc. provides financial resources in support of family members of military service men and women who have either been wounded in combat operations or injured as the result of line-of-duty activities in support of combat operations. The Police Athletic League of Philadelphia provides free educational, athletic, recreational and cultural after-school and summer programs in the safe environment of youth centers. Island NJ Foundation sponsors a program, Save Ellis Island, to rehabilitate the remaining buildings on Ellis Island to educate the public on human migration, tolerance, cultural diversity and public health.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Patrick Liney Kevin Liney

President

Director

Brothers

Name of the organization

THE IRISH PUB CHILDRENS FOUNDATION

Employer Identification number 20-8156916

Irish Pub	Patrick Liney
Secretary	Secretary
Brothers-in-Law	
Irish Pub	Irish Pub
Chairperson	Chairperson
Business Partners	
Form 990, Part VI, Line 11A - Organizat	ion's Process to Review Form 990
Form 990 will be reviewed by Michelle D	oerr, Treasurer.
Form 990, Part VI, Line 12c - Enforceme	

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Any person who has a financial interest in a business that has a

transaction arrangement with the Organization must present the details

of that transaction to the Board. Those with the financial interest

must then leave the room while the remainder of the Board decides

whether/not a conflict of interest exists.

In the leased labor arrangement between the Organization and the Irish Pub (reported in Schedule L), the Board found that the transaction did not constitute a conflict of interest because:

- a. The Irish Pub was paid the same amount for leased labor as was a non-related individual for the same services in 2007
- b. The Organization was able to realize cost savings by not having to file payroll reports, pay payroll taxes, unemployment compensation and workers compensation
- c. Through the leased labor arrangement, the Organization was able to

Mama	of the	omanization	

THE IRISH PUB CHILDRENS FOUNDATION

Employer identification number 20-8156916

benefit from the knowledge, experience, ideas and expertise of 3 individuals - rather than just one person.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The Organization makes copies of its governing documents, tax returns and financial statements available to the general public thru the Board of Directors. There is also an option to contact the Organization for this or any other information on its website.

Schedule O (Form 990) 2009